

# North Tyneside Health & Wellbeing Board Report Date: 14 November 2019

Title: Childhood Accident  
Prevention in North  
Tyneside

**Report from :** North Tyneside Council, North Tyneside CCG and Northumbria  
Healthcare Foundation Trust and Tyne and Wear Fire Service

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Manager)

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Children's Public Health Service)

**Relevant Partnership Board:** Children and Young People's Partnership Board

## 1. Purpose:

To present an update on the strategic approach and action plan to reduce the rate of hospital admissions in children 0-14 years to the same or better than the rate for England.

## 2. Recommendation(s):

The Board is recommended to note the contents of the report and:

- a) Acknowledge that the rate of hospital admissions for childhood accidents in the 0-4 age group is now similar to the England rate and while the 0-14 rate is still higher than the England rate, it is reducing and is better than the North East rate;
- b) Agree that the multi-agency strategic approach is evidence based and proportionate, based on current system capacity and resources;
- c) Agree that the Public Health team should continue to work with partners to routinely monitor the rates of childhood accidents and highlight any significant issues to the Health and Wellbeing Board, as appropriate; and
- d) Agree that primary reporting arrangements on childhood accidents should be to the Children and Young Persons Strategic Partnership.

## 3. Policy Framework

Tackling Childhood Accidents relates directly to the delivery of the vision, objectives and priorities contained within the Joint Health and Wellbeing Strategy 2013-23, specifically:

- Improving the Health and Wellbeing of Families
- Addressing Premature Mortality to Reduce the Life Expectancy Gap
- Reducing Avoidable Hospital and Care Home Admissions

The specific success measure in the HWBB work plan 2018-2020 is the reduction in hospital admissions from accidents in children 0-14 years to the same or better than the rate for England (Public Health England Outcome Framework 2.7)

#### **4. Information:**

##### **4.1 Background**

Injury in children and young people is not inevitable. Accidents and the injuries that result from them are not chance events. Preventing accidents is part of our local approach to give children and young people the best start in life.

An in-depth report was presented at the 8 November 2018 Health and Wellbeing Board on behalf of the local multi-agency Childhood Accident Task and Finish Group outlining the prevalence and evidence base of what works to prevent accidents.

This report highlighted that North Tyneside had significantly higher rates of hospital admissions for unintentional and deliberate injuries in both 0-4 age groups and 0-14 age groups as measured by Hospital Episode Statistics (HES), when compared with the England rate. However, it was noted that there were large data gaps regarding HES and no information at ward level or detailed information regarding the types of childhood accidents.

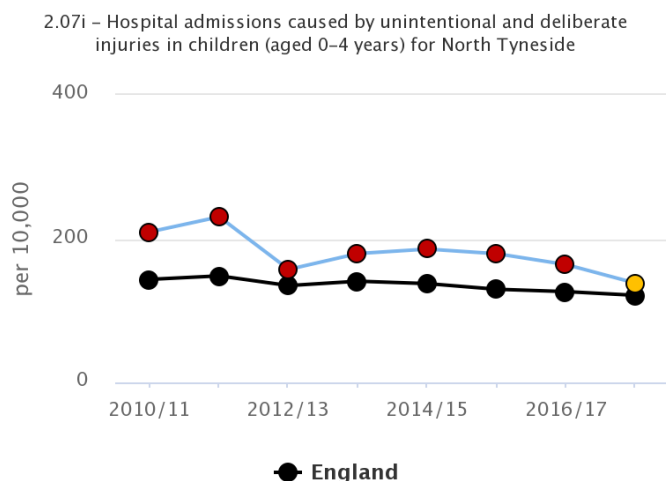
The Health and Wellbeing Board requested that the multi-agency Childhood Accident Task and Finish Group follow up this report by:

- 1) Obtaining and analysing further data sets to better understand childhood accidents by ward, age, gender and type of injury through:
  - 111 contacts for childhood accidents for North Tyneside registered patients.
  - A&E attendance data for North Tyneside
  - Hospital admissions data for North Tyneside
- 2) Develop an action plan to reduce the rate of hospital admissions in children 0-14 years to the same or better than the rate for England.

