

# Health and Well-Being Board

8<sup>th</sup> January 2020

## Child Accident Prevention

### Recommendations

- a) The HWBB is asked to note the latest data findings from a detailed interrogation of A&E attendance data.
- b) The HWBB is asked to support the future activity of the multi-agency Child Accident Prevention (CAP) Steering Group and the introduction of a more targeted, place-based approach to tackle child accident prevention in 13 priority LSOA areas identified on the basis of A&E attendance rates for unintentional 0-14 childhood injuries.

### 1. Key Issues

- 1.1 The rate of hospital admissions for unintentional and deliberate injuries in children aged 0-4 year olds and 0-14 year olds in Warwickshire are higher than national and regional averages (ranks 4<sup>th</sup> in West-Midlands, Coventry ranks 1<sup>st</sup>), and higher than the majority of our statistical neighbours (0-4s ranks 3<sup>rd</sup>, 0-14 ranks 4<sup>th</sup>). There has been a notable rise in these admissions since 2012/13. (See Appendix 1).
- 1.2 Analysis of A&E attendance data for 0-14 childhood injuries in Warwickshire (4yrs of data - April 2014-March 2018) shows a picture of hospital attendance linked to deprivation. This differs from the 2018 Needs Assessment, when no clear correlation could be found - contrary to national evidence.
- 1.3 The above analysis also indicates that Warwickshire borough/district areas rank high for A&E attendance for 0-14 childhood injuries compared to 30 West Midland borough/district areas (Nuneaton & Bedworth 2/30, Rugby 5/30, North Warwickshire 8/30), Stratford on Avon 12/30, Warwick 18/30, Coventry 19/30) (see Appendix 2).
- 1.4 These data have been interrogated to understand variations in the conversion of children with injuries from A&E attendance to hospital admissions episodes. Findings suggest different hospital processes may have a role to play in higher than average admissions for unintentional injuries in some settings, particularly at UHCW. Indeed, within the West Midlands, Coventry has the highest percentage conversion from attendance at A&E to admission to a hospital ward, and Rugby is ranks third out of 30 local authorities. (See Appendix 2).
- 1.5 The most recent analysis, which included five-years of data April 2014- March 2019, shows most of the areas with the highest rate for attendance at A&E are in

Nuneaton and Bedworth Borough (15 of the top 20 LSOAs, with four being in the Rugby Borough and one in Stratford District). Using these data, the CAP Steering Group has agreed to undertake targeted CAP work in 13 priority LSOA areas (see para 2.2c).

**Figure 1: Identified LSOAs of Focus for Child Accident Prevention**

District / Borough	LSOA Local Name
Nuneaton and Bedworth	Kingswood Grove Farm and Rural
Nuneaton and Bedworth	Hill Top
Rugby	Eastlands South
Nuneaton and Bedworth	Arbury Heath End
Stratford	Bridgetown South East
Nuneaton and Bedworth	Camp Hill East and Quarry
Nuneaton and Bedworth	Kingswood North East
Nuneaton and Bedworth	St Nicholas North and College
Nuneaton and Bedworth	Bulkington Village
Nuneaton and Bedworth	Kingswood Stockingford
Nuneaton and Bedworth	Whitestone East and Rural
Nuneaton and Bedworth	Attleborough Central
Nuneaton and Bedworth	Weddington North

Source: Hospital Episode Statistics (HES), March 2019

1.6 For a summary of the latest data analysis see: *“Injuries Leading to a Hospital Admission in 0-14 Year Olds in Warwickshire – A Review of Hospital Episode Statistic Data - Addendum October 2019”*:

<https://www.warwickshire.gov.uk/directory-record/2164/injuries-leading-to-a-hospital-admission-in-0-to-14-year-olds-in-warwickshire-2018->

## 2. CAP Steering Group Update and Future Actions

The CAP Steering Group is overseeing the following workstreams:

### 2.1 Data insights work

The CAP Data and Insight Task & Finish Sub-Group has driven the latest data analysis. Over the next year, the group will:

- a) Harness commitment from GEH and UHCW to explore transfers and admissions processes for children seen at A&E with injuries. Work has already been done at Warwick Hospital over the last year to revise processes. This may have contributed to the lower A&E attendance to conversion rates in Stratford (2.8%) and Warwick (3.7%) District Councils, compared with North Warwickshire BC (4.5%), Nuneaton & Bedworth BC (4%) and Rugby (5.3%).
- b) Link closely with the Health & Wellbeing Partnerships to ensure local place-based JSNA action plans reflect latest childhood accidents intelligence.

