Preventing Unintentional Injuries in Children & Young People aged 0-19 Years

Multi-Agency Strategy for Cornwall & Isles of Scilly 2009-11
## CONTENTS

<table>
<thead>
<tr>
<th>Section</th>
<th>Page</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>1 Introduction &amp; Background</strong></td>
<td></td>
</tr>
<tr>
<td>i. Formation of the Children &amp; Young People’s Unintentional Injuries Group</td>
<td>1</td>
</tr>
<tr>
<td>ii. Key Areas for Immediate Joint Action &amp; Focus</td>
<td>1</td>
</tr>
<tr>
<td><strong>2 What are Unintentional Injuries &amp; Why is Preventing them Important?</strong></td>
<td></td>
</tr>
<tr>
<td>i. Unintentional Injuries</td>
<td>2</td>
</tr>
<tr>
<td>ii. Unintentional Injuries &amp; Health Inequalities</td>
<td>2</td>
</tr>
<tr>
<td>iii. Unintentional Injuries are Everyone’s Business</td>
<td>3</td>
</tr>
<tr>
<td><strong>3 Policy Framework Informing this Strategy</strong></td>
<td></td>
</tr>
<tr>
<td>i. National Policy Context</td>
<td>3-6</td>
</tr>
<tr>
<td>ii. Local Policy Context</td>
<td>6</td>
</tr>
<tr>
<td><strong>4 Unintentional Injuries - Data &amp; Intelligence</strong></td>
<td></td>
</tr>
<tr>
<td>i. National Data</td>
<td>6-7</td>
</tr>
<tr>
<td>ii. Local Data</td>
<td>7-11</td>
</tr>
<tr>
<td><strong>5 What Works In Unintentional Injury Prevention?</strong></td>
<td></td>
</tr>
<tr>
<td>i. Summary of Evidence Based Interventions</td>
<td>12</td>
</tr>
<tr>
<td><strong>6 Preventing Unintentional Injuries – Focusing our Action</strong></td>
<td></td>
</tr>
<tr>
<td>i. Action Plan for 2009-11</td>
<td></td>
</tr>
<tr>
<td>- Establishing the Facts</td>
<td>13-14</td>
</tr>
<tr>
<td>- Multi-Agency Planning Mechanisms</td>
<td>15-17</td>
</tr>
<tr>
<td>- Targeted Interventions &amp; Activities</td>
<td>18-21</td>
</tr>
<tr>
<td>- Home Safety Scheme – Implementation &amp; Evaluation</td>
<td>21</td>
</tr>
<tr>
<td><strong>7 Monitoring and Review of the Action Plan</strong></td>
<td></td>
</tr>
<tr>
<td>i. Performance Reporting Structures</td>
<td>22</td>
</tr>
<tr>
<td>ii. National Indicators Related to Unintentional Injuries</td>
<td>23</td>
</tr>
<tr>
<td><strong>8 Membership</strong></td>
<td></td>
</tr>
<tr>
<td>i. Children &amp; Young People’s Unintentional Injuries Prevention Group</td>
<td>24</td>
</tr>
<tr>
<td><strong>9 References</strong></td>
<td>25</td>
</tr>
</tbody>
</table>
1. Introduction & Background

This strategy has been developed by the Children & Young People’s Unintentional Injuries Prevention Group for Cornwall and the Isles of Scilly. This multi-agency group was established in July 2009 in response to the identified need for clear strategic leadership and accountability for the prevention of unintentional injuries in childhood at the countywide level.

The overarching aim of the Children & Young People’s Unintentional Injuries Prevention Group is:

“To work together to achieve a reduction in the incidence and impact of serious* unintentional injuries in children and young people in Cornwall & Isles of Scilly aged 0-19 years; striking a balance between children’s need to naturally learn and develop from exploration, play and risk, whilst ensuring they grow up in a safe environment protected from unnecessary harm”. *For the purpose of this strategy and the work of the multi-agency group, serious unintentional injuries are defined as those requiring medical attention.

There is already significant work being undertaken in Cornwall and Isles of Scily by key partner organisations to tackle and prevent unintentional injuries in children and young people (much of which has been identified in a recent mapping of activities exercise, the results of which can be found in Appendix A). However, it is widely recognized that in order to maximize the impact and effectiveness of future work, and to achieve a more consistent and sustained approach and efficient use of resources, the following is required:

- A co-ordinated and jointly planned partnership approach; and
- A full three-year targeted, costed and, wherever possible, evidence-based multi-agency strategy.

This strategy has been developed in response to this recognition as an interim measure to guide and co-ordinate the work of the Children & Young People’s Unintentional Injuries Prevention Group over the next 18 months. It will focus on the following four key areas identified as requiring immediate joint action at the local level:

<table>
<thead>
<tr>
<th>Key Area for Immediate Focus</th>
<th>Joint Action to be Taken</th>
</tr>
</thead>
<tbody>
<tr>
<td>1 Establishing the Facts</td>
<td>Identify, collect and review robust unintentional injuries data for Cornwall and Isles of Scilly for targeted action.</td>
</tr>
<tr>
<td>2 Multi-Agency Planning Mechanisms</td>
<td>Agree and implement processes for joint planning, delivery and performance management.</td>
</tr>
<tr>
<td>3 Targeted Interventions &amp; Activities</td>
<td>Identify opportunities to raise awareness and prevent unintentional injuries that benefit from collaborative action.</td>
</tr>
<tr>
<td>4 The National Home Safety Scheme</td>
<td>Develop, implement and evaluate a workable model for Cornwall.</td>
</tr>
</tbody>
</table>

Wherever possible, interventions implemented or commissioned by the group will be evidence based, providing good evidence of their effectiveness in reducing unintentional injuries in children. They will take the form of:

- **Behaviour Change** – raising awareness and giving individuals the skills and confidence to identify hazards and risks, understand the consequences of their behaviour and take informed steps to keep themselves and others safe in a variety of situations e.g. parenting and lifestyle changes.

- **Educational** – increasing skills, knowledge and awareness of unintentional injuries and risks with a view to encouraging behaviour change to reduce the likelihood of accidents occurring e.g. professional training; public communication campaigns, safety and risk awareness education in schools.

- **Environmental Changes** – making modifications to physical and public environments to reduce the likelihood and impact of accidents e.g. home safety equipment scheme; 20mph zones; designing safety into play areas.

