



TRAUMA AND INJURY INTELLIGENCE GROUP (TIIG)

SEMINAR AND WORKSHOP EVENT
27TH APRIL 2005

SUMMARY REPORT

CONTENTS

1. Introduction
2. Format of seminar
3. Workshops
4. Summary
5. Action points

1. Introduction

The Trauma and Injury Intelligence Group (TIIG) held a seminar and workshop event on 27th April 2005 at Merseyside Fire and Rescue Service headquarters. The objectives of the seminar were to: -

- Illustrate the work of TIIG and progress since the last seminar
- Demonstrate the practical implementation of an Injury Surveillance System
- Engage key stakeholders in the development of TIIG and the design and content of four themed reports, namely, Assaults, Children and Inequalities, Road Traffic Accidents and Fire and Burns

Invitations were extended to representatives across Merseyside from Primary Care Trusts, Accident and Emergency departments, Police, Fire and Rescue, Ambulance, Local Authorities, Sure Start, Housing Associates and other agencies involved in injury prevention (See appendix 1 for list of attendees). The seminar was split into two parts. The first part consisted of a number of presentations, followed by workshops focusing on different themes. This report details a summary of the workshops followed by copies of the presentations.

2. Format of seminar

Dr John Reid acting as chair opened the seminar and provided a brief outline of the day.

Keynote speakers were chosen to illustrate the work of TIIG and the practical implementation of the Injury Surveillance System. Linda Turner, TIIG commissioner provided an overview of the work of TIIG and progress since the last seminar (June 2002) (Appendix 2). Zara Anderson (TIIG Analyst) and Dave Herron (Liverpool Citysafe) provided a presentation entitled 'Practical Implementation of an Injury Surveillance System: Assaults on Merseyside. TIIG data sources and examples of data were shared, followed by a case study on assaults. The case study looked at the benefits of using A&E and ambulance intelligence in establishing the level of assaults across an area, at risk groups for assault and hotspots areas. Examples of how the police, local authority and other agencies could use this information to reduce the level of assaults across Merseyside were shown (Appendix 3). The final Keynote speaker, Karen Stratford from Birkenhead and Wallasey Primary Care Trust, detailed how the Wirral have used the Injury Surveillance System set up by TIIG and the benefits of partnership working. The talk demonstrated how data collected by TIIG is used to identify trends and set targets and how information provided by TIIG has been used to inform the Wirral Alcohol Strategy and the Wirral Night time and Evening Strategy (Appendix 4).

The second half of the seminar consisted of four workshops focusing on Assaults, Children and Inequalities, Road Traffic Accidents and Fire and Burns. The purpose of the workshops was to engage key stakeholders in the production of reports focusing on each of the themes detailed above.

A plenary session allowed for feedback from the four workshops and questions to be taken from the floor.

3. Workshops

All workshops followed the same structure and posed questions to be explored within the groups. Attendees were allocated to workshops that reflected their remit and also enabled a range of agencies to come together to share ideas and experiences from a range of disciplines. The purpose of this was to produce themed reports using injury data, which covered key issues for all agencies and hence were useful to all.

The following details the key themes identified by each workshop group, additional data sources that would be useful for each report and other issues that participants thought would be useful, but were either not considered key issues or for which data are not currently available.

Table 1: Assaults workshop

Key Issues	<ol style="list-style-type: none">1. Impact of assaults on public services2. Alcohol-related violence3. Hate crime4. Domestic violence
Data sources	<ul style="list-style-type: none">• Accident and Emergency• Ambulance• Police• Hospital Episodes• Mortality• The Wirral Intelligence Unit (Police) has recently carried out analyses on the level of domestic violence across the Wirral. This information would be available for this report.
Other issues	<ul style="list-style-type: none">• None
Report format	<ul style="list-style-type: none">• Tables and graphs of available data• Some descriptive• Recommendations if possible

Table 2: Children and Inequalities workshop

Key Issues	<ol style="list-style-type: none">1. Home environment2. Fires and burns3. Multiple A&E attendances for individual children4. Transport incidents
Data sources	<ul style="list-style-type: none">• Accident and Emergency• Ambulance• Hospital Episodes• Mortality• Merseytravel• IMD 2004• Police• Connexions

