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| <p>Introduction</p> <p>Accidents have a wide range of causes, many of which are preventable, meaning that there is the potential to reduce the number of deaths and serious injuries as a result of accidents. Overall trend data shows that accidental deaths are declining in England and Wales, a pattern that is reflected in Sunderland. However, data shows that children aged under 15 and older people over the age of 65 are at increased risk of accidental injury or death.</p> <p><u>Children</u></p> <p>Unintentional injury to children is a significant public health issue. It is a major cause of avoidable ill health, disability and death and has a disproportionately large effect on people in deprived communities. For children under 5 years almost half of all deaths occur in the home, whilst falls in the home are the leading cause of unintentional injury. For children under 15 years unintentional injury is the leading cause of death and illness, with nearly half of all deaths being transport related.</p> <p>National data shows that hospital admissions among under 5's following an accidental injury have been rising by 5% per annum and children from deprived communities have 13 times the rate of death and injury of those children who live in the least deprived communities. With approximately two million visits to A&E each year by children under 15 years due to accidental injury, NICE estimates the cost to the NHS at £146million. Locally there has also been a rise in hospital admissions in children under 5 year's.</p> <p>Sunderland's rates of hospital admissions due to unintentional and deliberate injury for children 0-14 years are significantly higher than the England average.</p> |
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Older People

Falls are a leading cause of mortality due to injury amongst older people aged 65 and over. They also contribute to the life expectancy gap between Sunderland and England. People who have been admitted to hospital following a fall are at an increased risk of falling again in the next 12 months; experiencing a loss of confidence; developing a fear of falling; losing their independence through entering a residential care home.

Key issues and gaps

Children

- The annual average of the number of children killed or seriously injured in road traffic accidents in Sunderland between 2007 and 2009 was 22. Between 2010 and 2012 there has been a slight reduction in the annual average to 19.
- In 2011/12, Sunderland had the highest rates of hospital admissions due to unintentional and deliberate injuries among children and young people aged 0-14 years among all 12 North East Local Authority populations with 946 hospital admissions in 2011/12 compared with 778 in 2010/11. This is a rate of 211 per 10,000 children and young people 0-14 years in Sunderland compared to 173 per 10,000 across the North East and 118 per 10,000 across England. The rates of emergency hospital admissions among 0-4 year olds and 0-15 year olds due to all accidental injury among children in Sunderland is consistently significantly higher than England.
- Pooled data from 2010 to September 2013 shows that the wards with significantly higher rates of hospital admissions due to unintentional and deliberate injury are Redhill, Southwick, Castle, St Anne's, Barnes, Pallion and Hendon. At a locality level the West locality is an area of concern with significantly higher rates than the other 5 localities of the city.
- Local data indicates collisions amongst young drivers (under 25 years) has changed little over the last 15 plus years, with only a 6% reduction in 2009 against the baseline period of 1994-1998. Many of these collisions also involve children as either passengers or pedestrians. There is clearly work to be done with young drivers in Sunderland from a road safety perspective, for example a targeted campaign or intervention aimed at young drivers.
- 11.1%% (30,710) of the population of Sunderland are aged between 0-14 years. This is slightly less than the North East (16.6% and England (17.6).
- Between 2009 and 2020 the number of people aged under 15 is estimated to increase by 2.6%. This trend will reverse by 2030, with the expectation that overall between 2009 and 2030 the number of people aged under 15 will reduce by 2%. This will mean that in the medium term there will be a greater number of children at risk of accidental injury, highlighting the importance of continuing with interventions to reduce the risks.
- There is an increase in Hospital Admission rates in 15 year old girls, many of which are due to intentional self-harm an increase of 40% in 2011/12, indicating that further work needs to be done to understand the reasons for this increase and continue to monitor data closely for 12/13 data to see if a pattern emerges.

Adults

- The most significant differential for the adult population nationally is the number of men who die as a result of an accident at work, compared to women (96.9% compared to 3.1%). This is monitored through the Health and Safety Executive and Health and Safety Legislation is in place which all workplaces should adhere to.

Older People

- The current population of Sunderland is 282,000, 20% of whom are above state pension age (60 years for women, 65 years for men). This is comparable to the North East and England.
- As life expectancy is rising it is estimated that the number of people aged over 65 years will increase by 46% between 2009 and 2030. The number of people aged over 85 years will more than double, to 11,000, during the same period. As this group of people are at greater risk of accidents, particularly falls, the pressure on services will increase.
- Recent estimates suggested that approximately 12,330 people aged 65 years + would be affected by falls during 2010
- The rate of emergency hospital admissions in Sunderland due to both falls and fractured femur among older people aged 65 and over remains significantly higher than the England rate.
- The Sunderland rate of age-standardised emergency admissions for falls of patients aged 65+ was 2510 per 100,000 during 2008/2009.
- The rate of falls in care homes are higher than in the community, as there is increased likelihood of co-morbidity. This has been calculated to be as high as 1.5 falls per bed with as many as 75% of nursing home residents falling annually, twice the rate of older people living in the community.

Recommendations for Commissioning

Children

Of all deaths from unintentional injury among children and young people aged under 15 in England and Wales 44% are transport related. There are noticeable peaks for those aged between 10 and 11 and evidence also suggests boys are at greater risk of being killed or seriously injured compared to girls. Therefore it is recommended that work to improve the road environment and reduce speed should continue, with a focus on hotspot areas. It is also important to provide safer routes to school, especially for secondary schools given the peak at age 10 and 11.

