Strategy for the Prevention of Unintentional Injuries in Children and Young People (0-19years) County Durham (2014 – 2017)

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1.0 Executive Summary

Unintentional injury is a leading cause of morbidity and mortality amongst children and young people aged 1–14years, second only to cancer. NICE guidance identifies several factors which make some children more vulnerable than others. These include the child's age, whether they are disabled, have a learning difficulty, the family income and their home. NICE guidance also provides evidence based recommendations for preventing unintentional injuries in children and young people. The World Health Organization identified three levels of prevention: primary, secondary and tertiary.

The Child Accident Prevention Trust found that partnership work is a major driver for success in reducing death and serious injury from preventable childhood accidents. They state that 'creative partnership projects that pool resources and share opportunities can make a real difference at a local level'.

This strategy aims to:

- Highlight the extent of unintentional injury among children and young people indicating where inequalities exist in County Durham, regional and national;
- Outline national and local priorities for action and relevant targets;
- Map current service provision;
- Provide recommendations for further action in order to reduce unintentional injuries in children and young people by benchmarking against recommendations from NICE guidance; and
- Suggest any actions which could further reduce inequalities in County Durham.

Scope and targets

This strategy applies to all children and young people 0 to 19years living within County Durham.
Specific child injury outcome indicators from the Public Health Outcomes Framework are:

- Hospital admissions caused by unintentional and deliberate injuries in under 18s; and
- Killed and serious injured casualties on England's roads.

Summary of findings showed that:

Data analysis

- Hospital admissions data from injury is readily available but limited data exist for Accidents and Emergency attendances;
- County Durham has a similar proportion of under 5year olds to the North East region but lower than England. The proportion of 5 to 16 year olds is similar to the region and England;

- In 2010 to 2011, rate of hospital admissions for unintentional injuries in County Durham was higher than both the regional and England averages:
- Rate of Accidents & Emergency admissions attributed to unintentional injuries in the 0-18 years gradually increased in County Durham between 2008 to 2011. A similar trend was observed in all localities, except in Easington, where there was an observed reduction from 2009/10 to 2010/11;
- Most of these injuries were due to non-transport causes and resulted from falls in the 0-15year olds. Most falls in the 0-5year olds occurred in the home whilst the 6-15year olds occurred at outdoor play & leisure centers; County Durham had higher levels of hospital admissions from falls than the region and England;
- Transport injuries occurred in the 6-18year olds but predominately in the 6-15year olds. Injury in the 6-15year olds resulted from 'pedal cyclist injured in transport accident', whereas 'car occupant injured in transport accident' was the major cause in the 16-18year olds;
- Child road casualties occurred mostly in the deprived wards of the county;
- County Durham had the lowest number of hospital admissions from unintentional poisoning in the region and similar to England average;
- County Durham had higher rates of hospital admissions from injuries resulting from smoke, fire and flames than the region and England;
- County Durham had a lower rate of hospital admissions from burns than the region but higher than England average;
- County Durham had similar rate of hospital admissions due to drowning or submersion compared to the region and England; and
- Prevention of all child road casualties over a five year period, 2007 to 2011, could have saved the County Durham economy over £36.5 million.

Current service

- A wide range of agencies are involved in unintentional injury prevention in children and young people and there are many examples of good practice and innovation. Road safety prevention programs are better established than for home and water safety;
- Routine education for preventing injuries is not provided to all relevant staff groups who work with children and there are no local protocols in place to ensure coordination of care and support at the different levels;
- Limited commissioned services exist currently, to provide support for infrastructure to vulnerable families to prevent injuries in the home for children;
- Impact of road safety interventions on behavioral change is not routinely evaluated by seeking the views of CYP and their families; and

- It is not clear if information and data from services is used to design continuous improvement programmes for outdoor and leisure play.

Stakeholder consultation

Children and Young People report that, on average they were well informed on road and fire safety but received very limited information on water safety. Parents and other family members were identified as playing a significant role in the provision of such information. They suggest that safety messages need to 'get in their heads'.

Conclusion

It is concluded that the type of injuries in children is age related. Non-transport injuries occurred predominantly in the 0-15year olds, whilst transport injuries occurred mostly in the 16 years and over. The major cause of injury in children in County Durham was a result of falls and there were no differences between localities. Transport injuries occurred mostly in the deprived areas of the county. County Durham has higher rates of hospital admissions from unintentional injuries compared to the region and England. Interventions to prevent injuries in children locally are better established for road than for water and home safety. Parents and other family members play a significant role in reducing injuries for CYP.

Recommendations

It is recommended that:

- A local injury prevention strategy group should be developed with relevant partners to lead on implementing the strategic action plan. The strategy group to report to the Children and Families Partnership with links to the Local Safeguarding Children's Board through the Director of Public Health;
    - Explore child injury including prevention in relevant strategies;
    - Include child injury prevention into specifications for school nursing and health visiting services;
    - Monitor and evaluate data and feedback to relevant partners to support actions to reduce unintentional injuries in children and young people;
    - Focus on home safety issues with relevant multi-agency partners;
    - Programmes are appropriately targeted and dependent on need;
    - Continue to consult with children, young people and their parents when programmes are developed;
    - Support the development of clinical protocols across agencies to ensure quality of care for children and young people involved in accidental injury;

- Explore how to promote safety education in areas that target parents and carers.

2.0 Background

Unintentional injury is a leading cause of death amongst children and young people aged 1to14 years, second only to cancer. In 2007 it led to 220 deaths, in those aged 0 to14 years in England and Wales the majority involved a road injury. Other causes included choking, suffocation or strangulation, smoke, fire and flames and drowning[1]. In addition, unintentional injuries leave many thousands permanently disabled or disfigured.

