

## ADDITIONAL CIRCULATION



# Community Planning Aberdeen Management Group

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The undernoted items are circulated in connection with the meeting of the **COMMUNITY PLANNING ABERDEEN MANAGEMENT GROUP** to be held via MS Teams on **WEDNESDAY, 18 JANUARY 2023 at 2.00 pm.**

## **BUSINESS**

### **CPA IMPROVEMENT PROGRAMME**

- 2.7 Project End 4.2: To reduce the number of repeat emergency hospital admissions for unintentional injury to children under 5 years by 5% by 2023. (Pages 3 - 8)
  
- 2.8 Stretch Outcome 5, Key Driver 5.1 Aim: The number of children and young people with an eating disorder who are identified within 3 months of onset is increased by 50% by 2023. (Pages 9 - 12)

Should you require any further information about this agenda, please contact email [communityplanning@aberdeencity.gov.uk](mailto:communityplanning@aberdeencity.gov.uk)





# Community Planning Aberdeen

<b>Progress Report</b>	Project End Report 4.2: To reduce the number of <b>repeat</b> emergency hospital admissions for unintentional injury to children under 5 years by 5% by 2023
<b>Lead Officer</b>	Eleanor Sheppard, Chair of Children’s Services Board
<b>Report Author</b>	Rachel Thompson
<b>Date of Report</b>	12 January 2023
<b>Governance Group</b>	CPA Management Group – 18 January 2023

<b>Purpose of the Report</b>
This report presents the results of the LOIP Improvement Project Aim 4.2 to reduce the number of <b>repeat</b> emergency hospital admissions for unintentional injury to children under 5 years by 5% by 2023’ along with project work carried out from the original charter aim which was agreed in January 2020 and seeks approval to end the project.

<b>Summary of Key Information</b>
<p><b>1 BACKGROUND</b></p> <p>1.1 The term ‘unintentional injury’ is used rather than ‘accidents’ to recognise that injuries are usually ‘predictable and preventable’ (NICE, 2010). Unintentional Injuries (UI’s) in and around the home are a leading cause of preventable death for children under five years and are a major cause of ill health and serious disability.</p> <p>1.2 Data sources from 2008/2009 indicated Aberdeen (along with Dundee) had seen highest number of unintentional injuries in children aged 0-4 years. The reduction of UI’s in childhood remains an important public health priority. There has subsequently been a steep, staggered reduction in numbers and current figures now sit just above the Scottish figure.</p> <p>1.3 In light of this position, in September 2020 the Community Planning Aberdeen Board (CPA) approved the initial project charter using the Model for Improvement. In July 2021 a revised aim to focus on the reduction of the number of <b>repeat</b> emergency hospital admissions for unintentional injury to children under 5 years by 5% by 2023. The charter was updated and amended to reflect the revised aim. This was approved by the Children’s Services Board in October 2021. The current charter can be viewed <a href="#">here</a>. Data was examined which indicated that repeat admissions were not a major concern for emergency admissions, however to reduce repeat admissions it was important</p>

to reduce initial unintentional injuries overall therefore the project group carried out activity to focus on 3 priority areas.

1.4 The project identified 3 areas to prioritise for local support and awareness:

1. Training to support knowledge, skills and confidence in staff
2. Tools to support with Risk assessment in the home
3. Deliver KKS packs to families as an introduction to accident prevention

## **2 IMPROVEMENT PROJECT AIM**

2.1 The project aim was to reduce the number of repeat emergency hospital admissions for unintentional injury to children under 5 years by 5% by 2023.