##### **4.2. Further local data analysis and update**

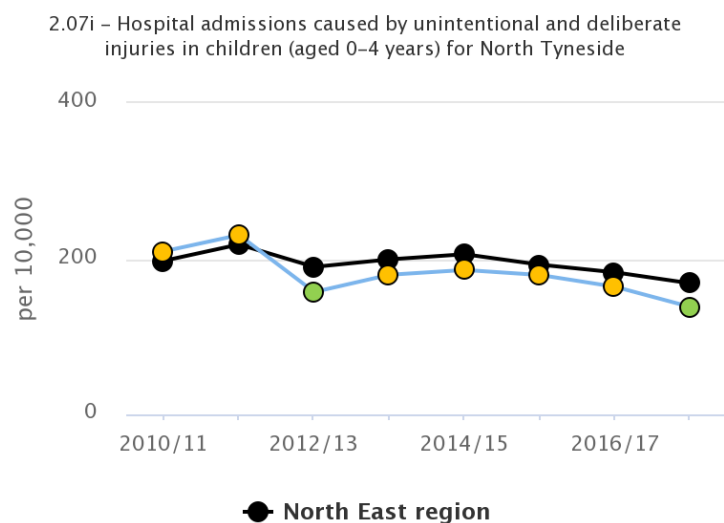
The Childhood Accident Task and Finish Group is pleased to report (Figure 1) that since the previous HWBB report the rate of Hospital Admissions caused by unintentional and deliberate injuries in children (aged 0-4 North Tyneside) has reduced to 138.1 per 10,000 (2017/18) and is not significantly different to the England rate (121.2 per 10,000). Figure 2 shows that North Tyneside's rate is better when compared with the North East regional benchmark.

**Figure 1: Hospital Admissions caused by unintentional and deliberate injuries in children (aged 0-4 North Tyneside compared with England)**



Source: Public Health England

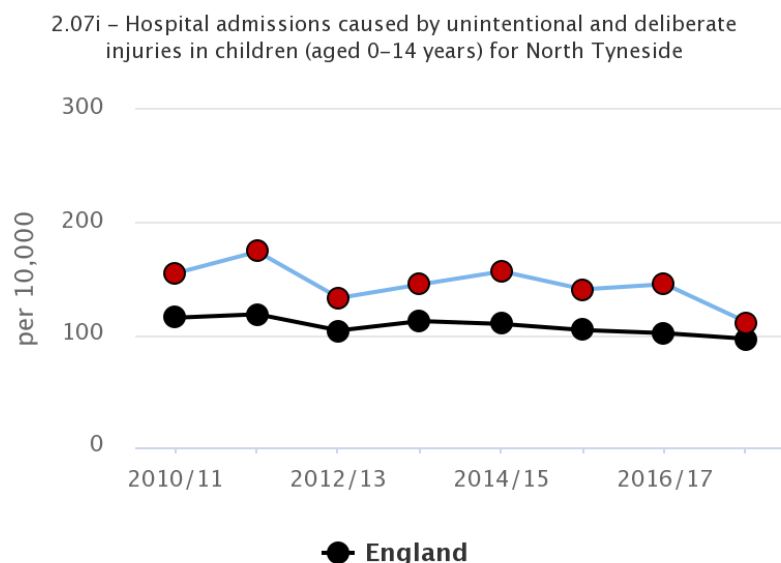
**Figure 2: Hospital Admissions caused by unintentional and deliberate injuries in children (aged 0-4 North Tyneside compared with North East Region)**



Source: Public Health England

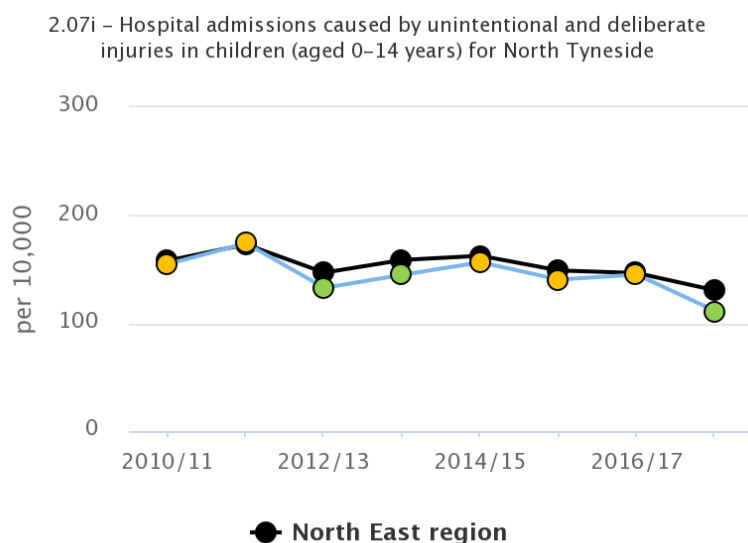
While the hospital admission rate (111.3 per 10,000) for children aged 0-14 in North Tyneside (Fig 3) is still higher than the England rate (96.4 per 10,000) the trend shows a reduction on the previous year. When compared to regional benchmarking data, North Tyneside's rate is lower than our regional neighbours (Fig 4).

