# Childhood accidents in Suffolk

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<th>Headline</th>
<th>Reduce accidents in Suffolk children: save lives, health and up to £1.7 million per year</th>
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<td>It's important because</td>
<td>Injuries and deaths from unintentional injuries are costly to the individuals, their families and wider society, yet most are preventable with simple interventions.</td>
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| The key facts are | - 7.3 deaths /100,000 persons per year; 80.9 hospital admissions /10,000 persons per year; 85.2 A&E attendances /1,000 persons per year as a result of preventable injury.  
- Annual costs in the region of £2.3 million.  
- Worse rates than for the East of England region.  
- Recent NICE public health guidance on preventing unintentional injuries in under 15s must be accounted for. |
| Who is affected | Children in Suffolk aged under 18. |
| What will happen if we do nothing differently | Unintentional injury rates in children will not improve, and will continue to result in preventable mortality, morbidity and expenditure. |
| What works / What can be done | Implement the evidence-based NICE guidance, in particular:  
- Incorporate unintentional injury prevention in local plans and strategies for children and young people (CYP) such as the JSNA;  
- Develop local protocols for health visitors (HVs), school nurses and GPs;  
- Provide training and education on preventing unintentional injuries for those working with CYP and families;  
- Establish a local injury dataset and data sharing protocol;  
- Ensure social and rented dwellings have permanent safety equipment installed and maintained;  
- Offer home safety assessments to families;  
- Establish/work with local partnerships around home and road safety, to align policies, prioritise households and identify barriers. |
| Who needs to take action | NHSS; NHSGYW Suffolk County Council; Suffolk local authorities; Suffolk police; health visitors; school nurses; GPs; midwives; social workers. |
| What are the achievable benefits | A 40% reduction in injuries should be achievable. This equates to 4 lives saved, 468 hospital admissions avoided, and 4,941 A&E attendances averted.  
It represents a cost saving of at least £927,000 per year. |
Introduction

Unintentional injuries are the leading cause of child mortality in England. 68% of deaths in the 0-19 age group in 2007-9 in England were caused by unintentional injuries, with the majority (45%) due to transport accidents. In addition, millions of children in the UK every year need hospital treatment following injury.

As childhood injuries by definition occur early in the life course, they result in a large loss of potential life years, and a large burden of morbidity. This presents an enormous cost to the individuals, their families, and wider society, and includes costs of treatment as well as loss of education, health and economic opportunity.

In November 2010, the National Institute for Health and Clinical Excellence (NICE) published guidance entitled ‘Strategies to prevent unintentional injuries among under-15s’ at the request of the Department of Health. Implementation of this specific guidance is the responsibility of local commissioners and/or providers of health services, which include NHS Suffolk.

The recommendations for unintentional injury reduction in Suffolk were informed by a study of the descriptive epidemiology of unintentional injuries in children aged under 18 in Suffolk county, and of the relative performance of Suffolk as a county with respect to unintentional injuries in children.

1) Who’s most at risk
Children from minority ethnic groups; male children; 15-17 year olds; children living in St. Edmundsbury and Waveney local authorities

2) The level of need in Suffolk
The incidence rates for unintentional injuries among Suffolk children are as follows:

- 7.3 per 100,000 persons per year for those resulting in death;
- 80.9 per 10,000 persons per year for those resulting in hospital admission;
- 85.2 per 1,000 persons per year for those resulting in A&E attendance.

All these injuries are potentially preventable.

NI70 emergency admission rates for injury in under 18s per 10,000 persons in 2009/10:

- 103.6 for Suffolk CC;
- 102.9 for East of England;
- 85.7 for Bedford.

3) Trends
Death rates are static, but there is some improvement in hospital admission, A&E attendance and road traffic accident rates. However, the NI70 emergency admission rates for Suffolk have increased markedly in the latest available figures, from 65/10,000 to 104/10,000.

4) Current services in relation to need/ service gaps
Not known

5) Evidence of what works
### Recommendations taken from NICE guidance on strategies to prevent unintentional injuries in under-15s

#### 6) User Views
Not known

#### 7) Recommendations for action –

- Incorporate unintentional injury prevention in local plans and strategies for children and young people (CYP) such as the JSNA;
- Appoint a CYP injury prevention co-ordinator;
- Develop local protocols to alert health visitors (HVs), school nurses and GPs to children needing repeated treatment for unintentional injuries, or having a single attendance of concern;
- Provide training and education on preventing unintentional injuries for those working with CYP and families;
- Establish a local injury dataset and data sharing protocol using data from local emergency departments, minor injury and walk-in units, sentinel GP surgeries, fire, police and ambulance services, and child death reviews;
- Ensure social and rented dwellings have permanent safety equipment installed and maintained. Prioritise accommodation with minority ethnic families, male children and in the St. Edmundsbury and Waveney districts;
- Offer home safety assessments to families with children aged under 5 years, focussing particularly on families in St. Edmundsbury and Waveney, those from ethnic minorities, and those with male children;
- Establish local partnerships to enable prioritisation of households, and identification and removal of barriers to creating a safe home environment;
- Ensure home safety assessments and equipment installation take account of language and cultural barriers, with the use of translators, foreign language written instructions, and user education as appropriate;
- Integrate home safety into other home visits by GPs, midwives, social workers and HVs;
- Follow-up home safety assessments and equipment installation;
- Local information campaigns and health messages should be in a range of languages and formats;
- Align local child road safety policies between children’s services and road safety partnerships;
- Work with road safety partnerships to promote and enforce speed reduction, particularly on routes popular with children, and those used by pedestrians and cyclists;
- Health messages should include the importance of getting cycle training and wearing cycle helmets.

### Key contacts

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