## **3 WHAT CHANGES DID WE MAKE?**

3.1 Several changes were tested which focused on both repeat UIs and UIs throughout the project and are listed below:

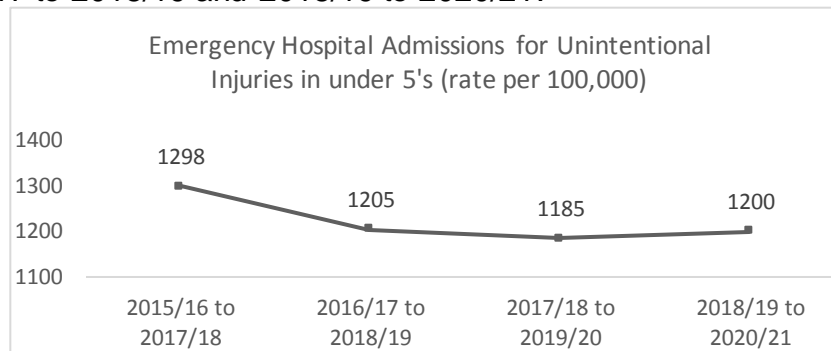
1. Training to support knowledge, skills and confidence in staff
- Develop staff capacity to pick up on observations in the home whilst visiting and conversations to consider the impact of UIs. This also reinforced the role staff played in preventing UIs. Each service was asked to identify 5 staff to undertake the Preventing unintentional injuries in early years - Learning resources - Public Health Scotland.
2. Tools to support with Risk assessment in the home and deliver Keeping Kids Safe Packs (KKS packs to families as an introduction to accident prevention
- Home start/ Child-minding/ Family learning and Pre-Birth team were provided with 75 Keeping Kids Safe Packs. Each organisation was asked to disseminate 5 packs to 5 families in each service. This was to include a discussion about safety in the home to ensure parents are empowered to confidently utilise the resources to best effect.
  - A video was created by ROSPA which the group suggested was broken into bite size clips to make talking about each room in the house more manageable as a tool for staff to provide an initial introduction for a run through for safety in each room of the home.
4. Awareness Raising
- In addition, 2 social media campaigns were run with the 4 early years services, the library service and the Health and Social Care Partnership. One campaign was run as a test in the run up to Christmas 2020 and focussed on the main unintentional injuries that occur around this period (Swallowing small batteries, fire, non-EU compliant soft toys, risks with dangerous Christmas decorations, being aware of hot items and keeping wrapped up for the weather). The second

was an introduction/ launch of the Keeping kids' safe packs and key messages for safety.

#### 4 HAVE OUR CHANGES RESULTED IN IMPROVEMENT?

4.1 The project has surpassed its aim of a 5% reduction with an 11% reduction in the number UI repeat admissions between 2017/18 to 2020/21. There were only 12 readmissions over five years with the highest percentage readmission rate being 2.53% (2017/18) and the lowest 0.67% (2020/21).

4.2 In addition, the data also shows an improvement in the number of overall emergency admissions for UIs in under 5's with a 4% reduction between 2016/17 to 2018/19 and 2018/19 to 2020/21.



4.3 The changes tested by the project have seen positive outcomes as detailed below. The changes were tested with 4 early years' service (Homestart, Childminding, pre-birth team and Family learning).

1. Training to support knowledge, skills and confidence in staff

4.4 18 staff have been trained using the e-learning module. The staff development training has proved successful and has been recommended it should be embedded as business as usual across new Childminders and Homestart staff.

4.5 Evaluation of the training package found that

- 88% of respondents understood what 'unintentional injuries' are and 88% said it was their role to support with reducing accidents.
- 75% felt well enough equipped to support the families they worked with to help reduce accidents in the home.
- A 50% average was received with staff indicating their knowledge and understanding the policies, guidance and approaches that reduce accidents in children under 5.
- 0% of staff had known about the eLearning module previously.

2. Tools to support with Risk assessment in the home and deliver KKS packs to families as an introduction to accident prevention

4.6 Distribution of Keeping Kids Safe (KKS) packs and the requirement for distribution to be part of a meaningful conversation was impacted by resourcing capacity issues and the lockdowns associated with COVID 19. Despite these 75

packs have been issued by Childminding services. There was an expectation that a conversation about risks and steps to take to mitigate against accidents. There was a requirement to carry out pre and post evaluations forms when distribution was completed with each family however this was not always the case in practice. Whilst accident prevention is recognised as an intrinsic part of the group's individual roles, feedback has shown that the packs, with the conversation, have had a positive impact in raising awareness and implementing changes in the home to prevent potential UIs.

