TRAUMA AND INJURY INTELLIGENCE GROUP

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TACKLING INJURIES AND VIOLENCE SINCE 2001

APRIL 2024

TIIG EVENT 2024 SPECIAL

On the 7th March 2024, TIIG hosted their annual event bringing together partners working within injury and violence prevention from across England and Wales. The event had over 180 attendees with presentations from the Home Office, Parliamentary Advisory Council for Transport Safety, Bolton Council, Liverpool Council, Northumbria VRU, The University of Liverpool and Liverpool John Moores University. This newsletter focuses on the presentations from the TIIG event. Slides and event recording are available https://tiig.ljmu.ac.uk/Event2024

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WELCOME OUR NEW ANALYST

We would like to welcome Ollie Ellis who has joined the Intelligence and Surveillance Team here at LJMU as a data analyst. Ollie will be working across our different surveillance systems but with a particular focus on TIIG and the Drug Interventions Programme (DIP). For TIIG, Ollie will be supporting in accessing, processing, analysing and sharing TIIG data as well as assisting with bespoke analyses.

COSTS OF VIOLENCE

<u>Lisa Jones</u> from LJMU opened the event by emphasising how violence and injury constitute a major public health problem,



that co-exists and intersects with other public health issues across the lifespan, affecting people at every level from family units to wider communities and society. Lisa went on to explain the importance of researching

violence and injury on economic grounds, highlighting in particular the need to move towards investing in a prevention-first approach, rather than spending and focusing solely on the downstream impacts of violence. She highlighted the need for economic evidence to help policy makers understand how to prioritise investment, by utilising cost-of-illness methods and highlighting the cost of violence to healthcare and wider society.

CAPVA

Child and Adolescent to Parent/Caregiver Violence and Abuse (CAPVA) is becoming more widely recognised as a significant public health issue, affecting both families and wider communities. Becky Bates and Chloe Booth from LJMU highlighted that inconsistencies in how CAPVA is defined and measured results in little available support for those experiencing it. As part of literature review exploring what is currently known on CAPVA, Chloe highlighted the important link between ACES and developing maladaptive behaviours which may lead to CAPVA later on, as well as how the foundation of these behaviours may be explained by theories such as social learning theory, and attachment theory. The ongoing policy review for CAPVA, aims to understand the current UK guidelines and how these need to be adapted to better inform organisations who may encounter those experiencing CAPVA. Becky's recent report compiles a table of all services which provide support for those experiencing CAPVA in Merseyside. The report also highlighted several system wide recommendations including the setting up of a Merseyside CAPVA multi-agency steering group, training for practitioners, public campaigns and wraparound support for parents.

STUDENT SUPPORT CHAMPIONS

Continuing with violence related presentations, Yvonne Butterfield and Sarah Kilday from Northumbria VRU presented their roles as student support champions. Northumbria VRU has a dedicated education team that go into schools and deliver prevention education. These champions bridge the gap between schools and police, offering support to both teaching staff and young people to help tackle violence.



This service is set up so that individuals who may be having issues can access support and explore the reasons why they are struggling and develop conflict management and coping strategies. The champions also facilitate communication with the school, police, or local authority to put in place relevant measures or targeted support.

THE WORK OF PACTS

Margaret Winchcomb from Parliamentary Advisory Council for Transport Safety (PACTS) began with a brief introduction to the field of Transport Safety on the prevalence of road traffic incidents today, with 1.1 million global deaths per year as a

result of road traffic incidents and many more with life changing injuries. In particular, she indicated the flat line

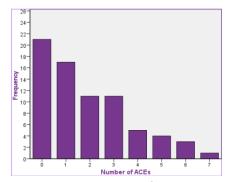


trend for road traffic casualties in the UK and the increasing need for more data, policy, and interventions regarding the use of escooters on UK roads. Margaret highlighted the need for better reporting protocols for road casualties, as they are typically underreported, leading to incomplete data and an inability to properly develop and target intervention and policy. PACTS has made 14 recommendations for e-scooter regulation including;

- minimum front wheel size of 12"
- maximum possible speed of 12.5mph
- helmet wearing to be mandatory
- drink driving be prohibited.

ACES AND MENTAL HEALTH

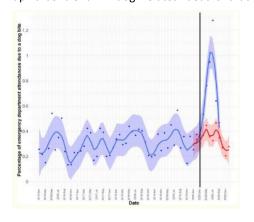
<u>Laura Sambrook</u> from LIMU presented her <u>work</u> on ACES within a complex mental health needs cohort. Upon conducting this study, Laura and her colleagues found that



these service users were often exposed to ACEs, but their data on ACEs was not routinely recorded in an accessible or useable way, leading to underreporting and a lack of support for the individuals. Laura went on to explain that more research is needed to inform best practice, both for reporting purposes and early intervention strategies.

