

Revision of Framework for the prevention of unintentional injuries in children and young people (0-19 years) in County Durham 2017-2020

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Purpose of the Report

- 1 This report presents the Health and Wellbeing Board with a revised delivery framework for the prevention of unintentional injuries in children and young people (0-19 years) in County Durham 2014-2017, which now requires further consultation and approval.

Background

- 2 Unintentional injuries among children and young people continues to be a significant public health issue, especially with regard to health inequalities among children from different social and economic contexts. County Durham has a markedly higher than average rate of admissions to hospital due to unintentional injuries for children and young people.
- 3 A Strategy for the Prevention of Unintentional Injuries in Children and Young People 0-19 was developed for County Durham in 2014, led by the public health team. The responsibility for overseeing delivery of the Strategy was with the Director of Public Health, reporting into the Children and Families Partnership with links to the Local Safeguarding Children's Board.
- 4 The strategy is a multiagency plan, which covers all aspects of unintentional injuries relevant to the population of 0-19's County Durham. It has clear aims and objectives and is linked to the indicators in Domains 1 and 2 of the national Public Health outcomes framework. It is based on National Institute for Health and Care Excellence (NICE) guidance, and is built as far as possible on data from various sources to present a local picture. The strategy was based on NICE guidance PH29 which was published in 2010. This guidance (along with related areas) has subsequently been reviewed by NICE in 2014, with the conclusion that no update was required, as the evidence was still current.
- 5 A workshop to assess progress in implementing the strategy was held in November 2016, which was attended by partners representing different sectors involved in delivering the plan. The workshop allowed for an assessment of gaps in delivery. Subsequently a steering group has met to refine the forward plan.

- 6 In the context of Durham County Council's current planning context, the refreshed strategy has been developed as a delivery framework, reflecting the various delivery strands, along with a summary plan on a page to represent the key actions and outcomes to be addressed during 2017 to 2020.
- 7 A key focus of the delivery plan will be on preventing accidents in the home for 0-5 year old children, and the better use of data to target prevention efforts, across different settings. Falls prevention programmes associated with older people are outside the scope of this framework and are covered by guidance such as NICE clinical guidelines CG161 "falls in older people: assessing risk and prevention".
- 8 This strategy will impact upon the Public Health Outcomes Framework (PHOF) 2.07i - iii - Hospital admissions caused by unintentional and deliberate injuries in children and young people.
- 9 Governance and accountability arrangements are set out in the delivery framework with specific actions assigned to various partnership groups and service areas. It is proposed that the Children and Families Partnership Board will have overall accountability for co-ordinating and monitoring the plan, with annual reporting to the Health and Wellbeing Board and the Safe Durham Partnership.
- 10 The steering group will continue to meet on a six monthly basis to ensure effective coordination of the delivery of the plan. An annual partnership event will be scheduled in autumn each year to make sure there is a broad base of engagement in delivering the plan and outcomes are on target.

Key issues

- 11 A timeline for furthering consultation and sign off of the plan is attached at Appendix 2.
- 12 Strong partnership working is necessary to effectively deliver the plan in order to reduce unintentional injuries. Commitment is needed across all the partnership groups and services identified in the action plan. This includes the Safer Durham Partnership and its subgroups, and also the individual services which will support delivery. All key partners will be involved in the consultation, as set out in the attached timeline.
- 13 Further work will be required to refine the data and intelligence relating to this field, especially with regard to identifying "hot spot areas" where additional preventive effort can be targeted. A priority focus will be on preventing childhood injuries in the home setting for 0-5 year olds, particularly linked to vulnerability and disadvantage factors. Close working relationships are essential with the housing sector as well as wider community involvement.
- 14 The Area Action Partnerships, as part of operational community delivery, would significantly add value to the delivery of the plan. Local data and

intelligence will help to identify areas where additional preventive efforts could be prioritised.

Recommendations

15 The Health & Wellbeing Board is recommended to:

- Agree the Unintentional Injuries Delivery Framework for wider consultation as set out in the timeline attached at Appendix 2.

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Appendix 1: Implications

Finance - the actions identified in the delivery framework will be delivered within existing resources.

Staffing - project support and administration support for the key planning and governance arrangement are from public health team

Risk - nil

Equality and Diversity / Public Sector Equality Duty - refresh of strategy and action plan considers equality and diversity issues, especially with regard to communities with high rates of unintentional injuries and also focusing on this issue as a risk area within the vulnerable parent pathway.

Accommodation - nil

Crime and Disorder - nil

Human Rights - no issues

Consultation - the workshop was a form of consultation with key stakeholders. See schedule of consultation attached – appendix 2.

Procurement - no implications

Disability Issues - no specific issues

Legal Implications - will fulfil statutory duties in relation to safety.

