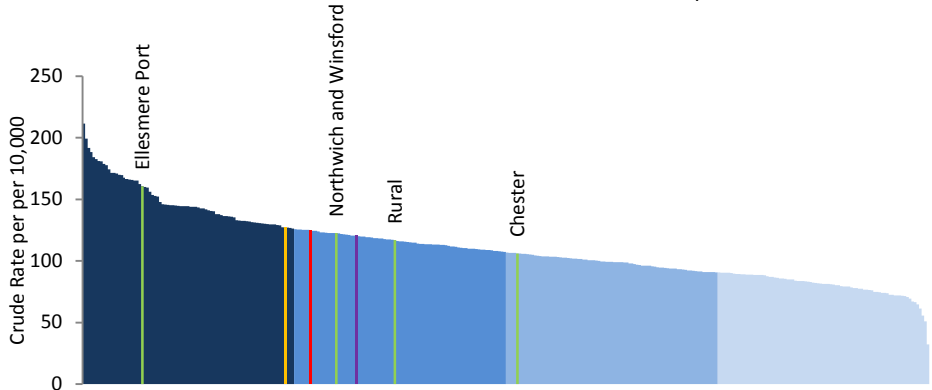




Unintentional & deliberate injuries - aged 0-14 - 2013/14

■ Cheshire West and Chester ■ NHS West Cheshire CCG ■ NHS Vale Royal CCG ■ LA Localities



England local authorities compared with local geographical areas

Source: Hospital Episode Statistics

In 2013/14, there were 678 emergency hospital admissions for an injury among Cheshire West and Chester children under the age of 15. Per head of population in this age group, and for children aged under five years, the admission rate is significantly higher than the England average. The majority (84%) of injuries were unintentional.

Admission rates have fallen since 2011/12, most notably in Chester locality, however Ellesmere Port remained significantly higher than the England average. Children in our more deprived communities continued to have significantly higher rates of injury admission compared to children in our less deprived areas in 2013/14.

The type of injury and the place where it occurs differs by age group. Of the 678 admissions in 2013/14, 46% were children aged under five years. In this young age group, over half of the injuries occurred in the home (52%)

and were most commonly head injuries, either superficial or non-specific, caused by a fall. Accidental poisoning accounted for 12% of admissions in under fives and 4% were for injuries caused by transport accidents.

In the five to 14 year olds fewer injuries occur in the home (28%) whilst 14% occur in school. The largest proportion of injuries are still caused by falls, resulting in both head injuries and fractured limbs, but the proportion caused by transport accidents increases to 14%. Most transport accident admissions are pedal cyclists (71%), half traffic related, half not. In this age group 12% of injury admissions are due to intentional self harm.

Cheshire West and Chester would need to have around 68 less admissions a year to have a lower admission rate than the 2013/14 England average.

Evidence of what works

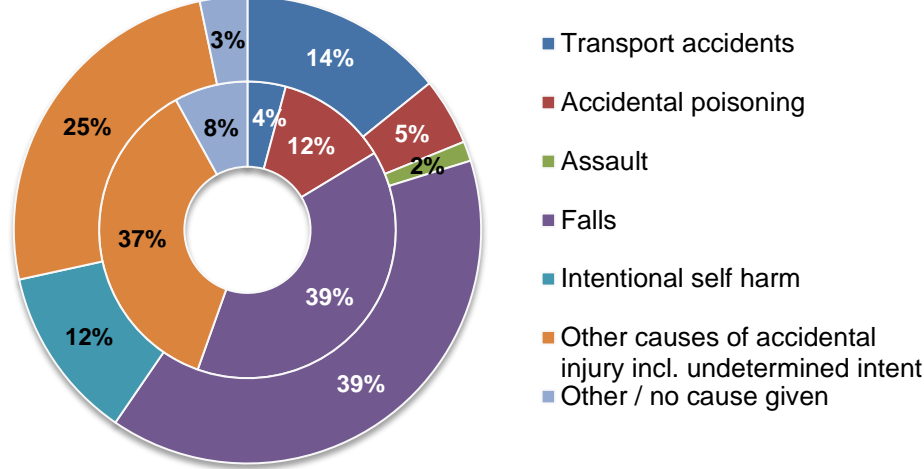
NICE identifies that approaches to preventing unintentional injuries are broad ranging, covering education, environmental modifications and regulation and legislation. The World Health Organisation argues that legislation has the greatest impact as a preventative measure.

