

Accidents: Kingston JSNA factsheet 2018

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Introduction

Accidents are “any unexpected or unplanned event that may result in death, injury, property damage, or a combination of serious effects” [1].

Accidents matter because they:

- are the second leading cause of preventable deaths among children and young people [2]
- cost a lot of money to treat and in productivity loss through premature death or disability [3]
- can be prevented, with low cost interventions mobilising existing services and workforces [1]
- contribute to health inequalities - children from the most disadvantaged families are far more likely to be killed or seriously injured [4]

The personal costs of an accident can be devastating, impacting on education, employment, emotional wellbeing and family relationships. Public Health England (PHE) recommends focusing on two priority areas: unintentional injuries in the home for children under five and injuries on the road for older children and young people.

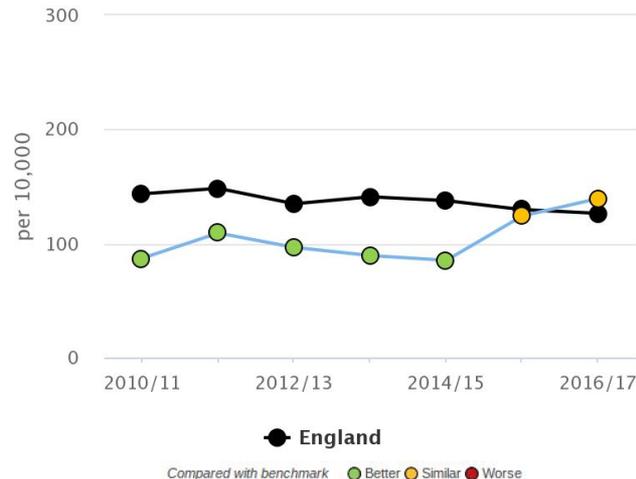
Key facts [5]

352 children aged under 15 - more than 1 in every 100 children living in the local area - were admitted to hospital in 2016/17 following injury.

The rate of admissions has increased by 66% for those aged under 5 in 3 years and is the highest rate recorded since 2010/11.

In England, children from the most deprived populations are 1.3 times more likely to be admitted to hospital than those from the least deprived backgrounds. 2.5 times more children from deprived backgrounds were admitted to hospital following exposure to heat and hot substances in 2014/15-2016/17.

Hospital admissions caused by unintentional and deliberate injuries in children (aged 0-4 years) - Kingston upon Thames



In 2016, 288 road traffic accidents resulting in at least one casualty in Kingston were reported to the police - 90% of these caused a slight injury, and one resulted in a fatality. [8]

In England, children from the most deprived backgrounds are 1.8 times more likely to be killed or seriously injured on the road than those from the least deprived populations. Young people aged under 25 from deprived communities are 2.2 times more likely admitted to A&E as a pedestrian involved in a road traffic accident and are more than twice as likely to be killed or seriously injured. [5]

Key issues for Kingston

- 1) High rate of hospital admissions for injury among children and young people
- 2) High rate of falls among children
- 3) High rate of alcohol-related traffic offences

Unintentional injuries: local picture (1)

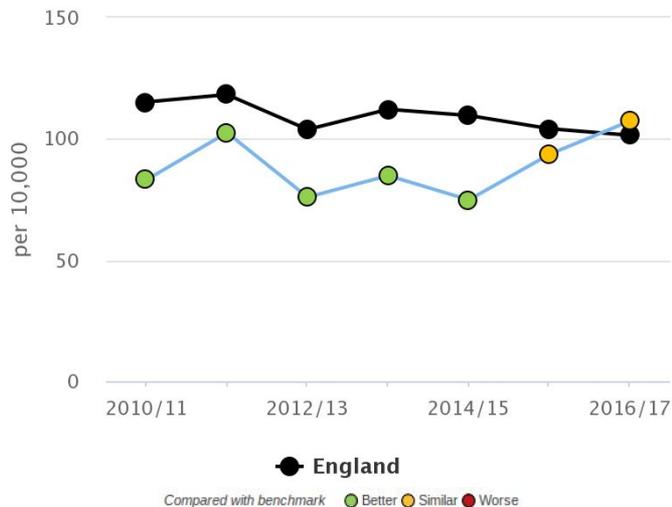
What are we doing well? Where can we improve? Are there local inequalities?