Appendix 2 Draft Timeline County Durham Framework for the Prevention of Unintentional Injuries Children 0 – 19

Meeting	Date	Purpose
Prevention Unintentional Injury strategy for children 0-19 Steering group	27 th April 2017	For comment
Durham County Council Corporate Management Team	31 st May 2017	For comment
Health and Wellbeing Board	22 nd June 2017	Agree consultation draft for wider consultation
Safe Durham Partnership	23 rd June 2017 by email	Consultation
Children and Families Partnership	23 rd June 2017 by email	Consultation
Local Safeguarding Children Board	23 rd June 2017 by email	Consultation
Other relevant partnerships including Area Action Partnerships, CCG governing bodies and housing forum	23 rd June 2017 by email	Consultation
Health and Wellbeing Board	25 th September 2017	Formal agreement
Cabinet	15 th November 2017	For information

Appendix 3 – Draft Delivery Framework for the Prevention of Unintentional Injuries in Children and Young People 0-19 Years

County Durham Delivery Framework for the Prevention of Unintentional Injuries in Children and Young People 0-19 years

2017-2020

Aims

- To reduce the level of preventable unintentional injuries among children and young people in County Durham.
- To reduce inequalities which exist within the county in relation to unintentional injuries among children 0-19.
- To ensure that unintentional injury prevention programmes are informed by evidence and delivered according to need.

Context

A strategy to prevent unintentional injuries among children 0-19 years of age for County Durham was developed in 2014 and endorsed by the Health and Wellbeing Board for delivery over 2014-2017. This document aims to update and build on the foundation of the original strategy and sets out a framework of action and governance arrangements for the next three year period 2017-2020.

NICE guidance is available to provide evidence based recommendations for preventing unintentional injuries, as well as guidance from Public Health England (PHE) and these have been used in devising this strategy.

NICE guidance was reviewed in 2015, with very few changes to the original guidance. The guidance highlights that robust partnership arrangements need to be in place to co-ordinate the delivery of a local Children and Young People Unintentional Injury strategy. This local strategy, and its delivery framework, will be based on a collaborative partnership approach, along with strengthening engagement and empowerment of local communities. Falls prevention programmes associated with older people are outside the scope of this framework and is covered by guidance such as NICE clinical guidelines CG161 “falls in older people: assessing risk and prevention”.

The refresh of the strategy has been supported by a review workshop in November 2016 and subsequent collaborative working under a task and finish steering group. Going forward the programme of activities to deliver the strategic aims are set out as a delivery framework, which is appropriate because a number of strands of activities are delivered by different partnership groups. It is the culmination of these separate, and sometimes interconnecting activities, which impact on the overall outcome of

reducing the level of unintentional injuries among children and young people in County Durham.

Definitions

The strategy adopts the NICE guidance term “unintentional injuries” rather than “accidents” as most injuries and their precipitating events are predictable and preventable. The term “accident” is avoided, as it implies an unpredictable and therefore unavoidable event.

Background

The starting point for this strategy is the recognition that most injuries and precipitating events are predictable and preventable.

Unintentional injuries in and around the home are a leading cause of preventable death for children under five years and are a major cause of ill health and serious disability.

Analysis of the most recently available five years of national data shows that each year approximately 60 children and young people died, 450,000 attended accident and emergency (A&E) and 40,000 were admitted to hospital as an emergency.

Unintentional injury can affect a child or young person's social and emotional wellbeing. For example, those who survive a serious unintentional injury can experience severe pain and may need lengthy treatment (including numerous stays in hospital). They could also be permanently disabled or disfigured.

There are also high financial costs. The short-term average healthcare cost of an individual injury (all types) is £2,494 and the wider costs of a serious home accident for a child aged 0 to 4 years has been estimated at £33,200.

Minor unintentional injuries are part of growing up and help children and young people to learn their boundaries and manage risks for themselves. The need to balance encouraging them to explore and develop, and managing the risks to prevent serious injury, is recognised by local partners.

A key aspect of this strategy is to build on what Durham County Council and its partners are already doing to keep children safer and healthier.

Local profile

Hospital admissions in County Durham caused by unintentional and deliberate injuries in children have many classifications as determined by the formal International Statistical Classification of Diseases and Related Health Problems 10. The cause code is a supplementary code that indicates the nature of any external cause of injury, poisoning or other adverse effects.

Figure 1 County Durham – rate of admissions for 0-14 years by cause groupings (source: Hospital Episode Statistics (HES), PHE Knowledge and Intelligence Team (Northern and Yorkshire))