	<ul style="list-style-type: none"> • Census – housing data • Fire service • Warrington Housing database • Connexions have a database with all 13-19 year olds in contact with the service in greater Merseyside and Cheshire. Each individual is assessed on level of need. Monthly analysis reports are produced • Local Authority for crude numbers on child protection registers • Child index being piloted in Kirkby and Haydock covering all children in the area
Other issues	<ul style="list-style-type: none"> • Ethnicity of children involved in injuries • Sports and recreational injuries • For adolescents – injuries linked to assaults, alcohol and drug consumption • Location of incident – not available in all data sources • Linking injuries with data from social services, child protection etc • Look at data requirements for statutory outcomes framework for children (Every Child Matters, Children’s NSF etc) • Injuries cross referenced with data on postnatal depression and mental health of parents
Report format	<ul style="list-style-type: none"> • Age group should be 0-18 years • Types of injuries (particularly 4 key issues, but others as well if possible) by age. Year by year age (e.g. 1,2,3) for routine data sources across whole of C&M. Grouped categories if not possible. • Time of year • Time of day • Gender analysis • Trends for admissions, mortality, and fire incidents • Report format: graphs, descriptive, maps • Sure Start boundaries for producing maps could be available from the national unit, or a request could be made to the C&M analysts group

Table 3: Road Traffic Accidents workshop

Key Issues	<ol style="list-style-type: none"> 1. Demography of victims and offenders 2. Location of incidents and residences 3. Seasonal trends 4. Drivers versus pedestrians
Data sources	<ul style="list-style-type: none"> • Accident and Emergency • Ambulance • Police • Fire • Insurance companies • Department for Transport • DVLA
Other issues	None
Report format	<ul style="list-style-type: none"> • Analyses interpreted with help of workshop group members • Breakdown of drivers and pedestrians – age/gender/type of vehicle/seriousness/location (mapped)/Alcohol involvement/seat belts

Table 4: Fire and Burns

Key Issues	<ol style="list-style-type: none">1. Smoke inhalation2. Location/hotspots3. Deprivation and fire and burns4. Type of housing
Data sources	<ul style="list-style-type: none">• Accident and Emergency• Ambulance• Police• Fire• Health and Safety Executive- work related
Other issues	<ul style="list-style-type: none">• Interactive report (web based)• Disability• Association with fires and smoking cessation initiatives.• Firework campaigns
Report format	<ul style="list-style-type: none">• Smoke inhalation• Alcohol/drug use, smoking/fireworks campaigns, location, deprivation, type of housing, hotspots, time of year, self harm• Percentages and numbers.• Maps identifying hotspots.

4. Summary

The objectives of the workshop were to illustrate the work of TIIG to key stakeholders, demonstrate the practical use of an Injury Surveillance System and engage key stakeholders in the development of themed reports. A wide range of organisations attended the seminar and hence the TIIG project was promoted to a wide audience. For future events, TIIG would hope to see more representation from local authorities. Key stakeholders from Cheshire will also be encouraged to attend when TIIG starts collecting A&E data from this area¹.

Positive feedback from seminar attendees was forthcoming. In particular, attendees felt the presentation on the practical use of the Injury Surveillance System enabled them to realise the systems full potential. The workshops encouraged key stakeholders to discuss their issues and come up with key issues around Assaults, Children and Inequalities, Road Traffic Accidents and Fire and Burns, on which TIIG will produce a report for each theme.

Attendees also felt the seminar posed an opportunity to network with agencies working within a similar remit.

¹ TIIG are currently in discussions with Leighton A&E department to start collecting their data.

Action points

1. TIIG will produce the four themed reports, namely Assaults, Children and Inequalities, Road Traffic Accidents and Fire and Burns by the end of 2005.
2. TIIG will regularly feedback on the development of the Injury Surveillance System and how the system is being utilised by different agencies. Mediums such as the TIIG website (www.nwpho.org.uk/ait), the Champs bulletin, email and conferences/seminars will be used to keep key stakeholders up to date on progress.