- c) Establish more robust links with the Warwickshire, Coventry and Solihull Child Death Overview Panel, in order to capture intelligence, recommendations and case studies.
- d) Continue to interrogate admissions and attendance data for unintentional and deliberate injuries in Warwickshire's children (0-4 and 5-14 yrs old) and undertake an annual review of A&E attendance/admissions data in order to update changes in the list of priority LSOAs for place-based CAP work (see Figure 1 above).

## 2.2 Partnership and Communications

It was acknowledged at the CAP Steering Group on 25 October that there have been some delays in advancing the work of the CAP Partnership and Communications Sub-Group, due to changes in the CAP coordinator and internal restructuring in WCC. However, since then the group has met twice and a clear plan of action has been agreed. Over the next year, the group will:

- a) Build robust links and matrix working with the comms teams of key partner agencies, to ensure CAP is prominently on the agenda, and embedded within local comms planning.
- b) Oversee a service level agreement with Family Information Service. This SLA will require FIS to take on a CAP 'conduit role' for CAP communications between partners, expert organisations (CAPT & ROSPRA) and the public. This will ensure that (a) CAP communication updates from expert organisations (e.g. CAPT and RoSPRA) are circulated effectively to partners and the public; (b) local alerts, stories and case studies – linked to the 'Big-Five'<sup>1</sup> (most common) causes of childhood accidents - are generated by partners and shared across the CAP partnership and with the public.
- c) Drive forward place-based partnership working and tailored CAP communications in 13 priority LSOA areas identified on the basis of A&E attendance rates for unintentional 0-14 childhood injury (see Figure 1 above).

## 2.3 Upskilling the workforce

The CAP Making Every Contact Sub-Group continues to make progress in the delivery of a Child MECC training programme focused on CAP. Over the next year the group will:

- a) Work to identify and deliver MECC training to key stakeholders in 13 priority LSOA areas (see Figure 1 above)
- b) Work with CAPT to roll-out and evaluate the 'Staying Safe with Sam' resources to teachers and early years staff in all primary schools, pre-schools and private, voluntary and independent nurseries within and surrounding the 13 priority LSOA areas (see figure 1). This initiative supports staff to help children and parents engage with learning how to stay safe around cleaning and laundry products.

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<sup>1</sup> Big-Five: 1. Choking, suffocation and strangulation, 2. Falls, 3. Poisoning, 4. Burns and scalds, 5. Drowning

- c) Scope, identify and/or develop a CAP eLearning offer that meets the needs of early years settings that lack the resource to release staff for face to face MECC training. This will need to align with work being driven by the Early Years Board to develop an online platform/resources for early years settings.

### 3. Financial Implications

- 3.1 Activity is currently funded through existing budgets. Any future additional activity, such as child MECC training and increased communication and marketing, will be funded through the prioritisation of existing resources.

### 4. Environmental Implications

- 4.1 There are currently no environmental implications.

### 5. Summary

- 5.1 The Child Accident Prevention (CAP) Steering Group will continue to focus most heavily on child accident prevention amongst 0-4 year olds and within the home setting. CAP in the home setting is where we are likely to achieve the greatest gains.
- 5.2 Evidence suggests that most unintentional injuries are preventable through increased awareness, improvements in the home environment and greater home-based product safety.
- 5.3 Meta-analyses have found that home safety interventions and the use of injury prevention briefings increase 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 walker use<sup>2</sup>.