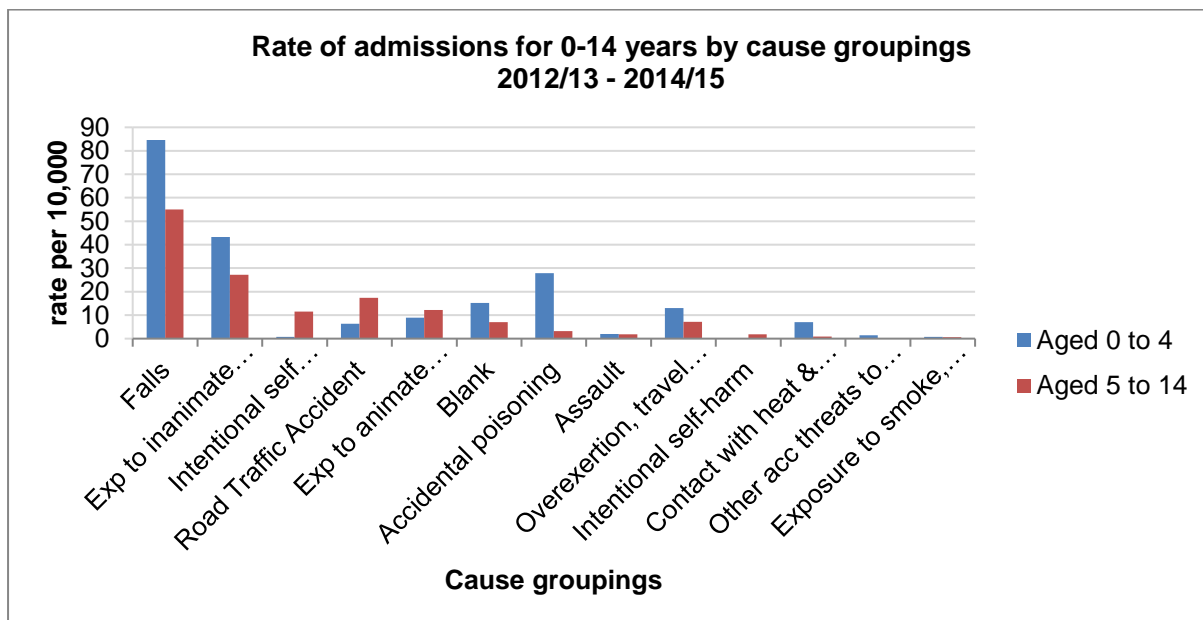
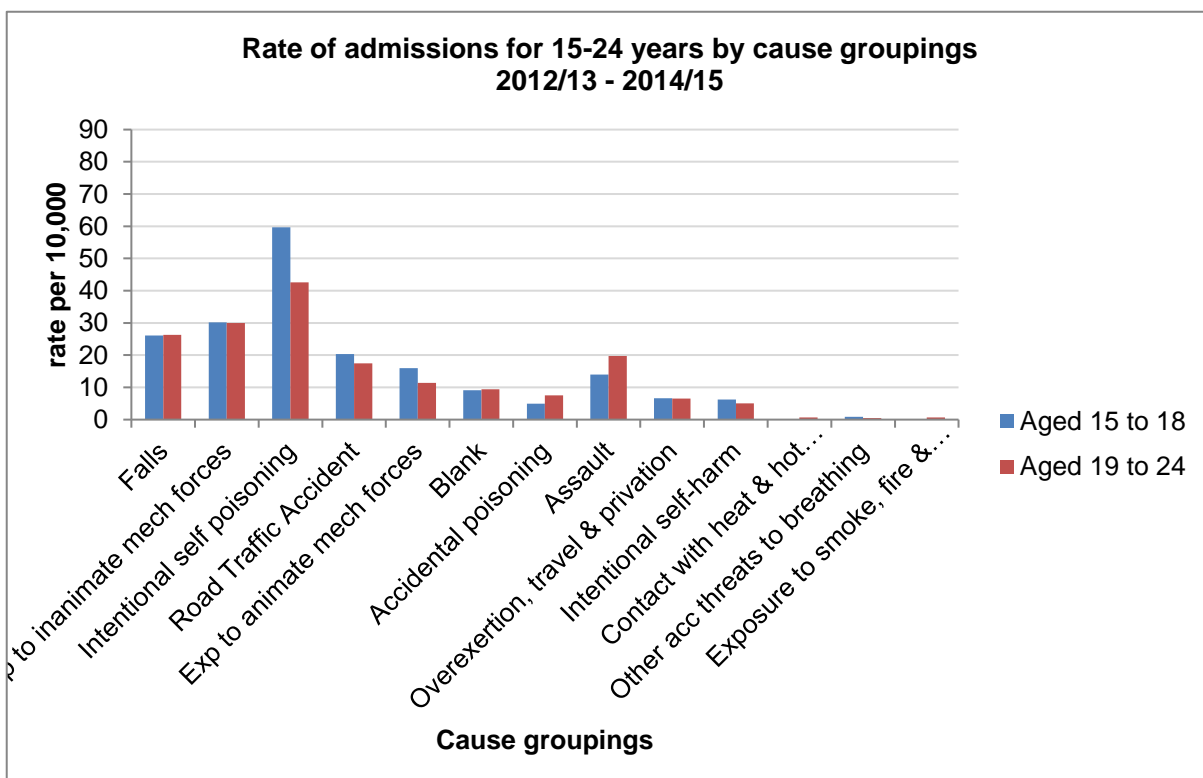


Figure 2 County Durham – rate of admissions for 15-24 years by cause groupings (source: Hospital Episode Statistics (HES), PHE Knowledge and Intelligence Team (Northern and Yorkshire))



Age ranges – top three categories for admissions in County Durham

The most dominant categories based on rates per 10,000 are displayed below to provide an overview of the types of admissions. It should be noted that this is not intended to indicate the significance or severity of these categories.