- 4.7 Pre and post Evaluations were created for staff to complete with families when they could get out and start having face to face conversations about risk whilst using the RoSPA video tools and the KKS packs. Due to not being able to provide large group briefings on the project and delivery, a step-by-step guide was created (which included links to videos and pre and post evaluation forms) and were provided to staff.
- 4.8 The most positive interaction with the evaluation and data collection process was seen through a project in Tillydrone previously created to support teen pregnancy agenda. The 8-week programme looked at aspects of being a young parent and included financial assessment, employability, and Accident prevention. Success was seen through connecting the young mums with services they had not previously been made aware of, and gaining quick access to Homecheck input, which saved the mum money as she was about to spend unnecessarily on a stairgate and potentially fit it poorly as she had previously made attempts to 'child proof' her home. This highlighted the possibility that services may not be fully aware of a key service that can support parents and that knowledge and referrals need to be reviewed.

### 3. Raising Awareness

- 4.9 Evaluation of the social media campaign showed that reach and engagement peaked was high within the first 5 days, but then showed a gradual decline in engagement towards the end of the week which highlight to the project that that campaigns should be kept short and sharp to avoid overload and apathy around the subject matter.

## 5. HOW WILL WE SUSTAIN THESE IMPROVEMENTS?

- 5.1 The data shows that the improvement has been sustained with a continuous reduction in the number of repeat UIs. To ensure this continues to be sustained the changes tested have been adopted as business as usual in 2 services and as detailed at section 7, the project is now looking to scale up and for the changes to be adopted at all family touchpoints.
- 5.2 A key aspect to sustaining the improvements was embedding the changes, specifically the training and KKS pack/risk conversation as part of the staff roles and therefore not seen as an 'add on' to their existing workloads and roles. This was agreed by all at the outset and is embedded. To support this and ensure UIs continue to remain a focus and reduction below the Scottish average is

achieved accident prevention is also considered within GIRFEC and the SHANARRI indicators for early years practitioners.

- 5.3 Finally, the resources should be reviewed on a regular basis and a co-production approach should be used to ensure they meet the needs of practitioners and clients. For example, ACC Housing are currently undertaking a review of the Homecheck service and the group recommend that there be a coproduction approach to the review to support ensuring the service fits the needs of practitioners who refer and their clients.

## **6 HOW WILL WE MONITOR THESE IMPROVEMENTS?**

- 6.1 Data on A&E admissions for under 5's will continue to be gathered and reported locally and nationally and is available on the Outcomes Framework. Also, as above accident prevention is also considered within GIRFEC and the SHANARRI indicators for early years practitioners.

## **7. OPPORTUNITIES FOR SCALE UP AND SPREAD**

- 7.1 The project focused specifically on working with 4 early years services which aimed to carry out direct work with families, the library service, were also involved with the social media aspect of the project. Given the outcomes achieved there is now opportunity to spread this across early years who also support families with children under 5 to ensure we are promoting whole system consideration for families to help build on the reduction of hospital attendance with unintentional injuries. This would ensure that UIs are considered at all potential family touchpoints.
- 7.2 As such, the project is looking to promote that accident prevention is everyone's responsibility and encourage partners to sign up relevant staff who have contact with families with children under 5 to receive the training and have access to the KKS packs. Ensuring staff undertake the e-Learning module to help them realise their role in reducing accidents to ensure children are not impacted by unintentional injuries. Staff should also be trained with key messages that are in line with ROSPA's guidance and provided with the tools to raise the conversation in a non-judgemental and solution focused way.

### **Recommendations for Action**

It is recommended that the CPA Management Group:

- i) Agree to recommend to the CPA Board that testing is concluded and that the improvement project is ended on the basis that the project aim has been achieved and change ideas now embedded as business as usual;
- ii) Note that the project team recognise that consistency in approaches and use of tools are still a challenge and that prevention is key so will continue to promote, encourage, and scale up and spread the change ideas as described in section 7 and that the Children's Services Board would promote the outcomes achieved and encourage partners to sign up relevant staff who have contact with families

with children under 5 to receive the training and have access to the KKS packs;  
and

- iii) Note that the dataset for the overall aim will continue to be reported via the Improvement Programme dashboard/outcomes framework to ensure progress is monitored.