5. Appendices

Appendix 1: TIIG seminar attendee list

Organisation	First Name	Surname	Job title
Arrowe Park A&E	Maria	Jeffrey	A&E Manager
Arrowe Park A&E	Steve	Johnson	A&E Manager
Arrowe Park A&E	Carl	Hancox	Data Quality Officer
Birkenhead and Wallasey PCT	Karen	Stratford	Public Health and Regeneration Manager
Citysafe	Dave	Herron	Sergeant
Connexions	Joe	Colleran	Senior Project Manager
Knowsley Council	Bob	Worthington	
Knowsley Council	Bob	Cummins	
Knowsley Police	Ian	Valentine	Chief Inspector
Liverpool Environmental Health and Trading Standards	Tony	Boyle	Environmental Health Officer
LJMU	Andrea	Hutchinson	Research Assistant
LJMU	Clare	McVeigh	Project lead - Violence
LJMU	Mary	Lyons	Principal Lecturer in Public Health
LJMU	Karen	Hughes	Manager, Behavioural Epidemiology
Merseyside Fire and Rescue	Lyn	Hurst	Data Analyst
Merseyside Fire and Rescue	Julie	Yare	Data Protection Officer
Merseyside Fire and Rescue	John	Curtis	Knowledge Manager
Merseyside Police	Brenda	Dalrymple	Customer Services Analyst
Merseyside Police	Julia	Oliver	Performance Researcher
NWPHO	Neil	Potter	Analyst
South Liverpool PCT	Phil	Sadler	Alcohol Strategy Co-ordinator
South Sefton PCT	Katherine	Abba	Senior Public Health Intelligence Officer
South Sefton PCT	Gwyn	Holland	Public Health Intelligence Officer
St Helens and Knowsley Health	Maureen	McEvoy	Senior Health Promotion Specialist
St Helens and Knowsley PCT	Paul	Langton	Public Health Intelligence Manager
St Helens Police	Sergeant	Wright	Sergeant
Sure Start Birkenhead Central	Cath	Kelly	
Sure Start Picton	Alfred	Salami	
Wallasey Police	Mark	Sutcliffe	Inspector
Warrington Primary Care Trust	Jennifer	Bowers	Public Health Information Analyst
Wirral Intelligence Unit	Carl	Brown	Analyst

Appendix 2: Presentation by Linda Turner (TIIG Commissioner)


WHAT IS THE TRAUMA AND INJURY INTELLIGENCE GROUP (TIIG)?
 Linda Turner
 Lead Commissioner for TIIG
 Public Health Specialist


Strategic vision of TIIG

- To take a strategic approach to injury prevention across Cheshire and Merseyside, with particular reference to injury intelligence and working with partners from all sectors of the community



TIIG Objectives

Include:

- Inform Cheshire and Merseyside Public Health Network on accident and injury intelligence, particularly through the Public Health Intelligence Group
- Advise and support injury information providers
- Advise the Strategic Health Authority on injury intelligence systems
- Inform injury prevention strategies on needs assessment, monitoring and evaluation
- Make available systematically the best evidence
- Collaborate with partners on other related initiatives (e.g. robbery and violent crime)


TIIG Membership

- Health Protection (Chair)
- Public Health in PCTs
- University of Liverpool
- Public Health Observatory and John Moore's University
- Fire Service
- Police
- Ambulance Service


Why is an injury surveillance system needed?