There needs to be a renewed focus on reducing collisions involving young drivers, which could have positive impacts for young drivers themselves, as well as pedestrians and passengers of all ages.

Accident prevention strategies for the under 5s should focus on the home environment, as that is where almost half of all deaths in this age group occur. The risk of unintentional injury is greatest amongst those from lower socioeconomic groups, and therefore that is where efforts should be prioritised, with a focus on home safety assessments and the provision and installation of home safety equipment, alongside the provision of safety education, which health visitors play a key role in.

For school age children existing schemes, such as the Injury Minimisation Programme for Schools, should be supported to make effective use of local data to target their interventions. The Water Safety Programme should be expanded to include secondary schools, work needs to be done to support the RLNI to gain access in to secondary to school to be able to deliver education programme, with a focus on schools near to the River Wear and the non-lifeguarded beach at Hendon.

Older People

The Falls Assessment and Rehabilitation Service should continue and investment and models of delivery should be reviewed to ensure the service is in a position to meet increasing future demand.

The work done in conjunction with residential and nursing homes should continue, to raise awareness and increase competence in identifying and mitigating risks. Consideration should be given to expanding this work to carers and social care staff.

1) Who is at risk and why?

Overall trend data shows that accidental deaths are declining in England and Wales. However, data does show that there are particular groups at greater risk of accidental injury or death, categorised as children under 15 years and people aged over 65 years. Falls are the major cause of unintentional injury among under 15s and over 65's, with the risk increasing further for those aged over 75 years and 85 years.

When considering all ages males are at a greater risk of death as a result of an accident compared to women, with the exception of over 75s, where this trend is reversed. However, it is worth considering that latest available data from the Health and Safety Executive shows that 96.9% of people killed at work are men, which may be a contributing factor to this trend.

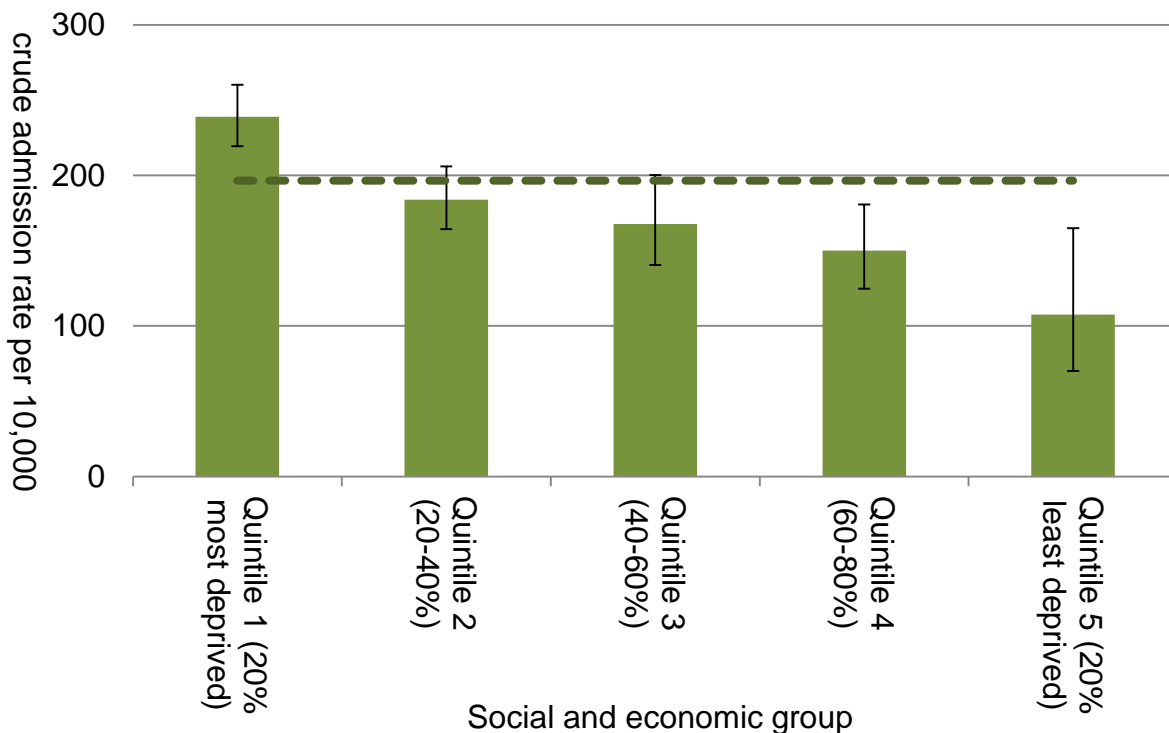
Children

Unintentional injury is a leading cause of death among children and young people aged 0 to 14, with nearly half (44%) of those deaths in England and Wales being transport related. In the under 5s almost half of all deaths occur in the home.

In the UK unintentional injury results in more than 2 million visits to A&E departments by children every year, with the greatest proportion of injuries (nearly 900,000) occurring in the home. Unintentional injuries in the home include falls, burns and scalds, drowning, suffocation and poisoning, with falls being the major cause amongst those aged under 15.