- **Enforcement or Legislative** – reducing the likelihood and impact of accidents by encouraging behaviour change through sanctions or rewards e.g. seat belt and child safety seat law.
2. What are Unintentional Injuries & Why is Preventing them Important?

Unintentional Injuries
The term ‘unintentional injury’ as defined in the Audit Commission’s 2007 report ‘Better safe than sorry’, is ‘an injury occurring as a result of an unexpected event which occurs at a specific time from an external cause’. It is now widely recognized and accepted, however, that many unintentional injuries are in fact predictable and preventable.

Unintentional injuries, also known as accidents, are common occurrences in childhood. Many involve non-serious bumps and bruises and are a normal part of growing up. However, steps need to be taken to prevent the more serious injuries which can have long term consequences and cause considerable distress and pain for both the child and their family. But care must also be taken to ensure that children are not wrapped up in cotton wool, free from all risks. They should not be prevented from learning, playing and developing naturally. Instead, agencies need to work together with parents to ensure children grow up in a safe environment protected from unnecessary harm.

With this in mind, the work of the Children & Young People’s Unintentional Group will strive to strike a balance between:

- Giving professionals, parents/carers and children the knowledge and skills they need to create safe environments in which children are protected from unnecessary harm; and
- Allowing children to learn and develop naturally (physically, emotionally and socially) and enjoy an active life, whilst teaching them to deal with everyday risks that will help keep them safe as they grow up.

Unintentional Injuries & Health Inequalities
Unintentional injuries are a major cause of concern for all those seeking to improve health and reduce health inequalities. Overall, deaths from unintentional injury have decreased in recent years however, there are persistent and widening inequalities between socio-economic groups. The social class gradient for accidental injuries is steeper than for any other cause of death in childhood.

Overall, children of parents who have never worked or are long-term unemployed are 13 times more likely to die from accidents than children of parents in higher managerial and professional occupations. Children from the poorest families are also:

- 21 times more likely to die in pedestrian accidents;
- 27 times more likely to die in cycling accidents; and
- 37 times more likely to die as a result of exposure to smoke, fire or flames.

Inequalities also exist across the age groups, genders, ethnic groups and geographic areas. Children under five suffer nearly half off all childhood accidents in the home and are more likely to experience injuries from falls, hot water scalds, fires and poisoning. They suffer nearly 45% of all severe burns and scalds. In 1997 and 1998, children under five represented 71% of child fatalities from fire. The most severe injuries are associated with heat related accidents and falls from heights. Most accidents in the home happen in the living/dining room, however the most serious accidents happen in the kitchen and on the stairs.

Older children are more likely to sustain injuries from road accidents, and fractures from sports and leisure activities. Boys are more likely to have accidents than girls and are marginally more likely than girls to die as a result of an accident. Children in the 10% most deprived wards are 3 times more likely to be hit by a car than in the 10% least deprived wards. Road accidents cause the largest number of serious injuries and deaths overall. In England in 2007, 267 children and young people under 18 died in road accidents – around two thirds of all accidental deaths for the under 18s. 137 of these deaths (51%) were among young people aged 16-17 years.
Unintentional Injuries are Everyone’s Business

Unintentional injuries are a leading cause of death & illness in children aged 1-14 years, and cause more children to be admitted to hospital each year than any other reason. Each year in the UK, unintentional injuries involving children result in more than two million visits to Emergency Departments, with over 100,000 of these visits resulting in admission to hospital. Half of all these injuries occur in the home. In addition, every week five children under 15 die in the UK as a result of an unintentional injury.

The cost to the NHS for treating children’s accidents as in and out-patients is estimated at over £200 million each year. It can cost up to £250,000 to treat a single child with a severe bath water scald. These figures do not include the costs of prolonged treatment or the cost in terms of lost education, working days and ongoing pain and suffering. It is estimated that unintentional injury in the home costs society as a whole an additional £25 billion each year. The financial costs of road traffic accidents are also high. It is estimated that every year they cost the NHS £470 million, and the economy as a whole a further £7.2 billion. Unintentional injuries are a significant burden to the NHS, to local government and other local service providers, and to the families and individuals affected by them.

Although this strategy has been developed by the Children and Young People’s Unintentional Prevention Group, everyone has a roll to play in its implementation; preventing unintentional injuries and reducing the burden they cause is a shared responsibility. Unintentional injuries are a complex issue; they cut across a range of boundaries and responsibilities and require a range of complex responses. However, what is clear is that working together is a key part of their prevention. The voluntary and community sectors, for example, can make an important contribution to promoting safety. They provide knowledge, expertise and experience of local issues and a link to vulnerable communities through which safety messages can be effectively delivered.

3. Policy Framework Informing this Strategy

National Policy Context

Saving Lives: Our Healthier Nation, Department of Health 1999

In 1999, the Government White Paper Saving Lives: Our Healthier Nation made the prevention of injury a priority. It highlighted unintentional injury at the time as the greatest single threat to the lives of children. It recognised that unintentional injury accounted for more children being admitted to hospital than for any other cause.

The White Paper set two targets for 2010 to save up to 12,000 deaths and serious injuries:

- To reduce the death rates from accidents (in all age groups) by at least one-fifth; and
- To reduce the rate of serious injury from accidents by at least one-tenth.

Since the White Paper in 1999, subsequent documents on health policy from the government have not given the same priority to injury prevention. The Government White Paper Choosing Health: Making Healthier Choices Easier (November 2004) considered the burden of ill health from accidents during the consultation phase but set no new specific targets, viewing accident prevention as part of an overall health improvement programme.

At present, there is no single, clear cross-governmental statement which draws together what has to be done to reduce unintentional injury. As a result, those charged with developing and implementing strategies to prevent unintentional injury face a challenge in maintaining the profile of the issue at a local level.

Tomorrow’s Roads – Safer for Everyone, Department of Transport 2000

In 2000, the Department of Transport published Tomorrow’s Roads – Safer for Everyone. The review set the following targets for 2010, based on the 1994-1998 average:

- To reduce the number of people killed or seriously injured in road accidents by 40%; and
- To reduce the number of children (under 16 years) killed or seriously injured in road accidents by 50%.
Children Act 2004
The 2004 Children’s Act placed a duty of local agencies to co-operate in delivering children’s services and to put in place arrangements to safeguard and promote the welfare of children. This duty underpins the development of Local Safeguarding Children’s Boards (LSCBs) and Children’s Trusts arrangements. These arrangements ensure close co-operation and integration of the local services provided for children and young people, including local authority services, community health services and Children’s Centres.