0-4 year olds

- Falls are the leading cause of unintentional and deliberate injuries which aligns to national trends.
- Exposure to inanimate mechanical forces (this includes sharp objects such as knives or foreign objects being inserted)
- Accidental poisoning (e.g. chemicals, pesticides etc.)

5-14 year olds

- Falls are the leading cause of unintentional and deliberate injuries, which aligns to national trends
- Exposure to inanimate mechanical forces
- Road traffic accidents

15-18 year olds

- Intentional self-poisoning (e.g. chemicals, pesticides)
- Exposure to inanimate mechanical forces
- Falls

19-24 year old

- Intentional self-poisoning, though at a lesser rate than the earlier age group
- Exposure to inanimate mechanical forces
- Falls

Inequalities

Children and young people from lower socioeconomic groups are more likely to be affected by unintentional injuries.

PHE analysis shows that the emergency hospital admission rate for unintentional injuries among the under-fives is 45% higher for children from the most deprived areas compared with children from the least deprived, and previous research indicates that for some injury types this inequality may be much larger. There is a persistent social gradient for unintentional injuries and inequalities have widened. For example, children living in the most disadvantaged areas have a 50% higher risk of being burned, scalded or poisoned resulting in primary or secondary care attendance than those in the most advantaged areas.

Children whose parents have never worked (or are long-term unemployed) are 13 times more likely to die from an unintentional injury compared to children whose parents are in higher managerial or professional occupations. The social gradient is

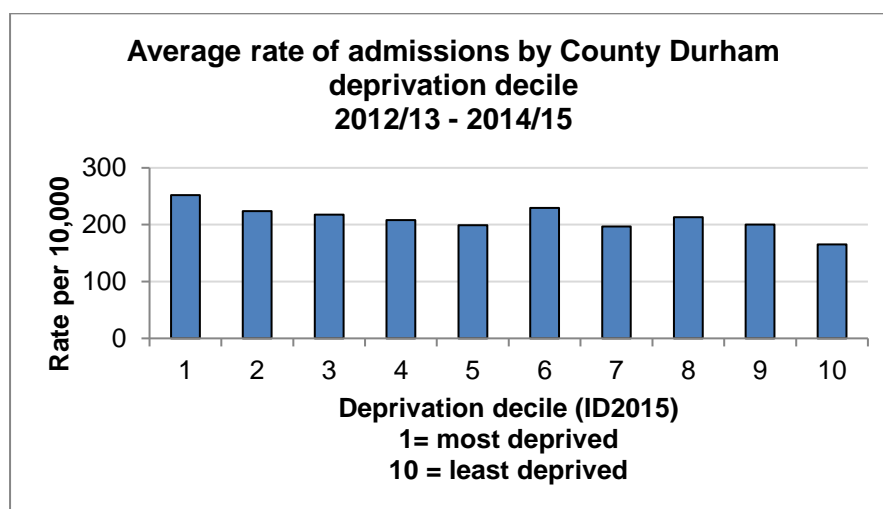
particularly steep in relation to deaths caused by household fires, cycling and walking.

A range of other factors also influence the likelihood of an unintentional injury. These include: personal attributes (such as age, physical ability and medical conditions), behaviour (such as risk-taking), and the environment (for example, living in a house that opens onto a road or living in poor quality housing). While combinations of these factors create the conditions in which unintentional injuries occur, many are preventable.

Inequalities exist within County Durham, but when comparing within the county the social gradient may not be as steep as is seen nationally. Further analysis at a local level will provide more detail on specific areas of need and will allow for the appropriate targeting of activities for frontline professionals or our communities.

Socioeconomic status

Figure 3: Average rate of admissions by County Durham deprivation decile (source: Hospital Episode Statistics (HES), PHE Knowledge and Intelligence Team (Northern and Yorkshire))



Roads

Children and young people have the right to safe roads. National analysis of data from 2008 to 2012 shows that over that period there were more than 320,000 road casualties and 2,300 road deaths among children and young people under the age of 25 years in England. The most obvious result of effective road safety initiatives is fewer injuries, but there can be wider public health benefits. Active travel such as walking and cycling has a wide range of benefits to physical and mental health, but the fear of injury can put people off using these modes. Creating safer roads can therefore encourage active travel and active play. There can be further public health benefits such as improving community cohesion or reducing noise and air pollution.

Road safety and socioeconomic status

There are social inequalities in how traffic injuries are distributed through society and these are very significant among school age child pedestrians. Among pedestrians in the 5 to 9 years age group, the rate of fatal and serious injuries to children living in the 20% most deprived areas is nine times higher than to children in the 20% least deprived (24 killed or seriously injured (KSI) per 100,000 and 2.6 per 100,000 respectively). Among 10 to 14 year old pedestrians, there was a 3.7 time greater rate, with respectively 37 KSI per 100,000 compared with 10 KSI per 100,000. There are also inequalities among school age cyclists. Among those aged 10 to 14 years there were 4 fatal or serious injuries per 100,000 people in the least deprived 20% of areas, compared with 10 KSI per 100,000 in the 20% most deprived.