Most effective strategies use a combination of approaches and experience in European countries shows that positive leadership and a concerted effort can reduce the injuries.

Recommended actions

- Demonstrate the duty to promote children's safety by incorporating unintentional injury prevention in local strategic plans.
- Identify or establish a forum with senior leadership support to plan, coordinate, action and monitor injury prevention activities (at home on the road and outdoor) across partners.
- Ensure whole children's workforce have skills knowledge and competency to inform educate and support parents on injury prevention at home, on the road and outdoors
- Prioritising houses at greatest risk, provide home safety assessments; supply and install home safety equipment together with education and advice.

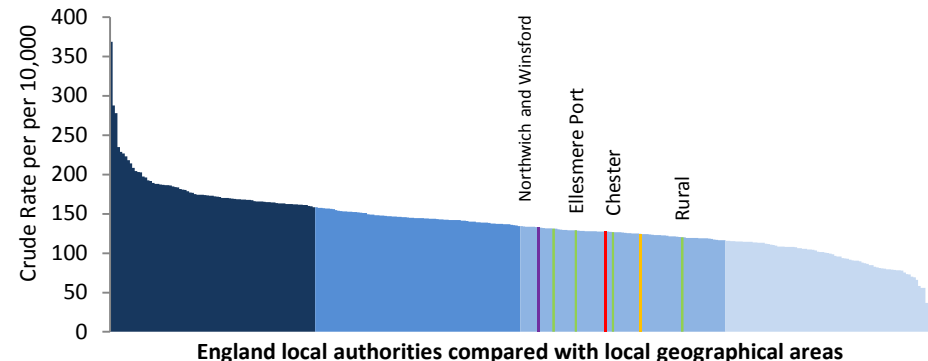
Cause of injury admission 0-4 and 5-14 year olds 2013/14
Inner circle 0-4 Outer circle 5-14





Unintentional & deliberate injuries - aged 15-24 - 2013/14

■ Cheshire West and Chester ■ NHS West Cheshire CCG ■ NHS Vale Royal CCG ■ LA Localities



England local authorities compared with local geographical areas

Source: Hospital Episode Statistics

In 2013/14, there were 500 emergency hospital admissions for an injury among Cheshire West and Chester young people aged between 15 and 24. Per head of population in this age group the admission rate is lower than the England average, but not significantly so. None of our localities or CCGs appear significantly different to the England average.

Our more deprived communities however do have a different experience of injury related admissions. Young people living in our more deprived areas had a significantly higher admission rate for unintentional and deliberate injuries in 2013/14 than their peers living in other areas of Cheshire

West and Chester.

A large proportion (41%) of injury admissions in young people were for a deliberate injury, most commonly self harm by poisoning. Overall, intentional self harm accounted for 34% of admissions (n=169) in 15-24 year olds during 2013/14 and 91% of these were for poisoning.

In this age group 18% of injuries occurred in the home with the majority occurring elsewhere. The majority (70%) of the 54 admissions caused by transport accidents were traffic related largely involving car occupants, motorcyclists and pedal cyclists, a smaller proportion were pedestrians.

Evidence of what works

Regarding self-harm, NICE have highlighted gaps in the underpinning evidence around effectiveness of staff training, the value of risk scales, psychological therapies and psychosocial interventions and harm-reduction strategies. For children and young people, NICE recommend a full assessment of the person's family, social situation, and child protection issues where appropriate.

In general, particularly for adults, it is generally accepted that acts of self-harm should be taken as evidence of suicidal intent until proven otherwise.

Recommended actions

- Identify or establish a forum with senior leadership support to plan, coordinate, action and monitor injury prevention activities (at home on the road and outdoor) across partners.
- Children and young people who self-harm should receive treatment from within the Child and Adolescent Mental Health services (CAMHS). Access to services should be based on clinical need.
- A multi-agency approach should be adopted to ensure all perspectives of the young person's life are considered when young people (who self-harm) are referred under local safeguarding procedures.
- All professionals should work collaboratively to minimise any potential adverse impact when transferring to adult services.

Cause of injury admission in 15-24 year olds 2013/14 (n=501)