Every Child Matters: Change for Children, set out ambitious actions to be taken at a local level to promote the well-being of children and young people up to 19 years of age. Every Child Matters is organised around five key outcomes, one being “Stay Safe”. LSCBs and Children’s Trusts have a key role to play in helping all children to stay safe and in strengthening injury prevention work locally, including:

- Ensuring children grow up in circumstances consistent with the provision of safe and effective care;
- Through raising the profile of unintentional injury in local Children & Young People’s Plans; and
- Using the Child Death Review Panel process to gather and examine the causes and circumstances of preventable accidents, to gather preventative information and make recommendations for change.

National Service Framework for Children, Young Peoples & Maternity Services, DOH 2004
The National Service Framework (NSF) for Children, Young People and Maternity Services (2004) sets standards for children’s services over a ten year period in which advice on safety and accident prevention forms part of the overall health promotion programme delivered by primary care professionals, with health visitors as the public health lead for under 5s. Standard 1: Promoting Health and Well-Being, Identifying Needs and Intervening Early, makes specific reference to the need to reduce unintentional injuries and re-iterates that unintentional injury affects children from poorer families disproportionately.

In achieving the standards set it states:

- Primary Care Trusts and Local Authorities ensure that childhood injuries and accidents are reduced through the development and monitoring of injury prevention strategies that target priority areas where there are marked inequalities.
- A named lead in each locality develops, co-ordinates and monitors initiatives for tackling injury prevention. This would contribute to the national target to reduce the number of children killed or seriously injured by 2010 (see Department for Transport’s PSA floor target).
- Parents with very young children receive advice from home visitors and other family advisers regarding the practical steps to take to protect their children against falls, scalding, burns, drowning, choking and poisoning.
- Early years settings, schools and local authorities ensure that school-age children are encouraged to participate in safety training schemes run by schools, local authorities or voluntary organisations, such as cycling proficiency, and effective safety training should be provided for those who work with children and young people.
- Local Authorities provide clear guidance on the effective use of equipment, such as cycle helmets, child car seats, seat belts, fireguards, stair gates, thermostat controls on hot water taps, and smoke alarms.
- Primary Care Trusts and Local Authorities, in partnership with other local agencies, work together to make the local environment safer for children and young people, including undertaking injury surveillance, and sharing data effectively.

Fire and Rescue National Framework, 2004/05
Fire and Rescue National Frameworks and the Fire and Rescue Services Act 2004 places obligations on fire and rescue services to carry out prevention activities.
The 2004/2005 Fire and Rescue National Framework sets the following targets for 2010:

- To reduce the number of accidental fire-related deaths in the home by 20% (averaged over the eleven-year period from 31 March 1999 to 31 March 2010), equivalent to 280 fire-related deaths per annum, compared with the average recorded in the five year period to 31 March 1999 of 350 fire-related deaths.

- No local Fire and Rescue Authority having a fatality rate, from accidental fires in the home, more than 1.25 times above the national average.

**Sure Start Children’s Practice Guidance, Department for Education and Skills 2006**

Children’s Centres were tasked with the national target:

- To reduce by 10% the number of children aged 0-4 living in the Children’s Centre local programme area admitted to hospital with a severe injury.

**Better safe than sorry, Audit Commission 2007**

In 2007, the Audit Commission undertook a study of strategic and operational partnerships across England which seek to prevent injury to children and published its findings the report *Better safe than sorry – Preventing unintentional injury to children*. The report was written to influence national policy makers, to share best practice, and to help local bodies address unintentional injuries in their areas more effectively.

Better safe than sorry made the following recommendations to PCTs and local authorities:

- Develop joint strategic plans and action plans aimed at preventing unintentional injury, ensuring regular review and monitoring of outcomes. These plans should ensure that resources are directed towards sustainable evidence based strategies, that avoid duplication of work and that they are directed at reducing inequalities.

- Regularly review and develop a clear understanding of the rates and types of unintentional injury in their local area, to enable actions and resources to be directed accordingly.

- Determine what sources of local data are available and, where possible, record and share data across the NHS and local government.

- Influence Local Strategic Partnership’s to strengthen the focus on unintentional injury in local communities.

- Use local children’s trust arrangements, such as children and young people strategic partnerships or Local Safeguarding Children’s Boards as a vehicle to oversee and ensure delivery of prevention strategies. Where appropriate to include the prevention of unintentional injury in LAAs.

- Familiarise themselves and local practitioners with the evidence base detailing what works (as outlined in the Accidental Injury Task Force) and target strategies for preventing unintentional injury accordingly.

**Staying Safe Action Plan, Department Children, Schools & Families 2008**

In 2008, the Department of Children, Schools and Families (DCSF) published the Staying Safe Action Plan which set out the first ever cross-government action plan for improving children’s safety. The action plan set out a number of commitments for central government including £18m of national funding for a new national home safety scheme and a commitment to carry out a priority review of local areas accident prevention activities.

**Accident Prevention Amongst Children and Young People - A Priority Review, DCSF 2009**

In early 2009, the Department of Children, Schools and Families published its findings from a detailed review of a small number of areas across England. The review examined the accident prevention work being undertaken in the areas and the agencies involved.
In their report, the DCSF made a number of recommendations for central government to improve accident prevention work across the country, including to:

- Address gaps in data collection & research.
- Improve central government co-ordination of national policy.
- Support local areas through national guidance.
- Create a Child Injury Prevention Co-ordinator post in every local authority area.
- Central government quality assurance of safety education & training.

Local Policy Context

Cornwall Children & Young People’s Plan 2008-11
The importance of preventing and reducing the severity of unintentional injuries in children and young people is recognised at a countywide strategic level in the Cornwall Children & Young People’s Plan 2008-11. The plan has eight key priorities to be achieved by 2011. The prevention of unintentional injuries in children sits under Strategic Priority 4, which aims to:

- Promote and improve the health and wellbeing of children, young people and families in Cornwall and reduce inequalities in health.

Strategic Priority 4 sets two key actions for injury prevention. The Children & Young People’s Unintentional Injuries Group for Cornwall and Isles of Scilly hold overall responsibility for achieving these actions:

- Reduce the number of unintentional injuries;
- Develop a multi-agency unintentional injuries action plan by December 2009.