**Figure 3: Hospital Admissions caused by unintentional and deliberate injuries in children (aged 0-14 North Tyneside compared with England)**



Source: Public Health England

**Figure 4: Hospital Admissions caused by unintentional and deliberate injuries in children (aged 0-14 North Tyneside compared with North East)**



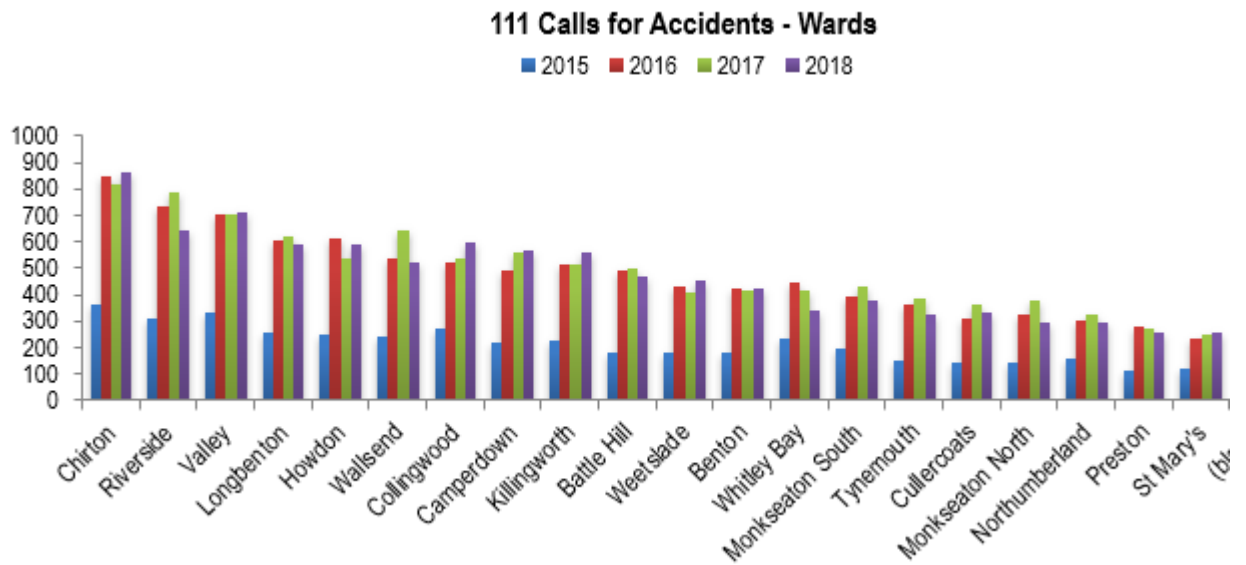
Source: Public Health England

Further data was obtained via NHS North of England Commissioning Unit (NECS) on 111, A&E data and hospital admissions and was analysed (2015 – 2018). Unfortunately, the coding of 91% of the diagnosis descriptions were ‘blank’ or ‘not classifiable’ in the data sets and gender and ethnicity codes were also incomplete. However, noting these data limitations there were some broad findings as noted below.

**111 Data**

Between 2015 to 2018 there have been a total of 33,282 111 Calls for Accidents in children aged 0-18 from North Tyneside. The majority of the 111 Calls for Accidents came from the Chirton Ward, followed by Riverside (Fig 5)