Overall picture [5]

Kingston has a higher rate of injuries (both unintentional and deliberate) requiring hospitalisation among children aged under 15 compared to London and similar authorities and the numbers have been increasing over the last three years.

Kingston Hospital opened a Paediatric Assessment Unit (PAU) alongside A&E in April 2015, which allows children to be seen quickly by appropriate specialists. Kingston Clinical Commissioning Group have confirmed that children seen at the PAU are coded as hospital admissions. The increases seen therefore do not relate to an increase in the actual number of accidents or injuries occurring within Kingston.

Hospital admissions caused by unintentional and deliberate injuries in children (aged 0-14 years) - Kingston upon Thames



Latest data [5]

352 children aged under 15 - more than 1 in every 100 children living in the local area - were admitted to hospital in 2016/17 following injury. Almost half of them were aged under 5.

The rate of admissions has increased by 66% for those aged under 5 in 3 years and is the highest rate recorded since 2010/11.

Since 2014/15, A&E attendances have also increased among 0-4 year olds by 6%, to nearly 7,400 in 2016/17.

There has also been an increase in the rate of admissions for 5-14 year olds, which has increased by about 30% since 2014/15, although A&E attendance among this group has not increased during this period.

Unintentional injuries: local picture (2)

What are we doing well? Where can we improve? Are there local inequalities?

Deprivation [5]

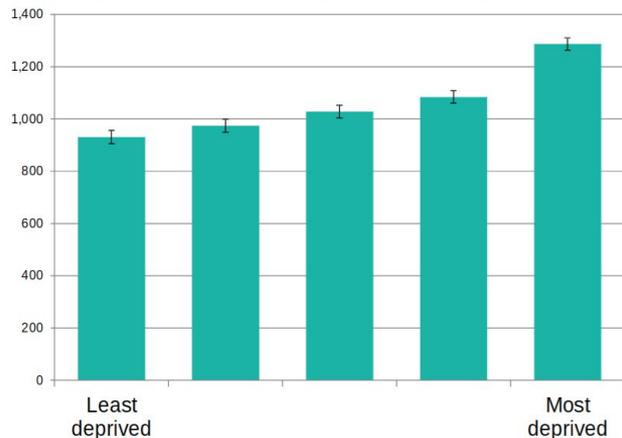
In England, children from the most deprived populations are 1.3 times more likely to be admitted to hospital than those from the least deprived backgrounds - with some injuries showing greater levels of health inequalities.

2.5 times more children from deprived backgrounds were admitted to hospital following exposure to heat and hot substances in 2014/15-2016/17.



Public Health
England

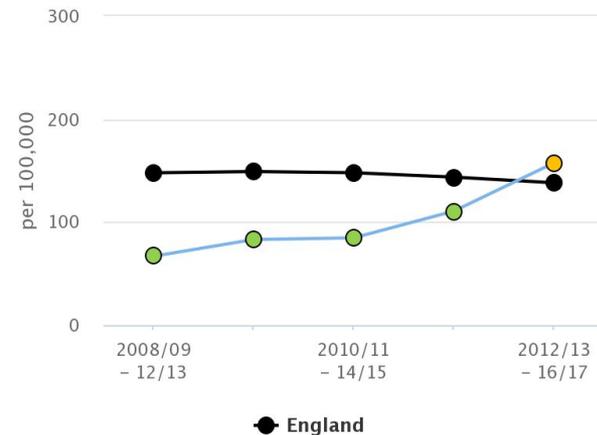
Emergency hospital admission rates per 100,000 by deprivation quintile for unintentional injuries among under fives, with 95% confidence intervals, 2016/17



Source: Hospital Episode Statistics (HES). Copyright © 2017 Re-used with the permission of NHS Digital. All rights reserved.

A broad analysis of injuries within 0-14 year olds across wards within Kingston shows a limited relationship between injury rates and deprivation - of note, Grove and Norbiton, the two wards highest rates of emergency admissions for injuries (146 and 177 per 10,000, respectively) are the third and first most deprived wards within Kingston, respectively. [10]

Emergency hospital admissions due to falls from furniture (aged 0-4 years) - Kingston upon Thames



5 leading causes of injury among 0-5 year olds

Where data is available, Kingston has similar rates for burns and scalds, poisoning, and choking to other parts of London, but has a higher rate of injuries from falls and falls from furniture.

From 2014/15-2016/17, there were 163 emergency admissions of 0-4 year old children following falls (of any type) - 20% higher than across London.