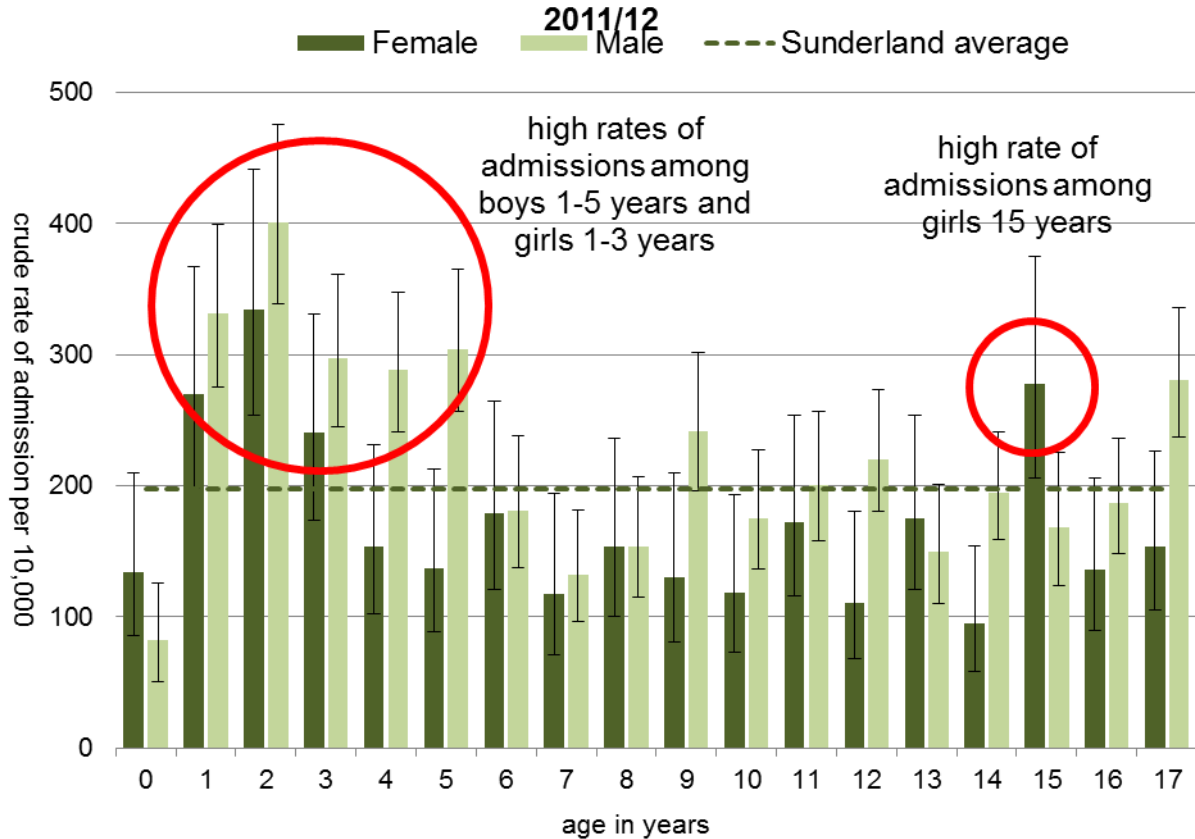
Evidence demonstrates that the risk of unintentional injury is greatest amongst those from lower socioeconomic groups. Locally inequalities are apparent when looking at hospital admission with the highest rates occurring in the most deprived wards (Graph 1).

Graph 1: Emergency hospital admission rate due to accidental and intentional injury among people under 18 years by social and economic group in Sunderland in 2011/12



Source: North of England Commissioning Support, Hospital Episode Statistics. Error bars represent

Rate of emergency hospital admissions due to accidents and injury among children and young people in Sunderland in 2011/12



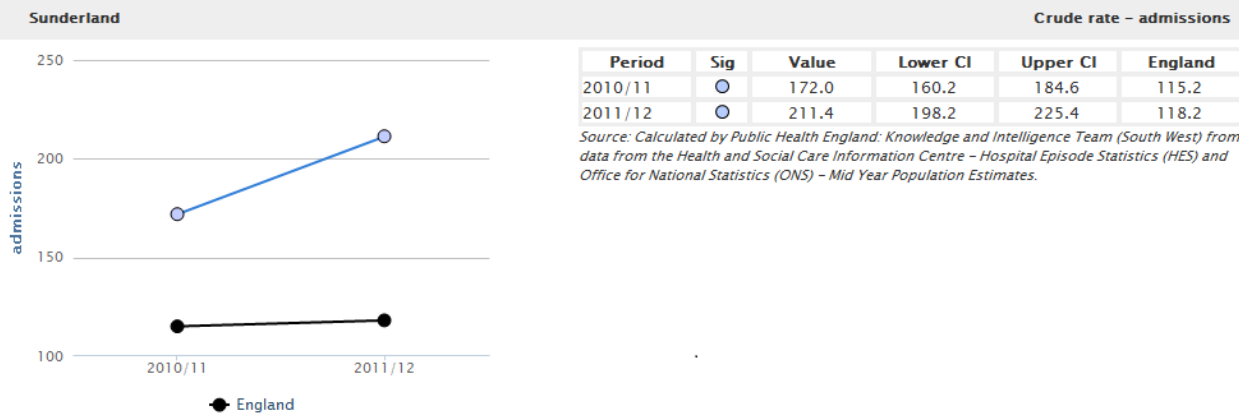
Source: North of England Commissioning Support, based on Hospital Episode Statistics. Error bars

Graph 2: Rate of emergency hospital admissions due to accidents and injury in Sunderland by age.

National data shows that boys are at greater risk of being killed or seriously injured (65%) compared to girls. The risk also increases with age for the under 15s. 2011/12 data shows a significant increase in hospital admissions in girls aged 15 further analysis needs to be carried out to fully understand the reason for the admissions (graph 2). The top 5 causes of hospital admission due to unintentional and deliberate injury among children 0-14 years in Sunderland 2011/2012 were falls (36%), exposure to an inanimate (none human object) mechanical force (21%), Transport accidents (11%), Intentional self-harm (9%) and accidental poisoning (6%).

