

## 4.1.06 Childhood Accidents

### Context

Injuries are a burden to the individual child or young person, to their families and communities and to society, yet most injuries are considered preventable. This Joint Strategic Needs Assessment describes the relevant existing targets and strategies, the local burden according to the data available, the gaps to be addressed and the priorities for local action.

- Worldwide, injuries are amongst the top 10 causes of death and of Disability Adjusted Life Years in children (WHO 2008)
- In England in 2009-10, 43% of child A&E attendances were due to injuries (AYPH 2011)
- The NHS spends an estimated £131 million per year on emergency admissions for childhood injuries; A&E in England spends £9 million per year (CMO 2013)
- Under-5s are most likely to be injured in the home; young people aged 5-24 years are most likely to be injured whilst undertaking leisure activities; and people aged 15-29 years are at the greatest risk of road traffic injuries of all ages (RoSPA 2012)

### Targets and indicators

Reduce by 5% by 2017 the number of children killed and the number of children admitted to hospital for any injury [http://www.bradford-scb.org.uk/accident\\_prevention.htm](http://www.bradford-scb.org.uk/accident_prevention.htm) (BSCB 2014)

Reduce by 50% by 2026 the number of road users of any age killed or seriously injured (from the 2005-09 baseline) <http://www.wymetro.com/wyltp/MyJourney/> (WYLTPP 2011)

All injuries in 0-24 year olds leading to hospital admission are monitored at local authority level by the Public Health Outcomes Framework: <https://www.gov.uk/government/publications/healthy-lives-healthy-people-improving-outcomes-and-supporting-transparency> (PHE 2014)

### Strategies and documents

#### National

- NICE, preventing unintentional injuries in under-15s: <http://guidance.nice.org.uk/PH30>.
- Chief Medical Officer's Annual Report: <https://www.gov.uk/government/publications/chief-medical-officers-annual-report-2012-our-children-deserve-better-prevention-pays>.
- Strategic framework for road safety: <https://www.gov.uk/government/publications/strategic-framework-for-road-safety>.

#### Local

- Child Injury Prevention: [www.bradford-scb.org.uk/accident\\_prevention.htm](http://www.bradford-scb.org.uk/accident_prevention.htm).
- Child Poverty: [http://www.bradford.gov.uk/bmdc/BCYPP/vulnerable\\_groups/child\\_poverty](http://www.bradford.gov.uk/bmdc/BCYPP/vulnerable_groups/child_poverty).
- Road Safety: [http://www.bradford.gov.uk/bmdc/transport\\_and\\_infrastructure/road\\_safety](http://www.bradford.gov.uk/bmdc/transport_and_infrastructure/road_safety).
- Children and Young People's Plan 2014-17: [http://www.bradford.gov.uk/bmdc/health\\_well-being\\_and\\_care/child\\_care/young\\_peoples\\_plan](http://www.bradford.gov.uk/bmdc/health_well-being_and_care/child_care/young_peoples_plan).
- West Yorkshire Fire and Rescue: <http://www.westyorkshirefire.gov.uk/service-plan>