A number of other strategic and operational plans in Cornwall exist that have links with this strategy for preventing unintentional injuries to children and young in the county. These include:

- Alcohol Strategy for Cornwall & Isles of Scilly
- Children & Young People’s Active Involvement Strategy
- Countywide Housing Strategy
- Fire Brigade Youth Strategy
- Local Area Agreement
- LSCB Business Plan
- NHS Healthy Futures Strategy
- Police Authority Strategic Plan
- Road Casualty Reduction Strategy
- Sustainable Community Strategy.

4. Unintentional Injuries - Data & Intelligence

National Data
Until 2002, the Department of Trade and Industry collected home & leisure injury data through its Home & Leisure Accident Surveillance System (HASS & LASS). Since 2003, with the exception of the fire and rescue service and road traffic collisions, national data on rates of unintentional injury have not been collected.

This gap at a national level, coupled with a lack of data locally, causes difficulties in identifying the needs in the area and hence targeting resources appropriately. Furthermore it makes monitoring and evaluation of prevention strategies difficult.

Local Data
As reflected nationally, there is no regular mechanism in place for Primary Care Trusts or Local Authorities to gather good quality and reliable information on childhood accidents. The data available is of varying quality and has many gaps.
In Cornwall and Isles of Scilly, the collection of data on unintentional injuries through health is currently insufficient for the purposes of identifying priority areas, detecting trends, assessing costs and in targeting, planning and evaluating accident prevention activities and services. There are several issues relating to the nature, quality and availability of accident prevention data. These issues include:

- NHS services tend to collect information for the purpose of immediate patient care, rather than prevention. Essential information for prevention on causation such as where, how and why injuries have occurred is not usually collected.
- There are four main sources of data relating to unintentional injuries available through health: Mortality Rates; Hospital Episodes Statistics (Hospital Admissions); Emergency Department data (Attendance Rates); and Minor Injury Unit data (Attendance rates). However, the quality and consistency of data collection, accuracy and relevance of coding, and accessibility of electronic systems, particularly across community and primary care services is poor.

Some regular NHS data is routinely available (such as total numbers of child attendances at MIUs) and will be used to inform and monitor prevention initiatives. There are, however, significant gaps and challenges to improve the content and quality of much other NHS data relating to accident prevention.

The availability of data is a key issue in relation to both identifying and monitoring local trends in unintentional injury. Data is held and collected locally by several other local agencies in addition to the NHS, including the Police, the Fire & Rescue Service, the South West Ambulance Trust, the RNLI, and the Local Authority. The development and sharing of good quality, compatible data is therefore crucial to the creation of a targeted, effective strategy to prevent unintentional injuries in children and young people in Cornwall and Isles of Scilly. The following provides an overview of data available to date.

**Emergency Department (ED) Data**

The following information dates back to 2006/07 and is based on data from West of Cornwall (WOC) and Treliske Emergency Departments only. It does not include data from Derriford or Barnstable Emergency Departments in Devon, where children who live in the far north of the county would be more likely to attend following an accident that required emergency treatment.

In 2006/07, children and young people aged 0-19 years accounted for 26% of all attendances at West of Cornwall and Treliske Emergency Departments. Analysis by age indicates that the 0-2 and 12-19 age ranges had higher attendances as a result of unintentional injuries than the average of the 0-19s for that year.

A full analysis of the reasons for attendance is not available, however, the admissions for some of the main types of unintentional injuries indicate that in 2006/07:

<table>
<thead>
<tr>
<th>Emergency Department Attendances 2006/07 (West of Cornwall and Treliske)</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Burns and Scalds</strong></td>
</tr>
<tr>
<td><strong>Poisoning</strong></td>
</tr>
<tr>
<td><strong>Lacerations</strong></td>
</tr>
<tr>
<td><strong>Foreign Bodies</strong></td>
</tr>
</tbody>
</table>
Minor Injury Unit (MIU) Data

MIUs provide treatment for less serious injuries, such as sprains, cuts and grazes. Many people go to Emergency Departments (EDs) with minor injuries, when they could usually be treated much more quickly at a Minor Injuries Unit.

The following data on MIUs and Road Casualties is attributed to Kernow Matters 2009.

![New Attendances Aged 0 - 19 by Minor Injuries Unit 2006/07 to 2008/09](chart1)

The above chart reflects the number of new attendances aged 0 – 19 at MIUs in Cornwall and Isles of Scilly over 3 years, whilst the table to the right reflects the percentage change from 2007/09 to 2008/09.

Camborne and Redruth and St Austell MIU have experienced the greatest number of new attendances in the last financial year. 8 MIUs however have seen an increase in new attendances from the previous year with the largest increase in Helston. The greatest decrease was apparent in the MIU in St Ives.

![Percentage Change in New Attendances aged 0 – 19 years 2007/08 to 2008/09](chart2)

The chart to the left reflects the proportion of total attendances to MIUs that are aged 0 -19 for 2008/09.

Just over a third of those attending the St Austell, Saltash and Camborne MIUs were aged 0-19 yrs.

![Percentage of all attendances aged 0 - 19 by MIU (2008/09)](chart3)

The chart to the left reflects a steady rise in total attendances from the age of 7, with attendances falling from ages 16 to 19.

![Attendances at Cornwall’s Minor Injuries Units by Ages September 08 to March 09](chart4)
The greatest proportion of repeat attendances occurs between ages 16 and 17 and account for approximately 18% of total attendances for this age group. Repeat attendances also start to rise at 7 years of age and generally plateau before decreasing at age 18.

Work is currently being undertaken by Cornwall & Isles of Scilly NHS in partnership with the Children’s Trust to identify and overcome the gaps in data surrounding the impact of unintentional injuries on children and young people.

Road Casualty Data

A heavy toll: road traffic collisions in the South West (September 2007) reported ‘Road traffic collisions are the leading cause of death for children, who are especially vulnerable, as their physical and cognitive skills are not fully developed and their smaller stature make it hard for them to see and be seen’.

Road casualty data is collected by the Police (STATS 19) and relates to where the where the incident occurred and where the person lived. The data also reflects the time of day the incident occurred and the severity of any resulting injuries.

The chart to the left reflects the total number of casualties by road user type and age band. For all casualties there is a significant peak during the teenage years, specifically 16 – 20 years of age most significantly amongst car drivers, car passengers and motorcyclists.