Every year, 1 million children under the age of 15 are taken to accident and emergency (A&E) units after injuries occur in the home. Many more are treated at home or by their GP. In the UK, injuries that occur in and around the home are the most common cause of death in children over the age of one.[2]

Everyday a child spends in hospital due to an accident costs the NHS £233. This rises to £750 a day for a bed in a specialist burns unit; £1,770 a day for a bed in intensive care; and £2,500 a day for a bed in a burns center intensive care unit. It can cost up to £250,000 to treat one severe bath water scald, and the British Burn Association estimates that, in one year, children who have suffered serious bathwater scalds generate lifetime treatment costs for the NHS of £6.7 million[3].

National Institute for Health and Clinical Excellence (NICE) guidance refers to the term 'unintentional injuries' rather than accidents as 'most injuries and their precipitating events are predictable and preventable. The term accident implies an unpredictable and therefore unavoidable event'[4] .
NICE guidance also identifies several factors which make some children more vulnerable than others. These include the child's age, whether they are disabled, have a learning difficulty, the family income and their home. Of particular concern is the fact that children and young people from lower socioeconomic groups are far more likely to be affected by unintentional injuries. Children and young people of parents classified as never having worked or long-term unemployed were identified to be13.1 times more likely to die from an unintentional injury than the offspring of managers/professionals[5].

Injuries occur as a result of the interaction between the child and his or her physical and social environment and are often preventable.

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[1] ONS (2008), Child Mortality Statistics. www.ons.gov.uk

[2] Health National Report (2007) 'Better safe than sorry'

[3] CAPT (2011) Advocating Child Safety, www.capt.org.uk.

[4] NICE (2010) Strategies to prevent unintentional injuries among the under-15s

[5] Roberts and Power (1996). Does the decline in child injury mortality vary by social class? A comparison of class specific mortality in 1981 and 1991. *BMJ 1996;313:784.*
http://www.bmj.com/content/313/7060/784?ijkey=ddb09923cef611473e9dc8a73d0df25e3b468f31&keytype2=tf_ipsecsha.

All children are exposed to hazards as part of their everyday lives as they play, travel around, and even (at times) when they are asleep.

The World Health Organization (WHO)[6] identified three levels of prevention: primary, secondary and tertiary. 'Primary prevention aims to prevent the injury event in the first place through, for example, stair gates to prevent falls or drink–driving legislation to reduce the risk of road accidents. Secondary prevention seeks to reduce the risk of injury once an event has occurred. A smoke alarm will not prevent a fire but may enable occupants to escape a building before they are overcome by smoke or burned. Tertiary prevention aims to minimize the consequences of an injury, for example, by providing first aid and emergency trauma care.

NICE[4] focuses on strategies, regulation, enforcement, surveillance and workforce development in relation to preventing unintentional injuries in the home, on the road and during outdoor play and leisure: '*It is for commissioners and providers of health services, local authority children's services, local authorities and their strategic partnerships, local highway authorities, local safeguarding children boards, police, fire and rescue services, policy makers, professional bodies, providers of play and leisure facilities, and schools. It is also for other public, private, voluntary and community organizations and services which have a direct or indirect role in preventing unintentional injuries among children and young people aged under 15'(page)*.

The Child Accident Prevention Trust (CAPT), highlight findings from the Accident Prevention Amongst Children Review which found that partnership work is a major driver for success in reducing death and serious injury from preventable childhood accidents. They state that 'creative partnership projects that pool resources and share opportunities can make a real difference at a local level[7]'. These finding are backed up by the Health National Report "Better Safe than Sorry" which found that '*partnerships are the key to the delivery of strategies aimed at preventing unintentional injury and require cooperation at local level[3]'*.

The Health National Report[3] also made the following recommendations for multi-agency working to reduce the number of children killed in accidents in England:

- Develop joint strategic plans and action plans aimed at preventing unintentional injury, ensuring regular review and monitoring of outcomes. These plans should ensure that resources are directed towards sustainable evidence based strategies, that avoid duplication of work and that they are directed at reducing inequalities;
- Regularly review and develop a clear understanding of the rates and types of unintentional injury in their local area to enable actions and resources to be directed accordingly;

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[6] WHO (2008), World report on child injury prevention. http://whqlibdoc.who.int/publications/2008/9789241563574_eng.pdf. accessed 29/9/13

[7] CAPT (2011) Advocating Child Safety, www.capt.org.uk.

- Determine what sources of local data are available and, where possible, record and share data across the NHS and local government;
- Influence Local Strategic Partnerships to strengthen the focus on unintentional injury in local communities;
- Use local children's trust arrangements, such as children and young people strategic partnerships or LSCBs as a vehicle to oversee and ensure delivery of prevention strategies, and
- Familiarise themselves and local practitioners with the evidence base detailing what works and target strategies for preventing unintentional injury accordingly.

The effectiveness of this strategy is thus dependent upon cross agency agreement and a commitment to action. In turn the strategy will provide a framework for action and an opportunity to develop a common understanding of unintentional child injury inequalities within County Durham. Through integration into the planning systems of the Health and Wellbeing Board (HWB) and Local Safeguarding Children's Boards (LSCB) appropriate resources can then be allocated to tackle unintentional injuries among children on a knowledge led basis.

The strategy will contribute to the achievement of priorities for the Altogether Better for Children and Young People, Altogether Healthier, Altogether Safer and Altogether Greener. There are identified links with the safer and stronger communities' action plan and the safeguarding children's board.

3.0 Aims and Objectives

This strategy will:

- Highlight the extent of unintentional injury among children and young people in County Durham, indicating where inequalities exist in the county and compared to regional and England;
- Outline national and local priorities for action and relevant targets;
- Map current service provision;
- Provide recommendations for further action in order to reduce unintentional injuries in children and young people by benchmarking against recommendations from NICE guidance; and
- Suggest any actions which could further reduce inequalities in County Durham.

The Accidental Injury Task Force identified a number of areas of particular concern and highlighted interventions which were well tried or most promising and offered the potential to achieve the biggest reduction in accidental deaths and injuries[8,9].

