

Three Year Action Plan: Warwickshire Child Accident Prevention Steering Group (2018-2021)					
Key recommendations	Lead	RAG	Timeline	Progress 18-19 (31 March 2019 updated)	Progress 19-20
<b>Work stream 1: CAP Data and Insight across Warwickshire</b>					
1] Preventative programme of education/awareness raising for all stakeholders regarding the most common childhood injuries and how they can be prevented and therefore reduce the numbers visiting A & E.					
a) investigation into STP wide paediatric health app	SWCCG		Feb 19 - June 19	Investigations have commenced.	
b) Liaise with partner organisations already working in the field to ensure consistent CAP messages	WCC		ongoing	Beginning to establish as system for coordinating and cascading CAP messaging across multi-agency steering group partners.	
c) development of information that could be disseminated via schools	WCC/CAPT		Start date June 19	Working with CAPT to deliver resources to all WCC reception classes in 2019 summer term	
d) ensure all prevention work is evidence-based - liaising with national advisors such as CAPT, RoSPRA and PHE as required	All T&F Groups		Ongoing	Strong working relationship established with CAPT. SWFT 0-5 PH Nursing Service working closely with RoSPRA on prevention of house-hold poisoning. PHE invited to present data and evidence at June 18 multi-agency workshop.	
d) Investigate prevention approaches in statistical neighbourhoods where they have made improvement in reducing A&E admissions for unintentional injuries	WCC/CCGs		March 2019-20	Beginning to make contact with relevant statistical neighbours	

Key recommendations	Lead	RAG	Timeline	Progress 18-19 (31 March 2019 updated)	Progress 19-20
2] Improving information for parents at the point where an injury occurs - increase knowledge about about the full range of support other than A & E .					
a) Work with A&E departments to ensure consistent prevention, accident response and management messaging, as appropriate.	T&F Group		March 19 - March 20	Not yet begun	
b) Work closely with GP's to clarify their role in helping to reduce attendances/admissions	T&F Group		March 19 - March 21	Begun to work with SWCCG GP representation. This work to be expanded across all CCGs/GPs	
c) investigation into STP wide paediatric health app	SWCCG		Feb 19 - June 19	SWCCG have begun to investigate the 'HANDI' App, developed in Somerset, and used across South West and Derby.	
d) development of focus groups with parents and carers to understand needs	WCAVA and partners		Autumn 19	Not yet started	
3] Increase understanding of pathway/routes/protocols for child unintentional injuries attendances in A & Es, and ensure accurate advice is consistently offered and that pathways offer best practice.					
a) Regularly interrogate relevant databases (HES, PHOF etc) to monitor any trend changes in Wark A&E attendance and admissions for child unintentional injuries	WCC PH Insights/CCGs		Ongoing	CAP needs assessment completed in 2018 and uploaded to JSNA webpages. Data benchmarking of A&E <i>attendance</i> against statistical neighbours undertaken in Mar 2019 (draft).	
b) local audits / data collection from three key hospital providers (A&Es, MIU)	SWFT, UHCW, GEH		Jan19- June19	Data from SWFT/UHCW collated. GEH now involved and developing	
c) review local A&E admission pathways for unintentional injuries	All		Jan19- June20	Begun to review Warwick Hospital and UHCW pathways, but further examination required. Need to understand similar work in GEH	
d) Investigate any changes to A&E process/routes in statistical neighbourhoods where they have achieved improvements in reducing A&E admissions for unintentional injuries	WCC/CCGs		March 2019-20	Beginning to make contact with relevant statistical neighbours	