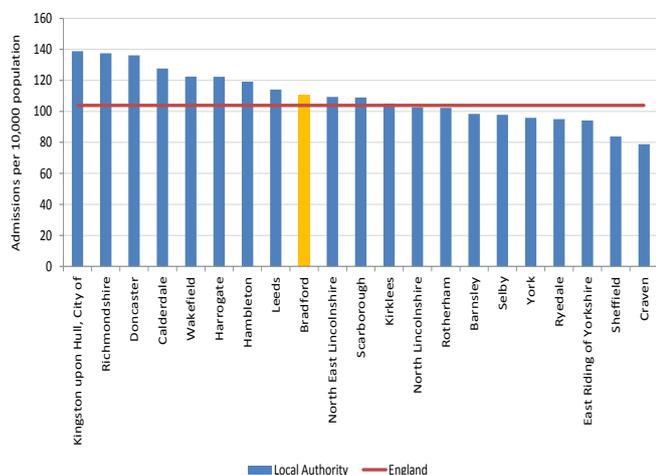
## Messages from the data

### Public Health Outcomes Framework (PHOF)

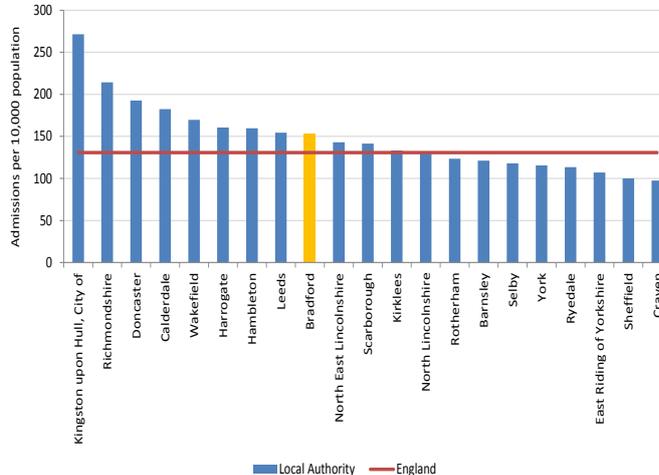
The term ‘*unintentional injuries*’ is used in the title of this report instead of ‘*accidents*’ as per the NICE guidance, which suggests that most injuries are predictable and preventable, and therefore ‘*accidents*’ is misleading (NICE 2010). However, both terms are used in the report and some of the data includes intentional / deliberate injury as per the Public Health Outcomes Framework (PHE 2014). The type of injury will be clearly stated within the report.

The term ‘*children and young people*’ is used in the title of this report, instead of only ‘*children*’, to incorporate the Public Health Outcomes Framework indicators, which refers to injuries in ‘*children*’ aged 0-14 years and in ‘*young people*’ aged 15-24 years (PHE 2014). The conventional term ‘*children*’ referring to aged 0-17 years is also used in this report, as is 0-15 years for certain datasets. The age-bands used will be clearly stated within the report.

Rate of hospital admissions caused by all injuries aged 0-14 years per 10,000 resident population across Yorkshire, and compared to England, 2012/13 (PHE 2014).



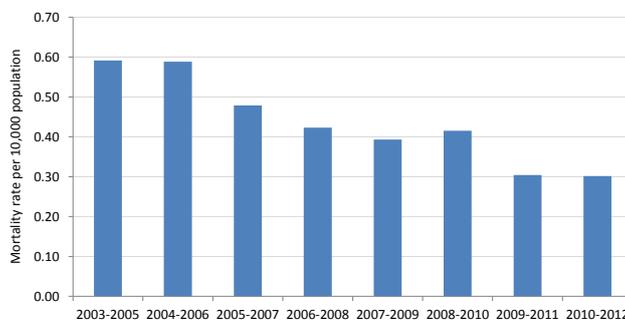
Rate of hospital admissions caused by all injuries aged 15-24 years per 10,000 resident population across Yorkshire, and compared to England, 2012/13 (PHE 2014).



**Key message.** Rates for hospital admissions for all injuries (unintentional and deliberate) in the district are worse than the national average for ages 0-14 years and 15-24 years (there is however, a decrease in this gap from 2011/12 to 2012/13). When children aged 0-4 years are considered separately Bradford is similar to national average (an improvement since 2011/12).

### Injuries resulting in death

Three-year rolling average rate (per 10,000 population) of deaths from unintentional injuries in children aged 0-17 years in the Bradford and Airedale district.



