

## **AGENDA ITEM**

### **REPORT TO HEALTH AND WELLBEING BOARD AND PARTNERSHIP**

**25<sup>TH</sup> SEPTEMBER 2013**

### **REPORT OF DIRECTOR OF PUBLIC HEALTH**

## **DELIVERING ACCIDENT PREVENTION**

### **SUMMARY**

Accidents and unintentional injury place significant burden upon individuals, families and communities, as well as having significant cost implications for the health service and wider economy. There are significant and far-reaching interventions in place across different branches of the council. However, we need to recognise shortcomings, as injuries in the under 18's and under 5's still significantly exceed national averages, and take a co-ordinated and strategic approach as we seek to remedy this.

### **RECOMMENDATIONS**

The Stockton Borough Council Health and Wellbeing Board is asked to consider options for a potential way forward in its strategy, for prevention of accidents and unintentional injury. In particular to consider how to provide a strategic and co-ordinated approach to the prevention of unintentional injury. It is also asked to consider how best we may approach the higher than average levels of unintentional injury in the under 18's and under 5's.

### **BACKGROUND**

1. Each year in the UK around 14,000 people die as a result of an accident, and more than 700,000 in England will suffer serious injury. As a result of this, accidents account for 12.5% of emergency admissions nationally, with an estimated cost of £150billion each year. Accidents are also strongly linked to social deprivation, with children from poorer backgrounds five times more likely to die as a result of an accident than their more wealth counterparts.
  - Evidence suggests that accidents in the home, on the road, and during leisure activities, are most likely to occur within certain groups:
  - Under 5's are most likely to be unintentionally injured in the home.

- Young adults are more likely to meet with accidents whilst undertaking leisure activities.
  - Young people are at risk of road casualties and death. With speed as a major risk factor.
  - Over 65's face the greatest risk of injury in the home.<sup>i</sup>
2. The recently published Royal Society for the Prevention of Accidents (RoSPA) paper on Delivering Accident Prevention at local level in the new public health system highlights the need to consider the ways by which we work together to best protect our population from unintentional and preventable injury. This is consistent with wider public health aims and in particular targets the following indicators outlined in the Public Health Outcomes Framework:<sup>ii</sup>
- 1.10 - Killed and seriously injured casualties on England's roads
  - 2.7 - Hospital admissions caused by unintentional and deliberate injuries in under 18s
  - 2.24 - Injuries due to falls in people aged 65 and over
  - 4.3 - Mortality rate from causes considered preventable
  - 4.14 - Hip fractures in people aged 65 and over
3. Locally the Joint Strategic Needs Assessment has also recognised the impact of accidents and unintentional injury upon individuals, families and communities. It recognises childhood injuries as the leading cause of avoidable death and disability, as well as recognising the high healthcare cost and wider societal implications. The evidence linking increased accidents to areas of high deprivation is also recognised.<sup>iii</sup>
4. Likewise the Joint Health and Wellbeing strategy highlights the need to develop plans to reduce childhood accidents in order to give every child the best start in life, as well as the wider aims of ensuring a healthy standard of living for all, and creating and developing health and sustainable places and communities.<sup>iv</sup>

## **LOCAL CHALLENGE**

5. Whilst much of the data available shows that the Stockton borough is not performing in a way that is notably different when compared nationally there are some significant exceptions.
6. The differences are particularly marked when we look at hospital admissions due to unintentional injury for children and infants. For children under 18, there is a national rate of 124.3 (per100,000), locally the rate is significantly

higher at 170.7. Similarly in children under 5 the national average is 143.2 but for Stockton Borough is 212.