Key recommendations	Lead	RAG	Timeline	Progress 18-19 (31 March 2019 updated)	Progress 19-20
<b>Work stream 2. Developing the Workforce</b>					
4] To deliver the MECC (for children) course to all front-line practitioners of 0-5's in the first year	Citizens Advice		March 19 - March 20	CAP MECC piloted and roll out commencing	
5] To deliver the MECC ( for children) course to all steering group member organisations in the first 18 months	WCC/CA		March19 - Oct 20	As above	
6] To ensure all materials/comms for trainers and delegates are up to date and ongoing information and guidance is provided for all attendees.	Workforce T&F		ongoing	CAPT posters and F&R leaflets provided to pilot trainees. Accident prevention flyer developed for future training	
<b>Work stream 3: Communications and Partnerships</b>					
7] Develop CAP Steering Group (partnership) Mar Comms plan	WCC Comms team		By March 2019	Completed. To be agreed by full CAP Steering Group	
8] The Mar Comms strategic plan adopted by all partner organisations, ensuring clear consistent messaging is achieved in the promotion of CAP in Warwickshire	Steering group/all		May-19		
9] Clear consistent messaging is disseminated across partner organisations on key CAP topics throughout the calendar year	Comms teams		ongoing	During Safer Sleeping week in March 2019 messages from the Lullaby trust were Tweeted, Facebooked, and sent out through partner publications across Warwickshire	
10] increase CAP content of Warwickshire FIS web-pages	Comms/FIS		March 19-20	Work not yet started	

Key recommendations	Lead	RAG	Timeline	Progress 18-19 (31 March 2019 updated)	Progress 19-20
11] Comms CAP SLA agreed, to support the work of the Steering Group and its task and finish	Comms and Partnership T&F		ongoing	Current SLA runs to 31 Mar 2019. New SLA to be agreed by PH for 2019-20	
12] Continue to develop the network of partners from the steering group to enable collaborative working to be developed and maintained.	WCC/All		ongoing	There is wide representation on the Strategic Board and contacts have now been established with George Eliot Hospital to increase the network.	
13] The Partnership group will agree an annual programme of CAP campaigns to promote across the County, including Child Satefy Week	Steering Group		Ongoing	2018 Child Safety Week used as a launch for Multi-agency CAP workshop with CAPT, and well publicised. Completed Safer Sleeping Week (Mar 11-19) Mar Comms activities with other partners including WCAVA). 2019 Child Safety Week will be 2-9 June.	