Compared with England: ● Lower ● Similar ● Higher ○ Not compared

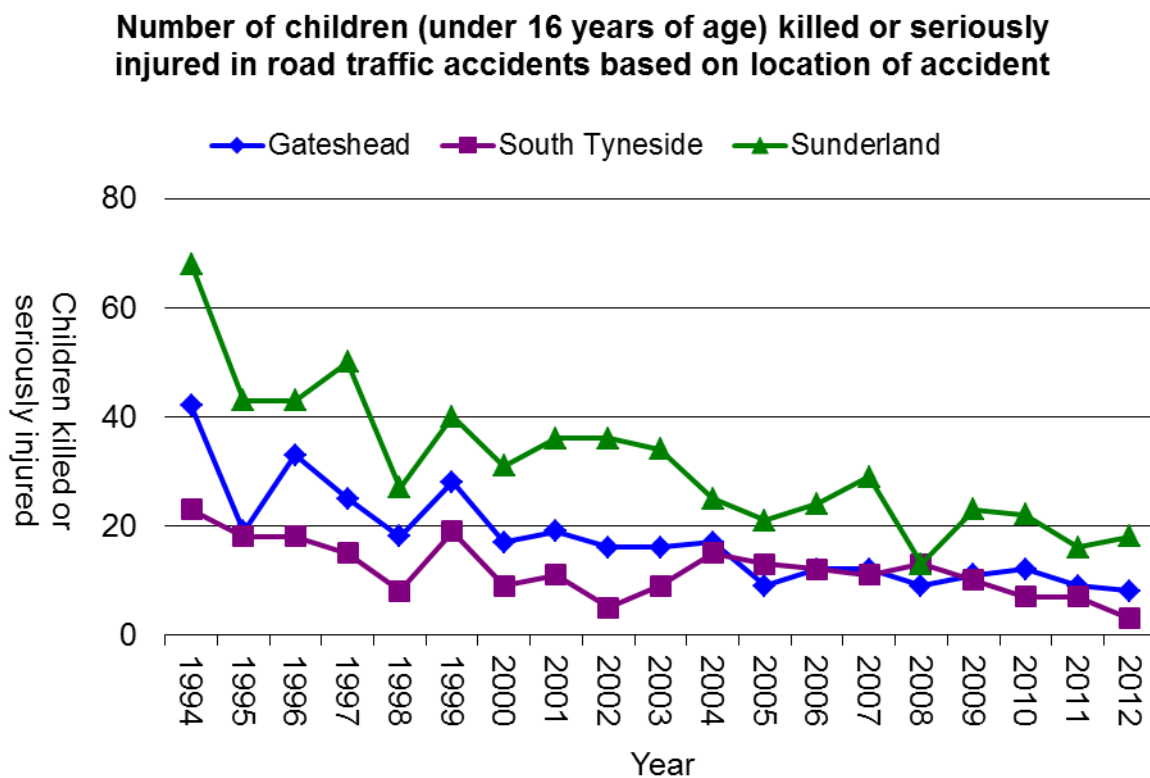
2.07i – Hospital admissions caused by unintentional and deliberate injuries in children (aged 0–14 years)



Graph 3: Hospital admissions caused by unintentional and deliberate injuries in children aged 0-14 years

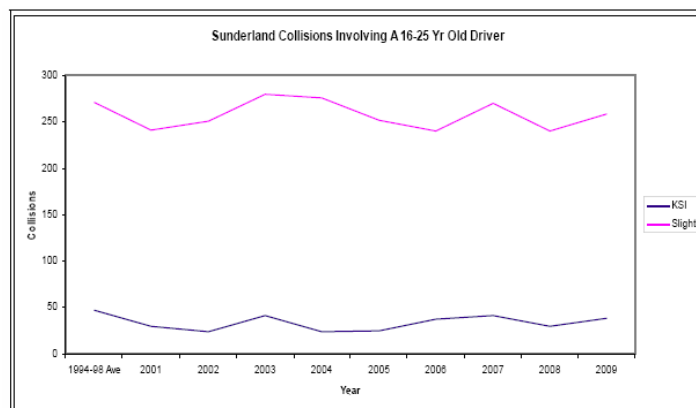
(Graph 3). Due to changes in the data collection systems and the way data is reported nationally for hospital admissions due to unintentional and deliberate injury for children aged 0-14 years, we are only able to show data trends for the years 2010/11 and 2011/12. Mortality rates from unintentional injuries in Sunderland are lower than many other areas in the region and compared to the rates for the North East and England, which is an encouraging position.

The local position with regard to casualties from road traffic accidents is encouraging, with significant declines in children killed or seriously injured and child cyclist casualties over the last 10 years (graph 3). This means Sunderland has met the national target of achieving a 50% reduction in the number of children (aged under 16) killed or seriously injured in road accidents by 2010, compared to the 1994-1998 average. This has been achieved by measures such as making changes to road environments, engineering measures to reduce speed and provide safer routes to school. It should however be noted that are generally more boys than girls involved in road crashes in Sunderland across all age groups.



Graph 3

When considering collisions amongst young drivers (age 17-24 years) the picture is not so encouraging. Levels of collisions involving this age group have changed little over the last 15 plus years, with only a 6% reduction in 2009 against the baseline period of 1994-1998 (graph 4). Many of these collisions also involve children as either passengers or pedestrians.