Injury is a key public health issue


- cause people to die prematurely
- major cause of disability, impairment, poorer quality of life
- links to the inequality agenda

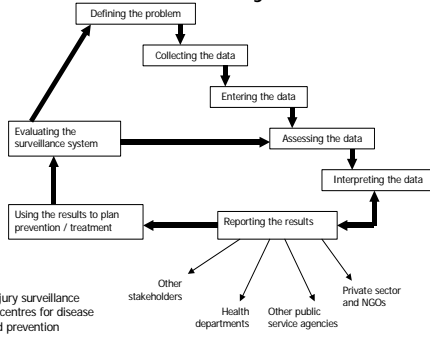
National drivers

- **Recommendation from BMA that:**
"injury surveillance centres should be established"
- **Report to Chief Medical Officer - Preventing Accidental Injury: Priorities for Action**
"Public Health Observatories, together with their counterparts in local government, should play a key role in the surveillance of accidental injury"


Local drivers

- Merseyside conference prioritised theme of improving information about injuries and those at risk



Steps in a surveillance system



Source: Injury surveillance guidelines centres for disease control and prevention



What is the Merseyside and Cheshire model?

- Steering group with senior members of partner organisations
- Covers both intentional and unintentional injuries
- Brings together a variety of data sources
- Sustainable (passive) surveillance system
- Uses core data sets with local flexibility
- Wider coverage than other surveillance systems in UK and internationally
- Phased approach to development


Expected outputs from the surveillance system


- Identification of priorities
- Baselines
- Intelligence for targeting operational work
- Regular monitoring information
- Intelligence for evaluating interventions
- Intelligence for CDRP audits and strategies

Appendix 3: Presentation by Zara Anderson (TIIG Analyst) and Dave Herron (Liverpool Citysafe)



trauma and injury intelligence group

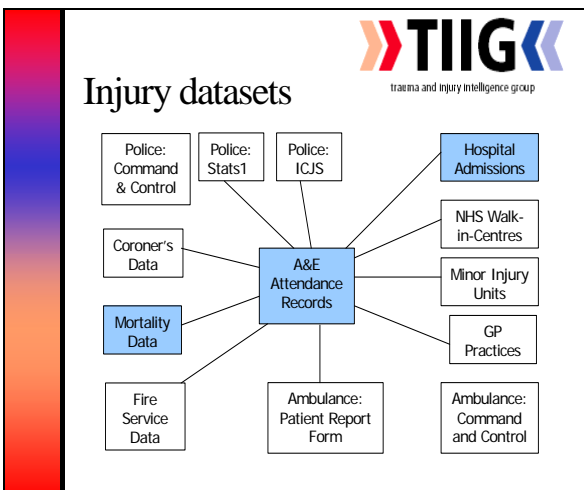
TIIG data



trauma and injury intelligence group

Objectives

- TIIG data
- Case study – Assaults
- Data constraints
- Violence as a health issue
- Benefits of data collection
- Summary





trauma and injury intelligence group

Accident and Emergency

- Aintree
- Alder Hey
- Arrowe Park
- Royal Liverpool
- Whiston

Mersey Regional Ambulance Service


In discussion with Merseyside Police and Merseyside Fire and Rescue Service



trauma and injury intelligence group

A&E data

- Injury group
- Time/date of attendance
- Arrival method
- Patient demographics
- Area of residence
- Location of incident
- Disposal method



trauma and injury intelligence group

Ambulance data

- Reason for call out
- Location
- Time/date
- Patient demographics
- Hospital of attendance

Other data sources:

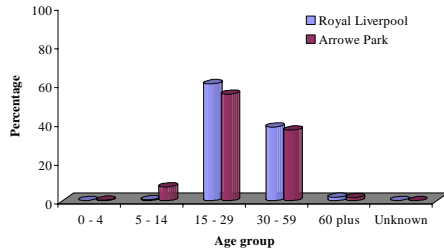
- Warrington, Halton, Leighton, Macclesfield, Countess of Chester and Southport and Ormskirt Accident and Emergency departments
- Minor Injury/Walk in centres
- Primary Care Trusts

Case Study - Assaults

- Accident and Emergency data
- Ambulance data

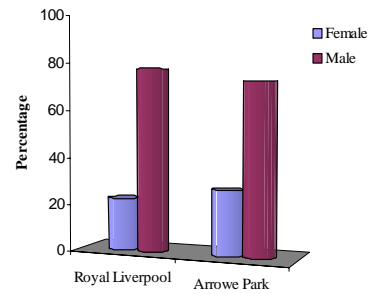
Assault A&E attendees by age group

April to December 2004
 Royal Liverpool – 3344 (13%)
 Arrowe Park – 2177 (7%)