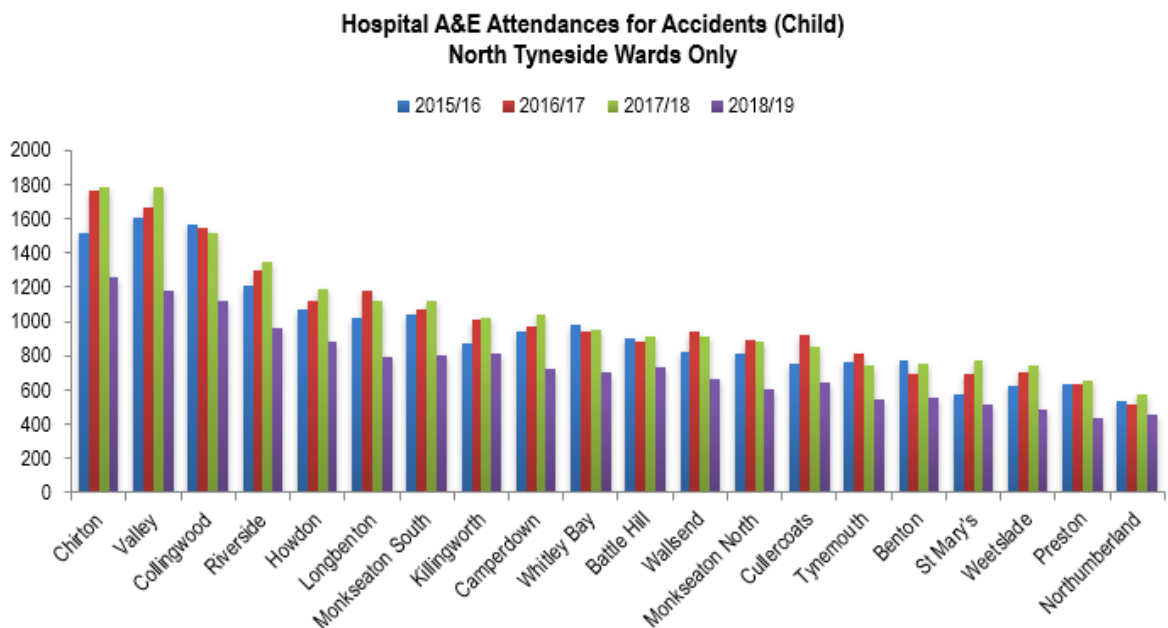
**Figure 5: 111 Calls for accidents by ward (2015-18)**



**Hospital A&E Attendances for Accidents**

Between 2015/16 and 2018/19 there were a total of 80,963 hospital A&E attendances for accidents at Northumbria Specialist Emergency Care Hospital. 74,885 were from North Tyneside Wards. Most of the hospital A&E attendances for accidents were from Chirton ward, followed by Valley (Fig 6)

**Figure 6: A&E attendances for child accidents – North Tyneside Wards**



It should be noted that it was not possible to obtain the A&E data for North Tyneside Residents attending the Royal Victoria Infirmary and again this is a data gap.

## **Types of injury**

Nationally 5 causes account for 90% of unintentional injury hospital admissions for under 5s and are a significant cause of preventable death and serious long-term harm. These are choking, suffocation and strangulation; falls; poisoning; burns and scalds; and drowning; therefore, taking action in these areas will make a significant difference.

As noted above there were significant data gaps in coding of classifications. However, the data highlighted that falls are the most frequent accident and reported in North Tyneside children aged 0-5 and 0-14.

## **Action Plan: Strategic Approach**

North Tyneside's local action plan is presented in Appendix 1, delivered by a range of partners. The strategic approach to preventing childhood accidents is based on the evidence of what works and specifically:

- NICE guidance PH29: Unintentional injuries: prevention strategies for under 15s

This guideline covers 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.

- NICE guidance PH30: Unintentional injuries in the home: interventions for under 15s

This guideline covers home safety assessments, supplying and installing safety equipment and providing education and advice. It aims to prevent unintentional injuries among all children and young people aged under 15 but, in particular, those living in disadvantaged circumstances.

National research indicates there are inequalities in unintentional injuries, with those from more deprived areas more likely to suffer injury, which is corroborated by the local data geographical analysis as outlined above.

Therefore, while there is a universal offer e.g. 0-19 Children's Public Health Service includes accident and injury prevention as part of their remit in line with the national Healthy Child Programme guidance, the local action plan targets preventative interventions to children and young people living in our most deprived areas to help to address these inequalities.

Highlights of accident prevention activity carried out in 2018/19 include:

- Delivered borough wide evidence-based campaigns on accident prevention across community settings
- Tyne and Wear fire service carried out SafetyWorks accident prevention to 1914 North Tyneside School Children
- Funding obtained to pilot additional safety equipment for families living in Chirton and Riverside which have highest incidence of accidents.

Next steps include

- Continue to prioritise support to communities and households at greatest risk in order to reduce the inequalities in incidence seen in North Tyneside
- Health Visiting targeted 'Ready for School Programme' to include comprehensive injury and accident prevention component from January 2020
- Evaluate the Riverside and Chirton home safety equipment scheme
- Continued maintenance of safety standards in outdoor play and leisure
- Work with the RNLI to co-ordinate messages around water safety

**5. Decision options:**

The Board is recommended to note the contents of the report and agree that the multi-agency strategic approach is evidence based and proportionate, based on current system capacity and resources.