[8] Local Government National Report (2007) , 'changing lanes', www.audit-

On the road there is good evidence for:

- 20mph zones (leading to injury reduction and behavior change);
- Cycle helmet education campaigns (leading to behavior change);
- Child restraint legislation (leading to behavior change and injury reduction);
- Area wide urban safety measures (leading to injury reduction);
- Education aimed at parents about pedestrian injuries (leading to behavior change);
- Cycle training (leading to behavior change);
- Cycle Helmet legislation (leading to injury reduction);
- Child restraint education campaigns (leading to behavior change) and
- Seat belt education campaigns (leading to behavior change)

Significant fatalities and injuries occur in or near the home. These may occur through suffocation and ingestion of foreign bodies, fire and flames, drowning and submersion, falls or poisoning. There is good evidence for:

- Smoke detector programmes (leading to injury reduction and behavior change);
- Home risk assessments, safety checks and escape plans(leading to injury reduction);
- Prevention of poisoning - child resistant packaging (leading to injury reduction);
- General safety devices (leading to injury reduction);
- Window bars (leading to injury reduction);
- Parent education on hazard reduction (leading to behavior change) and
- Targeting deprived groups, particularly children in privately rented and temporary accommodation and households in which people smoke.

To maximize safety for outdoor play there is evidence for:

- Increasing the number of children undertaking training and wearing cycle helmets;
- Producing guidelines for safety in children's sports and
- Strengthening risk and safety education in schools.

4.0 Scope

This strategy applies to all children and young people 0 to 19years living within the boundaries of Durham County Council.

commission.gov.uk/SiteCollectionDocuments/AuditCommissionReports/NationalStudies/20070226changinglanesreport.pdf

[9] Towner E (2002) The prevention of Childhood Injury, Background paper prepared for the Accidental Injury Prevention Task Force

Specifically the strategy focuses on preventing and reducing unintentional injuries in the home, outdoor play area, water and on the road.

4.1 Targets

Domains 1 and 2 of the Public Health outcomes framework[10] have outcome indicators that are specific to child injury:

Domain 1: 1.1 Children in poverty
1.10 Killed and seriously injured casualties on England's roads
1.15 Statutory homelessness
1.16 Utilisation of outdoor play for exercise/health reasons

Domain 2: 2.7 Hospital admissions caused by unintentional and deliberate injuries in under 18s

5.0 Detail of the strategy

The proposed governance and accountability arrangement for delivering this strategy is outlined in appendix 1.

5.1 Understanding the Local Picture

Data available for childhood injury is variable. Comprehensive data exist for road traffic accidents and fires via the police and fire service. Hospital admissions are reported by the Health and Social Care Information Centre (HSCIC) but there is very limited data on Accidents and Emergency (A&E) attendances.

5.1.1 Age Profile

There were 135,953 children and young people aged 0 to 16 years living in County Durham UA in 2010. The following table shows the numbers of children and young people in age bands and how this compares to the region and England.

Table1: 0 to 16 years population as a percentage of the total population

	% of the population aged 0 to 4 years in 2010	% of the population aged 5 to 10 years in 2010	% of the population aged 11 to 16 years in 2010
County Durham UA	5.5	6.2	7.1
North East	5.7	6.3	7.0
England	6.3	6.7	7.1

Source: Office for National Statistics

County Durham has a similar proportion of under 5 year olds compared to the region but lower than England. Proportion of 5 to 10 year olds and 11 to 16 years olds is similar to the region and England.

[10] DH(2012) Improving Outcomes and supporting transparency

5.1.2 Unintentional injuries

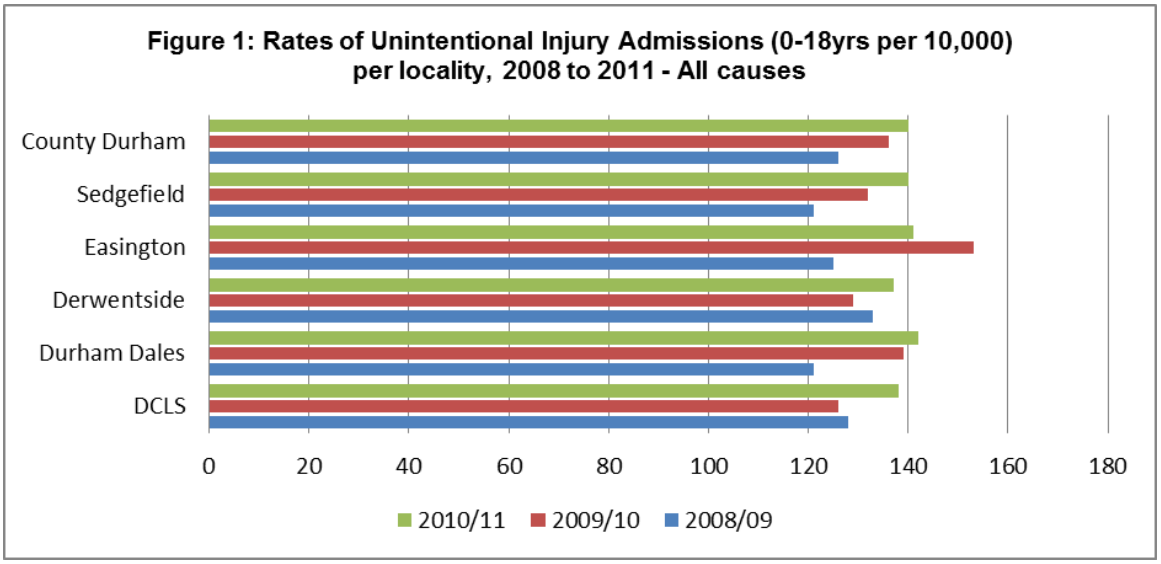
Table 2[11] compares the admissions to hospital due to unintentional injury in County Durham, region and England. It is observed that, in 2010 to 2011, County Durham had a higher rate of hospital admissions from unintentional injuries compared to the region and England.