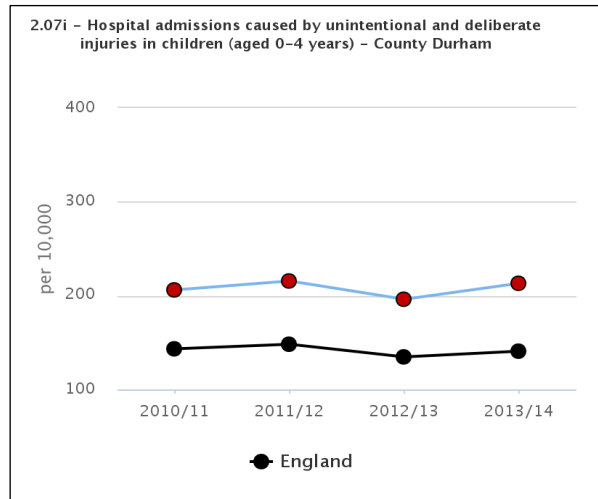
Mobilising existing services prevents injuries

Preventing unintentional injuries does not require major new investment; much can be achieved by mobilising existing services, building on strengths and developing capacity. Broader partnership working across the public, private and voluntary and community (VCS) sectors is essential, bringing together a very wide range of services from diverse settings including health, education, social care, housing and homelessness and fire and rescue. Good co-ordination adds value and enables more to be achieved than organisations working in isolation.

Prioritising

The Public Health Outcomes Framework (PHOF) indicator (2.7) covers reducing hospital admissions from unintentional injuries for children and young people. Because nationally children under five years account for a disproportionately high number of deaths and a large number of hospital admissions, this group is as a priority for action within wider unintentional injury prevention strategies. In County Durham admissions in this age group remain high and worthy of focussed efforts.

Figure 4: Hospital admissions caused by unintentional injuries (0-4 years – County Durham)
(source: Hospital Episode Statistics (HES), PHE Knowledge and Intelligence Team (Northern and Yorkshire))



Preventing accidents is part of PHE's priority to give children and young people the best start in life, and is also a high impact area for early years and health visiting professionals.

Unintentional injuries for the under-fives tend to happen in and around the home. They are linked to a number of factors including:

- child development
- the physical environment in the home
- the knowledge and behaviour of parents and other carers (including literacy)
- overcrowding or homelessness
- the availability of safety equipment
- new consumer products in the home

These criteria can be all exacerbated by the effect of deprivation and as such a targeted approach to the strategy will be applied. As mentioned previously the prevalence of injuries shows a steep social gradient and efforts should be prioritised in respect of this.

To support this work local analysis highlights the nature of injuries young children experience and which injuries cause most hospital admissions to allow for targeted prevention efforts. This age range present opportunities to local authorities and their partners as they have a variety of settings, services or programmes that have contact with this age range.

Defining the areas of focus for the delivery framework

The delivery framework for this strategy has been set out in relation to key settings, each of which relates to specific objectives and provides a context and focus for the delivery of key actions. These are:

- Home settings (0-4 years)
- Education Settings (including Early Years)
- Community Settings

- Road Safety
- Water Safety

The attached action plan and plan on a page sets out the specific areas of delivery in more detail. Appendix 1 provides more detail on each priority setting.

Roles and responsibilities

Each priority area/setting will likely have a workforce that already interacts with the target audience. For instance all staff who work with children in early years settings are ideally placed to help reduce childhood accidents. Through their contact with parents, they can equip them with a better understanding about child development and can help them to anticipate risks. The action plan will highlight those leading each aspect of the strategy.

Governance/Partnerships

A key aspect of this framework is to build on what the local authority and its partners are already doing to keep children safer and healthier.

The Safe Durham Partnership contributes to the vision of an 'Altogether Better Durham'. The Safe Durham Partnership is an integral part of this wider vision and is responsible for delivering an 'Altogether Safer' Durham. High level objectives and outcomes are around implementing measures to promote a safe environment and protecting vulnerable people from harm, clearly are also part of the injury reduction agenda. Key strategic groups such as the Road Safety Partnership, the Safer City Centre Partnership the Alcohol Harm Reduction Board and the Water Safety Partnership are integral to the delivery of these cross cutting objectives.

The County Durham Health and Wellbeing Board promotes integrated working between commissioners of health services, public health and social care services, for the purposes of advancing the health and wellbeing of the people in its area. The strategic objectives of the Health and Wellbeing Board include; children and young people make healthy choices and have the best start in life and the reduction of health inequalities and early deaths which aligns to the key priorities of this strategy.

This aligns to NICE PH 29 recommendation 1 in incorporating unintentional injury prevention within local plans and strategies for children and young people's health and wellbeing.

This framework sets out to align the quality partnership activity that is already underway, provide assurance on unintentional injury prevention whilst also exploring new areas for innovation and development in order to impact upon injury statistics in County Durham.

