Summary
The NHS spends an estimated £131 million per year on emergency hospital admissions because of childhood accidents.

The NHS spends millions of pounds treating preventable childhood accidents each year - in 2007, the health national report, Better safe than sorry: Preventing unintentional injury to children, by the Audit Commission & Healthcare Commission (now the Care Quality Commission) reported that the cost of childhood A&E visits alone was £146 million.

Every day a child spends in hospital due to an accident costs the NHS £233. This rises to £750 a day for a bed in a specialist burns unit; £1,770 a day for a bed in intensive care; and £2,500 a day for a bed in a burns centre intensive care unit. It can cost as much as £250,000 to treat one severe bath water scald, and the British Burn Association estimates that, in one year, children who have suffered serious bathwater scalds generate lifetime treatment costs for the NHS of £6.7 million.

The public health white paper is supported by an Outcomes Framework which now includes two key indicators:
Hospital admissions caused by unintentional and deliberate injuries to under 5 year olds
Hospital admissions caused by unintentional and deliberate injuries to 5 – 18 year olds.

The case for an Injury prevention coordinator for Derby City is felt to be a priority to provide coordination and take this agenda forward. The post would provide an invaluable resource to drive forward and join up all of the child injury prevention activity across the multiagency partnership that has been established.

Common responsibilities for the post would include:
Establishing and co-ordinating productive partnerships in Derby City
Co-ordinate activity within the partnership
Drawing up a strategy to reduce unintentional injuries and deaths
Identify priority areas of work based on hospital admissions
Establishing programmes that will reduce injuries and hospital admissions in these priority areas.
Much of the information that informs priorities for this area comes from hospital episode statistics. These give an indication of the types of injuries that are most common, so lends weight to a health service lead.

The current picture

In response to NICE Guidance (2010) a baseline audit was conducted by the Public Health directorate in May 2011 regarding the work that was being undertaking in Derby City around the unintentional childhood injuries agenda. The findings were that there was a senior nurse seeking to provide a level of coordination on an “ad hoc” basis, the activities that contributed to the agenda were happening in a piece-meal fashion and a generally there was an urgent need for leadership and coordination.

Currently there is a steering group in place seeking to establish their terms of reference and identify the optimum membership.

In Derby we recognise that a significant number of the ways of preventing accidents and injuries lie within the remit of different departments of local government, for example road safety and leisure services. The NHS play a key role in providing data around unintentional injuries as well as staff who are able to provide the necessary health education e.g. health visitors, school nurses, general practitioners (GPs) etc who can then escalate issues to directors of public health and PCTs. Voluntary agencies, industry, and commerce also have a role.

The PH White paper and the Outcomes Framework have identified two key indicators around Unintentional and deliberate childhood injuries, so to continue with the current fragmented and uncoordinated approach would not enable the reduction and prevention of these injuries. As well as being non-compliant with NICE guidance, there is more than the likelihood that accident figures will continue to rise significantly.

Links to other strategies
NICE Guidance (2010)
CAPT
Keeping Children Safe at Home Study
Healthy Lives Healthy People (2010)
Derby Plan
EI & IS plan

Evaluation, checkpoints and reviews
Derby city are red for this indicator in the JSNA against National and Family Audit completed in 2010, suggested need for coordinated approach.
33,130 children and young people residing in Derby City attended the A&E dept. 15,807 were under 5 years old (4,430 attended with an injury)
Children 0 – 4 years tended to sustain more injuries in the home: head injuries, fractures and burns and scalds are quite common.

Return on investment
Investing money in injury prevention can:

- Save money in the long term – less will be spent on dealing with the effects of accidents.
- Save lives – investing in effective prevention programmes means less children will be killed or seriously injured in accidents.
- Narrow the equality gap – more children from disadvantaged backgrounds are killed or injured in accidents than children from more privileged backgrounds. Effective accidental injury prevention can narrow this gap and substantially improve inequality (CAPT).

Ultimately it is about minimising unnecessary risk and creating a safer environment for children and young people, so they can live their lives to the full.

Basic options appraisal

<table>
<thead>
<tr>
<th>Option</th>
<th>Description of option</th>
<th>Cost</th>
<th>Total</th>
</tr>
</thead>
<tbody>
<tr>
<td>High cost (£100,000s) –</td>
<td>This area of work currently does not require a high cost option</td>
<td></td>
<td>£</td>
</tr>
<tr>
<td>Low/medium cost (£10,000s) –</td>
<td>To fund a part time Unintentional injury Coordinator. Function:</td>
<td>1 x 0.5FTE</td>
<td>£20,000 annually</td>
</tr>
<tr>
<td>intervention on a low/medium</td>
<td>• To coordinate a city wide strategy for preventing unintentional injuries.</td>
<td>post, possible HV role</td>
<td>approx cost.</td>
</tr>
<tr>
<td>scale Targeted support for x</td>
<td>• To chair the existing steering group.</td>
<td>(possibility</td>
<td>OR</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Ensure this is</td>
<td></td>
</tr>
</tbody>
</table>
| 1-3 year plan | • To ensure all relevant agencies were represented in the group.  
• To bring about consistency and avoid duplication across agencies.  
• To focus efforts in areas of highest need.  
• To ultimately reduce numbers of unintentional injuries city wide and narrow the gap between highest and lowest areas of incidence. |  | written into HV service spec from April 2013 through PH responsibilities. |
| Concept trial intervention – low cost (£1000s) small scale – small time scale. | This is not a current option as the coordinator role needs to be established prior to designing or trialling interventions. |  | £ |
| Cost neutral (£0) – do nothing. | This would mean the current ad-hoc approach would continue and the possibility of increasing unintentional injury and therefore greater costs to the NHS. |  | £0 |