

07 May 2014

Agenda Item: 5

REPORT OF THE DIRECTOR OF PUBLIC HEALTH

REDUCING AVOIDABLE INJURIES IN CHILDREN AND YOUNG PEOPLE

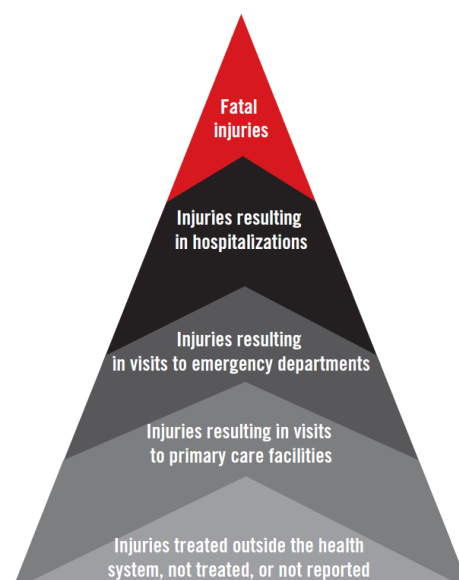
Purpose of the report

1. The purpose of this report is to highlight the impact of avoidable childhood injuries, to update on the progress being made by the Avoidable Injuries Strategic Partnership for Children & Young People (Nottingham and Nottinghamshire) and to ask the Health and Wellbeing Board to endorse the recommendations.
2. A draft strategy has been developed to cover both Nottingham City and Nottinghamshire County. This paper focuses predominantly on the issues affecting Nottinghamshire.
3. Full public consultation has been undertaken on the strategy and feedback incorporated. There were 283 individual responses in addition to feedback from various groups, including the Health and Wellbeing Implementation Group (HWIG) and the Children's Trust Board. A full report on the consultation and the response to it is available.
4. Outcomes will be delivered in the areas of home safety, road safety and leisure time safety. All interventions developed and implemented to achieve the stated outcomes will be based on best practice, evidence and building on the good work already being achieved. The added value will be through the coordination of existing services identifying gaps and addressing these where possible.
5. The Avoidable Injuries in Children and Young People Strategy and Strategic Partnership Group will report to and be monitored by the HWIG on behalf of the Board for Nottinghamshire, a full structure of which is detailed in the strategy.

Information and Advice

Definition

6. The term 'injury' is now used in place of 'accident' as 'most injuries and their preceding events are predictable and preventable.' The term 'accident' implies an unpredictable and therefore unavoidable event¹.
7. The scope of the strategy is unintentional avoidable injuries and does not report or aim to reduce intentional injuries i.e. it will not cover data on self-harm, injury from abuse or assault etc.



8. Avoidable injuries can be categorised according to their severity, treatment type and reporting. The World Health Organisationⁱⁱ likened avoidable injuries to a pyramid, with fatalities from avoidable injuries being only a small fraction of the total numbers injured. The pyramid highlights the burden of ill health and utilisation of NHS and non-NHS resources as well as giving an indication of the number of injuries not reported.
9. We all have a responsibility to ensure that children are able to grow up in an environment that does not expose them to unreasonable hazards, without impinging excessively on their play and learning freedoms.

Background and Context - Nationally

10. Avoidable Injuries are a leading cause of death and hospital admission for children and young people (CYP) in the United Kingdom aged between 1 and 14 yearsⁱⁱⁱ and, therefore, a serious public health issue. Most of these injuries happen in the home, outdoors or on the roads.
11. In England there are more childhood deaths from avoidable injury than from leukemia or meningitis.
12. The social class gradient in child injury is steeper than for any other cause of childhood death or long-term disability^{iv}.
13. If all the districts and boroughs in Nottinghamshire reduced the rate of accidents to that of the best performing borough/district in Nottinghamshire there would be **26,082 fewer Accident and Emergency (A&E) attendances and 1,321 fewer inpatient admissions** over a four year period.