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<sup>2</sup> <https://www.journalslibrary.nihr.ac.uk/pgfar/pgfar05140/#/abstract>

**Background papers:**

Injuries Leading to a Hospital Admission in 0-14 Year Olds in Warwickshire – A Review of Hospital Episode Statistic Data - Addendum October 2019

## Appendix 1

### Hospital admissions caused by unintentional and deliberate injuries in children (aged 0-4 years), 2017/18, Crude rate - per 10,000

Area	Recent Trend	Count	Value	95% Lower CI	95% Upper CI
England	↓	41,025	121.2	120.0	122.4
West Midlands region	↓	4,738	130.4	126.7	134.2
Coventry	↑	635	272.6	251.8	294.6
Telford and Wrekin	→	180	162.1	139.3	187.6
Herefordshire	→	149	157.4	133.1	184.8
Warwickshire	↑	492	156.3	142.8	170.8
Shropshire	↑	204	134.9	117.0	154.8
Sandwell	↓	324	133.4	119.3	148.8
Solihull	→	159	128.9	109.6	150.6
Wolverhampton	↓	225	124.7	109.0	142.1
Birmingham	↓	1,005	118.0	110.8	125.5
Staffordshire	↓	510	114.1	104.4	124.5
Worcestershire	↓	332	104.2	93.3	116.0
Stoke-on-Trent	↓	181	102.6	88.2	118.7
Dudley	↓	183	94.3	81.1	109.0
Walsall	↓	159	81.8	69.5	95.5

### Hospital admissions caused by unintentional and deliberate injuries in children (aged 0-14 years) 2017/18, Crude rate - per 10,000

Area	Recent Trend	Count	Value	95% Lower CI	95% Upper CI
England	↓	96,910	96.4	95.8	97.1
West Midlands region	↓	11,202	103.4	101.5	105.3
Coventry	↑	1,358	203.7	193.0	214.9
Telford and Wrekin	→	415	122.4	110.9	134.8
Warwickshire	↑	1,136	118.3	111.6	125.4
Herefordshire	→	341	113.7	101.9	126.4
Wolverhampton	→	542	105.4	96.7	114.6
Sandwell	↓	730	105.2	97.7	113.2
Stoke-on-Trent	↓	515	104.6	95.7	114.0
Shropshire	→	511	104.1	95.3	113.6
Solihull	↑	386	98.8	89.2	109.2
Birmingham	↓	2,330	95.2	91.3	99.1
Staffordshire	↓	1,271	90.1	85.3	95.2
Dudley	↓	478	82.5	75.3	90.3
Worcestershire	↓	762	77.7	72.3	83.4
Walsall	↓	427	75.0	68.1	82.5

Source PHE Fingertips: <https://fingertips.phe.org.uk/profile/public-health-outcomes-framework/data#page/1/qid/1000042/pat/6/par/E12000005/ati/202/are/E08000029/iid/90284/age/26/sex/4>

## Statistical neighbours: Hospital admissions caused by unintentional and deliberate injuries in children (aged 0-4 years) 2017/18, Crude rate - per 10,00

Area	Recent Trend	Neighbour Rank	Count	Value	95% Lower CI	95% Upper CI
England	↓	-	41,025	121.2	120.0	122.4
Neighbours average	-	-	8,320	120.1*	-	-
Lancashire	→	15	1,301	191.3	181.1	202.0
Somerset	→	11	473	161.8	147.6	177.1
Warwickshire	↑	-	492	156.3	142.8	170.8
North Yorkshire	→	12	447	148.9	135.4	163.4
West Sussex	↓	9	565	119.7	110.0	130.0
Essex	↓	6	988	114.7	107.6	122.0
Staffordshire	↓	3	510	114.1	104.4	124.5
Oxfordshire	↓	14	442	111.8	101.6	122.7
Suffolk	→	4	460	111.0	101.1	121.6
Derbyshire	→	13	424	104.2	94.5	114.6
Worcestershire	↓	2	332	104.2	93.3	116.0
Northamptonshire	↓	8	472	99.2	90.5	108.6
Gloucestershire	↓	1	342	98.4	88.2	109.4
Leicestershire	→	7	349	95.1	85.4	105.7
Nottinghamshire	-	5	427	94.2	85.4	103.5
Cambridgeshire	↓	10	296	78.2	69.6	87.7