# Child Accident Prevention Steering Group Communication & Engagement Strategy



## Appendix 2

<p><b>Purpose of the Strategy:</b></p> <p><i>To develop a joined up, consistent approach to information and engagement to educate and advise both parents/guardians and professionals who can influence child safety in Warwickshire</i></p>	<p><b>Communications Delivery</b></p> <ul style="list-style-type: none"> <li>-Activity will be delivered in line with the WCC marcomms strategic framework, and will be coordinated and delivered by a Senior Account Manager with the support of a Marketing and Communications officer .</li> <li>-A full stakeholder analysis will take place to establish and maintain key stakeholder support, using appropriate channels to reflect the diversity of our communities</li> <li>-Integrated communications will reflect the information provided by steering group partners via the January 2019 Marcomms audit</li> </ul>	<p><b>Timeline:</b></p> <p>January 2019: high level communication and engagement strategy to be circulated to steering group members</p> <p>February 2019: finalise joint communications calendar and associated key messages to be used by partners to ensure consistent messages. Stakeholder analysis completed. Identify and develop materials required.</p> <p>March 2019: tactical delivery plan based on results of marcomms audit to be put in place for April 2019 launch</p>			
<p><b>Background</b></p> <p>In Warwickshire, hospital admissions following an injury amongst 0-4 and 0-14 year olds are significantly higher than the national and regional averages, and higher than the majority of our statistical neighbours. There has been a noticeable rise in these admissions since 2012/13.</p> <p>Evidence suggests that most unintentional injuries are preventable through increased awareness, improvements in the home environment and greater product safety. Research has found that home safety interventions and the use of injury prevention briefing increases the use of smoke alarms and stair gates, promoted safe hot tap water temperatures, fire escape planning and storage of medicines and household products and reduced baby water use.</p>	<p><b>Our Stakeholders</b></p>				
<p><b>Key messages:</b></p> <ul style="list-style-type: none"> <li>-Warwickshire County Council puts children at the heart of all we do, and we are committed to working closely with partners to ensure child safety</li> <li>-Improvement in planning and design results in safer homes and leisure areas.</li> <li>-A child's safety is linked to their development. Children grow and develop quickly so parents and professionals need to be aware of these changes and their influence on safety.</li> </ul> <p><b>Parents:</b> It's easy to feel overwhelmed by the demands that come with family life and keeping children safe can feel very challenging, support and advice is available in Warwickshire</p> <p><b>Professionals:</b> -Child safety is everyone's responsibility, how could you and your organisation contribute to making Warwickshire's children safer?</p>	<p><b>Internal</b></p> <ul style="list-style-type: none"> <li>Elected members</li> <li>Trading Standards</li> <li>Road Safety</li> <li>Libraries,</li> <li>Fire and Rescue Service</li> <li>MASH - Safeguarding Children's Board</li> <li>Children Services (social care)</li> <li>Schools</li> <li>Health visiting teams and clinics</li> <li>Schools Health and Wellbeing Service</li> <li>Children's Centres</li> <li>Family Information Service (FIS)</li> <li>Early Years settings - state maintained nurseries</li> <li>Smart Start Community Grant Projects</li> </ul>	<p><b>External</b></p> <ul style="list-style-type: none"> <li>Parents/Grandparents/Guardians</li> <li>Child Accident Prevention Trust</li> <li>District and Borough Councils: Housing departments</li> <li>Third sector organisations (WCAVA as first point of contact),</li> <li>Community centres</li> <li>Citizen Advice Bureaux</li> <li>Early Years settings</li> <li>Childminders</li> <li>Midwifery</li> <li>GP practices /CCGs</li> <li>Schools (reception classes children under 5)</li> <li>Public Health West Midlands (Karen Saunders)</li> <li>Public Health England (Alison Morton)</li> <li>A&amp;E departments: SWFT, UHCW, GEH</li> </ul>	<p><b>How we will communicate &amp; engage with our stakeholders: (NB it is important to remember that many of our partners also have their own channels we can utilise to reach both parents/guardians and professionals)</b></p> <table border="1"> <tr> <td data-bbox="1420 663 1733 1058"> <p><b>Internal</b></p> <ul style="list-style-type: none"> <li>-Intranet</li> <li>-Directorate briefings (iPeople, Communities Briefing, Fire Matters, Heads Up)</li> <li>-Email</li> <li>-Working for Warwickshire</li> <li>-MD briefing</li> <li>-Member briefings</li> <li>-Face-to-face</li> <li>-Printed materials</li> </ul> </td> <td data-bbox="1740 663 2096 1058"> <p><b>External</b></p> <ul style="list-style-type: none"> <li>-Stakeholder newsletters</li> <li>-Social media</li> <li>-Local/regional press</li> <li>-Professional training (eg MECC)</li> <li>-Face-to-face</li> <li>-Printed materials</li> </ul> </td> </tr> </table>	<p><b>Internal</b></p> <ul style="list-style-type: none"> <li>-Intranet</li> <li>-Directorate briefings (iPeople, Communities Briefing, Fire Matters, Heads Up)</li> <li>-Email</li> <li>-Working for Warwickshire</li> <li>-MD briefing</li> <li>-Member briefings</li> <li>-Face-to-face</li> <li>-Printed materials</li> </ul>	<p><b>External</b></p> <ul style="list-style-type: none"> <li>-Stakeholder newsletters</li> <li>-Social media</li> <li>-Local/regional press</li> <li>-Professional training (eg MECC)</li> <li>-Face-to-face</li> <li>-Printed materials</li> </ul>
<p><b>Internal</b></p> <ul style="list-style-type: none"> <li>-Intranet</li> <li>-Directorate briefings (iPeople, Communities Briefing, Fire Matters, Heads Up)</li> <li>-Email</li> <li>-Working for Warwickshire</li> <li>-MD briefing</li> <li>-Member briefings</li> <li>-Face-to-face</li> <li>-Printed materials</li> </ul>	<p><b>External</b></p> <ul style="list-style-type: none"> <li>-Stakeholder newsletters</li> <li>-Social media</li> <li>-Local/regional press</li> <li>-Professional training (eg MECC)</li> <li>-Face-to-face</li> <li>-Printed materials</li> </ul>				
<p><b>Communications Approach. We will:</b></p> <ul style="list-style-type: none"> <li>Deliver communications in partnership wherever possible and appropriate</li> <li>Use a style, tone and approach that is straightforward and easy to understand, adopting an appropriate tone of voice to suit the audience</li> <li>Share case studies and best practice examples where possible</li> <li>Make use of nationally produced 'expert' advice/material</li> <li>Exploit 'touchpoints' through the 0-5 pathway with age approp. material</li> </ul>		<p><b>Consistent and coordinated marcomms activity is important. Without it...</b></p> <p>Inconsistent messaging from different partners could confuse or overwhelm people we want to advise</p> <p>All stakeholders are not aware of the importance of their role in the prevention of accidents and are not engaged with the programme</p>			