Preventing unintentional injuries: what works?

A number of organisations have reviewed the evidence base and provide summaries about what works in preventing accidents causing injury among children and young people. These interventions include:



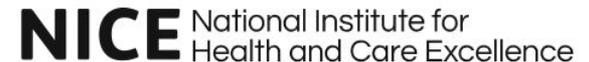
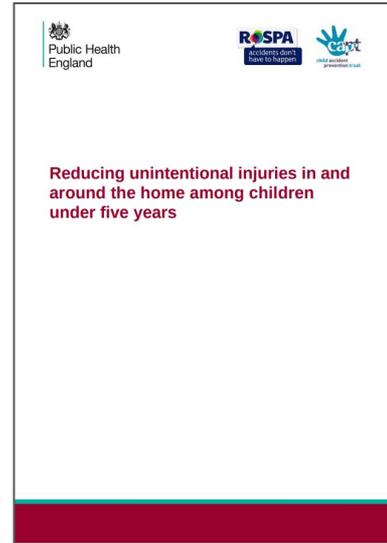
Leadership and coordination of injury prevention:

- Needs to be tied into all relevant strategies/plans e.g. children and young people, health and wellbeing, local children's safeguarding board
- Membership of relevant groups e.g. Local Children Safeguarding Board and Health and Wellbeing Board
- Build partnerships with statutory and voluntary/community groups

- Frontline staff opportunities - making every contact count, with training:
 - A&E attendances used to identify at risk families e.g. multiple visits/single visits that flag up concerns
 - Health visitors (4-5-6 model), school nurses, GPs, children's centres
 - Focus on the 5 top causes for under-5s, which cause 90% of mortality



- Coordinate home safety assessments and equipment - prioritising homes with children under-5 and at risk/deprived homes:
 - hard-wired or 10-year battery operated smoke alarms
 - thermostatic mixer valves for baths
 - window restrictors
 - carbon monoxide detectors



Unintentional injuries: what support and services do we currently have in place?

Public health - Royal Borough of Kingston

Act as champions for child safety, prioritising the accidents that matter, mobilising services and developing partnerships

Healthy child programme - Your Healthcare

Health visitors provide accident prevention advice as part of routine, universal checks - it's one of the 6 high impact areas in this programme. Targeted advice is available for families requiring additional support.

The Kingston and Richmond Safeguarding Children's Board and Child Death Overview Panel

Reviews all local child deaths as well as other issues and events affecting child safety and welfare. Distributes information where appropriate to share learning.

Children's centres - Achieving for Children

Provide a forum for health promotion and postnatal groups run by health visitors, which include accident prevention elements.

Road Traffic Accidents (RTA): local picture (1)

What are we doing well? Where can we improve? Are there local inequalities?

Overall picture [5]

Kingston has a similar rate of road traffic-related fatalities and serious injuries compared to London and a lower rate compared to England. The rate of serious road accidents has been steadily falling since 2009-11.

There has been an increase in the number of pedestrians aged under 25 years hospitalised after an accident - 36 between 2012-2017 compared to 27 in the previous 5 year period.

What about alcohol-related accidents? [5]

Kingston has more alcohol-related traffic offences than some similar (CIPFA) boroughs. Between 2014 and 2016, 29 accidents involved at least one driver failing a breath test. This is a rate of 21.8 per 1,000 accidents compared to 10.7 per 1,000 across London, and 26.5 per 1,000 in England. This rate is more than 3 times the rate in 2010-2012, though the numbers are small - 7 in 2010-2012, 29 in 2014-16.

Latest data [5], [8]

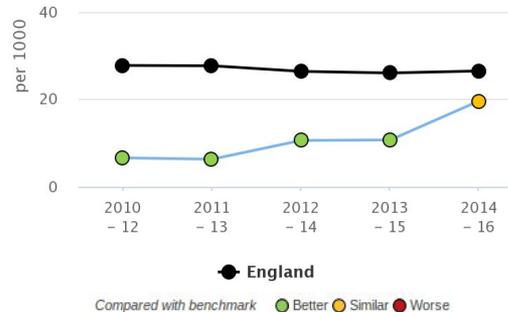
106 people were killed or seriously injured on Kingston's roads in 2014-16, including 5 children aged 0-15 years.