Graph 4

Older People

The risk of falling increases with age; every five hours in England an older person dies as a result of a fall. Fall-related injuries are the leading cause of death among older people, with 35 per cent of people age 65 years falling at least once each year. This rises to 45% of those aged 80 years and over. Between 10-25% of these fallers will sustain a serious injury.

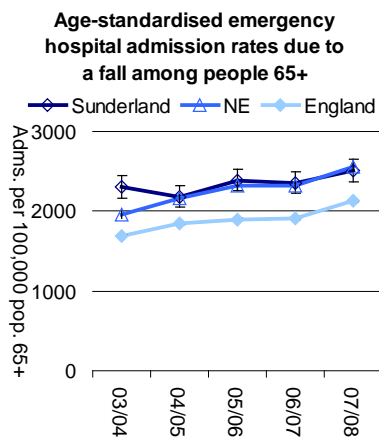
For an areas with a population of around 300,000 this would mean:

- 15,500 older people will fall each year
- 2,200 of those will attend an accident and emergency department or minor injuries clinic
- a similar number will call an ambulance
- 1,100 will sustain a fracture, 300 of which will be of the hip.

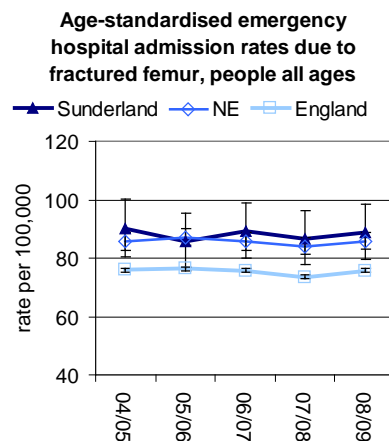
([Prevention Packages for Older People Resources, Department of Health](#))

The increased risk of falling as a person gets older could be due to one or more factors which may include deterioration of gait, balance, mobility or functional ability; muscle weakness; visual impairment or cognitive impairment. Once somebody falls they are then at increased risk of falling again.

In Sunderland the emergency hospital admission rates due to falls for people aged 65+ have been consistently significantly higher than those for England since reporting in 2003/04 (Graph 5). In 2008/09 there 2,510 emergency hospital admissions per 100,000 in Sunderland compared to 2,130 in England.



Graph 5



Graph 6

Regardless of the outcome, falls are associated with a loss of confidence, and a subsequent restriction in physical activity which leads to a further loss of capacity and bone density. This increases the risk of another fall and also the likelihood of entering residential care.

Falling rates are higher in older women than older men and higher in Care Homes, where there is increased likelihood of co-morbidity. This has been calculated to be as high as 1.5 falls per bed with as many as 75% of nursing home residents falling annually, twice the rate of older people living in the community.

Rates of emergency admissions due to fracture of femur (all age) shows that Sunderland is significantly higher than England; 89 per 100,000 in Sunderland compared to 76 per 100,000 in England in 2008/09 (Graph 6). White British females are more likely to experience fracture in relation to falls because of their increased risk of osteoporosis.

2) The level of need in the population

Children

- The number of children killed or seriously injured in road traffic accidents in Sunderland has fallen since the 1990's; between 1994 and 1998 an average of 46 children living in Sunderland were killed or seriously injured in road traffic accidents each year. Between 2010 and 2012 the annual average was 19, a 58% reduction.
- The rates of emergency hospital admissions due to unintentional and deliberate injury among children in Sunderland 0-14 year is significantly higher than England average and higher than the other all other North East Local Authorities.

Adults

- The number of people of all ages killed or seriously injured in road traffic accidents in Sunderland has fallen since the 1990's; between 1994 and 1998 an average of 163 people of all ages living in Sunderland were killed or seriously injured in road traffic accidents each year. Between 2007 and 2009 the annual average was 104. This means Sunderland are on course to achieve the target of reducing by 40% the number of people killed or seriously injured in road accidents, having achieved a 38% in 2009 against the baseline.

Older People

- The Sunderland rate of age-standardised emergency admissions for falls of patients aged 65+ has been significantly higher than the England average.
- The number of fallers being admitted to hospital continues to rise year on year.
- The number of people aged 85 and over living in the city will increase and this is the most at risk group.
- The number of older people aged 65+ entering permanent residential / nursing care decreased between 2004/2005 and 2007/2008. However 2008/2009 saw a sudden upturn in admissions; the reasons for this needs to be understood and preventative and early intervention services put in place to re-establish a reduction in admissions.
- Falls are a major risk factor for entering residential care.
- Regardless of which definition of falls is used, all numbers of events and directly age and sex standardised admission rates are increasing, year on year.

3) Current services in relation to need

Given the correlation between socio-economic background, age and unintentional injury it is important services are focused on the communities of greatest need, as well as the age groups at greatest risk.

Locally the accident agenda is supported and co-ordinated through the Child Accident Prevention Strategy Group and the Sunderland Falls Strategy Network.

Children

Sunderland City Council provide a range of interventions on an annual basis, including:

- a programme of pedestrian and cycle training delivered to all primary schools in the City
- a School Crossing Patrol Service at over 175 locations
- an ongoing programme of engineering works to provide Safer Routes to Schools at identified locations across the city
- a programme of prioritisation to roll out 20mph zones in appropriate areas across the city.