The Board is asked to agree that the Public Health team should continue to work with partners to routinely monitor the rates of childhood accidents and highlight any significant issues to the Health and Wellbeing Board as appropriate

**6. Reasons for recommended option:**

The reason for the recommended decision option is that the rate of hospital admissions for childhood accidents in the 0-4 age group is now similar to the England rate and while the 0-14 rate is still higher than the England rate, it is reducing and is better than the North East rate.

**7. Appendices:**

Appendix 1: North Tyneside Childhood Accident Prevention Action Plan : 2018 - 2020

**8. Contact officers:**

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Steve Rundle; Head of Planning & Commissioning, NHS North Tyneside Clinical Commissioning Group Tel: 0191 2931158

Anna Telfer: Modern Matron, Acute and Emergency Paediatrics, Northumbria Healthcare NHS Trust Tel: 0191 6072848

Ian Warne, Prevention and Education Manager, Tyne and Wear Fire Service, Tel: 0191 444 1661

## 9. Background information:

The following background documents have been used in the compilation of this report and are available from the author:-

- [Public Health England: Child and Maternal Health Profile](#)
- [Public Health England \(2017\) Preventing unintentional injuries: A guide for all staff working with children under five years.](#)
- [Annual Report of the Chief Medical Officer \(2012\): Our Children Deserve Better - Prevention Pays](#)
- [North Tyneside Council \(2018\) North Tyneside Road Safety Travel Plan](#)
- [NICE Guidance PH31: \(2010\) Preventing unintentional road injuries among under-15s: road design](#)
- [NICE Guidance PH29: \(2010\) Strategies to prevent unintentional injuries among under-15s](#)
- [NICE Guidance PH30: \(2010\) Preventing unintentional injuries in the home among children and young people aged under 15](#)
- [Road Safety and Public Health \(2014\)](#)
- [Child Accident Prevention Trust](http://www.capt.org.uk/)
- [Royal Society for the Prevention of Accidents](http://www.rospa.com/)
- [Healthy child programme - high impact area for early years and health visiting professionals.](#)

## COMPLIANCE WITH PRINCIPLES OF DECISION MAKING

### 10 Finance and other resources

Preventing unintentional injuries does not require major new investment; much can be achieved by mobilising existing services, building on strengths and developing capacity and incorporating unintentional injury prevention within our local plans and strategies for children and young people's health and wellbeing.

National Institute for Health and Clinical Excellence (NICE) guidance estimates that interventions such as installing home safety equipment can lead to considerable cost savings in terms of, for example, reductions in overall hospital admissions or A&E attendances for unintentional injuries.

### 11 Legal

If a child is injured as a result of the negligent act of somebody else, their family may be entitled to bring a claim on their behalf. For example, it is possible to be sued for negligence if the relevant authority failed to take reasonable care to ensure playgrounds are safe and an accidents that happened could reasonably have been foreseen could happen. An example would be an accident which occurred from failing to maintain the protective surface which had been provided under equipment.

### 12 Consultation/community engagement

There has been no consultancy or community engagement to date. If further data analysis highlights particular issues or injuries it may be appropriate to consult with families to ensure that accident prevention messages are relevant to all communities.



**13 Human rights**

There are no human rights implications directly arising from this report

**14 Equalities and diversity**

Childhood injuries are a key indicator of health inequalities and children from deprived backgrounds or living in urban areas are more likely to suffer injury than children from more affluent backgrounds, or those living in rural areas. The local data analysis supports the national evidence and is the rationale for having a targeted approach with the pilot safety equipment provision in the 0-19 Service, in addition to the targeted approach taken by the Fire Service.

**15 Risk management**

No risk assessment has taken place. Any risks identified (e.g. point 11) can be managed following the Council's existing risk processes.

**16 Crime and disorder**

There are no crime and disorder implications directly arising from this report.

**SIGN OFF**

Chair/Deputy Chair of the Board	<input checked="" type="checkbox"/>
Director of Public Health	<input checked="" type="checkbox"/>
Director of Children's and Adult Services	<input checked="" type="checkbox"/>
Director of Healthwatch North Tyneside	<input checked="" type="checkbox"/>
CCG Chief Officer	<input checked="" type="checkbox"/>
Chief Finance Officer	<input type="checkbox"/>
Head of Law & Governance	<input checked="" type="checkbox"/>