**Minutes**

**Child Accident Prevention Steering group meeting**

**Wednesday 23<sup>rd</sup> January, 10am-12pm**

**Present:**

Les Caborn	Chair of Health and Wellbeing Board, Portfolio Holder for Adult Social Care and Health
Helen King	Deputy Director of Public Health, (WCC)
Lynn Bassett	Learning & Development Manager, WCC
Ian Evans	Trainer/Consultant at CAPT
Lee Clark	Rugby Borough Council (Housing)
Janet Faulkner	Group Manager, Trading Standards WCC (Items 1-4)
Sara Haigh	Early Years Adviser, WCC
Karen Higgins	Senior Project Manager, Children's Public Health, WCC
Caroline McKenzie	Insight Analyst, WCC Insight Team
Jess Tunley	Citizens Advice, South Warwickshire
Alison Williams	Senior Road Safety Officer, WCC
Helen List	Senior Accounts Manager, WCC Comms
Natasha Lloyd Lucas	Commissioning Manager, South Warwickshire CCG
Kim Panting	GP at Harbury Medical centre
Deb Key	Citizens Advice South Warwickshire
Maggie Ward	Safeguarding, SWFT
Sue Sweeney	Housing, WDC
Jane Grant	Housing NBBC
Paul Carter	Citizens Advice South Warwickshire
Ashley Witnal	School Nursing, Compass
Hayley Norman	Compass

**Apologies:**

Lou Beddoe, Tracey Biggs, Emily Dixon, Jo Dillon, Wendy Jones, Bill Basra, Carina Haley-Doyle, Catherine Coates, Harbir Nagra, Joanne Rolls, Keith McDermott, Kushal Birla, Lisa Barker, Maggie Clarke, Paul Tolley, Paul Roberts, Raj Chand, Sarah Foster, Sophy Forman-Lynch, Angela Coates, Caroline Lamming-Chowen, Jenni McLaren, Nick Cadd

<b>1. Welcome and Introductions – Cllr Les Caborn</b>
Councillor Caborn welcomed everyone to the first meeting of 2019.
<b>2. Minutes of the October 2018 meeting, updates and matters arising – Cllr Les Caborn</b>
The minutes of the last meeting were agreed as an accurate record.

Update on Actions and matters arising:

The TOR for this group have been amended and circulated with the minutes.

Karen H has identified staff at Warwick but waiting for UHCW and GEH representation.

**Action: Cllr Les Caborn and Helen King to follow up for representation from both UHCW and GEH for the steering group and to help with the Data and Insights T&F group.**

Hayley suggested that her colleague Matt Conibere could help with contacts at these hospitals, as he is having conversations around A&E forms.

**Action: HN to ask Matt.**

The CAPT pilot scheme around safety in the home in relation to cleaning products for primary age children is now ready and available to Warwickshire to pilot, however there isn't a representative from education / learning on the steering group.