The table to the left reflects the percentage of all casualties aged 0 – 20 by road user type from 2006 – 2008, whilst the table below reflects the number of casualties for 2008. There has been an increase in the proportion of total casualties aged 0 – 20 in 2008, whilst the percentage of car drivers has decreased the proportion of car passenger casualties in this age group has substantially increased.

The percentage of pedestrian casualties aged 0 – 20 has also shown an increase in 2008 as a proportion of pedestrian casualties of all ages.

The chart to the left uses the post code reference for the incident to show the number of casualties aged 0 – 20 by Children, Young People & Families (CYPF) locality area.

There was insufficient data for 25% of casualties in this age range to allocate the incident to an area. For those incidents that could be allocated the largest number occurred in the St Austell / Fowey CYPF locality.
### Number Casualties by age band, 2008

<table>
<thead>
<tr>
<th>Road User Type</th>
<th>0-5</th>
<th>6-10</th>
<th>11-15</th>
<th>16-20</th>
<th>Total</th>
</tr>
</thead>
<tbody>
<tr>
<td>Car Driver</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>176</td>
<td>176</td>
</tr>
<tr>
<td>Car Passenger</td>
<td>25</td>
<td>41</td>
<td>50</td>
<td>154</td>
<td>370</td>
</tr>
<tr>
<td>Motorcyclists</td>
<td>0</td>
<td>0</td>
<td>1</td>
<td>70</td>
<td>81</td>
</tr>
<tr>
<td>Pedal Cyclist</td>
<td>0</td>
<td>3</td>
<td>10</td>
<td>6</td>
<td>16</td>
</tr>
<tr>
<td>Pedestrian</td>
<td>12</td>
<td>15</td>
<td>37</td>
<td>21</td>
<td>86</td>
</tr>
<tr>
<td>Other</td>
<td>2</td>
<td>1</td>
<td>7</td>
<td>18</td>
<td>38</td>
</tr>
<tr>
<td>Grand Total</td>
<td>39</td>
<td>60</td>
<td>105</td>
<td>445</td>
<td>644</td>
</tr>
</tbody>
</table>

#### Young Drivers

Young drivers are at a much higher risk of having a crash than older drivers and are therefore at risk of losing their lives or being seriously injured on the road, often killing or injuring their young passengers or other road users too. Statistics show that an 18 year old driver is more than three times as likely to be involved in a crash as a 48 year old (Driving Standards Agency, 2000).

- The chart above shows a reduction in the number of car driver casualties across all age ranges (17–25) with the exception of age 17 which has remained the same, and accidents amongst car drivers aged 24 and 25 years which has increased.
- There has been a 25% reduction since 2007 in the number of car driver casualties aged 16-20.
- In 2008 the majority of casualties continued to occur between 4pm – 7.59pm, consistent with 2006 and 2007 findings. The 1 fatality amongst car drivers aged 16-20 also took place during these hours.
- In 2008 the second most frequent time for car driver casualties aged 16-20 was between 8am –11.59am, followed by 8pm – 11.59pm. The later period received the second highest number of casualties in 2007.

### Car passengers

- In 2008 car passengers accounted for the highest number of casualties in the 0-20 age range. The number of casualties has risen across all age categories from 0-20 with the exception of ages 0-5.
- Total car passenger casualties amongst 0-20 year olds has risen by 31% since 2007.
- In 2008 rear passenger casualties were more common amongst the 0-15 years olds; front passenger casualties (64%) were more common in the 16-20 age range.
- Consistent with the young car drivers data, in 2008 the majority of accidents occurred between 4pm and 8pm, with 1 fatality during this time.
Motorcyclists

- The number of motorcyclist casualties has decreased across all ages from 15 to 20 in 2008. There has been an increase in casualties amongst 21 and 23 year olds.

- The greatest number of accidents continues to be amongst 16 and 17 year olds, however there has been a 27% decrease in the total number of motorcyclist casualties in the 16 – 20 year old age range.

- The majority of motorcyclist accidents amongst 0 – 20 year olds occur between 4pm and 8pm, with 1 fatality occurring between 12am and 4am.

Pedestrians

- In 2008, pedestrians accounted for the third highest number of casualties in the 0 – 20 age range, with the 11 – 15 age range accounting for 44% of pedestrian casualties in the 0 – 20 age range.

- The most common time for accidents to occur was between 4pm and 8pm however pedestrians accidents from 12pm to 4pm were only marginally lower.

- When analysed by school age a larger proportion of casualties were amongst secondary school aged pupils, particularly from 3pm to 4pm and 8am to 9am, which is likely to reflect travel to and from school.
### What Works In Unintentional Injury Prevention?

Considerable work has been undertaken nationally to identify what works in reducing unintentional injuries in children. The following table sets out a summary of evidence based interventions across a range of injuries.

<table>
<thead>
<tr>
<th>Common accident sites</th>
<th>Evidence of interventions that work</th>
<th>Range of injury/fatality types</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Home</strong></td>
<td>- Smoke alarms &lt;br&gt;- Thermostatic mixer valves to reduce bath scalds &lt;br&gt;- Home visiting – family assessment and intensive support programmes (especially combined with equipment provision) &lt;br&gt;- Home safety equipment provision and fitting service &lt;br&gt;- Parent and child education - parenting styles and level of supervision is correlated with childhood injury risk</td>
<td>Home related injuries e.g. &lt;br&gt;- Suffocation &lt;br&gt;- Burn injuries and smoke inhalation &lt;br&gt;- Scalds &amp; bath hot water scalds &lt;br&gt;- Head injuries and long bone fractures &lt;br&gt;- Drowning and submersion &lt;br&gt;- Falls &lt;br&gt;- Poisoning and ingestions &lt;br&gt;- Electrocution</td>
</tr>
<tr>
<td><strong>Roads</strong></td>
<td><strong>Pedestrians:</strong> &lt;br&gt;- Education/enforcement aimed at drivers &lt;br&gt;- Education aimed at children/parents &lt;br&gt;<strong>Cyclists:</strong> &lt;br&gt;- Cycle training and cycle helmet education and helmet discount schemes to facilitate uptake &lt;br&gt;<strong>Passengers:</strong> &lt;br&gt;- Child seat restraint campaigns &lt;br&gt;- Child restraint loan/provision schemes &lt;br&gt;<strong>Drivers and riders:</strong> &lt;br&gt;- Pre-test training programmes and Post-test training regimes e.g. Young Driver Education Scheme, Compulsory Basic Training, Pass Plus &amp; other further training initiatives &lt;br&gt;<strong>General:</strong> &lt;br&gt;- Area-wide road engineering and traffic calming schemes &lt;br&gt;- 20mph zones</td>
<td>Road traffic collision related injuries and disabilities e.g. &lt;br&gt;- Crush injuries &lt;br&gt;- Head trauma/brain injury &lt;br&gt;- Loss of Limbs &lt;br&gt;- Spinal injury resulting in paralysis &lt;br&gt;- Loss of sight &lt;br&gt;- Death</td>
</tr>
<tr>
<td><strong>Play and leisure activities</strong></td>
<td>- Adult supervision at pools &lt;br&gt;- Pool design and protection &lt;br&gt;- Adult supervision at beaches &lt;br&gt;- Specific targeted interventions around sun safety and safe firework usage</td>
<td>Sports related injuries &lt;br&gt;- Drowning and sand suffocation &lt;br&gt;- Sunburn/heatstroke &lt;br&gt;- Fireworks related injuries</td>
</tr>
</tbody>
</table>
6. Preventing Unintentional Injuries – Focusing our Action for 2009-11