7. Stockton is also an outlier when it comes to the number of hospital admissions due to unintentional injury for all ages.<sup>v</sup>

## CURRENT STRUCTURE

8. **Children injured in the home (under 5's most at risk):** At present this service is largely provided by the children's centres via the early years and complex needs team. They provide two services designed to target children under five at risk of injury in the home:
  - Education programmes for parents are run from the children's centres, and these provide parents with advice and information, as well as signposting them towards other important resources and VCS services.
  - Home needs assessments are carried out from the children's centres to assess the home environment of babies and young children, and to make suggestions as to safety improvements that can be made. There are then Home Safety loans available to families in need, in order to ensure changes are implemented.
9. Both of these services are available via self referral or referral by health visitors or social workers.
10. It is also important to recognise that this is an area where services commissioned by the CCG and NHS Area Team play a significant role. Education and advice given to new parents by midwifery services in the postnatal period is significant, as is the support provided by Health visiting services.
11. Midwives play a fundamental role in ensuring the safety of the newborn and young infant. Advice on washing and bathing, can prevent unintentional injury by drowning or from hot-water scalds, as well as a wide variety of other advice and support. Similarly as a child gets older, health visitors play a key role in supporting the family, and often give safety advice and educate parents in ways that can prevent injuries in young children.
12. Both midwifery and health visiting services are provided by North Tees and Hartlepool NHS Foundation Trust. However, in 2015, commissioning responsibility for health visiting services will be transferred over to the Local Authorities.

13. **Accidents undertaking leisure activities (young adults):** Because of the breadth of leisure activities in which people engage, it is difficult to appropriately target accidents occurring during leisure activity. However there are interventions designed to educate young people in managing risk, and avoiding unnecessary risk.
14. The Department for Children Education and Social Care currently delivers a risk taking roadshow. This is offered to all secondary schools and sixth form colleges, with uptake in 2012-2013 by 13 schools. It has also provided a modified one-off programme for primary schools, and has a modified programme for inclusion centres within secondaries. At present the programme provides education on general risk-modifying behaviour and lifestyle advice and education. There are plans to expand the curriculum further to include road safety education. The department also provides a 'This is Me' service in the youth centres, which assesses the service needs of the young people in attendance. Whilst neither of these programmes is specifically targeted at preventing unintentional injury, it is reasonable to expect that the skills taught will impact upon the wider behaviour of the young people targeted.
15. **Road casualties and deaths (young people):** It is important to recognise, that whilst the majority of people injured on the roads are the drivers of motorised vehicles, these are not always the most vulnerable group, and it is pedestrians or cyclists who are involved that are at greatest risk of serious injury or death.
16. Work done to prevent road casualties and deaths is largely overseen by the Department for Development and Neighbourhood Services. It includes a far reaching programme of education, as well as work maintaining and improving the safety of the roads themselves.
17. Education programmes are offered across the borough, with good uptake overall, but some areas of resistance. It is thought that some schools struggle to find space within the teaching week to deliver these programmes. The education programmes offered include:
- 0-4: in car safety e.g. car safety seats and advice to parents or drivers
  - 4-16: School Crossing Patrol service at 41 specified sites across the borough
  - 5-11: road safety education – understanding the road network; safety as pedestrians, cyclists and passengers – carried out by Road Safety Officers or teachers via curriculum materials or events (eg Crucial Crew – 2,000 Y6 per year: theatre-in-education)
  - 7-9: road user training – child pedestrian training in Y3 & Y4 by SBC instructors (3,800 pupils per year)

- 9-11: road user training – cyclist training to Bikeability Levels 1&2 – Y5 & Y6 by SBC instructors (3,000 per year)
  - 11-18: road user training – cyclist training to Bikeability Level 3 by SBC instructors (100+ per year)
  - 11-18: road user education – interventions on specific topics e.g. car passengers; drink driving; drug driving
  - 17+: motorcyclist training – compulsory basic training by SBC instructors or private instructors, driving test training; advanced rider training
  - 17+: car driver remedial training – driver improvement scheme and speed awareness scheme as alternative to prosecution for certain driving offences; taxi driver remedial training
18. There is also a project to try and improve cycle safety, with cycle repair and maintenance assistance offered via the children's society, in order to ensure that bicycles used are roadworthy and safe.
19. Road maintenance and improvement, is carried out strategically with procedures in place to allow reactive interventions should an area of concern come to light. Measures include, traffic calming 20mph zones, implementation of speed indication devices, school safety zones, speed limit reductions, junction alterations, and new/improved crossing facilities. In addition to this, any new areas of road network built are now designed with road safety in mind, with all residential developments designed around the use of 20mph restrictions.
20. **Falls and Injuries in the home (over 65's):** The falls service aims to provide a comprehensive service; it is reactive, post-fall to prevent recurrence, but also provides education to minimise falls and accepts referrals from people at risk. Whilst available to all ages (over 18) it specifically targets the over 65's, due to their higher risk not only of a fall, but also of sustaining significant injury as a result of falling.
21. The service is offered as part of the Community Integrated Assessment Team, and is funded by the CCG and by Public Health. The service is able to accept referrals from across the health services; primary and secondary care, from social care professionals and voluntary sector organisations. It is also able to accept self-referral, referrals are accepted by means of Falls Risk Assessment Tool stage 1 (FRAT 1) or via the Single Point of Access.
22. Support provided includes; physiotherapy to help strength and balance, assistive equipment and home adaptations, general advice and support, and where appropriate referral onwards to falls clinic. The service works with A+E to assess patients who attend with falls, in order prevent further falls.