**Action: Cllr Les Caborn and Helen King to find a representation from education for this group.**

Karen informed the group that she has moved on to another role within Public Health; Helen will be supporting in the interim until a replacement is available.

The T&F groups have all met several times and made progress.

Karen has met with Jane Grant from Housing @ N&B, to help with understanding opportunities with public sector partners. There is scope in private sector housing too.

Helen K has facilitated some funding with internal comms team.

**3. Celebrating Good News – Cllr Les Caborn / All**

CAPT have identified our approach in Warwickshire as a model of good practice, this is being written up as a case study and will be of interest to Public Health England, and no doubt our HWB Board locally.

Alison Williams - Road Safety is working with many partners as a result of being part of this group, including WCAVA. Road Safety have successfully recruited a volunteer to help them disseminate information on road safety. They are also working closely with WCC Trading Standards about car seat safety, and working with FIS on getting road safety information into libraries.

Janet Faulkner - Trading Standards have been able to disseminate information out via partner networks on a number of product safety issues. The Wellesbourne market seizure of children's hoodies with cords is a good example to parents and consumers who may assume that things they purchase locally are safe to use.

Also there has been information circulated before Christmas about button batteries and what happens when they are swallowed.

ROSPA have developed links with our Health visiting team in the county , provided them with free resources such as magnets to give out to families on the dangers of poisonings from cleaning products and medicines in the home.

Jane Grant (Housing) explained that staff are going into houses and tenancy visits could have extra checks e.g. for stair gates. Housing officers could have extra training in child safety, also maintenance staff who are doing repairs. There is scope to talk to housing associations and private sector landlords forums.

Lynn Bassett (MECC) said that there is now a core accident prevention training plus add ons.

Jess Tunley added that some MECC training has been delivered to the Stratford District housing team. It is important to ensure people see it as an ongoing part of development, part of what they are doing already and not an extra “add on” to what they already need to do, not an extra pressure.

#### 4. Feedback from each Task and Finish Group

Karen passed round an update from each of the three groups, which will be circulated with the minutes after the meeting.

##### **Data and Insight (Natasha Lloyd-Lucas):**

Top injuries for Warwick hospital admissions are poisoning and head injuries. Poisoning overall was the top injury for under 18s (with under 4s likely to be accidental and 15-17 year olds deliberate)

A questionnaire was completed in A&E in November 2018. This asked questions such as reasons for going to A&E and if the parent/carer had accessed any other services before going to A&E. 60% not been anywhere before attending A&E. Some had seen their GP but none had been to a pharmacy and very few 111. It is hoped to be able to repeat survey at GEH and UHCW at some point.

The group are also looking for other stakeholders from UHCW in particular. There was a meeting with the SWFT A&E General Manager, who felt there were not many inappropriate attendances for injury. This was helpful to understand the pathway once a child arrives at A&E.

There was a discussion around discharge times, particularly where the patient was admitted for only a few hours – waiting for observations / waiting for results.

There is also a focus for the group around travel cots and co-sleeping following some infant deaths. Janet Faulkner informed the group that there is now a standard for co-sleeper cots in the UK (cots with sides that fold down.)

Warwickshire Trading Standards had been involved as one of the companies making the cots is based in Warwickshire.

Natasha has reviewed the HANDi app developed in Somerset and is now having conversations with the developers. Taunton did see 15% reduction in admissions in the first year, although they had other ongoing work at the same time. You can



add subjects on, such as injuries. It is being done in Surrey across STP footprint so could be possible to develop something in Warwickshire along with paediatricians.

The group will keep meeting and get further contacts at UHCW and GEH.

**Developing the Workforce / MECC (Lynn Bassett):**

The group has agreed a key set of resources which will be the “preferred resources for CAP messages” and utilized by front-line practitioners. LB has ordered these from CAPT.

The new MECC (for children) will have CAP as a core module however there will be additional modules that can be added, depending on the audience receiving the training.