Table 2: Hospital admissions for unintentional injuries: rate per 10,000 population

	Infants under 5 hospital admissions due to injury cause (2010-2011)	Children 5-17 hospital admissions due to injury cause (2010-2011)	Children under 18 hospital admissions due to injury cause (2010-2011)
County Durham UA	212.59	175.31	185.72
North East	199.62	157.79	169.71
England	143.16	116.34	124.27

Source: Hospital Episode Statistics (HES). The NHS Information Centre for health and social care

Figure 1 below provides a snapshot of hospital admissions attributed to unintentional injuries from all causes for the 0 to 18 year olds by locality. Admission rates gradually increased between 2008 and 2011 in all localities and in County Durham as a whole, except in Easington, where there was a reduction between 2009/10 and 2010/11.



Source: A&E admissions data-HES (NHS CDD performance team)

Table 3 below compares the rate of admissions for transport and non-transport injuries within the same time frame. Non-transport causes mostly accounted for these admissions with no significant differences in rates across the different localities.

[11] Child and Maternal Health Intelligence Network.

Table 3: Rates/10,000 of Unintentional injury admissions (0-18yrs)						
	Non-transport			*Transport*		
	2008/09	*2009/10*	*2010/11*	*2008/09*	*2009/10*	*2010/11*
DCLS	111	107	115	17	19	22
Durham Dales	104	120	116	17	19	26
Derwentside	117	107	113	15	22	23
Easington	103	128	119	21	24	22
Sedgefield	103	115	117	17	16	21

Source: A&E admissions data-HES (NHS CDD performance team)

Table 4, provides a breakdown of the types of injury causes per locality and by age group. It is observed that, the highest cause of injury in children in County Durham resulted from non- transport causes and were mostly due to falls in the 0 to 5year olds. Evidence[1] shows that most falls in 0 to 5year olds occur in the home and 6 to15year olds at outdoor play and leisure centres.

Injuries from transport causes happened in the 6-18year olds but predominately in the 6-15year olds. For the 6-15year olds, the injuries were a result of 'pedal cyclist injured in transport accident' and in the 16-18year olds, from 'car occupant injured in transport accident'.

Table 4: Total Number of Hospital Admissions caused by Unintentional Injuriesby Age and Type (2008-2011)								
	County Durham			Easington	Sedgefield	Dales	DCLS	Derwentside
Age group	1 - 5	6 - 15	16 - 18					
Non-transport accidents Total	1436	1659	515	754	678	617	950	611
Falls	704	887	183	381	349	317	452	279
Exposure to inanimate mechanical forces	318	354	172	183	135	152	232	145
Exposure to animate mechanical forces	43	175	52	43	56	49	98	69
Accidental poisoning by and exposure to noxious substances	116	16	7	58	52	38	52	39
Accidental exposure to other and unspecified factors	101	143		54	57	33	79	60
Contact with heat and hot substances	28			6	11		21	12
Overexertion, travel and privation			5	6		5	7	
Exposure to smoke, fire and flames								
Other accidental threats to breathing								
Exposure to electric current, radiation and extreme ambient air temperature and pressure								
Contact with venomous animals and plants								
Transport Accidents Total	35	413	160	143	111	112	166	109
Pedal cyclist injured in transport accident		250	5	74	52	53	79	55
Pedestrian injured in transport accident		54		27	25	6	22	5
Car occupant injured in transport accident			28	5		8	27	10
Motorcycle rider injured in transport accident		6	29	17	11	7	21	9
Other land transport accidents		21		6		18	17	5
Injury of undetermined intent Total								
Contact with sharp object, undetermined intent								
Poisoning								
NOTE: Numbers <5 have been suppressed								

Source: A&E admissions data-HES (NHS CDD performance team)

5.1.3 Falls

The following table shows the number of hospital admissions for falls in County Durham during 2008/09 to 2010/11, compared to the region and England. The rate of falls of all types was higher in County Durham than the region and England averages and the region was higher than the England average.

Table 5: Hospital admissions for falls: rate per 100,000 population

	Hospital admissions for all falls (0 to 4 years) (2008-2010)	Hospital admissions for all falls (5 to 16 years) (2008-2010)	Hospital admissions for all falls (17 to 24 years) (2008-2010)	Hospital admissions for falls from height (0 to 4 years) (2008-2010)	Hospital admissions for falls from height (5 to 16 years) (2008-2010)	Hospital admissions for falls from height (17 to 24 years) (2008-2010)
County Durham	842.74	530.67	346.46	219.69	133.52	92.82
North East	821.53	525.45	322.11	196.22	113.32	78.08
England	571.06	414.37	235.70	127.42	77.90	58.57

Source: Hospital Episode Statistics (HES). The NHS Information Centre for health and social care

5.1.4 Burns

Table 6 shows the number of hospital admissions for burns in County Durham during the period 2006/7 to 2010/11 compared to the region and England. Admission rates for burns in the under 5year olds in County Durham was lower than the region and England. Admission rates were similar to England for the 5year olds and over but lower than the region.

Table 6: Hospital admissions for burns and scalds: rate per 10,000 population

	Admissions for burns in children aged 0 to 4 years (2006-2010)	Admissions for burns in children aged 5 to 16 years (2006-2010)	Admissions for burns in young people aged 17 to 24 years (2006-2010)
County Durham	10.18	1.89	2.58
North East	11.06	2.15	3.35
England	12.10	1.85	2.07

Source: Hospital Episode Statistics (HES). The NHS Information Centre for health and social care

Experimental data from A&E[11]show where people have been diagnosed with 'burns and scalds'. In County Durham, it was observed that:

- 45.87 per 100,000 children aged 0 to 16 years attended A&E for burns and scalds during 2008/09 and 2010/11; and
- 53.80 per 100,000 young people aged 17 to 24 years attended A&E for burns and scalds during 2008/09 and 2010/11.