Education and awareness raising

- All families are supported with accident prevention advice for families through the health visiting service
- Children Centre staff also deliver education and outreach on an annual basis, covering issues such as accidents in the home and sun safety alerts and warnings of any important safety message that have been highlighted nationally that may pose a risk to children (examples, nappy sacks and hair straighteners) are distributed via the health visiting service and children's centres to warn parents of the dangers. Safe at Home Scheme and Home Safety Checks
- This programme provides home safety equipment, such as stair gates, as an addition to the universal safety pack for families who are eligible. After a review of the service in 2011 this

service is now been delivered in much more targeted approach for those families with greatest need.

- The Fire Service provides a home safety check service, including installation of fire alarms. They accept referrals from a range of health professionals, including Maternity and Health Visiting.
- Safety work is an education centre that is available for schools to visit, to learn about various areas of safety.

School age children

- Sunderland Injury Minimisation Programme for Schools (IMPS) works with Year 6 Pupils, teaching safety messages and life saving techniques, including supporting schools to integrate prevention within the curriculum. This is reinforced by site visits to hospital and Safety Works. It is part of a wider national programme delivered by St John Ambulance.
- The water safety project is delivered by the RLNI on behalf of the local authority target at KS1 and KS2 children teaching them how to be safe around water.
- The Fire Service visit schools to deliver safety talks throughout the year, although capacity to do so has reduced meaning the number and frequency of visits is less.
- A small number of schools have school travel plans in place, although consideration should be given to expanding this.

Older People

Equipment and adaptations

Provision of equipment and minor adaptations can assist with a person's daily living and improve the quality of life. These items may also support the person to remain in their own home for longer and provide a safer environment by helping to prevent incidences such as falls and burns. Ideally the equipment / minor adaptation should be delivered to the person within 7 working days of the need for the item being identified. In Sunderland, during 2008/09, approximately 90% of equipment was delivered within 7 working days; this is slightly lower than the North East and Sunderland average.

Home Improvement Agency

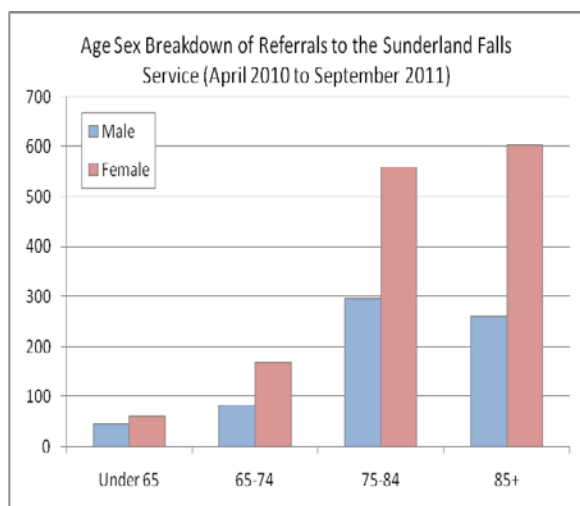
The Council's Home Improvement Agency (HIA) targets those at risk of falls, providing minor repairs for those specifically identified as at risk. Customers also receive an environmental inspection to address hazards in their home, including electrical installations, to reduce falls risk. The Council also fully implemented its loans assistance policy to support people to self-direct and finance their own adaptations, where appropriate, in 2009/10.

Falls Assessment and Rehabilitation Service

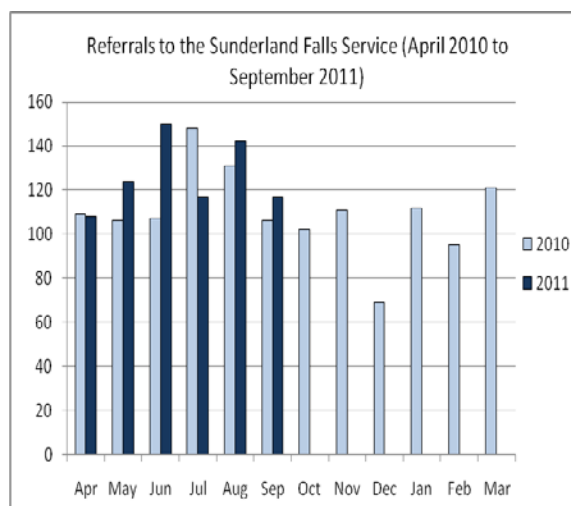
There has been a standardisation of pathways across Sunderland, supported through the development of the Sunderland Falls Trigger Tool. This helps to identify the risk an individual is at of experiencing a first or subsequent fall. This tool is in use across Accident and Emergency, Minor Injury Units, Care Homes, Primary Care, Community Health Services and the voluntary sector. Those identified at low risk need to receive health promotion advice (to be developed), whilst those identified as at risk will be referred to the Falls Assessment and Rehabilitation Service for assessment and intervention. Over the last 18 months the service has received an average of 115 referrals per month, with the greater number of referrals being for females in the 85 years and over age group, followed by those aged 75-84 years, as would be expected (Graph 7).

Looking at referral data the total number of referrals for April to September 2011 are greater than for the same period in 2010 (Graph 8), which may show people are becoming more confident at

using the Falls Trigger Tool and referring to the service. As the service continues it will be important to monitor referral and outcome data to identify key points of referral, peak months and locations for accidents and outcomes for patients accessing the service.