There is an educational aspect to the service providing training sessions on falls prevention for health and social care professionals.

23. The service has some concerns about capacity, with an increase in referrals from 20 referrals in its first month in 2008, to 220 referrals in August 2013. It has a growing waiting list. To help with this a community therapist lead falls clinic was piloted in Thornaby, and the service now hopes to expand and provide similar clinics in Stockton and Billingham to help meet growing demand, how this cost could be met is not yet apparent.
24. Besides the falls service, the council's occupational therapy service provides support across the age ranges, to people with long term medical conditions; it receives referral via first contact. It provides a range of services to support people to live safely in their own homes; support includes, equipment for safe transfer, access to property, stair lifts, tools and equipment to assist in activities of daily living in the kitchen, and in washing and self-care amongst a range of other things, all designed to improve safety in the home.

## **INTERVENTIONS**

25. The recently published Royal Society for the Prevention of Accidents (RoSPA) paper on Delivering Accident Prevention provides a number of case studies, exhibiting good practice in the prevention of unintentional injury.
  - Safe at Home – these schemes aim to provide equipment, training and education to the parents of young children, seeking to make the home a safer place. Data from areas where this has been successfully implemented suggest a fall in admissions of 10% this equated to a estimated saving of £11 million.
  - Handyperson's Scheme – these provide simple low-cost interventions to older people. Supporting them to stay in their own homes and in a safe environment, thus minimising risk of unintentional injury.
  - Falls Prevention Services – older people in A&E as a result of injuries in the home are more likely to be admitted than any other group. Examples of successful falls services provide home assessment to investigate possible causes of falls and reduce environmental risks. It is estimated that falls can be reduced by 10-40% by provision of appropriately targeted falls service.
  - 20mph Zones and Speed Limits – based on evidence which shows that increased speed increases both likelihood of injury and severity of resultant injury, RoSPA advises that schemes which impose a 20mph limit provide the best compromise between mobility and risk. Some studies site a reduction in casualties of as much as 40% following their introduction.

## **PRINCIPLES**

26. Whilst there is work being done in each of the key areas, it is important to consider what further action could be taken to improve our service and further reduce the number of unintentional injuries occurring.
27. Comparative data shows that despite best efforts we still have levels of injury in the under 18's and under 5's that are significantly above the national average. We must therefore seriously consider how best, this can be addressed.<sup>v</sup>
28. The recognised link between social deprivation and unintentional injury underlines the need to appropriately target any intervention to those areas of greatest deprivation.<sup>iii</sup>
29. Services provided are wide-ranging and housed within a number of different departments, across the council, including; the Child Injury Prevention Steering Group and Stockton Falls Group. However, there is no over-arching strategy when considering the issue of unintentional injury prevention. It is asked that the board consider how to proceed in forming a strategic and co-ordinated council-wide approach to the prevention of unintentional injury.

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<sup>i</sup> Delivering Accident Prevention at local level in the new public health system; Royal Society for the Prevention of Accidents.

<sup>ii</sup> Improving outcomes and supporting transparency; a public health outcomes framework for England; 2013-2016; Department of Health; 01/05/2013.

<sup>iii</sup> Stockton Joint Strategic Needs Assessment; <http://www.teesjsna.org.uk/stockton-injuries/>; viewed 29/08/2013.

<sup>iv</sup>

<sup>v</sup> General Injuries; Injury Profiles; Association of Public Health Observatories; viewed 29/08/2013.