5.1.5 Exposure to smoke, fire and flames

The following table shows the number of hospital admissions for exposure to smoke, fire and flames in County Durham from 2007/08 to 2010/11. Due to the small numbers, data have been expressed at a Fire and Rescue Service (FRS) level. Please note Durham FRS is displayed below. Admission rates in County Durham for the 0 to 16year olds were lower than the region but higher than England. Admission rates in the over 16year olds were similar to the region but higher than England.

Table 7: Hospital admissions due to exposure to smoke, fire and flames injuries: rate per 100,000 population

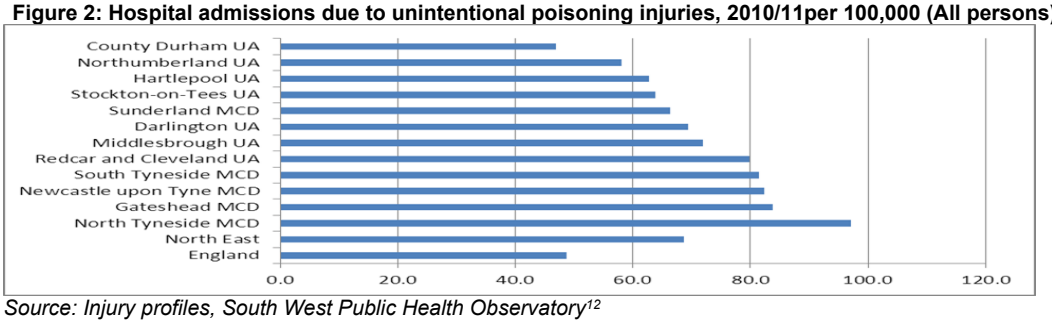
	Hospital admissions for smoke, fire and flames (0 to 16 year olds)	Hospital admissions for smoke, fire and flames (17 to 24 year olds)
County Durham	5.73	10.69
North East	6.08	10.41
England	4.24	6.66

Source: Hospital Episode Statistics (HES). The NHS Information Centre for health and social care

5.1.6 Poisoning

As shown in figure 2 below, County Durham has the lowest number of admissions from unintentional poisoning in the region but similar to national average.

Figure 2: Hospital admissions due to unintentional poisoning injuries, 2010/11per 100,000 (All persons)



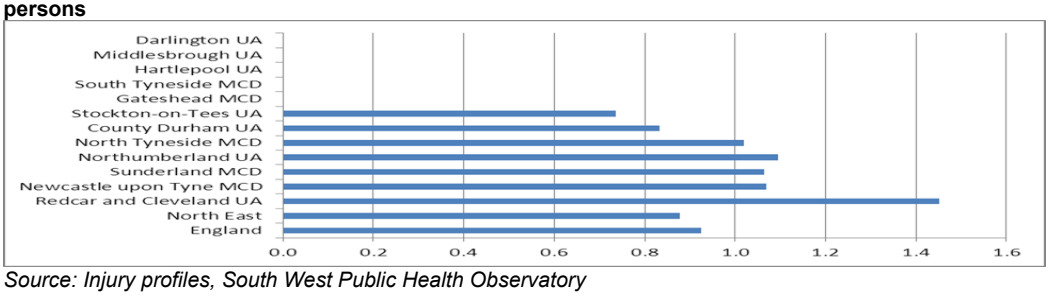
Source: Injury profiles, South West Public Health Observatory[12]

[12] SWPHO, Hospital admissions due to injury, age 0-17. http://www.swpho.nhs.uk/resource/item.aspx?RID=60389

5.1.7 Drowning or submersion

Figure 3 shows that the admission rates from injuries due to drowning in County Durham are similar to both the regional and England averages.

Figure 3: Hospital admissions due to drowning or submersion, 2006/07-2010/11 (combined) per 100,000 –All persons

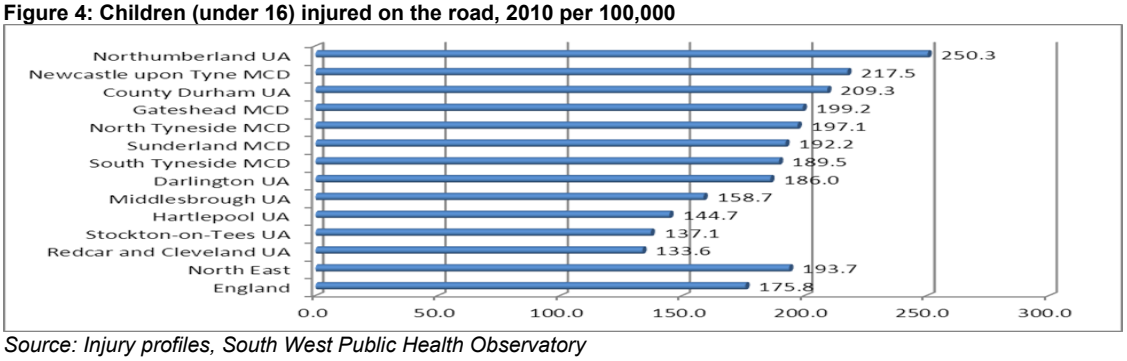


Source: Injury profiles, South West Public Health Observatory

5.1.8 Road injuries

Figure 4 shows road injuries recorded by the police in County Durham UA during 2010 for children and young people compared to the rest of the region and England. County Durham has higher rates of hospital admissions (209.3) per 100,000 due to under 16 injuries on the road than the regional (193.7) and England (175.8) average.