Lynn is getting together a list of community groups, e.g. hairdressers. Lynn is prioritising groups, including trying to get ambulance service and Police involved. She is also prioritising housing partners and has playgroups, nurseries, voluntary groups and faith groups on the list.

**Action: Lynn to send an invitation to all steering group members to ensure they have an opportunity to sign up for the MECC (for children) course for their workforce.**

The pilot training will continue until March, and the launch of the new revised course will happen at the end of March.

There is an expectation that delegates will participate in ongoing learning opportunities. There will be a review at 2 months, and follow up every 3 months to check how many referrals/contacts have taken place. There will be ongoing support through newsletters. There will be hard sets of documents with handouts/cards given out, but going forward they will be able to be downloaded. This group will be linking in with comms group to ensure consistent messaging.

This group will keep meeting throughout this year

**Comms and Partnership (Helen List):**

The group has completed an audit of what is currently happening across Warwickshire. The findings of this will be shared with the group.

The comms team have produced a draft comms and engagement strategy document which Helen explained.

**Action: Helen L to share both documents with the group**

Next steps will be to put a planned program of activity together. A mapping exercise is underway, to look at key touch points by age and by injury. Case studies will be put together to share good practice internally. A plan to be put into place over the next couple of months.

FIS well placed to deliver a lot of messages, well established on social media.

This group will offer support to other groups.

**Action: Members of steering group to read and comment on strategy document – should there be one newsletter for both parents and professionals or do we give partners info to include in their own comms?**

Do we want our own separate campaign or something that everyone adopts and add to their own communications?

Alison Williams suggested to T&F group leads that we need a strapline to tie everything together, to go on documents and to give the message more power if it is coming from different sources.

The calendar of events has been established and will be used to hone messages through the year to take advantage of other events, and put power behind one message at one time.

**Action: If any member of the steering group has any key dates/events booked in/times of year with lots of enquiries, please contact Helen List directly.**

The group will remain a contact for partners to come to with their campaigns and will continue to focus on partnership working.

#### 5. Developing a three year Action Plan – Karen H

Karen H circulated the beginnings of an action plan which currently includes the T&F groups' recommendations.

There needs to be a smaller group to add more elements around: strategic oversight, measuring outcomes, assessing impact and cross referencing with the June workshop report any other recommendations, and recommendations and suggestions from Housing partners of the activity they can do.

T&F group leads to meet next week (30<sup>th</sup>) to look at this document but there needs to be more representatives to finalise the action plan to ensure everything is captured. Jane Grant said she is happy to attend.

**Action: T&F group leads to re-circulate this proposed action plan after the meeting on 30<sup>th</sup> January for comments.**

The action plan will be finalised to be taken to the HWB board in May. Helen K suggested adding an overarching objective, high level overview to take to HWB.

#### 6. Governance and review of membership – Cllr Les Caborn / Helen K

The group would benefit from representation from education / schools.

There was no representation from Health Visiting for this meeting, however Carina Haley-Doyle and Sarah Foster have attended previously - their input is important.

The group also needs representation from UHCW and GEH

The T&F groups are fluid, however all existing groups will continue meeting this year, but the Comms and Partnership group will reconvene as a Partnership network group and the Comms support/focus will wrap around all of the T&F groups.

A housing representative will join the partnership group, rather than creating another T&F group and link with the WCC Health and Housing group.

#### 7. A year on event in Autumn 2019 – Karen H

Karen H explained that a year on event was proposed at the June 2018 workshop. This could be an event where successes could be celebrated. The group decided that June 2019 is too soon, and this may be best to postpone to 2020. However it would be important to provide a comprehensive update this year during child safety week, of the work that is happening.

**Action: Helen List to include into action plan and facilitate**

#### 8. Next steps – Helen K

Helen gave a summary of the meeting, including assurances that there will be someone to take over from Karen going forward.

#### 9. AOB – Cllr Les Caborn

There were no further comments; Cllr Caborn thanked everyone for their hard work and especially thanks to Karen for her hard work and dedication to this group.