The cost of avoidable childhood injury

14. Avoidable injuries can have a significant impact upon a child's life both physically and emotionally, both in the short- and long-term. The impact is also felt by the wider family. A child may be left with disability or impairment (short- or long-term), scarring or disfigurement and the need for ongoing medical care.
15. Admitting a child to hospital following avoidable injury in the home is estimated to cost £16,900^v and road traffic accidents in excess of £50,000.
16. The NHS spends an estimated £131 million per year on emergency hospital admissions because of childhood injuries.
17. The approximate lifetime medical, educational and social cost for one child with a severe traumatic brain injury is £4.89 million. For a parent who is employed full-time, taking two weeks off work while their child is in hospital costs the economy £7,600.
18. The Childhood Accident Prevention Trust (CAPT) assessed that the average cost of inpatient treatment for an uncomplicated minor scald from a hot drink is £1,850. Each year the NHS spends around £2.2 million on inpatient treatment for children and young people with hot drink scalds.
19. Most injuries are preventable and strategies to prevent injuries are usually relatively inexpensive to implement and can be shown to have a beneficial return on investment^{vi}.

Who is most at risk

20. Overall rates of death from injury in children have fallen in England and Wales over the past 20 years. However, rates for children living in disadvantaged social and economic circumstances have not seen the same improvement^{vii}.
21. Children from the most disadvantaged backgrounds are at significantly increased risk of injury. Compared to their peers, children from the poorest homes are (CAPT):
 - 13 times more likely to die in an accident
 - 21 times more likely to die as a pedestrian on the roads
 - 38 times more likely to die in a house fire
22. NICE (2010) highlights that under 5's are at greatest risk of injuries in the home and over 11's are more vulnerable to road injuries. Other factors include disability or impairment (physical or learning), some minority ethnic groups, low income families and children who live in accommodation which potentially puts them more at increased risk.

Drivers for Change – Policy Context

23. The Chief Medical Officer (CMO) Report: Prevention Pays; Our Children Deserve Better October 2013^{viii} reinforces childhood accidents as a leading cause of death and disability.
24. The Public Health Outcomes Framework (PHOF) has an injury indicator for CYP^{ix}.
25. The Marmot Report, "Fair Society, Healthy Lives" highlights the impact of inequalities when looking at accidental deaths among children. This states that the single major avoidable cause of death in childhood in England is unintentional injury – in the home for under-5s and on the roads for 5-17year olds.
26. National and local casualty reduction targets for road safety – to be achieved by 2020.
27. Joint Strategic Needs Assessment (JSNA): Nottingham City and Nottinghamshire County have JSNA chapters dedicated to reducing avoidable injuries in CYP.
28. The British Academy report (2014) IF YOU COULD DO ONE THING...” Nine local actions to reduce health inequalities^x; advocates and provides evidence for reducing the speed limit to 20mph in urban areas near shops, schools and other hotspots.
29. Public Health England (PHE): are currently producing guides for Local Government and CCGs regarding Avoidable Injuries.

Local Data - A Picture of Nottinghamshire

30. There were eight deaths resulting from injuries in CYP living in Nottingham and Nottinghamshire in the period 1st April 2010 to 31st March 2013.
31. There was a total of 5,700 hospital admissions to hospital as a result of avoidable injuries between April 2010 and 31st March 2013.
32. Between April 2010 and 31st March 2013, there were 44 hospital admissions for burns and scalds, 88.5% of which were in the 0-5yr age group but mostly 1-2 yrs.
33. The rate of childhood injuries in Nottinghamshire County overall is significantly lower than the England average^{xi}. However as with many indicators this masks huge variation in rates between districts/boroughs with some areas performing significantly worse than the

Nottinghamshire and England averages, closely linked with deprivation, and in terms of childhood injuries on the roads linked with rurality.