In 2016, the police recorded 288 accidents resulting in at least one casualty in Kingston - 90% caused a slight injury, and one was fatal.

When are accidents happening? [8]

Data from 2016 showed that in Kingston, most accidents took place between 12 and 6pm (43%), and evening accidents were most common on a Saturday night (5%). The largest number of accidents took place in November, December, July and May (about 30 each month). In December, there were more accidents between 6pm and midnight compared to the rest of the year (10).

Alcohol-related RTAs



Where are accidents happening? [8]

The most common location for accidents in 2016 were Kingston Town Centre (28), Kingston Hill/Queens Road area (11), St Marks Hill/Victoria Road/The Crescent area (10), and Surbiton Hill Road area (10).

Road Traffic Accidents (RTA): local picture (2)

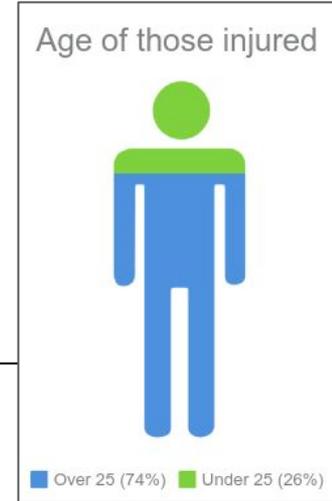
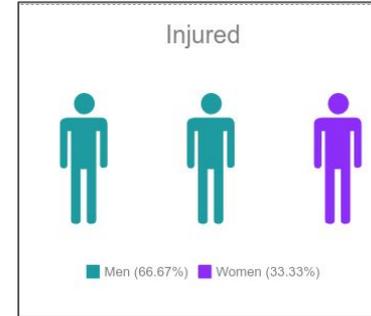
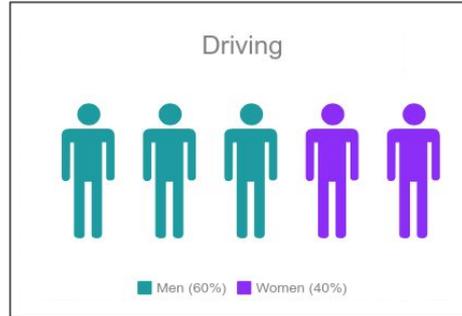
What are we doing well? Where can we improve? Are there local inequalities?

Who is at risk of RTAs? [5], [8]

Men are more likely to be involved in and affected by road traffic accidents in Kingston. Drivers involved in accidents were twice as likely to be men and 60% of non-driver casualties were male. Men aged between 20 and 50 were driving in 40% of all accidents. Among men, the most common age group of drivers was 40-49 years (14%) compared to 20-29 years among women (9%).

The age groups most likely to be casualties of accidents among men were 15-19 year olds (8%), 40-45 year olds (9%) and 45-50 year olds (8%). Among women the most at risk age group was 40-45 year olds (6%). 26% of all casualties were aged under 25.

Where the deprivation score of the driver and casualty's residence was recorded (about 80% of accidents), about 70% of drivers and 60% of non-driving casualties in Kingston were from the upper 5 quintiles of deprivation.



Children and young people [5]

36 pedestrians aged under 25 in Kingston were hospitalised following an accident between 2012/13-2016/17.

In England, children from the most deprived backgrounds are almost twice as likely to be killed or seriously injured on the road, and young people aged under 25 from deprived communities are more than twice as likely to be admitted to A&E as a pedestrian or to be killed or seriously injured following an RTA.

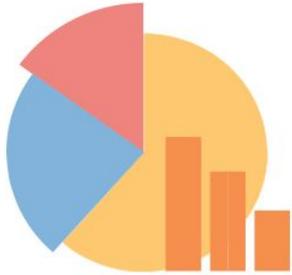
Between 2008-2018 the Child Death Overview Panel reviewed 3 deaths of children and young people in Kingston that were caused by accidents, 2 of which were road safety related. Main learning points were the importance of cycle helmets and supervision of children near roads, and training in the use of scooters.

Preventing road traffic accidents: what works?