Figure 4: Children (under 16) injured on the road, 2010 per 100,000



Source: Injury profiles, South West Public Health Observatory

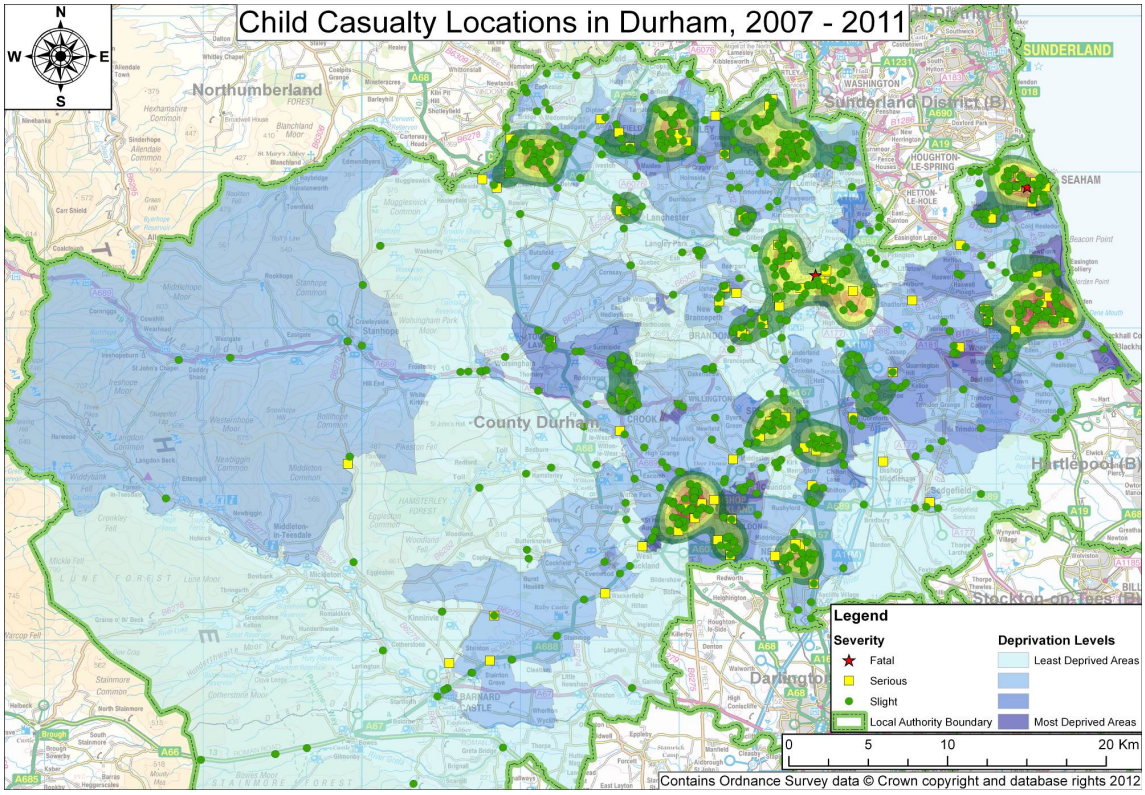
It is important to note that not all road casualties are reported to police.
A&E data shows when people have attended due to a road traffic accident as follows:

- 194.95 per 100,000 children aged 0 to 16 years from County Durham attended A&E as a result of a road traffic accident during 2008/09 and 2010/11.
- 821.21 per 100,000 young people aged 17 to 24 years from County Durham UA attended A&E as a result of a road traffic accident during 2008/09 and 2010/11.

A report by the North East regional road safety resource team[13] provided a breakdown of analysis of child casualties and shows that:

[13] Slater P, Shield C (2012), Analysis of Child Casualties in Durham 2007-2011, North East Regional Road Safety Resource

- County Durham has particularly high numbers of child pedestrians injured in collisions and much worse than England average;
- The majority of child casualties in County Durham occurred in those aged 11 to 15 years;
- There is a gradual decline in casualties for the 11-15year olds but an opposite trend for the 0-5year olds in County Durham;
- For child pedal cyclist casualties, four local authorities (Durham, Northumberland, Newcastle and Sunderland) perform worse than England average, which may indicate an area for improvement and
- Most child casualties occur in the urban centres of County Durham as depicted on the map below, with Seaham and Peterlee having particularly high numbers. Also, as these areas tend to be more deprived, there may be an association between higher numbers of child casualties and higher levels of deprivation.



5.2 Economic costs

Injury has a wide and long-term impact on health including stress, physical disability, social impairment and lower educational attainment and employment prospects. As well as wider heath care costs, there are social care costs, social security costs and productivity losses.[14]

[14] PHE (2014). Reducing unintentional injuries on the road among children and young people under 25years

The Department for Transport calculates the potential value of prevention of casualties from road traffic collisions. The costs take into account the expense to the emergency services, medical care and the loss of future economic output of the casualty. These are shown in table 8 below and calculated using 2009 costs. The estimates allow us to put a monetary figure on the cost of child casualties, and to speculate potential savings if the child casualties had been prevented.

Table 8: Yearly Value of Prevention of Child Casualties in Durham

Severity	2007	2008	2009	2010	2011	Total
Fatal	£1,585,510	£0	£0	£0	£1,585,510	£3,171,020
Serious	£3,563,200	£5,522,960	£3,741,360	£3,206,880	£4,275,840	£20,310,240
Slight	£2,596,860	£2,775,480	£3,009,060	£2,294,580	£2,418,240	£13,094,220
Total	£7,745,570	£8,298,440	£6,750,420	£5,501,460	£8,279,590	£36,575,480

It is estimated that if all of the collisions that caused these casualties had been prevented, this would have saved the County Durham economy over £36.5 million in the five year period.

5.3 Map of Current Activity

During the process of developing this strategy, consultation with partners identified that, a wide range of agencies provided services locally for unintentional injury prevention in children and young people and that there were many examples of good practice and innovation. The majority of the programmes delivered were for safety on the roads and included education in schools, early intervention schemes for young drivers, cyclists and bike safety. Other programmes include road engineering and enforcement campaigns. The fire and rescue team also provide safety carousels and home safety checks. Other agencies also deliver schemes for play and recreation and water safety. There was very limited activity for home safety. A full detail of the current activity is outlined in appendix 2.