Action Plan for Cornwall and Isles of Scilly 2009-11

1. Establishing the Facts

| Key Objective - Identify and review current unintentional injury data collection in Cornwall and Isles of Scilly. |
|---|---|---|---|---|---|
| **Key Action** | **Key Milestones** | **Outcome** | **Lead Agency** | **Target Date** | **Status** |
| Establish regular and reliable data reporting mechanisms from partner agencies to the CYP Unintentional Injuries Prevention Group on: | Data leads in partner organisations identified. Injury data and local evidence brought to bi-monthly meetings by relevant partners. | Timely, relevant and consistent data will enable ongoing analysis of need, and the identification of priority and emerging injury areas for the focus of resources and activities of the multi-agency group. | Road Safety Unit CC - Leisure & Schools Fire & Rescue Service Police NHS CIOS SWAST RNLI | Dec 2009 then on-going. | In progress |
| Identify, collect, analyse and review robust unintentional injuries data. | A baseline and systems for on-going monitoring and review established. Understanding of rates, types and causes of injury to children and young people in CIOS developed. Priority injury areas, inequalities, vulnerable groups and gaps in collection identified. Interventions prioritized according to identified needs. | The sharing and analysis of data from across a range of agencies in CIOS will enable the development of a baseline, an understanding of the types, rates and causes of injury, and the identification of priority areas and inequalities, and where gaps and the need to improve future collection exist. | Children’s Trust NHS CIOS with support and contributions from: Road Safety Unit CC - Leisure & Schools Fire & Rescue Service Police SWAST RNLI | March 2010 then on-going. | In progress |
### Key Objective - Identify and review current unintentional injury data collection in Cornwall and Isles of Scilly.

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<tr>
<td>Conduct a two month &quot;minimum data set&quot; collection pilot in the EDs &amp; MIUs in CIOS. Make links with the national data collection pilot to be undertaken in three / four Emergency Departments in England in 2009.</td>
<td>Data collection form developed &amp; approved. Date for commencement agreed. Staff in EDs &amp; MIUs, and HVs briefed. Poster &amp; leaflet for EDs &amp; MIUs pilot developed. Pilot conducted.</td>
<td>Gaps in data collection will begin to be addressed through a minimum data set which will enable the development of regular and reliable statistical reporting of attendances at EDs and MIUs.</td>
<td>NHS CIOS</td>
<td>March 2010</td>
<td>Draft data collection form and supporting material developed. Start date of 30th Nov 09 agreed. Staff briefed.</td>
</tr>
</tbody>
</table>
## 2. Multi-Agency Planning Mechanisms

### Key Objective - Develop, implement and performance manage a multi-agency strategy to reduce unintentional injuries in children and young people in Cornwall and Isles of Scilly.

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<tr>
<td>Appoint a Children &amp; Young People’s Unintentional Injuries Co-ordinator.</td>
<td>Business case developed &amp; approved.</td>
<td>Partner agencies will work together to achieve a co-ordinated, evidence-based approach to reducing unintentional injuries in children aged 0-19yrs.</td>
<td>NHS CIOS</td>
<td>May 2009</td>
<td>Complete</td>
</tr>
<tr>
<td>Establish, co-ordinate and service a countywide multi-agency unintentional injuries prevention group.</td>
<td>Key partners identified.</td>
<td>Child accident prevention activities and interventions will be co-ordinated at the countywide level ensuring consistency in the messages delivered and avoiding duplication of effort of the agencies involved.</td>
<td>NHS CIOS</td>
<td>July 2009 then on-going.</td>
<td>Multi-agency group established and inaugural meeting held 9th July 09. Co-ordination &amp; servicing ongoing.</td>
</tr>
<tr>
<td>Secure commitment from partners on the multi-agency unintentional injuries group to: 1. Identify appropriate routes for the dissemination of information within their sphere of influence (organisational and wider network); 2. Identify a deputy to attend meetings, bring forward and feedback key issues, and progress actions in their absence.</td>
<td>Transfer of knowledge / actions to key personnel.</td>
<td>Knowledge and, where appropriate, responsibility for actions will be transferred to appropriate professionals in partner agencies working at a strategic and operational level.</td>
<td>CIOS CYP UIP Group</td>
<td>Nov 2009 then on-going.</td>
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Key Objective - Develop, implement and performance manage a multi-agency strategy to reduce unintentional injuries in children and young people in Cornwall and Isles of Scilly.

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<tr>
<td>Develop, cost, implement and co-ordinate a three year multi-agency action plan to prevent unintentional injuries in children &amp; young people.</td>
<td>Unintentional injuries data collected and analysed. Understanding of priority injury areas, rates and causes established. PID developed &amp; approved.</td>
<td>Wherever possible, intervention programmes and activities will be evidence based, providing good evidence of their effectiveness in reducing unintentional injuries, and prioritised and targeted according to identified needs.</td>
<td>CIOS CYP UIP Group</td>
<td>March 2011</td>
<td></td>
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Key Objective - Make links with wider stakeholders, leads in partner organisations and partnerships to ensure that the multi-agency strategy to reduce unintentional injuries is developed in conjunction with other relevant strategic and operational plans in existence or development in Cornwall and Isles of Scilly.