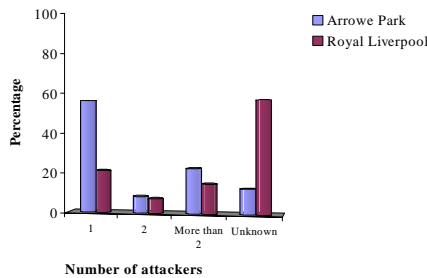
Assault A&E attendees by gender

April to December 2004



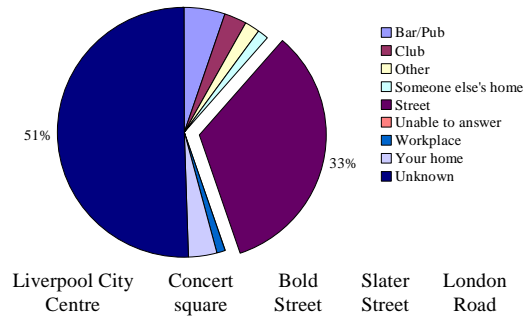
Assault A&E attendees by number of attackers

April to December 2004



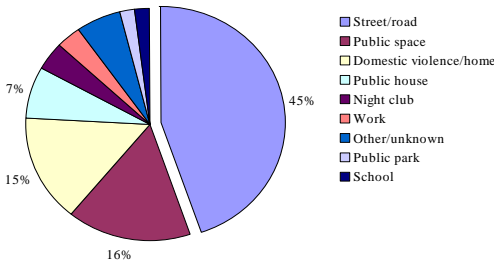
Assault A&E attendees by location

Royal Liverpool A&E, April to December 2004



Assault A&E attendees by location

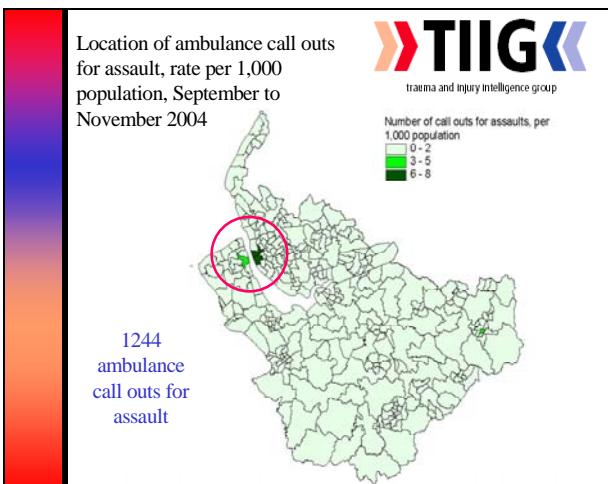
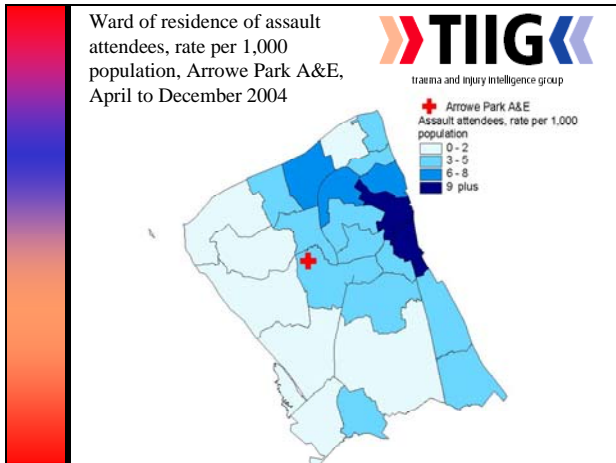
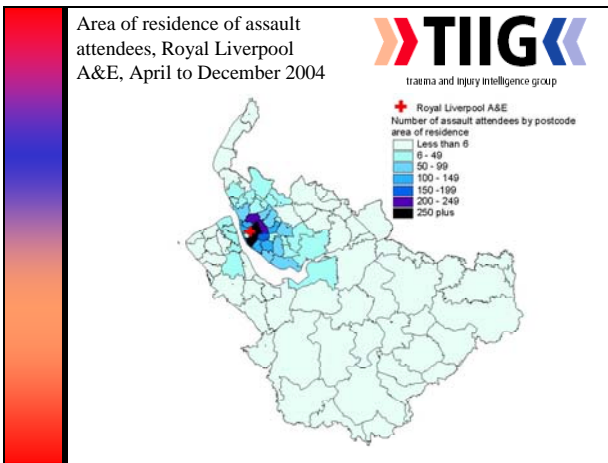
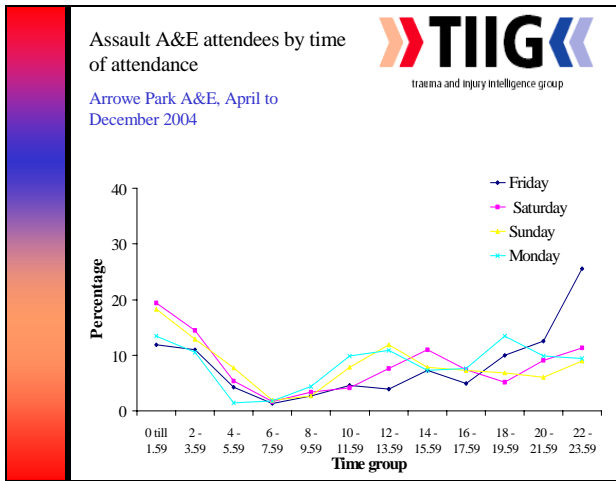
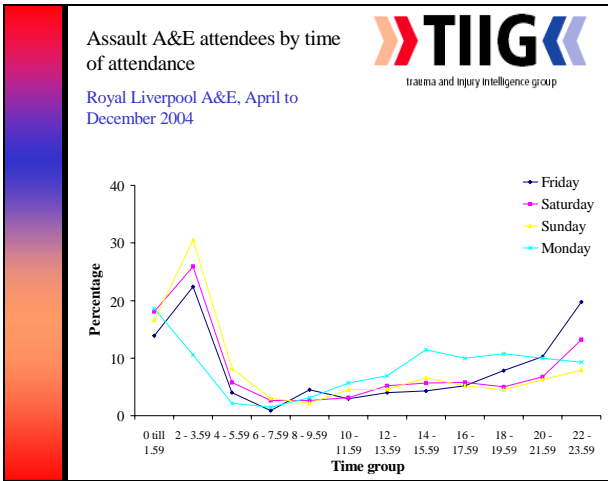
Arrowe Park A&E, April to December 2004



49% of assault attendees drank alcohol prior to attack

Royal Liverpool A&E - Assault Patient Questionnaire, April to December 2004

- 90% attackers male
- 67% attacked by stranger, 16% friend, 4% bouncer
- 70% attacked with body part, 10% blunt object, 5% bottle
- 50% informed police



Data summary

- Victims: 15 – 29 years, male
- Attackers: male
- Peak times: weekend evenings
- Peak location: night time environment
- 49% victims drank alcohol prior to attack
- Local people involved in local violence

TIIG trauma and injury intelligence group

Data Constraints

- Variations in data collection
- Data collection methods
- Awareness of importance
- Resources
- Accountability/Ownership
- Training

Implementation of a local Injury Surveillance System

VIOLENCE IS A HEALTH ISSUE

Drivers:

- World Health Organization
- Council for Europe
- National Government

Working in partnership

Other factors driving this approach....

- Section 17 Crime and Disorder Act 1998
- Crime and Disorder Reduction Partnerships
- Health Service now part of C.D.R.P.
- British Crime Survey
- National Crime Recording Standards

What can be achieved?