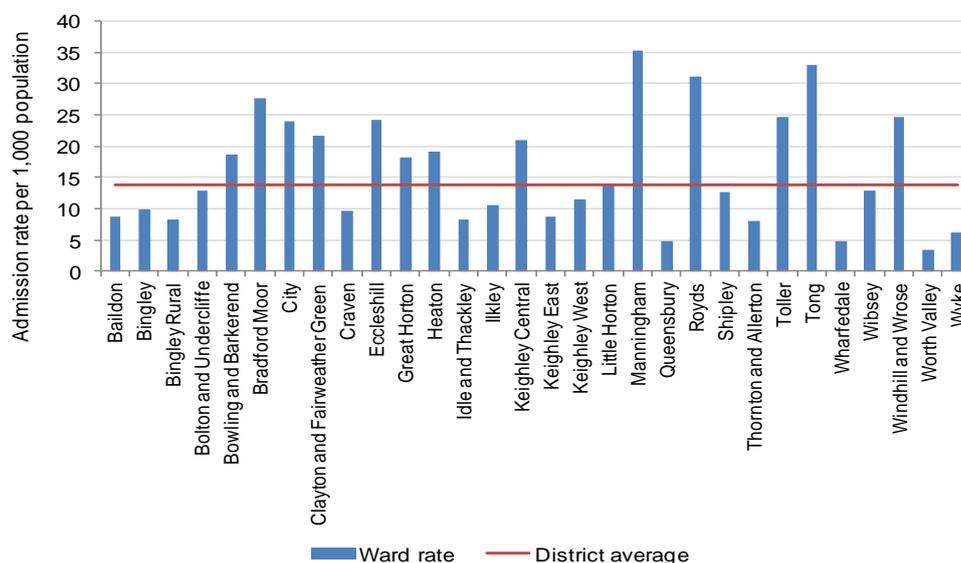
Source: Bradford Public Health Analysis

**Key message.** There is a recent levelling off of the previously reassuring decrease in rates of deaths from accidents in the district since 2003. This should be monitored with an aim to recover the decreasing trend. These are small numbers however, so interpretation should be cautious.

## Inequalities and injury

Nationally deaths related to injuries are falling but socioeconomic inequalities remain (Public Health England 2014), with children from the most deprived families being 13 times more likely to die from an injury than those from the least deprived (AYPH 2011).

*Rate of emergency admissions for unintentional and deliberate injuries in people aged 0-19 years in the district, per 1,000 population, by ward, 2010/11.*

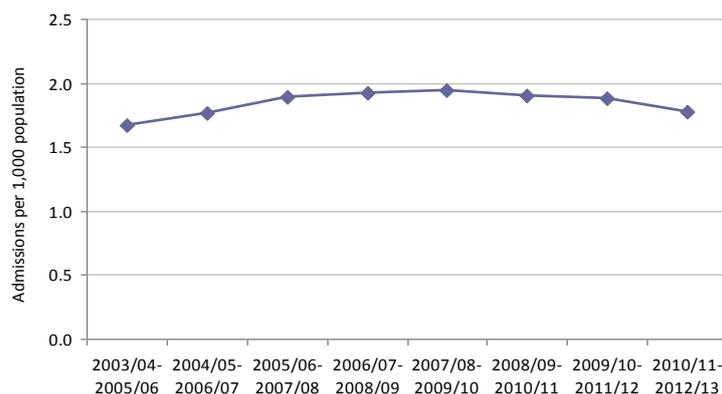


Source: Bradford Public Health Analysis.

**Key message.** Rates of injuries and outcome from injuries have clear links to deprivation both nationally and across the Bradford and Airedale district. Injury prevention programmes should be targeted at deprived geographical areas and communities to focus on the children and families at greatest risk, and should consider the proven reasons for the link to deprivation (CAPT 2013).

## Injuries resulting in hospital admission

*Rate of hospital admissions in the district, for unintentional injuries with any length of stay, age 0-17 years (3 year rolling averages).*



Source: Bradford Public Health Analysis.

**Key message.** The increase in rates of admissions of any length of stay has levelled off, and may be starting to decrease. There is similarly a recent reassuring decrease in admissions of greater than three days (a definition for serious injury), after the steady rise from 2006-9 to 2009-12. Head injuries are the most common type injury admission.

## Injuries relating to road traffic

Number of children aged 0-15 years killed or seriously injured (KSI) in road traffic incidents in the district, including three year rolling average.