The most common cause of injuries in the 0-17yr age group is falls and the second most common cause is contact with non-living objects - officially termed 'exposure to inanimate mechanical forces' which includes contact with, for example, furniture, sports equipment, sharp glass, pins, nails etc. The causes then tend to split by age group after this with poisonings, burns and scalds being more predominant in the 0-5 and transport accidents in the 6-17 age group (See Table 3).

Table 3: Causes of Injuries by Age 2012/13 (data only include admissions for individuals aged 0-17yrs).

	Nottinghamshire County	
	0-5 yrs	6-17yrs
Falls	43%	46%
Exposure to inanimate mechanical forces - Contact with non-living objects such as furniture, sports equipment, sharp glass, pins, nails	22%	18%
Poisoning	15%	3%
Burns	4%	
Transport	4%	19%
Contact with a living object (official title 'exposure to animate mechanical forces') includes being accidentally hit or struck by a living object such as a person, animal etc.	5%	8%

34. In Nottinghamshire County there were a total of 75,237 Accident and Emergency (A&E) attendances for injury in individuals aged 0-17yrs of which 3.98% (2,996) became inpatients during 2010 – 2013. Further details can be found in Table 4.
35. During 2012/13; there were 3,322 A&E attendances due to burns and scalds in Nottingham City and Nottinghamshire County which is an average of 9.1 per day or 63.8 per week.

Table 4: The Number of A&E Attendances that became Inpatient Admissions for Avoidable Injuries in 0-17year olds as whole numbers and as a percentage across the whole of Nottinghamshire County

ED Attendances	75,237
ED Inpatient Admissions	2,996
Other sources of inpatient admission	1,015
Percentage of ED attendances that became admissions	3.98%
Total number of admissions	4,011
Percentage of admissions via A&E	74.69%

36. Locally, the four main reasons for attendances to A&E are bruising/abrasions, fractures, ligament sprain and cuts.
37. Road Safety Data for 2012 show that for road casualties in the 0-15 yr group there were 4 fatalities, 52 serious injuries and 278 slight injuries. For pedestrians in the 0-15 yr group there were 34 Killed or Seriously Injured (KSI) and 102 slight injuries.
38. Data from the Department for transport shows that since 1979 there has been a steady decrease in the rate of children KSI on the county's roads.

39. Death and casualty rates from road traffic collisions (RTCs) in Nottinghamshire as a whole remain significantly higher than the England average. The areas with the highest rate of KSI are rural areas with rural road networks and A roads.
40. Local Hospital data (2010-2013) for road traffic injuries in the 0-17 year old group show injuries on pedal cycles 275; pedestrians 112; car occupants 48 and motorcycles 67.

Priority Areas: Disadvantage & Geography

41. In Nottinghamshire County children in the most deprived quintile are 1.77 times more likely to be an inpatient and 1.74 times more likely to attend ED than those in the least deprived quintile (Indices of Multiple Deprivation Quintiles).
42. The rate of hospital admissions in Bassetlaw is very high in comparison with the other districts at 1,301 per 100,000 population. The 2nd highest is Newark & Sherwood at 981 per 100,000 (Data from 2010-2013).
43. The districts with the highest incidence of ED attendance for avoidable injury are Newark & Sherwood followed by Bassetlaw.

What works? Evidence Base

44. The Centre for Disease Control [14] details 5 areas that need to be addressed to have the greatest impact to reduce and prevent serious avoidable injuries: Environment, Education, Empowerment, Enforcement and Engineering. Successful strategies will consider all 5 areas in the planning and development stages. A combination of approaches may be needed.
45. In the Home Setting: Evidence from the National Institute of Clinical and Healthcare Excellence (NICE) shows that the following actions will reduce avoidable injuries:
- Ensure that there is a coordinated approach to avoidable injuries for CYP and recommend CYP injury prevention coordinator
 - Installation and maintenance of permanent safety equipment in social and rented dwellings
 - Incorporating home safety assessments and equipment provision within local plans and strategies for CYP health and wellbeing
46. On the roads: There is strong evidence to suggest that reducing speed limits to 20mph in built up urban areas will have a significant impact on reducing injuries on the roads and outdoors for anyone under the age of 25 [11, 12, 13, 15].