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<tr>
<td>Undertake a mapping of partner agencies current injury prevention activities and interventions for children and young people in CIOS to identify:</td>
<td>Accountability for actions agreed. Targets, milestones and PIs established. Measures of effectiveness and processes for their evaluation agreed.</td>
<td>Up to date picture of countywide unintentional injury prevention activity. Gaps / duplication in current delivery and opportunities for collaboration identified.</td>
<td>CIOS CYP UIP Group</td>
<td>Dec 2009</td>
<td>In progress</td>
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| 3. Lead partners for the delivery of actions, and to agree performance management and monitoring procedures. | Accountability for actions agreed.  
Targets, milestones and PIIs established.  
Measures of effectiveness and processes for their evaluation agreed. | Up to date picture of countywide unintentional injury prevention activity.  
Gaps / duplication in current delivery and opportunities for collaboration identified. | CIOS CYP UIP Group | Dec 2009 | In progress |
| Establish the relationship of the CYP Unintentional Injuries Prevention Group with the LSCB and seek to strengthen injury prevention work locally by agreeing any necessary procedures for information sharing, reporting and making recommendations for change (e.g. from the findings of Child Death Review Panels). | LSCB representation on and / or link to multi-agency group established.  
Procedures and reporting mechanisms explored and agreed. | The LSCB will work in close co-operation with the multi-agency group to address the wider safeguarding agenda and, in doing so, will play a key role in helping to reduce the number of deaths and serious injuries from childhood accidents in CIOS. | NHS CIOS Road Safety Unit LSCB | Jan 2010 then on-going. | LSCB invited to join membership of multi-agency group. |
| Identify at the local, regional and national level strategic and operational plans that impact on the unintentional injuries agenda e.g. the LAA, the Children & Young People’s Plan, Better Safe than Sorry, the Staying Safe Action Plan, and the forthcoming NICE guidance. | Relevant strategic and operational plans identified.  
Impact of plans and, where relevant, recommendations fed into the work of multi-agency group. | The work of the multi-agency group will be developed and delivered in consistency with the injury prevention agenda at all levels. | On-going | In progress |
### 3. Targeted Interventions & Activities

**Key Objective** - Raise awareness of the accident prevention agenda and engage wider stakeholders in implementing the multi-agency strategy to reduce unintentional injuries.

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<tr>
<td>Develop a family guide to safe play.</td>
<td>Draft guide developed.</td>
<td>Families will have access to clear and consistent universal messages that will enable them to identify risks and take simple steps to help keep their children safe whilst playing outdoors.</td>
<td>NHS CIOS</td>
<td>Dec 2009</td>
<td>In progress</td>
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<tr>
<td></td>
<td>Local primary schools identified for piloting the guide.</td>
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<td>Pilot undertaken with parents and children. Feedback incorporated to improve relevance and suitability of guide to target audience.</td>
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<td></td>
<td>Guide further distributed in EDs and MIUs in CIOS.</td>
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<tr>
<td>Utilise established mechanisms in CIOS to achieve the delivery of clear, consistent, universal messages on injury prevention by all partners, identifying gaps in provision which partners can work together to fill, avoiding duplication and making the best use of limited resources:</td>
<td>Effective mechanisms to deliver clear messages and raise awareness explored and agreed.</td>
<td>The profile of the multi-agency group will be raised and partner agencies, stakeholders and the wider community will be keep up-to-date on the unintentional injuries agenda and engaged in implementing the multi-agency strategy.</td>
<td>Children’s Trust All Members</td>
<td>Nov 2009 then ongoing.</td>
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### Key Objective - Raise awareness of the accident prevention agenda and engage wider stakeholders in implementing the multi-agency strategy to reduce unintentional injuries.

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<td>Identify and develop opportunities for co-ordinated, multi-agency targeted campaigns (e.g. Child Safety Week; National Falls Day; National Children's Day; Road Safety Week) and use the media to raise awareness of this work and interest in the group.</td>
<td>Regular and one-off opportunities identified.</td>
<td>Co-ordinated and targeted campaigns will achieve the delivery of clear, consistent, universal messages on injury prevention by all partners, identifying gaps in provision which partners can work together to fill, avoiding duplication and making the best use of limited resources.</td>
<td>CIOS CYP UIP Group</td>
<td>Jan 2010 then ongoing as standard agenda item.</td>
<td></td>
</tr>
<tr>
<td>Develop web pages on unintentional injuries on the NHS CIOS website (link with key partner websites).</td>
<td>Text for front page drafted. Links to partner websites established. Additional pages, tabs and links added as the unintentional injuries agenda is progressed.</td>
<td>Professionals, parents/carers and children and young people will have access to up-to-date, consistent and relevant information and advice on the unintentional injuries agenda in CIOS and where to go for further help and information.</td>
<td>NHS CIOS</td>
<td>March 2010 then on-going.</td>
<td></td>
</tr>
<tr>
<td>Develop an unintentional injuries leaflet for health professionals in CIOS (tie in with Child Safety Week 2010 and Stakeholder Conference).</td>
<td>Key objectives and context of leaflet agreed. Text provided by relevant partners. Draft approved by multi-agency group.</td>
<td>Health professionals in CIOS will be provided with up-to-date and consistent information on the incidence of unintentional injuries in CIOS, prevention activities, training opportunities and sign-posting to relevant agencies / services.</td>
<td>NHS CIOS with support and input of all members.</td>
<td>March 2010</td>
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Key Objective – Raise awareness of the accident prevention agenda and engage wider stakeholders in implementing the multi-agency strategy to reduce unintentional injuries.