### Opportunities and Risks

#### Opportunities:

- improving awareness for staff for training with PH Scotland e-learning module For Unintentional injuries
- Improved service delivery and targeted support through the redesign or Homecheck
- Network development to support with up-to-date messaging, sharing practice etc and encourage collaboration and cascading of key messaging across services
- Investing in effective social media targeting.

#### Risks

- staff being overwhelmed with caseloads and priorities and always fire fighting
- single system thinking and reporting
- lack of in-depth reporting on circumstances relating to unintentional injuries
- lack of funding

### Consultation

Best Start in Life group.  
Children's Services Board

### Background Papers

The following papers were used in the preparation of this report.

[Original charter: Charter-3.8-Preventable-Injuries-in-Under-5s-V3.pdf \(communityplanningaberdeen.org.uk\)](#)

[Revised Charter](#)



Unintentional%20Inj KKS%20Aberdeen%20urries%20Analytics%20Presentation.pptx



Childminding%20links%20and%20actions? Unintentional%20injuries%20Staff%20info

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# Community Planning Aberdeen

<b>Progress Report</b>	LOIP Outcome 5, Key Driver 5.1 The number of children and young people with an eating disorder who are identified within 3 months of onset is increased by 50% by 2023.
<b>Lead Officer</b>	Eleanor Sheppard – Children’s Services Board
<b>Report Author</b>	Eleanor Sheppard
<b>Date of Report</b>	4 <sup>th</sup> January 2023
<b>Governance Group</b>	CPA Management Group - 18 January 2023

**Purpose of the Report**

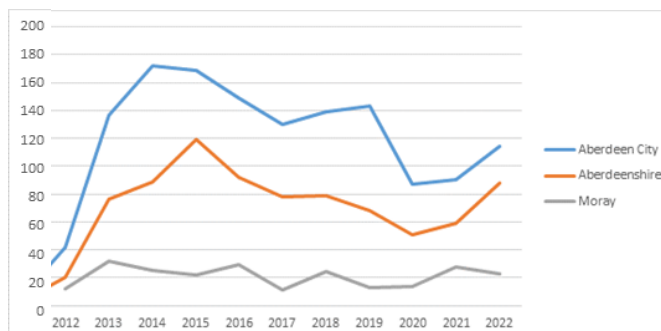
This report provides an update on the status of improvement aim **“The number of children and young people with an eating disorder who are identified within 3 months of onset is increased by 50% by 2023”** and proposed next steps.

**Summary of Key Information**

**1 BACKGROUND**

- 1.1 The Community Planning Board in August 2022 expressed concern regarding the lack of progress in relation to the above improvement aim. This improvement aim was developed and added to the LOIP refresh in July 2021 in response to a reported significant increase in the number of referrals to CAMHS in respect of eating disorders between 2019 and 2020.
  
- 1.2 The Board had agreed in November 2022 that the aim could not be measured/achieved and that a revised aim for “The number of children and young people with an eating disorder who are identified within 3 months of onset is increased by 50% by 2023” be developed and circulated electronically prior to Christmas and to delegate authority to the Chair of the Board and the Chair of the Management Group to approve the revised aim to enable this to be progressed and a charter to the next Board meeting.
  
- 1.3 In the course of reviewing data/developing a revised aim it has become apparent that the quality of the data used to determine the inclusion of this aim in the LOIP refresh of July 2021 was compromised and that data on the number of referrals has actually been reasonably consistent over time and doesn’t indicate that improvement work is necessary at this time.