ANIMAL RELATED TRAUMA

Dr John Tulloch from The University of Liverpool explained how animal-related trauma research is primarily focused on dogs. horses, and cattle, due to the proximity of these animals to humans and the severity of injury associated with incidents. He covered the issues with defining animal-related trauma; for example, ICD-10 codes do not exist for cattle related injuries, and only cover specific incidents with horses, leading to difficulty when attempting to extract these data, as often the injuries are recorded as type of injury (e.g., crush, fracture) but not the external cause (i.e., cattle, horse). John went on to describe what current data is telling us about dog related injuries, explaining that death records show an upwards trend in dog related deaths that



goes beyond the increase in the dog population. There are multiple hot spots nationally, with Liverpool having the highest rate of incidence in England. However, Wales has much higher rate of incidence than England, with the Swansea Bay area having up to 3x as many incidences as Liverpool. Hospital records are showing similar trends and provide some demographic data, showing that national increase in incidences is primarily driven by an increase in adult cases. Contextual data is needed to understand why this is happening. LSOAs are one source, showing that rural areas and areas of high deprivation are linked to increased rates of dog related injury. However, hotspots are exclusively urban areas and areas of low ethnic diversity. Dog related injury appears, therefore, to be a community-based issue rather than a national

one. There is a need to build the picture using a combination of A&E, police, and business data to gather more information

the

around



dog population and the nature of dog-human relationships within communities to provide more targeted prevention approaches.

FALLS COLLABORATIVE

The Cheshire and Merseyside falls collective was established in 2023 after recognising that many people were experiencing barriers to care based on a 'postcode lottery', highlighting a need for a collaborative approach within Cheshire and Merseyside. Emma Ciclitira from Liverpool City Council described how the overall aim of the collaborative is to improve the health and wellbeing of residents through both falls prevention and improving falls outcomes across the region through multi-agency and crossboundary collaboration. This will hopefully put in the right measures to support an aging population in C&M where, by 2040, the population of 75+ year olds is expected to increase by 44%, compared to an overall population increase of just 7%. Emma further highlighted that C&M had five out of the top 20 places for falls in the UK, indicating a strong need for this type of collaborative support in the area. The collaboration developed a framework to achieve this and inform development of;

- equity and equality of provision
- leadership
- workforce development
- promote age-friendly communities
- communication
- digital technology

The collaboration are now working to understand the national direction and that of C&M ICB before action planning this framework.

LICENSING COMMUNITIES

Gareth Hill and Phil Zarei from Bolton Council explained how the Public Health Licensing Communities of Practice (COP) emerged originally on the Wirral after the introduction of the Health and Social Care Act 2012 which put Public Health colleagues in close communication with Licensing Council colleagues. Traditionally, alcohol licensing did not consider the potential impacts that new licensed venues may have on public health issues in the area however the COP was established upon realising the importance of these two sectors working together. The COP is a mix of PH officers, analysts, and enforcement colleagues that collaborate on the provision of alcohol sale licenses. The aim was to produce a data-driven approach to assessing license applications, using A&E, Police, and Local Authority data to assess the relative risk of adding more licensed areas based on the areas current landscape, e.g., how many alcohol-related injuries, incidences of violent crime, and presence of vulnerable community members. This was achieved by creating a Bolton Alcohol Licensing Data Matrix which allowed public authorities to input the post code from a licensing application and assess its suitability based on the number of licensed premises around the area, as well as by looking at serious and violent crime, alcohol related hospital attendances, and vulnerable populations. This allows public health datainformed approach to alcohol licensing that was previously not seen and has resulted in a significant drop in license approvals.

NATIONAL ISTV LAUNCH

Karen Lucas-Walker from the Home Office explained the history of Information Sharing to Tackle Violence (ISTV) program and its role

in understanding the core drivers behind serious and violent crime how and to effectively respond to them. She highlighted one of the current top priorities; data sharing and utilisation, including



increasing the accuracy, submission and usability of key datasets that inform policy and strategy. Currently, VRUs are driving a statistically significant downfall in serious and violent crime nationally, however recent analysis suggests that much of the data VRUs are receiving from hospitals is not fit for purpose. This means that VRUs could potentially be missing key information that could better inform preventative strategies to increase the effect VRUs are having on serious and violent crime. In response, Karen noted that VRUs have been working with DHSC, NHS England and RCEM to develop data products and systems to better tackle this data and ensure proper recording and usage, increasing usability.

A <u>Standard Operating Procedure</u> on ISTV is now available to download, as well as videos for Health Care Professionals on the importance of ISTV and how hospitals can continue to support this work.

MEET THE TEAM

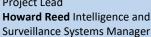








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