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<tbody>
<tr>
<td>Hold a wide-ranging stakeholder conference (tie in with Child Safety Week 2010).</td>
<td>Secure partner agencies support, identify funding &amp; agree date. Identify key stakeholders, secure venue &amp; invite speakers.</td>
<td>The profile of the unintentional injuries agenda will be raised amongst key professionals with a responsibility to safeguard and improve the well-being of children and young people in CIOS.</td>
<td>NHS CIOS with support and input of all members.</td>
<td>25th June 2010</td>
<td></td>
</tr>
<tr>
<td>Establish the training needs of local practitioners (in particular front line health professionals) and, where appropriate, identify, deliver or commission specialist training opportunities e.g. CAPTs one-day Child Accident Prevention &amp; Risk Management course for professionals working directly with families.</td>
<td>Front line practitioners identified. Audit undertaken and training needs identified. Training delivered or commissioned according to identified need.</td>
<td>Front line workers will be provided with the latest thinking on child safety, knowledge of good practice in accident prevention and risk management, and practical advice on the implementation of prevention activities.</td>
<td>NHS CIOS with support and input of all members.</td>
<td>March 2011</td>
<td></td>
</tr>
<tr>
<td>Identify opportunities to engage with children, young people and their families in innovative and age appropriate ways to help create an understanding of risks, how to manage risks safely and the impact of risk-taking on health and well-being e.g. LASER Project; Smart Risk; Learn to Live, Whoops Child Safety Project; Eden Risk-Taking DVD.</td>
<td>Research undertaken into what works in risk and safety education. Accredited / evidence based educational programmes identified. Appropriateness to the local context considered / linked to the Healthy Schools agenda.</td>
<td>Children and young people and their families will be actively engaged in the accident prevention agenda through innovative education campaigns that equip them with the skills to identify risks and manage their own safety.</td>
<td>NHS CIOS with support and input of all members.</td>
<td>March 2011</td>
<td></td>
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</tbody>
</table>
Key Objective - Raise awareness of the accident prevention agenda and engage wider stakeholders in implementing the multi-agency strategy to reduce unintentional injuries.

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</thead>
<tbody>
<tr>
<td>Work with the Child Accident Prevention Trust (CAPT) to develop a Practitioners Network for Accident Prevention Coordinators and other relevant professionals working in the accident prevention field in England.</td>
<td>Accident Prevention Coordinators and other relevant practitioners identified and approached. Network established. First meeting held and TOR agreed.</td>
<td>CAPT with NHS CIOS</td>
<td>March 2010</td>
<td>In Progress</td>
<td></td>
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</table>

4. Home Safety Equipment Scheme – Implementation & Evaluation

Key Objective - Develop and implement the national and local home safety equipment schemes across Cornwall.

<table>
<thead>
<tr>
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<tr>
<td>Develop a workable model for implementing the national Safe at Home scheme (Carrick, Kerrier &amp; Penwith) and the local home safety scheme (Caradon, North Cornwall &amp; Restormel) side-by-side in across Cornwall.</td>
<td>Project group established. Project plan developed &amp; approved. Training delivered. Scheme implemented &amp; evaluated.</td>
<td>Parents and carers will have access to up-to-date information and advice that will enable them to take informed steps to minimize hazards within their home. Those families identified as most in need will also have access to free home safety equipment and advice that will help to reduce the likelihood and impact of accidents occurring in the home.</td>
<td>Home Safety Sub-Group</td>
<td>March 2011</td>
<td>In progress</td>
</tr>
<tr>
<td>Put in place systems to evaluate the schemes’ effectiveness and aid sustainability of the scheme beyond 31st March 2011.</td>
<td>Evaluation stages and responsibilities agreed. Supporting paperwork developed.</td>
<td></td>
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</tbody>
</table>
7. Monitoring & Review

Implementation of this strategy will structure the bi-monthly meetings of the Children & Young People’s Unintentional Injuries Prevention Group, who will systematically review areas for action, identify gaps, duplication and opportunities for collaboration, and evaluate progress to date. The action plan is a living document and will be reviewed on an on-going basis as necessary in light of new national and/or local priorities and, where appropriate, to determine the role of removal or replacement or additional activities which add value and contribute to the strategies objectives. The strategy as a whole will undergo a comprehensive review annually and, where necessary, be revised in consultation with wider stakeholders.

As shown in the structure diagram below, the Children & Young People’s Unintentional Injuries Group is a sub-group of the Strategic Priority 4 Children’s Public Health Group. This group hold responsibility for overseeing delivery of Strategic Priority 4 of the Cornwall Children & Young People’s Plan 2008-11, which aims to: Promote and improve the health and well-being of children, young people and families in Cornwall and reduce inequalities in health.

Strategic Priority 4 sets key actions for reducing the number of unintentional injuries in children and young people in Cornwall, one of which being the development of an unintentional injuries action plan by December 2009. The Strategic Priority 4 Children’s Public Health Group meets on a bi-monthly basis and therefore progress on implementing the action plan will be reported at two monthly intervals to this group.
Children & Young People’s Unintentional Injuries Group for Cornwall & Isles of Scilly

8. Membership

Fuel Poverty Project Co-ordinator, Community Energy Plus
Hotspot Co-ordinator, Dreadnaught
County Lead for Health Visitors & School Nurses, NHS
Local Area Agreement Co-ordinator, NHS
Children & Young People’s Unintentional Injuries Co-ordinator, NHS
RNLI, Newquay Branch
Elected Member for Children’s Services, Cornwall Council
Secondee to Children’s Trust Support Team, Police
Station Manager – Community Safety, Fire & Rescue Service
Home Improvement Agency Manager, DCHA
Nurse Consultant Urgent Care, Minor Injury Units, NHS
Consultant in Community Paediatrics, NHS (Vice Chair)
Consultant in Emergency Medicine, NHS
Paediatric Liaison Health Visitor, NHS
Children’s Work Manager, WILD Young Parents Project
Child Poverty Co-ordinator, Inclusion Cornwall
Associate Director of Public Health, NHS
Healthy Schools Co-ordinator, Health Promotion, NHS
Children’s Senior Commissioning Manager, NHS
Health Manager, Family Services
Business & Finance Manager, Supporting People
Safeguarding Manager, South West Ambulance Trust
Community Intelligence Analyst, Children’s Trust Support Team
Family Learning, Adult Education
Casualty Reduction Manager, Cornwall Council (Chair)
Watch Manager-Community Safety, Fire & Rescue Service
Regional Co-ordinator West, Safe at Home Scheme, RoSPA
Trading Standards Officer, Cornwall Council
Leisure Services Manager (Mid), Cornwall Council
Road Safety Officer (0-18), Cornwall Council
Home Improvement Agency Manager, Hanover
8. References

Preventing Unintentional Injuries in Children & Young People aged 0-19 Years

Other Languages
If you need this information in a different format or language, please contact:

Cornwall and Isles of Scilly NHS
Patient Advice and Liaison Service
Tel: 0845 170 8000

Further Copies
If you would like further copies or this document or more information please contact:

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Priory Road
St Austell
PL25 5AS
Tel: 01726 627963
Email: beynon@ciospct.cornwall.nhs.uk

Multi-Agency Strategy for Cornwall & Isles of Scilly 2009-11