5.4 Stakeholder consultation

Consultation on the views of children and young people[15] was carried out by young people with support from investing in children, to find out the knowledge and perceptions on fire safety, water safety, road safety, safety at school, safety while playing out and safety at home. Children and Young people reported that they were well informed on road and fire safety but had limited knowledge of water safety. Parents and other family members and school staff were identified to play significant role in the provision of such information. Feedback from children and young people were mixed depending on where they received safety messages and from whom. They specifically thought that safety messages needed to 'get in their heads', highlighting the following:

- "Safety messages need to be repeated (eg every year) to remind children and young people, using age appropriate language and real life examples and
- Safety messages need to be interactive and engaging, such as through posters, the radio, the internet, and films and TV adverts that make them think about the consequences."[11](page 2)

[15] Davison S, Gaut N, Knox Z, Vasey R (2012). A report about children and young people's views and understanding of the various messages that they receive around safety and injury prevention. Investing in Children, County Durham.

6.0 Strategic action plan

Using the NICE self-assessment tool for the public health guidance on preventing unintentional injuries to benchmark against current practice, a strategic action plan (appendix 3) has been developed from the summary of findings to help progress identified gaps locally and to ensure evidence based practice is embedded in the approach to prevent injuries in children in County Durham. The plan will be reviewed bi-annually by a multi-agency strategic group led by public health. The main areas identified for action are detailed in Appendix 3.

7.0 Conclusion

It is concluded that:

- The types of preventable injury in CYP are age related. The major cause of injury in the 0 -15 is due to falls. Most injuries in the 1- 5year olds occur in the home whereas in the 6-15year olds is due to outdoor play. Transport accidents occur in the 6-18year olds of which injuries in the 6-15year olds is related to pedal cycling whilst that in the 16-18year olds are due to car occupant or motorcycle rider. Interventions can therefore be targeted for maximum output;
- Gaps exist in data available to plan and monitor injury prevention programs locally. The South West Public Health Observatory (SWPHO) has started developing injury profiles to help benchmark against other local authorities, however, the data relates mostly to hospital admissions with limited information on A&E attendances and does not capture data from minor injury or walk-in centers which therefore gives an incomplete picture of the issue. Locally, the North East Regional Road Safety Resource provide quality data to monitor road injuries but this is not available for other types of injuries;
- There is a lot of local activity and good practice to prevent injury in children but at varying levels dependent on the type of injury. For example, road safety prevention is very well advanced and coordinated but very little for water and home safety.
- Not all the relevant current local authority policies have identified prevention of unintentional injury in CYP as a priority;
- Robust partnership arrangements should be in place to coordinate delivery of injury prevention in CYP locally; and
- Clear protocols and pathways for clinical teams to ensure continuity of care for CYP involved in preventable injuries will be delivered. The knowledge base on injury prevention of some professionals who work with CYP will be further explored.

8.0 Recommendations:

It is recommended that the Director of Public Health has oversight responsibility for implementation of this strategy and to ensure that progress is reported to the Children, Young People and Families' partnership and to the Local Safeguarding Children's Board.

Strategic recommendations include to:

- A local injury prevention strategy group should be developed with relevant partners to lead on implementing the strategic action plan (appendix 3). The strategy group to report to the Children and Families Partnership with links to the Local Safeguarding Children's Board through the Director of Public Health;
- Include child injury prevention in all relevant strategies and take steps to raise the profile of child injury prevention across all partner agencies; and
- Agree local child injury prevention targets which should include both process and outcome measures. The NICE assessment tool and Public Health Outcomes Framework should be used to monitor progress for success.

Specific recommendations include to:

- Continuously monitor, evaluate available data and feedback to relevant partners to ensure appropriate steps are taken to reduce unintentional injuries in children and young people;
- Prioritize home safety and work closely with multi-agency partners to address gaps;
- Ensure that programs are appropriately targeted and dependent on need;
- Explore how to promote safety education in areas that targets parents/carers;
- Promote regular consultation with CYP to ensure programs are tailored to their needs; and
- Support the development of relevant clinical protocols across agencies to ensure quality of care for CYP involved in accidental injury.

Appendix 1: Governance and Accountability Arrangements

The Terms of Reference for the Children and Young People's Unintentional Injury Prevention Strategy Group are outlined below:

Aim: To ensure a strategic and coordinated approach to reducing unintentional injury in children and young people in County Durham.

Objectives:

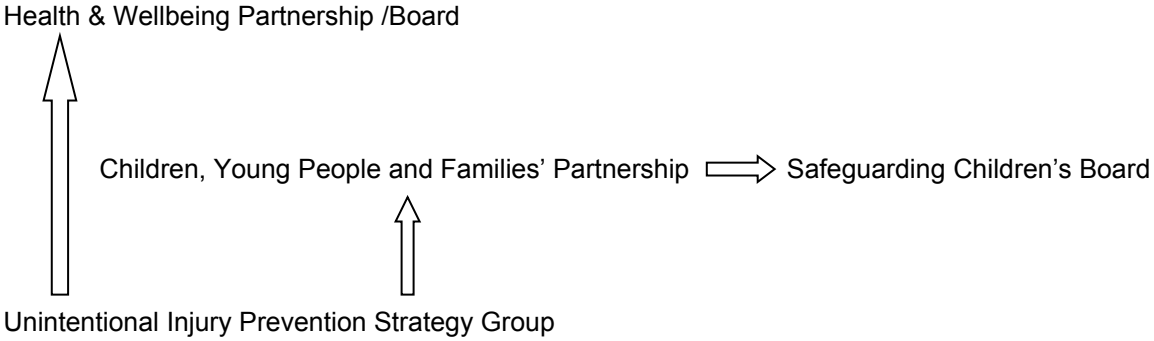
- To review progress on implementation of the recommended actions from the strategy for reducing unintentional injuries in children and young people.

- To make appropriate recommendations to the Local Safeguarding Children Board and Health & Wellbeing board.
- To secure implementation of the strategy through effective performance management and a structured approach to audit and evaluation.