Measuring success

47. Aim: 'To reduce avoidable injuries in children and young people age 0-17 years, to minimise inequalities and create safer environments for children'
48. Objectives:
- To demonstrate a sustainable reduction in the number and severity of avoidable injuries in children and young people
 - To reduce the social gradient in avoidable injuries and narrow the inequalities gap.
 - To produce clear referral pathways and processes for partners to report risks enabling a coordinated approach to implementing preventative actions across Nottingham City and Nottinghamshire County.

- To agree and determine a coordinated approach to surveillance, data collection, sharing and reporting.
- To evaluate each agreed action and development.

49. Outcome measures and performance indicators are as follows:

- PHOF Indicator 'Hospital admissions caused by unintentional and deliberate injuries in children and young people aged 0-14 and 15-24 years'
- National and local casualty reduction targets for road safety: A 50% reduction in the 2005-2009 average for child KSI by 2020.

Action to date

50. On the 13th July 2013 Nottingham City and Nottinghamshire County hosted a stakeholder event, to galvanize interest in preventing avoidable injuries in children and young people and to stimulate the development of a strategy.

51. A Strategic Group for Nottingham and Nottinghamshire was established to work collaboratively across agencies, districts, boroughs and wards to ensure a coordinated approach to avoidable injuries in CYP.

52. Following the stakeholder event a review was undertaken which highlighted the following:

- There are a range of local interventions delivered by agencies that aim to reduce avoidable injuries in children and young people. Some of these interventions (particularly home equipment schemes) are patchy, dependent upon location and usually dependent upon volunteers and charitable donations/funding bids.
- There is a requirement to improve coordination and communication between agencies. The agencies who have made pledges are all participating in delivery against the strategy and action plan in a coordinated way.
- Resources: There is a commitment to reduce avoidable injuries in many agencies across Nottingham and Nottinghamshire. All of these have some resource, mostly staff time. It is recognised that in order to have a substantial impact upon this most important of issues, further financial resources will be required and explored.
- There are many avoidable injuries interventions focusing on the under 5's, but many of the agencies who are delivering them are not working collaboratively.
- There is potential to utilise the statutory agencies more, for example Nottinghamshire Fire & Rescue in the delivery of avoidable injuries interventions.
- Nottingham City Council and Nottinghamshire County Council have excellent road safety partnerships
- The voluntary sector is an important contributor to tackling avoidable injuries within Nottinghamshire County.

53. A draft strategy has been developed with partners and a full public consultation process undertaken from 10th February 2014 – 18th April 2014. The strategy has been revised in line with feedback from the public and stakeholders.

Priorities for 2014 - 2020

54. Launch the Avoidable Injuries Strategy in June 2014 to coincide with activity planned for national Childhood Injury Prevention Week 2014.

55. Develop working groups to take forward actions in the following areas;

- Home: Establish a group to focus on interventions to improve home safety and reduce risks in the home setting
- Road: Link in with the existing road safety partnership group
- Leisure: A longer term aim is to establish a group to focus on risk reduction in the leisure setting

Key Deliverables

56. To determine additional resources and requirements to enable the implementation of interventions within the strategy and action plan.

57. **Actions for 0-17 years:** Ensure education, enforcement and promotion of appropriate fit and use of car seats, booster seats and seat belts.

58. **Actions for 0-5 years:** Establish consistent, equitable and sustainable home safety education and equipment schemes prioritising areas of greatest need. This will require partnership working and identification of funding.

59. Ensure a consistent multiagency approach to risk assessment in the home, with development of improved referral pathways and communication channels.

60. **Actions for 6-17 years:** Introduce speed reduction schemes of maximum 20mph in urban areas and locations within proximity to schools.