Graph 7



Graph 8

The multi-disciplinary service is available to people who have had a fall, been identified as at risk of a fall through use of the Sunderland Falls Trigger Tool, or those who are struggling with their mobility. The service assesses the individual and arranges therapy and intervention to reduce their future risk of falling. Following the assessment an individual may be offered one or more of the following;

- Attendance at a short course of rehabilitation sessions, including strength and balance training
- Referral to occupational therapy
- Provision of walking aids (or adjustment of those currently used)
- Medication review
- Referral to Sunderland Royal Hospital Specialist Falls Clinic to see the Consultant Geriatrician
- Request to attend the opticians

Staff within the service also work with care homes to provide assessment and intervention in the care home environment, as well as training staff within the setting. Across 75% of care homes champions have been identified for falls, which helps to support a co-ordinated approach to risk management and the early identification of those who would benefit from referral to the Falls Assessment Service.

Specialist Falls Clinic

As mentioned above a Specialist Falls Clinic is available in Sunderland, where people receive consultant led care in relation to syncope, dizziness and postural and static hypotension.

4) Projected service use and outcomes in 3-5 years and 5-10 years

Children

- 11.1%% (30,710) of the population of Sunderland are aged between 0-14 years. This is slightly less than the North East (16.6% and England (17.6).
- Following a downward trend in the birth rate in Sunderland during the latter 1990s the number of births has been rising since 2002, levelling at between 3,200 and 3,300. Forecasts of future births show that numbers are expected to remain at the increased levels until 2015 when they will start to decline, reaching an estimated 2,900 births per year by 2030. Therefore this will increase the under 5s group, who are most at risk of accidents in the home, for the next 5 to 10

years.

- Projected population estimates show that between 2009 and 2020 the number of people aged under 15 is estimated to increase by 2.6%. This trend will reverse by 2030, with the expectation that overall between 2009 and 2030 the number of people aged under 15 will reduce by 2%. This will mean that in the medium to long term there will be a greater number of children in the under 16 year's age group and therefore a greater number at risk of accidental injury. This will potentially increase the demand on services and highlights the importance of continuing with interventions to reduce risks.

Older People

Life expectancy is rising over time, and so the absolute size of the older population, and the size in proportion to the population as a whole, will grow. In Sunderland it is forecast that the number of older people above 65 years of age will rise from 46,000 in 2009 to 68,000 in 2030, an increase of 46%. The number of people in Sunderland aged over 85 years - those with the greatest care needs – will more than double from 5,000 to 11,000 over the same period; given that this is the most vulnerable group for being at risk of a fall this will lead to an increased number of falls and greater demand on services.

It is estimated that approximately 12,330 people aged 65 years + would be affected by falls during 2010, based on this it is estimated that there will be a 23% change in the number of people affected by falls between 2010 and 2020; this will increase to a 50% increase between 2010 and 2030.

5) Evidence of what works

Children

Different approaches may be used in the prevention of unintentional injuries and it is likely that a combination of all approaches will be most effective. These include educational interventions aimed at parents and children, engineering interventions such as road traffic calming measures and enforcement approaches e.g. seatbelt legislation, traffic speed limits.

Evidence from systematic reviews on childhood injury shows that educational interventions can produce behavioural change but are less successful in achieving reductions in injuries. Engineering and enforcement approaches have been more successful in achieving injury reduction.

In November 2010 NICE published 3 guidance documents for preventing unintentional injuries among under 15s, highlighting the continued importance of this area of work, and the potential to still do more to improve outcomes. These are:

Guidance 29 - [Strategies to prevent unintentional injuries among under-15s](#)

Guidance 30 – [Preventing unintentional injuries among under-15s in the home](#)

Guidance 31 - [Preventing unintentional road injuries among under-15s: road design](#)

Further information can also be found at RoSPA, the Child Accident Prevention Trust and Department of Health.

Older People

NICE clinical guidance ([Falls: clinical guideline 21](#)) recommends the routine assessment of risk for falls amongst the older population and multifactorial falls risk assessment for those who fall, report recurrent falls in the past year or have abnormalities of gait and / or balance. An assessment should consider a range of factors, including falls history, gait, balance and mobility, muscle weakness, risk of osteoporosis, functional ability and fear of falling. If identified as at risk the person should be offered a multifactorial intervention, based on their individual needs. This could include strength and balance training, cardiac pacing, home risk assessment and safety intervention, medication review, and education and information.

Recent Literature from the Department of Health reinforces the importance of multifactorial assessment and intervention, and the role specialist falls services and pathways have to play in reducing the personal and financial costs of falls amongst the older population. ([Prevention Packages for Older People Resources, Department of Health](#))

6) User Views

As a result of intervention through the Home Improvement Agency 98% of customers reported feeling safer and 94% stated the repairs reduced their chance of having a slip, trip or fall in their own home.

The Falls Assessment and Rehabilitation service in Sunderland has undertaken a survey to gather user views of the service. This information is unavailable at this moment in time but should be utilised to inform the ongoing improvement of the service available.

At a recent stakeholder engagement event in November people highlighted the impact of housing and chronic conditions such as dementia on a person's individual risk of falling, suggesting the need for better monitoring and direct contact, perhaps through befriending services.

Also identified was the need to improve the processes for hospital discharge, to ensure all packages of care are in place before people return home. Linked to this is the need to further improve the provision of community aids and adaptations, to support people to remain in their home safely.

The ergonomics of public spaces and pavements was also highlighted as a contributory factor to falls. It was acknowledged that improvements have been made, but more remains to be done.

7) Equality Impact Assessments

The national data measure for accidents is accidental deaths and rates by age, with additional analysis available by gender.

Age is a significant factor in relation to accidental deaths, with the risk rising rapidly in the older age group of 75+ for men and women. However, as a result of women experiencing greater life expectancy than men a higher number of older women die as a result of an accident (predominantly falls) than older men.