Membership:

Role
Public Health representative
Consultant Pediatrician
Schools representative
One point service Representative
Health Improvement Service Representative
Stronger families service representative
Health Visitor and School Nursing representative
Investors in Children representative
Fire & Rescue Services Representative
Police Service Representative
Health & Safety Representative
Road Safety Representative
Sport & Leisure representative
Youth Services Representative
Play & Urban Games representative
Safer Communities Representative
Voluntary sector representative
Children and Young people representative
Children's commissioning representative
Social services representative
Clinical commissioning group representative

Reporting Mechanism:



Appendix 2: Map of current activity

Priority Area	Current Activities/Initiatives	Lead Organization	Gaps Identified
Fire safety	Carousels (Primary Schools)	Fire &Rescue	
Road safety	Wise drive Die drive Young drive Bike-Wise Annual Event Bike Wise Motorcycle Training, Excelerate Young Driver Training Motorcycles MiniBike Club Community speed watch (speed management strategy) Speed awareness course – occupational road risk course/advice (private company) Driver improvement scheme Enforcement campaigns, insurance / drink/ drug drive, speed vehicles safely School crossing patrol service, Wait a second (motor cycle), Sage Safer Driving with Age scheme (older driver) Bikeability – primary and secondary schools level 1, 2 and 3 Pedestrian training-primary school Junior road safety officers scheme, primary school Road Safety related projects in schools, Good egg –child in car safety County Durham and Darlington causality reduction forum Road safety Engineering Publicity campaigns Local and Regional Publicity Campaigns Respect (motorcycles_ - College and 6th form road shows (driving) Driving for business SAFED (Safe and Fuel Efficient Driving) courses Star accreditation – scheme where schools have to deliver on sustainable travel including road safety to achieve recognition.	Police/F&R Police Police/DCC Police DCC Police Police Police/DCC Police/DCC Police/DCC DCC/Police DCC DCC DCC DCC DCC DCC DBC/DCC/Police/F&R DCC Police/F&R DCC DCC DCC DCC	Low power Motor cycles scooters Drunk/drink impaired pedestrians 20mph zones / safer routes outside of parks / play areas Pedestrian / road awareness for secondary school pupils – use of mobile phone / mp3 whilst cross, etc. Safety on buses independent from training. No ‘push along scooter training’ Evaluation of road safety schemes for impact.
Play & Recreation	Police Alcohol Public order initiatives Summer Nights / Winter Nights Initiatives youth safety Behaviour. Safe at play projects	Police Groundworks	Are safe and suitable places for play effectively advertised to cyp?
Home Safety	Health visitor 0-5 Ante-natal information (pink & fluffy) Home fire safety checks eg smoke alarms, cooking safety, electrical safety and candle safety. Home safety assessment and equipment for vulnerable families	One Point service CDDFT F&R One point service	Opportunistic advice from health care professionals in hospital Gap – home end of safe at home. FARM / agriculture safety rural areas. Gaps info leaflets in hospital Support with safety equipment for children in need Day safety, Detailed risk assessments conducted in areas of disadvantage. Content of antenatal & parenting programmes Re preparing the home. Parenting and programmes only for children flagged to social services Birth-5, download, previously books What resources e.g. dvd are given to new parents re home safety
Water safety	Get Hodies on fishing (x over water safety, play and rec) Epilepsy Action	Police	Loss of free swimming lessons
0-19 settings	EDDY People Initiative- working with young locals to reach groups Youth workers outreach programmes Healthy Star Settings Model programme	Police DCC CDDFT (HIS)	Anti – bullying projects – peaceful playground scheme

Appendix 3: Strategic Action plan

Action Required	Lead agency	Timescale
Partnership working		
Develop local injury prevention strategy group with relevant partners to lead on implementing the NICE action plan	Public Health, CCGs, Social services	March 2015
Support the development of relevant clinical protocols across agencies to ensure quality of care for CYP involved in accidental injury	GPs, School nursing, Health visiting, A&E	March 2016
Support children's centres to raise awareness to parents during National Child safety week by displaying CAPT posters, providing child safety information and having safety related activities	One Point service	Annually (in June)
Explore how to promote safety education in areas that target parents/carers;	All partners	March 2017
Home safety		
Develop local agreement with housing associations/landlords to install permanent safety equipment is installed and maintained in relevant social and rented dwellings	DCC Children's commissioning, Housing	Dec 2017
Encourage home safety risk assessments and advice to at risk families	Health visiting, FNP, Fire&Rescue	Ongoing
Consider providing training on home safety to staff who work with CYP	Fire & Rescue, One point service	March 2016
Explore development of a local scheme to support vulnerable/at risk families to install safety equipment in homes when required	Stronger families One Point service	Ongoing
Outdoor including road safety		
Encourage the implementation of 20mph in lived in areas and schools vicinity in neighbourhoods with high risk for collisions	Road safety partnership	Dec 2017
Develop consultation/evaluation process with local children and young people and their parents, particularly those from disadvantaged communities, about their road use and their opinions about the risks involved to ascertain impact of interventions implemented.	Road safety team	Ongoing
Encourage injury prevention education in schools as part of PSHE	School nursing, Education	Ongoing
Data Monitoring and Evaluation		
Collate and share injury profiles including A&E attendances with relevant partners to help plan and evaluate injury prevention programmes	Public Health	Ongoing

Appendix 4: List of Acronyms

A&E	Accidents and Emergency
CAPT	Child Accidents Prevention Trust
CDD	County Durham and Darlington
CDDFT	County Durham and Darlington NHS Foundation Trust
CYP	Children and Young People
DBC	Darlington Borough Council
DCC	Durham County Council
DCLS	Durham and Chester-le-street
F&R	Fire and Rescue
HES	Hospital Episode Statistics
HWB	Health & Wellbeing board
KSI	Killed or Seriously Injured
LA	Local authority
LSCB	Local safeguarding children's board
MCD	Metropolitan district
NHS CDD	NHS County Durham and Darlington
NICE	National Institute for Health and Clinical Excellence
PHOF	Public Health Outcomes Framework
SWPHO	South West Public Health Observatory
UA	Unitary Authority
UK	United Kingdom
WHO	World Health Organization