Number of Referrals



- 1.4 The data in 1.3 highlights that the number of referrals for eating disorders has decreased slightly from that reported between 2014 – 2018. In effect the data indicates that there has not been a spike in referral rates for eating disorders as was originally reported. The project lead gave consideration to amending the aim to reflect a desire to reduce the number of referrals for support with eating disorders but the Children’s Service Board agree that any work to reduce the number of referrals could have unintended consequences which would not support the wellbeing of children and young people. Given the lack of evidence to support prioritising a reduction in referrals the Children’s Services Board recommend that this is not taken forward at this time but that lessons be learned around the quality of data used to inform decision making. There is a need to ensure that data used to inform the LOIP and Children’s Services Plan is not compromised as we develop the Children’s Services Plan for 2023-26 so that a similar situation does not occur again.
- 1.5 In response to concerns around the mental health and wellbeing of children and young people, the education service sought to better understand and measure the wellbeing of children and young people. 9428 children and young people from P6-S6 in all schools within Aberdeen City completed the Mental Health & Wellbeing Survey developed by the Scottish Schools Health and Wellbeing Improvement Research Network (SHINE) in March 2022. Working in collaboration with SHINE will help Community Planning Partners compare the outcomes of children and young people across Aberdeen City with others nationally and this insight is thought to be invaluable in helping us prioritise areas for improvement.
- 1.6 Children and young people from P5-S6 also had the opportunity to undertake a Physical Health & Wellbeing survey developed by the Local Authority given the clear linkage between mental and physical health. 6193 (38%) pupils completed this survey, also undertaken in March 2022.
- 1.7 In October 2022, partners from across the City came together for a Mental Health Summit to consider the findings of both surveys. The summit agreed there was a need for partners to establish robust governance arrangements across agencies to focus on mental health and wellbeing from pre-birth to end of life through the development of a Mental Health Collaborative. This thematic approach across all citizens takes account of the high number of young people who are impacted by compromised mental health experienced by their parents and provides an opportunity to look at the survey outcomes holistically with all partners to help determine how best to respond.
- 1.8 The surveys highlighted body image as a concern. 28.83% (1781) of learners reported that most of the time they felt negative or very negative about their body image. Out of the 516 pupils who stated they felt very negative about their body image, 212 of those pupils were in Primary School. Across Associated School Groups, the breakdown of responses was similar to the overall percentages below with on average 50% of learners selecting positive, 20%, very positive and 30% selecting negative or very negative. Those attending the summit heard that girls are naturally more likely to cite body image concerns and a need to explore this issue more fully to determine next steps was agreed.
- 1.9 A workplan for the Collaborative will be developed and actions will be reflected and considered through the work of the LOIP and refreshed Children’s Services Plan 2023 – 26. This work will be supported through the introduction of a Mental Health Youth Group, to ensure the voices of children and young people are listened to, understood and responded to. The terms of reference for the Mental Health Collaborative will make explicit reference to how the Youth Group will directly inform decision making.

## 2 PROPOSAL

- 2.1 Having considered the data it is clear that there has not been a spike in referrals to CAMHS in relation to eating disorders as was originally reported. There consequently is no basis to continue to pursue the original improvement aim that was agreed at Stretch Outcome in the LOIP.
- 2.2 Given that partners are currently reviewing data to help shape the Children's Services Plan for 2023-26 it is proposed that improvement aim, "**The number of children and young people with an eating disorder who are identified within 3 months of onset is increased by 50% by 2023**" be removed from the LOIP and no further work on the development of a revised aim be undertaken until the Collaborative have fully considered the data and determined proposed priorities. Subject to the review of the wider data in development of the Children's Services Plan, any proposed improvement aim would be presented at that time as part of the Plan and approval to add to the LOIP sought at that time as appropriate.

### Recommendations for Action

It is recommended that members of the CPA Management Group:

1. Recommend to the CPA Board that improvement aim "The number of children and young people with an eating disorder who are identified within 3 months of onset is increased by 50% by 2023" be removed from the LOIP on the basis of the data and approach outlined above; and any future improvement aim be considered as part of the development of the Children's Services Plan and approval to add to the LOIP sought at that time as appropriate.

### Opportunities and Risks

There is a risk that the number of children and young people diagnosed with an eating disorder in the City will continue to fluctuate however data in relation to this is tracked and should, there be a spike the partnership can review how preventative and early support is provided to those referred with a concern in relation to eating disorders.

### Consultation

- Children and young people via the schools Health and Wellbeing survey.
- The LOIP Outcome 5 Oversight Group
- Children's Services Board

### Background Papers

LOIP 2016-2026

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