This delivery framework will require the support of all key partnerships. Area Action Partnerships (AAPs) cover all areas of the county. AAPs have been set up to give people in County Durham a greater choice and voice in local affairs. By working in

partnership they help ensure that the services of a range of organisations are directed to meet the needs of local communities. The Area Action Partnerships will be invaluable in developing and delivering key elements of the unintentional injury agenda, most notably:

- Engagement: working with communities to build a dialogue with communities and encourage local people to be involved in planning local services.
- Empowerment: giving people the power to work in partnership with organisations and help them combine their efforts to improve local services.
- Local action: where possible and practical, exploring an action plan for the AAP, and resolving issues by using the resources of the partnership.

It is proposed that the overall accountability for co-ordinating and monitoring of the progress in implementing this plan, including monitoring the reduction in childhood unintentional injuries (as measured by the local hospital admissions rate) is allocated to the Health and Wellbeing Board. The overall co-ordination will be led by a nominated officer in the public health team, supported by a steering group which will meet as required.

There will be an annual partnership meeting to refresh the plan, to be held in October each year, with an annual report submitted to the Health and Wellbeing Board and Safer Durham Partnership in December/January each year.

Outcome measure for this strategy

This strategy will impact upon the Public Health Outcomes Framework (PHOF):

- 2.07i - Hospital admissions caused by unintentional and deliberate injuries in children (aged 0-4 years)
- 2.07i - Hospital admissions caused by unintentional and deliberate injuries in children (aged 0-14 years)
- 2.07ii - Hospital admissions caused by unintentional and deliberate injuries in young people (aged 15-24)

It is important to note this indicator relates to hospital admissions. PHOF provides an indicator for one element of the health and social care system and not a level of prevalence of injury within a population.

It is also important to note that hospital admission data is not perfect. Nationally it is acknowledged by Public Health England (2010) that there are weaknesses in the available data, with the cause of hospital admissions unknown for nearly 9% for the under 5 age group.

Within the action plan there are a number of evidence based initiatives that will impact upon injuries. These actions will be measureable and will have a defined output which evidence suggests will impact upon the overall indicator.

Guidance and references

- NICE. Strategies to prevent unintentional injuries among children and young people aged under 15. NICE public health guidance 29.
- NICE. Preventing unintentional injuries in the home among children and young people aged under 15: NICE public health guidance 30
- NICE. Unintentional injuries on the road: interventions for under 15s. NICE public health guidance 30
- Public Health England. Public Health Outcomes Framework:
<http://www.phoutcomes.info/public-health-outcomes-framework#gid/1000049>
- Public Health England. Public Health Profiles. Injuries.
<http://fingertips.phe.org.uk/search/injuries>
- Public Health England, Royal Society for the Prevention of Accidents and Child Accident Prevention Trust of Accidents: Reducing unintentional injuries among children and young people
- Public Health England, Royal Society for the Prevention of Accidents and Child Accident Prevention Trust of Accidents Public Health England: Reducing unintentional injuries on the roads among children and young people under 25 years
- Public Health England, Royal Society for the Prevention of Accidents and Child Accident Prevention Trust of Accidents Preventing unintentional injuries: a guide for all staff working with children under 5 years

Draft Framework Action Plan for 2017/2018 (to be refreshed in December 2017 for the 2018/19)

Early years settings ACTION	Lead	Timeline	NICE Recommendations
Incorporate activity into the Healthy Child Programme – home environment check	HDFT		NICE PH 30 recommendation 2- Working in partnership and recommendation 3- Coordinated delivery
Support frontline staff/education package – utilise PHE toolkit -	DCC public health		NICE PH 30 recommendation 1 -Prioritising households at greatest risk and recommendation 4 -Follow-up on home safety assessments and interventions
Parent minor injuries training using new technologies	HDFT/DCC public health		NICE PH 30 recommendation 4 -Follow-up on home safety assessments and interventions
Targeted activity on priority areas and families through the vulnerable parent pathway	HDFT/DCC public health		NICE PH 30 recommendation 1 -Prioritising households at greatest risk and recommendation 5 Integrating home safety into other home visits
The development and assessment of a safer home environment	DCC- Strategic housing		NICE PH 30 recommendation 2 -Working in partnership and recommendation 5 -Integrating home safety into other home visits

EARLY YEARS/ EDUCATION SETTINGS ACTION	Lead	Timeline	NICE Recommendations
Audit and feedback to providers on priorities	DCC – public health		NICE PH 29 recommendation 6 - Providing the wider childcare workforce with access to injury prevention training
Deliver the Safety Carousel using a multi-agency approach to provide safety messages to all Year 6 children in Durham	Fire and Rescue		NICE PH 29 recommendation 2 - Coordinating unintentional injury prevention activities