Data analysis can

- Identify hotspots (exact location)
- Identify licensed premises
- Identify vulnerable groups

Short term responses

Police and other agency response

- Targeted deployment of resources (multi agency)
- CCTV
- Targeting licensed premises

Longer term responses

- Licensing Act
- Street Lighting
- Planning restrictions
- Improved Intimate Partner Violence data - target interventions
- Multi-agency interventions e.g P.C.T re. Binge Drinking

Benefits

Reduce:

- Violent Crime

Reduce:

- Ambulance call outs
- A&E admissions
- Hospital admissions



Meet National Targets

Improve:

- Improve health
- Improve night time economy
- Increase diversity

Free up resources

Summary

- Violence is a health and criminal justice issue
- Some assault data available
- Priority to improve data collection
- Multi-agency approach

Appendix 4: Presentation by Karen Stratford (Birkenhead and Wallasey PCT)

Birkenhead and Wallasey Primary Care Trust
"improving health, reducing inequalities"

Partnership Working: Birkenhead & Wallasey PCT and TIIG

Karen Stratford
 Public Health & Regeneration Manager

Birkenhead and Wallasey PCT is part of the Cheshire and Merseyside teaching PCT Collaborative 'a learning community'

- How the PCT has used TIIG data
- Benefits
- Future developments / opportunities

Trend Analysis & Target Setting

- LSP cross cutting theme of alcohol misuse.
 - Used to inform the commissioning of NRF alcohol and alcohol-related violence interventions.
- Community Strategy
 - Used to set a proxy indicator for a floor target in the PMF.

Wirral Alcohol Strategy Wirral Evening & Night-Time Strategy

Alcohol-related assaults presenting at APH (2008) and target for 2008

- Target Setting using:
 - A&E attendance data / trends
 - Hospital admissions data

TARGET – To reduce alcohol-related assaults presenting at APH by 15% by 2008.

Alcohol Enforcement Campaign

'To reassure the public that police are working closely with licensee's and other parties to create a safe town or city, particularly those enjoying night-time entertainment.'

(Home Office, 2004)

'Wirral Violence Strategy'

Integrated Children's Services

- TIIG and other data used:
 - Part of self evaluation
 - Determine priorities for Wirral children
 - Inform multi-agency planning – 'Wirral Children and Young People's Plan'
 - Support performance management.



Wirral Injury Stats

Number of 0-4's attending A & E with an unintentional injury in the last 2 years

	April 02 - March 03	April 03 - March 04
	2263	2014
Injury Type	April 02 - March 03	April 03 - March 04
Fall	986	996
Struck	225	224
Wound/Cut	196	151
Bite	16	25
Ingestion	102	76
Inhalation	4	6
Foreign Body	101	92
Chemical Inhalation	2	0
Glassing	0	1
Unknown (not specified)	18	6
Other	388	204
Burns		
Flame	7	7
Scald	73	52
Chemical	4	10
Electrical	8	5
Firework	1	1
Other burn	34	40
Total burns	127	115
R T A	98	118

Future Developments / Opportunities

- Themed Reports – eg 'Older Adults & Falls 2005'
- Falls have a substantial impact on health and health care services.
- High levels of elderly admissions concern and priority for PCT.
- Value of report – brings together data from A&E, ambulance, mortality and hospital episodes to provide a clear picture to inform.

Using TIIG to inform PH & Regeneration plans

- HMRI
- Opportunity to combine TIIG and housing data.
- Eg RTA accident profile in HMRI areas
- Recommendations to reduce accidents through opportunities of physical regeneration. 'Home zones'; gardens; off road parking; road layout; traffic calming etc.

Summary

- TIIG – Valuable source of data and analysis to inform health policy and practice.
- Policy drive – Co-ordinated action to improve health and reduce health inequalities.
- Reflected in Choosing Health (2004) and Local Government Act (2000)

For further information about the TIIG project please contact Linda Turner (TIIG commissioner) on 0151 478 1268 or via email, linda.turner@southsefton-pct.nhs.uk. For data related issues contact Zara Anderson (TIIG analyst) on 0151 231 4505 or via email, z.a.anderson@livjm.ac.uk

All TIIG reports are available on the TIIG Website: - www.nwpho.org.uk/ait