#### 8. Dates of next meetings : May / September 2019 – Cllr Les Caborn

Next meeting 10am 23<sup>rd</sup> May, Warwick

### 1) CAPT Case Study of Warwickshire (March 2019)

#### **Stakeholder engagement, Strategic Leadership and Coordinated Communication – How Warwickshire is working to reduce unintentional injuries**

##### **Background**

Warwickshire had seen a rise in hospital admissions for unintentional injuries in 0-14 year olds over the last few years, and concern was expressed by the authority's Health and Wellbeing Board as the targets set out in Public Health Outcomes Framework indicator 2.7 (to reduce hospital admissions from unintentional to children and young people) were not being met.

Through a partnership with the Child Accident Prevention Trust's [CAPT] Department of Health-funded project, Improving Capacity and Collaboration (ICC), which has a particular focus on home accidents to the under 5s, Warwickshire began by setting up a small multi-agency working group that included representatives from Public Health, Fire and Rescue, Health visiting, Family Nurse partnership, Warwick hospital A&E and Citizens Advice. This group undertook a detailed data analysis and started to plan next steps.

##### **Bringing people together**

Warwickshire has a strong track record of successful partnerships, and with CAPT's support a 'Safe Children; Together we've got this' multi-agency event took place on 5 June 2018, during Child Safety Week with the aim of bringing stakeholders together in order to develop a shared understanding of the issues and concerns, and to agree a shared way forward.

Representatives attended from many different organisations including Health, Public Health, Early Years, Warwickshire Safeguarding Children Board, Leisure services and Trading Standards, also district, borough and county council departments, and the voluntary and community sector.

Karen Higgins, Senior Project Manager (Children's Public Health), who worked to bring the event together and ensure a successful outcome said:

'With the excellent supporting information provided by Ian Evans from CAPT, I was able to spend time targeting child accident prevention messages to individual services explaining the relevance of the messages and how their involvement would be mutually beneficial. I was also able to visit a number of services personally to help them understand their role in the bigger picture of reducing childhood admissions for unintentional injuries

'I explained that the hospital admission indicators for Warwickshire were consistently high compared with the national average which was, of course, a cause for concern. Many of these accidents were preventable and by coming together we could make a difference. This approach really seemed to motivate people.'

## **Stakeholder Seminar**

The keynote speaker was Alison Morton, from Public Health England, and Karen believes that having a national speaker helped encourage people to attend. Members of Warwickshire County Council's Insight Intelligence Team had produced a JSNA (Joint Strategic Needs Assessment) report looking at the local picture and comparing this with what was going on nationally. Councillor Les Caborn, Portfolio Holder for Adult Social Care and Health, spoke about local concerns and attended the full event and agreed to chair the Child Accident Prevention Multi Agency Steering Group which ensures leadership and ownership at a county wide level

After information about the local and national picture, delegates came together for table discussions on the following two questions.

- Who can make a difference?
- How can we make it happen?

These discussions generated many helpful suggestions including the need to develop a multi-agency approach for disseminating information to a variety of stakeholders, training for frontline practitioners and understanding the pathways used in clinical settings and how the data is generated for childhood admissions for unintentional injuries.

By the end of the event there was a strong consensus that the issues needed strategic leadership, to drive forward a multi-agency approach. It was agreed that Councillor Caborn would take a proposal for a way forward to Warwickshire's Health and Wellbeing Board in September 2018, to harness strong strategic leadership and oversight for this work priority across the county.

### **Harnessing the enthusiasm**

Karen Higgins drew on Public Health England papers on reducing unintentional injuries for children under 5 to develop the proposal for the Board. Karen also wanted to ensure that the momentum from the seminar wasn't lost. She brought together some of the participants from the seminar to look at some of the key areas which had emerged i.e.:

- developing the workforce,
- understanding the key injuries in Warwickshire,
- strengthening partnership opportunities
- and communicating accurate information.

The discussions from these working groups fed into the development of a recommendations report.