## Statistical neighbours: hospital admissions caused by unintentional and deliberate injuries in children (aged 0-14 years) 2017/18, Crude rate - per 10,000

Area	Recent Trend	Neighbour Rank	Count	Value	95% Lower CI	95% Upper CI
England	↓	-	96,910	96.4	95.8	97.1
Neighbours average	-	-	20,254	95.0*	-	-
Lancashire	↓	15	2,857	137.1	132.1	142.2
North Yorkshire	→	12	1,190	122.7	115.8	129.9
Somerset	→	11	1,090	118.9	111.9	126.1
Warwickshire	↑	-	1,136	118.3	111.6	125.4
West Sussex	↓	9	1,503	102.8	97.6	108.1
Oxfordshire	↓	14	1,149	94.8	89.4	100.5
Staffordshire	↓	3	1,271	90.1	85.3	95.2
Essex	↓	6	2,289	88.2	84.6	91.9
Derbyshire	↓	13	1,115	87.3	82.3	92.6
Northamptonshire	↓	8	1,239	86.9	82.2	91.9
Suffolk	→	4	1,105	85.9	80.9	91.1
Worcestershire	↓	2	762	77.7	72.3	83.4
Nottinghamshire	-	5	1,068	76.5	72.0	81.2
Cambridgeshire	↓	10	860	75.6	70.7	80.9
Leicestershire	↓	7	853	73.7	68.8	78.8
Gloucestershire	↓	1	767	72.3	67.2	77.6

Source PHE Fingertips: <https://fingertips.phe.org.uk/profile/public-health-outcomes-framework/data#page/1/qid/1000042/pat/6/par/E12000005/ati/202/are/E08000029/iid/90284/age/26/sex/4>

## Appendix 2

### Attendance and admission (through A&E) for Injury rates (4-yrs average. 2014/15 – 2017/18)

(Below table ranked by Attendance, analysed in March 2019)

Local Authority of Residence	Rank (A&E attendance)	Rate of attendance	Rank (Admission)	Rate of admission	Conversion rate A&E to admission
Lichfield	1	2206	18	52	2.4%
Nuneaton and Bedworth	2	2148	4	86	4.0%
Cannock Chase	3	1974	17	54	2.7%
Shropshire	4	1941	9	68	3.5%
Rugby	5	1918	2	101	5.3%
Telford and Wrekin	6	1796	3	100	5.6%
Solihull	7	1759	10	64	3.6%
North Warwickshire	8	1683	5	75	4.5%
Dudley	9	1604	6	73	4.5%
Sandwell	10	1558	8	68	4.4%
County of Herefordshire	11	1547	22	47	3.1%
Stratford-on-Avon	12	1524	24	43	2.8%
Tamworth	13	1514	7	72	4.7%
South Staffordshire	14	1493	23	46	3.1%
Birmingham	15	1481	19	51	3.4%
Wolverhampton	16	1475	21	48	3.2%
WEST MIDLANDS	-	1472	-	62	4.2%
East Staffordshire	17	1396	14	56	4.0%
Warwick	18	1353	20	50	3.7%
Coventry	19	1311	1	141	10.8%
Newcastle-under-Lyme	20	1300	16	54	4.2%
Stafford	21	1205	11	61	5.0%
Bromsgrove	22	1187	26	32	2.7%
Stoke-on-Trent	23	1173	12	60	5.1%
Walsall	24	1119	13	59	5.2%
Staffordshire Moorlands	25	1108	15	55	4.9%
Malvern Hills	26	1096	28	23	2.1%
Wyre Forest	27	1073	25	41	3.8%
Wychavon	28	977	30	21	2.1%
Redditch	29	808	27	24	3.0%
Worcester	30	766	29	21	2.8%