Deliver education in schools, colleges, children's centres and nurseries	DCC – Road Safety		NICE PH 31 recommendation 1 - Incorporating unintentional injury prevention within local and national plans and strategies for children and young people's health and wellbeing and recommendation 3 - Identifying and responding to attendances at emergency departments and minor injuries units
Deliver a Practical Child Pedestrian Training Scheme to Year 3 pupils	DCC – Road Safety		NICE PH 31 recommendation 1 -Incorporating unintentional injury prevention within local and national plans and strategies for children and young people's health and wellbeing and recommendation 3 -Identifying and responding to attendances at emergency departments and minor injuries units
Deliver Bikeability Level 1, 2 & 3 cyclist training to school children.	DCC – Road Safety		NICE PH 31 recommendation - Incorporating unintentional injury prevention within local and national plans and strategies for children and young people's health and wellbeing and recommendation 3 - Identifying and responding to attendances at emergency departments and minor injuries units
First Aid training and response			NICE PH 29 recommendation 4 - Developing professional standards for injury prevention
Explore opportunities for a dedicated session on preventing accidental injuries in the home	Fire and rescue		NICE PH 31 recommendation 3 -Identifying and responding to attendances at emergency departments and minor injuries units

Community Settings ACTION	Lead	Timeline	NICE Recommendations
Design of open public space and play areas	DCC culture and sport		NICE PH 29 recommendation 12 - Developing policies for public outdoor play and leisure
Safety checks and maintenance of play areas	DCC culture and sport		NICE PH 29 recommendation 12- Developing policies for public outdoor play and leisure
Fire safety - explore admissions related to 'fireworks' and develop appropriate response	Fire and rescue		NICE PH 29 recommendation 16 - Conducting local firework safety campaigns

Road Safety ACTION	Lead	Timeline	NICE Recommendations
Improve education and raise awareness of road safety – deliver EXCELeRATE, SAGE and BIKEsafe driver programmes	DCC road safety		NICE PH 31 recommendation 1 - Health advocacy and engagement
Improve health and wellbeing of communities through road casualty reduction campaigns such as Brake Road Safety Week	DCC road safety, Fire and Rescue		NICE PH 31 recommendation 1 – Health advocacy and engagement and NICE PH 29 recommendation 19 - Aligning local child road safety policies
Develop a safer road environment – deliver community speed watch, 20mph programmes	DCC road safety		NICE PH 31 recommendation 3 -Measure to reduce speed and NICE PH 29 recommendation 20 -Promoting and enforcing speed reduction recommendation

Water Safety ACTION	Lead	Timeline	NICE Recommendations
Safety carousels as above	Fire and rescue		NICE PH 29 Recommendation 13 - Providing education and advice on water safety
Multi agency programmes for specific 'at risk' groups	Fire and rescue and DCC		NICE PH 29 Recommendation 14 - Water safety advice for leisure providers

Analysis ACTION	Lead	Timeline	NICE Recommendations
Explore the development of a CCG injury report	Fire and rescue		NICE PH 29 Recommendation 8 - Gathering high quality injury data from emergency departments

Draft Framework Appendix 1

Home Settings

This setting is particularly important for reducing injuries among children 0-4 years old, as this is the context where the most injuries occur for this age group.

The evidence from NICE and other relevant reports points to a number of areas that relate to prevention of unintentional injuries in this setting:

- 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 behaviour change) and
- Targeting deprived groups, particularly children in privately rented and
- Temporary accommodation and households in which people smoke.

Unintentional Injuries

Prevention is recognised as one of the six high impact areas for early years in national Public Health policy for improving outcomes in the early years, and are established as an intervention focus within the delivery of the Healthy Child Programme through the County Durham 0-19 Service (health visitors and school nurses). Opportunities to strengthen the focus on accident prevention will be progressed through the home environment risk assessment at the universal level and also more targeted work with higher risk families within the Vulnerable Parent Pathway.

Education Settings

- Risk and safety education in schools is delivered by Fire and Rescue through a safety carousel.

Community Settings

- Smoke and carbon monoxide detector programmes (leading to injury reduction and behaviour change);
- 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 outdoor activities.

Road Safety

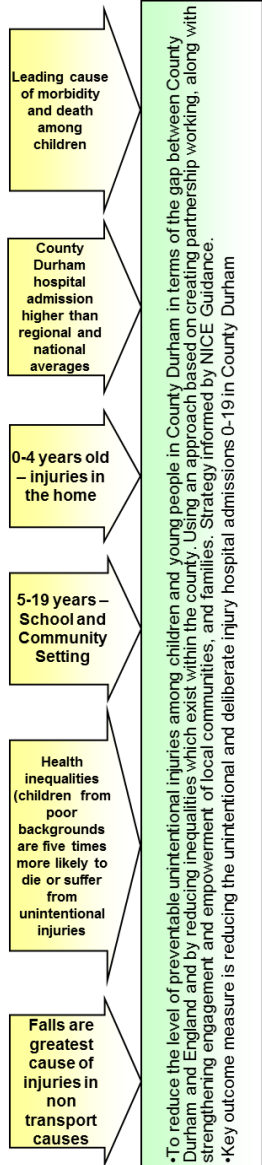
On the road there is good evidence for:

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

Draft Framework Appendix 2

County Durham Strategy for the Prevention of Unintentional Injuries Children 0-19 2017-2020 –Partnership Delivery Framework