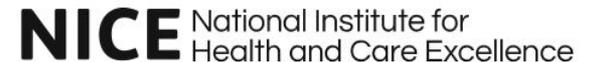
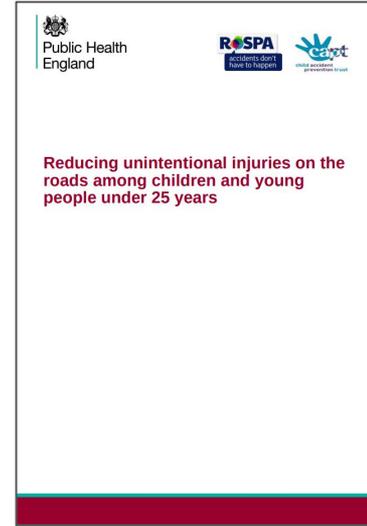
A number of organisations have reviewed the evidence base and provide summaries about what works in preventing road traffic accidents. These interventions include:



- Maintaining and managing road safety partnerships, using data and evaluation to drive changes required
- Looking specifically at child road safety with reviews and action plans involving local children and young people/parents - coordinating road safety with injury prevention aims
- Promoting and enforcing speed reduction
- Senior public health professional with responsibility for injury prevention supporting road safety planning - health advocacy and needs assessments



- Consider safety measures on popular routes e.g. to schools or leisure centres - school travel plans
- Coordinate actions directed at reducing road traffic accidents



Road traffic accidents: what support and services do we currently have in place?

Road redesign

Including:

- extending 20 mph zones
- using traffic calming measures
- redesigning roads for cyclists and pedestrians

Children and young people

Providing education and training including

- partnering with TfL for children's traffic club for nurseries and children's centres
- bikeability training throughout school years
- scooter training
- school travel plans

Engagement

Sustrans: national charity working with local areas to promote sustainable travel working with the Malden Manor community in Kingston to promote safer streets

RBK: engaging with children and young people through junior travel ambassadors and junior citizens programmes with young people leading delivery of safer travel initiatives

Go Cycle programme

Increasing sustainable transport (cycling and walking) and reducing reliance on cars - making roads safer for all users

Recommendations

Public health

1. Ensure health and wellbeing strategy incorporates a focus on reducing/preventing childhood injuries
https://www.kingston.gov.uk/downloads/download/485/joint_health_and_wellbeing_strategy
2. Ensure the children and young people's plan after 2020 (current one is for 2017-2020) specifically addresses injury prevention
https://www.kingston.gov.uk/downloads/file/228/children_and_young_people_s_plan_2017-2020
3. Promote accident prevention through the Healthy Early Years London programme that is being rolled out in Kingston
4. Work through the Kingston Safeguarding Children's Board/CDOP to agree a joint approach to injury prevention, with key partners such as Your Healthcare, the Police, Achieving for Children, Fire Service and Kingston Hospital
5. Develop a community awareness campaign for accident risks and prevention methods including participating in and promoting major Communications Campaigns eg. Road Safety Week
6. Ensure a key focus on accident prevention is part of the 0-19 Public Health Children's and Young People Service (Health Visiting and School Health) specification.

Housing team

7. Identify or develop a home assessment method for systematically identifying households that need interventions to support and create a safer environment and respond to need via a partnership action plan.

Transport/highways team

8. Improve road safety including reduced speed zones; other traffic calming interventions when reduced speed zones are not possible; and continue to support and promote school travel plans, including cycling proficiency schemes

References

1. The Royal Society of the Prevention of Accidents, (2015). Delivering accident prevention at local level in the new public health system.
2. Office for National Statistics, (2016). Statistical bulletin: Avoidable mortality in the UK: 2016.
3. Public Health England, (2018). Reducing unintentional injuries in and around the home among children under 5 years.
4. Marmot, M. Fair society, healthy lives : the Marmot Review : strategic review of health inequalities in England post-2010. (2010) ISBN 9780956487001
5. Public Health England, Fingertips - accessed September 2018
6. NICE, (2015). Unintentional injuries: prevention strategies for under 15s.
7. NICE, (2015). Unintentional injuries in the home: interventions for under 15s.
8. Department for Transport, STATS19 for 2016 - accessed September 2018
9. Public Health England, (2018). Reducing unintentional injuries on the roads among children and young people under 25 years.
10. Raw data provided by Public Health England (London), September 2018

Further reading

1. Public Health England, (2018). Reducing unintentional injuries in and around the home among children under 5 years.
2. Public Health England, (2018). Reducing unintentional injuries on the roads among children and young people under 25 years.
3. The Royal Society of the Prevention of Accidents, (2015). Delivering accident prevention at local level in the new public health system.