61. Expand and standardise road safety education for school-aged children delivered via a multi-agency strategic approach

62. Increase coverage of cycle training and education, including helmet safety.

63. Develop a comprehensive communications plan with relevant stakeholders and deliver this.

Statutory and Policy Implications

64. This strategy could impact upon the council road safety plans and policies in that it aims to implement 20mph speed limits in some built up areas (to be determined) and outside all schools in the authority area.

Implications for Service Users

65. Not Applicable

Financial Implications

66. There are no financial implications for this Council linked to this strategy at this time, we are not requesting funding at this time but will attempt to source funds from other sources.

Equality Implications

67. Any interventions, projects or programmes resulting from this strategy will adopt a proportionate universalist approach, to ensure that areas of greatest need are met and to support the reduction in health inequalities.
68. Any interventions, projects or programs will ensure that they have an equality impact assessment completed and that individuals that fall into one or more of the protect characteristics are not prejudiced in anyway directly or indirectly.

Implications for Sustainability and the Environment

69. Any interventions, projects or programs will ensure that they consider the environmental impact and will work to minimise and reduce any negative impacts.

RECOMMENDATION/S

1. That the Board notes the report.
2. That the Board endorses the Avoidable Injuries Strategy for Nottingham and Nottinghamshire.
3. That the Nottinghamshire County Health and Wellbeing Implementation Group will monitor delivery of the document on behalf of the Nottinghamshire Health and Wellbeing Board.

Chris Kenny
Director of Public Health

For any enquiries about this report please contact:

email: Cheryl.George@nottsc.gov.uk or Sonya.Clark@nottsc.gov.uk
tel: **07584 011613** **07540 670 179**

Constitutional Comments (SG 04/04/2014)

4. The Board is the appropriate body to consider the content of this report. The Board has responsibility for discussion of all issues considered to be relevant to the overall responsibilities of the Health and Wellbeing Board, and to perform any specific duties allocated by the Department of Health.

Financial Comments (KAS 08/04/14)

5. The financial implications are contained within paragraph 66 of this report.

Background Papers and Published Documents

Except for previously published documents, which will be available elsewhere, the documents listed here will be available for inspection in accordance with Section 100D of the Local Government Act 1972.

Electoral Division(s) and Member(s) Affected

All

-
- ⁱ Davis R, P. B. (2001). BMJ bans accident. *BMJ*, 322: 132
- ⁱⁱ WHO. Injury Pyramid. http://www.who.int/violence_injury_prevention/key_facts/en/ (Accessed 06-01-2014)
- ⁱⁱⁱ The Audit Commission. *Better safe than sorry, Preventing unintentional injury to Children*. London : s.n., 2007
- ^{iv} The Marmot Review. *Fair Society. Healthy Lives: Strategic Review of Health Inequalities in England post-2010*. London : s.n., 2010.
- ^v The Audit Commission. *Better safe than sorry, Preventing unintentional injury to Children*. London : s.n., 2007
- ^{vi} NICE. (2010). New NICE guidance to reduce number of child injuries and deaths <http://www.nice.org.uk/newsroom/pressreleases/preventingunintentionalinjuriesunder15s.jsp>
- ^{vii} Elizabeth Towner, Therese Dowswell, Gail Errington, Matthew Burkes, John Towner. *Injuries in children aged 0–14 years and inequalities*. s.l. : Health development Agency, 2005.
- ^{viii} CMO report October 2013 <https://www.gov.uk/government/news/chief-medical-officer-prevention-pays-our-children-deserve-better>.
- ^{ix} Department of Health. *Improving outcomes and supporting transparency (a public health outcomes framework for England)*. 2012.
- ^x British Academy. 2014. If you could do one thing?.... 9 actions to reduce health inequalities http://www.britac.ac.uk/policy/Health_Inequalities.cfm
- ^{xi} APHO injury Profiles http://www.apho.org.uk/default.aspx?QN=INJURY_PAGE02