Data from the Office for National Statistics shows that rates of accidental death are higher for men than women across all age groups, with the exception of 75+. Workplace deaths are an important consideration and may account for this gender differential in accidental deaths as nearly all of those killed at work are men. In 2008/09 women accounted for only 3.1% of fatalities at work (4 out of 129).

Data for ethnicity is very limited. Whilst there are some studies the estimates are very general and therefore it is difficult to draw conclusions.

There is very limited literature or evidence about accidental deaths for all ages in relation to socio-economic background, disability, religion or belief, sexual orientation and transgender due to there being very limited literature.

As already highlighted through the evidence accidents involving children are primarily road traffic accidents or accidents in the home, specifically falls. The number of children that have been killed or seriously injured in road traffic accidents has been decreasing over time. However, a study in 2003 by the AA Foundation for Road Safety Research ([The Facts about Road Accidents and Children](#)) found that there were differences in the rate of accidents amongst children in relation to ethnicity, disability and socio-economic background. This is summarised as:

- Children from ethnic minorities are up to twice as likely as average to be involved in road

accidents while walking or playing.

- Children with hearing difficulties are 10 times as likely to be involved in road accidents while walking or playing.
- Children from low income families are five times more likely to be killed in road accidents as those from high income families.

8) Unmet needs and service gaps

Children

Current school based interventions are only delivered within primary schools, with limited input at secondary school level. As rates of accidental injury are significantly higher in the under 16 years compared to England this is a gap.

There is a need to do more to reduce the level of collisions involving young drivers.

Potential future service gaps could include the provision of home safety checks and advice and the provision and installation of equipment. The commissioning of Safety Works is also being reviewed by the TWFRS and the Health Co-ordinator Role, previously commissioned through the Children Centres to include a lead role on Accident Prevention, will no longer be in place from 1st April 2014. Consideration will need to be given as to how the issue of accident prevention continues to be addressed through the children centres.

Older People

Increasing numbers of older people, both in terms of absolute numbers and as a proportion of the population, will place increasing demands on the services already in place. There is a need to continue to invest in early identification of risk and the services working to reduce or manage such risk.

There is a need to improve pathways within the Falls Service so people can access the occupational therapy service in a more timely manner.

As highlighted through community engagement efforts should be focused on improving the environment, ensuring people have access to homes that are appropriate to their levels of mobility and functionality and strengthening the hospital discharge process.

9) Recommendations for Commissioning

Children

Of all deaths from unintentional injury among children and young people aged under 15 in England and Wales 44% are transport related. There are noticeable peaks for those aged between 10 and 11 and evidence also suggests boys are at greater risk of being killed or seriously injured compared to girls. Therefore it is recommended that work to improve the road environment and reduce speed should continue, with a focus on hotspot areas. It is also important to provide safer routes to school, especially for secondary schools given the peak at age 10 and 11.

There needs to be a renewed focus on reducing collisions involving young drivers, which could have positive impacts for young drivers themselves, as well as pedestrians and passengers of all ages.

Accident prevention strategies for the under 5s should focus on the home environment, as that is where almost half of all deaths in this age group occur. The risk of unintentional injury is greatest amongst those from lower socioeconomic groups, and therefore that is where efforts should be prioritised, with a focus on home safety assessments and the provision and installation of home safety equipment, alongside the provision of safety education, which health visitors play a key role

in.

For school age children existing schemes, such as the Injury Minimisation Programme for Schools, should be supported to make effective use of local data to target their interventions. The Water Safety Programme should be expanded to include secondary schools, with a focus on water safety at rivers and beaches

Co-ordination of training and workforce development for early years and practitioners working with children and young people.

Older People

The Falls Assessment and Rehabilitation Service should continue and investment and models of delivery should be reviewed to ensure the service is in a position to meet increasing future demand.

The work done in conjunction with residential and nursing homes should continue, to raise awareness and increase competence in identifying and mitigating risks. Consideration should be given to expanding this work to carers and social care staff.

Training should continue to be rolled out to support the routine assessment and identification of fall risk by all health professionals in contact with older people.

10) Recommendations for needs assessment work

a) There is a large body of needs assessment and evidence in the public domain in relation to accidents, across the life course. To ensure available resources are targeted where they will be most effective it will be important to continue to monitor national and local data for emergency admissions and accidental injury.

b) Local data sets need to be further developed to better understand secondary presenting causes at A&E. This will also help to better understand the relationship between risk taking behaviour and accidental injury in the 11 to 18 year age group.

c) Further analysis of collision data for young drivers is also needed, to inform the development of effective interventions. This should include analysis of passenger and pedestrian casualties as a result of the collisions.

d) Further needs assessment will need to be carried out to establish whether the increase in falls is a real increase in people actually falling or it is the impact of an ageing population. Within this it will also be important to understand the influence of hospital admission / discharge policies, which could impact positively or negatively on rates.

e) Further monitoring of data to understand causes of the rises in hospital admissions in children under 5, as we have moved to a much more targeted model of delivery of the safe at home scheme from 2012 and reduction in staff capacity delivering safety messages to parents of children under 5.

f) Further monitoring and analysis needs to be done to understand the rise in hospital admissions in girls age 15.

Key contacts

Laura Cassidy, Health Improvement Practitioner (Children), laura.cassidy@sunderland.gov.uk

Deborah Porter, Falls Nurse Specialist / Co-ordinator, Tel: 0191 5026912

Falls Assessment and Rehabilitation Service, Galleries Day Unit, Tel: 0191 502 6810