At the September, meeting of the Health and Wellbeing Board the proposal was formally adopted as a key work stream, with the endorsement of the related Child Accident Prevention Steering Group.

As the workgroups were already constituted and had begun to gather data, information and ideas it was straightforward to ratify the groups into working sub-groups to the Child Accident Prevention steering group.

Key actions identified for the development of a three year action plan, to include:

### **Workforce Development**

Using Making Every Contact Count, Warwickshire is developing specific training for frontline children and family practitioners working with the 0-5 age group, which will have child accident prevention at its core.

### **Communications and Partnership work**

Research on how other areas have improved their performance and RAG rating has shown that this can often be attributed to the creation of robust, clear communication strategies and wider supportive partnerships, including community outreach.

Warwickshire is looking at methods to create these and has identified resources to invest in ensuring the messages are consistent.

Karen says: 'We are auditing existing information with a view to coordinating shared messages. We developing a communication strategy which will focus on the areas where there are the most opportunities to affect change.'

Better understanding of data from hospitals across Warwickshire and examination at a granular level is needed to gain a helpful picture and a clearer knowledge of unintentional child accidents, A&E attendance and admissions in the area. This will be used to increase understanding of what leads parents to take children to A&E, how these A&E attendances/admissions are processes, and how to give the best guidance to support parents in making these decisions.

### **What makes it work**

Warwickshire is in the process of developing the strategies above, built on a sound foundation of multi-agency engagement.

For robust partnerships to work, it's important to have strategic leadership, good communication and someone to coordinate the work. Karen believes 'You do need someone owning, driving and facilitating this work. Having a designated person really helps with that and having ownership at the highest level is also a significant and positive factor in the ultimate success of the programme.'

## **2) NCVO Case Study of Warwickshire (March 2019)**

Warwickshire County Council (WCC) joined the Child Accident Prevention Trust's [CAPT] Improving Capacity and Collaboration [ICC] project in May 2018. WCC became involved in the ICC project as the indicators for unintentional injuries for children aged four and under were consistently higher than the National average, and to gain an understanding of the higher rate of hospital admissions for unintentional injuries in their area.

The support from CAPT involved a series of meetings, support with planning a stakeholder event, training relevant staff and much expert advice and guidance. The support from CAPT's project manager, Ian Evans, in planning the stakeholder event enabled WCC to identify and engage a wide range of key partners including; Trading Standards, housing services, third sector partners and road safety agencies. In addition, his knowledge and expertise lent substance to the meeting:

*Ian was also able to share some examples of how other local authorities are working ... recognising that the geographical area of Warwickshire is unique.*

As a result, the event was successful in engaging stakeholders in identifying key areas to focus on as well as committing to the development of the project:

*At the end of the workshop a recommendation was made that a report be taken to Warwickshire's Health and Wellbeing Board because we felt that would give the subject the strategic profile it needed and it would also involve key partners across the county. That has really helped to keep the item as an important, significant project.*

CAPT also helped WCC to develop a training package that delivered training to key staff as well as advice and guidance on cascading the training to frontline practitioners. Karen explained that it was helpful to have expert guidance from someone outside the organisation, as it helped validate the training:

*Advising us on the content of our training package was helpful because there was always that tension around how long it could be, how we were going to train the next set of trainers. Having Ian advising with those sorts of details has given me confidence to believe that the training package we have now has broader ownership and is not just something that we've agreed in-house.*

WCC have been very happy with the support they have received but would have been interested if the ICC project had been able to facilitate opportunities for authorities to come together to share their experiences and strategies

*One of the areas we will now consider is to research authorities that have been able to improve their rating, as we are interested to know what methods they've used and how they explain that transition.*

The support from the ICC project has enabled Warwickshire County Council to:

- collaborate with other organisations to raise awareness around child safety
- set up a series of 'task and finish' groups to explore different solutions
- develop a joint communication and engagement strategy across partner organisations
- obtain commitment from all stakeholders to a three year action plan so that the responsibility of reducing hospital admission numbers is shared across organisations.