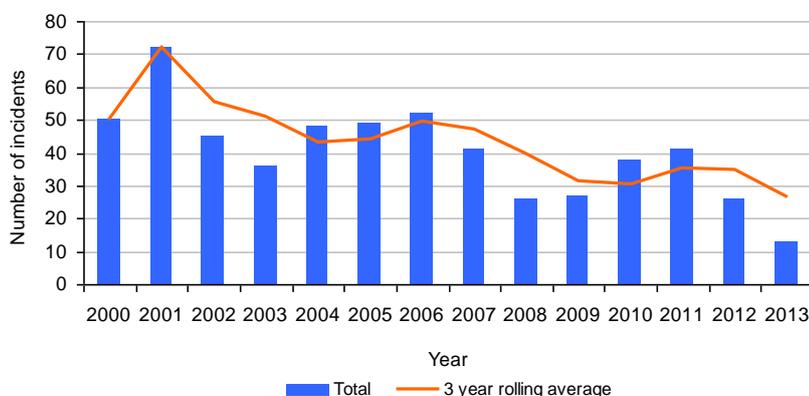


Source: STATS19 data, Leeds City Council 2013.

**Key message.** Despite the recent peaks around 2007-12, numbers of KSI in children in Bradford and Airedale district are showing a general and reassuring decrease. However, random variation might account for some of this. Hospital data shows most admissions for traffic injuries in children occur in pedal cyclists. This does not correlate with STATS19 data, thus we need more understanding of travel type and severity of injury to further aid prevention.

## West Yorkshire Fire and Rescue Service

Number of young people aged 0-24 years injured or killed in fires in the district, attended by West Yorkshire Fire and Rescue, between 2000 and 2013.



Source: West Yorkshire Fire and Rescue.

**Key message.** The trend from 2000 to 2013 shows a general decrease in fire related incidents. 90% of these incidents occurred in a 'dwelling'. The top five causes are: deliberate; chip pan; other electrical; smoking; and cooking.

## Yorkshire Ambulance Service (YAS)

In 0-15 years the most common causes of injury attended by YAS are falls/ back injuries and traumatic injuries. In 16-25 years the most common are psychiatric/ suicide, traumatic injuries and overdose/ ingestion/ poisoning. It is difficult to distinguish unintentional from deliberate for many of the causes recorded in the data collected by YAS.

## Future needs and gaps in provision

Gaps remain in the availability of data. Most notable is that from accident and emergency departments, which are likely to see the largest number of injuries and overlap with many of the sources provided here.

Other short-fallings in the data relate to different institutions having different recording systems which compromise how useful it is for planning prevention.

A variety of interventions are currently being delivered across the district, aiming to reduce unintentional injuries in children and young people (BSCB 2011). However, more interventions are needed and many that do exist remain unequally distributed across the district. These short-fallings are due in the main to a lack of adequate, sustainable funding. Maintaining and expanding key services is both cost-effective and essential if injury reduction targets are to be achieved.

## Summary of priorities

- Public health to continue their work with accident and emergency departments to improve data output, quality and use
- Continue and improve partnerships with all relevant services to improve the quality, relevance and sharing of injury data to best facilitate prevention
- Secure sustainable funding to continue and expand services working in home safety education and equipment and other areas key to the prevention of injuries
- Increase road safety and reduce road traffic injuries, especially involving pedestrians and cyclists, both to reduce injuries and reduce barriers to healthy active travel
- Continue to build and strengthen partnerships with the community, within the local authority and intersectorally, to integrate efforts and optimise injury prevention.

*This document is supported by a larger technical document 'Unintentional Injuries in Children and Young People in Bradford and Airedale District: Technical report, supporting the Joint Strategic Needs Assessment' which can be requested from Bradford Public Health.*

## References

AYPH, 2011. *Accidents and Injuries: AYPH Research Summary - November 2011*, Available at: <http://ayph.org.uk/>.

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