TRAUMA AND INJURY INTELLIGENCE GROUP

TIIG NEWSLETTER

PHI Public Health Institute
LIVERPOOL JOHN MOORES UNIVERSITY

TACKLING INJURIES AND VIOLENCE SINCE 2001

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WELCOME

Welcome to the first edition of a new Trauma and Injury Intelligence Group (TIIG) newsletter. The last two years have of course been dominated by the COVID-19 pandemic. The effects of COVID-19 on our local communities and restrictions to our lives will no doubt be felt for many years to come, impacting dis-proportionately and hardest on the most vulnerable members of our society. For trauma specifically, we are seeing devastating impacts to mental health. Domestic abuse has been termed the epidemic beneath the pandemic, and our blue-light and emergency services have been stretched even more than usual.

However, despite the difficulties of the last two years, there have also been a great deal of positives. One of these is the development of 18 Violence Reduction Units (VRUs) across England and Wales, who are working tirelessly to tackle the root causes of violence and create safer and stronger communities. We are enthused by the work taking place, not only by the VRUs but by all our local partners in reducing injury and violence. We would like to thank you for your work and continued support of TIIG.

VIOLENCE MONITORING

COVID-19 aside, the last 2 years have been a challenging but also exciting period for TIIG. In March 2020, we launched the Merseyside Violence Reduction Partnership (VRP) data hub which brings together data from police, A&E, ambulance and fire and rescue services in one place to truly enable us to have a deeper under-standing of violence in our communities.

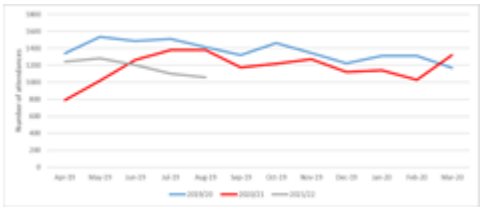
This work led us to expand beyond the North West of England, supporting West Yorkshire VRU and Wales Violence Prevention Unit (VPU) in similar ventures. We also advise numerous other VRUs in setting up TIIG models in their area, with a particular focus on engagement, data completeness and data quality. However, we are keen to remain an injury and violence surveillance system, and whilst violence will always be a key focus of the work we do, other injury types such as falls and self-harm stay important.

To view our data hubs, please visit:
https://tiig.ljmu.ac.uk

A LOOK AT SELF HARM

World Suicide Prevention Day (WSPD) takes place on the 10th September every year and reinforces a worldwide commitment to preventing suicide. The WHO has expressed concerns over COVID-19 mental health consequences, speculating that isolation and quarantine measures are increasing feelings of loneliness, anxiety, depression, drug and alcohol use, self-harm and suicidal behaviour.

Media rhetoric suggests that both suicide and self-harm are rising but the data at present does not support this, although further investigation into variations between demographic groups or geographical areas is needed. This public narrative can be damaging, and media reports which falsely claim that suicides and self-harm are escalating may be harmful to those who are already vulnerable. However, regardless of whether suicide and self-harm is increasing, decreasing or remaining static, any number is too high and there are continuing risks as the pandemic reaches its third year.



Whilst the relationship between self-harm and suicide is complex, one can lead to the other. Looking at A&E attendance data for self-harm provides part of the overall picture and trends. Since April 2019, overall A&E attendances for self-harm have declined, and whilst attendances increased following each lockdown restrictions being lifted, figures remain lower than pre-lockdown. However, there are some groups of particular interest, in particular young women and girls (aged 15 to 29 years) who are disproportionality represented in the data, accounting for around 30% of attendances.

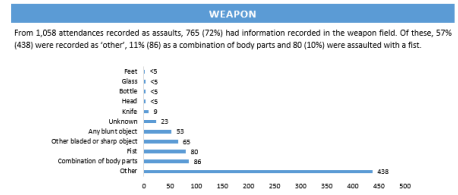
The theme of WSPD this year was creating '*hope through action*', and the use of data and surveillance techniques needs to be part of that action. Alongside other data, e.g. hospital admissions data and coroner systems, TIIG data can be used to monitor trends in self harm and suicide, identify at risk groups and areas, and assess the effectiveness and impact of services and interventions.

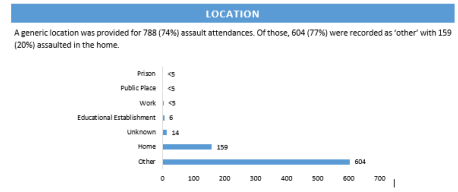
Please contact us if you would like to discuss how TIIG can inform your work.

FOCUS ON DATA QUALITY

One of TIIG's key priorities is around data quality, in particular data relating to assault presentations at A&Es. This work is led by Jane Webster who:

- Meets regularly with staff from each A&E to provide feedback on data collected and how it is being used locally
- Provides monthly completion rates
- Works with A&Es to look at the inclusion of additional data items





A detailed assault location was given for 788 (74%) assault attendances. However, whilst data was provided for 74% of cases not all was sufficient to enable hotspot maps to be created. Below are some assault location examples with detail on whether this would be sufficient detail for mapping purposes.

Example location	Able to map?	Feedback
Walking from restaurant	No	Not possible to identify geographic region, would need street name or point of interest
Swinton	Not sufficiently	Whilst this does tell us the area an assault happened, it does not give enough information to hotspot map
Revolution	No	Whilst the pub name has been recorded, due to the number of Revolutions it would not be possible to identify the specific venue. Here we would also need the street name or at least the general location
Market Street	Usually	This allows us to identify the street an assault took place on. Where mapping may be difficult is for very long street, e.g. Wilmslow Road or where a number of streets in the area share the same name
By McDonalds, Cross Lane, Salford	Yes	As we have the street name and a point of interest we can hotspot map this data
Revolution, Deansgate Locks	Yes	We have a specific venue with the area so we can hotspot map this data

Of particular note, is the development of our data quality reports. These report assess the usefulness of data collected ensuring it is the highest standard possible.

MEET THE TEAM



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