Local Policy Context



Key Objectives

<p>Intelligence</p> <ul style="list-style-type: none"> To provide a profile of injuries among children 0-19 in county Durham that supports the targeting of preventive programmes and monitoring overall improvement To explore and enhance data reporting so that it enables the targeting of high incidence "hotspots" To explore and enhance data reporting for specific agencies i.e. CCG <p>Home settings (0-4 years) Target preventive activity in areas of County Durham with high prevalence of injuries in home settings:</p> <ul style="list-style-type: none"> Improve identification of children at higher risk in home settings via Healthy Child Programme assessments and the Home Environment checklist Develop awareness and education packs for parents on a universal level and intensive support for families identified as vulnerable Improve awareness and skills of parents Improve awareness and safety in social housing and private rented accommodation Develop local solutions to home safety environment and equipment via community development activities Families on Vulnerable Parent Pathway to have access to home safety equipment <p>Schools</p> <ul style="list-style-type: none"> Continue routine reporting of accidents in schools settings, and feedback action on high incidence areas Continue cycling proficiency, pedestrian and road safety schemes Develop First Aid training for teachers and pupils <p>Community Settings</p> <ul style="list-style-type: none"> Ensure play areas and public space is designed and maintained in order to minimise risk to children and young people Improve awareness of fire risk and promotion of fire prevention measures <p>Road Safety</p> <ul style="list-style-type: none"> To ensure traffic and road design minimises risk to pedestrians, cyclists and car users Improve level of knowledge and skills with regard to safe use of roads <p>Water safety</p> <ul style="list-style-type: none"> To reduce fatal/non fatal water related incidents To improve education and awareness amongst young people and parents/carers of young people of water related risks – inland and coastal areas To improve swimming ability of young people <p>Overall governance and co-ordination</p> <ul style="list-style-type: none"> To provide a mechanism for governance of the overall plan to reduce unintentional injuries among children 0-19 To provide a mechanism for co-ordinating action across agencies Core strategic aim: Reduce unintentional and deliberate injury secondary care (hospital) admissions for 0 – 19 year olds.
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Focus Delivery Area

<p>Intelligence and surveillance of injuries</p> <ul style="list-style-type: none"> Develop fact sheet for Integrated Needs Assessment, with aim of identifying high prevalence areas on which to focus attention (Public Health) Potential to develop locality focussed public Health profiles for localities http://ingertips.phe.org.uk Establish a monitoring framework; to include a set of indicators and baselines linked to above to track if trends are improving Scope potential to use of data from other sources eg NEAS data, A and E, Police/road safety data to target communities of higher prevalence or specific injury trends. (Noting potential limitations of retrieving meaningful data from A and E attendances) Ensure that NHS Right Care – Commissioning for Value (CFV) data packs for North Durham CCG and DDES CCG, identify outliers of which unintentional injuries, particularly for 0-5 year olds are highlighted - https://www.england.nhs.uk/rightcare/intel/cfv/data-packs/north/ Local Authority intelligence re complaints re play areas / litigation cases <p>Home settings (0-4 years)</p> <ul style="list-style-type: none"> Incorporate into Healthy Child Programme assessments and home environment check (0-19 service) Parent Education Package (via community parent programme and 0-19 service) Promote awareness and promotion opportunities via One Point/Children's Services 0-5 safety initiatives e.g. home safety equipment schemes for targeted families on Vulnerable Parent Pathway Parent minor injuries training . Use of baby buddy app to promote management of minor injuries Home design/fixtures and fittings, risk assessment and education -role to be explored Housing Associations- Safe and wellbeing visits – Private Landlords- options to be investigated <p>Education settings, including Schools (preschool, private nursery/voluntary sector)</p> <ul style="list-style-type: none"> Health and Safety audit and feedback to schools on high risk areas Cycling proficiency training Pedestrian and road safety schemes First Aid training and response School Safety Carousel (Fire, water, electricity, road) <p>Community Settings</p> <ul style="list-style-type: none"> Design of open public space and play areas Safety checks and maintenance of play equipment Fire Safety programmes <p>Road safety</p> <ul style="list-style-type: none"> Develop safer road environment Schools –see above Education and awareness of road safety New Drivers –targeted programmes for young drivers in "hot spot" areas Roll out of 20 MPH zones-intelligence led. <p>Water Safety</p> <ul style="list-style-type: none"> Local programmes aimed at Schools and other Education Settings Safety Carousels which incorporate water safety messages available for all primary schools throughout County Durham Multi agency campaigns and awareness for schools and specific 'at risk' age groups <p>Overall governance and co-ordination</p> <ul style="list-style-type: none"> Health and Wellbeing Board - via Health Child Programme Board -overall sign off of plan. Co-ordination to ensure partnerships and groups responsible for delivering plan are engaged and accountable for the relevant delivery areas.
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Governance

<p>Overall governance of the delivery framework is with the Health and Wellbeing Board</p> <p>Specific reporting to CCG's – to be agreed</p> <p>Delivery via: <i>Healthy Child Programme Board;</i> Durham County Council Open Water Safety Group/City Safety Group. Safe Durham Partnership. Key service areas (to be mapped in separate action plan)</p> <p>Countywide steering and co-ordination group meets 1-2 times per year to review and co-ordinate delivery across the framework</p>
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