



Public Health
England

Protecting and improving
the nation's health



Early years

High Impact Area 5:

**Managing minor illness and reducing accidents
(reducing hospital attendance/admissions)**

About Public Health England

Public Health England exists to protect and improve the nation's health and wellbeing, and reduce health inequalities. It does this through world-class science, knowledge and intelligence, advocacy, partnerships and the delivery of specialist public health services. PHE is an operationally autonomous executive agency of the Department of Health.

Public Health England
Wellington House
133-155 Waterloo Road
London SE1 8UG

Tel: 020 7654 8000

www.gov.uk/phe

Twitter: [@PHE_uk](https://twitter.com/PHE_uk)

Facebook: www.facebook.com/PublicHealthEngland

Prepared by: Wendy Nicholson

For queries relating to this document, please contact:
fiona.hill@phe.gov.uk



© Crown copyright 2016

You may re-use this information (excluding logos) free of charge in any format or medium, under the terms of the Open Government Licence v3.0. To view this licence, visit [OGL](https://www.ogil.io) or email psi@nationalarchives.gsi.gov.uk. Where we have identified any third party copyright information you will need to obtain permission from the copyright holders concerned.

Any enquiries regarding this publication should be sent to fiona.hill@phe.gov.uk

Published October 2016

PHE publications gateway number: 2016368

This guidance has been developed with our key partners, including Department of Health, NHS England, Health Education England, Local Government Association and Early Intervention Foundation



Contents

About Public Health England	2
Managing minor illness and reducing accidents (reducing hospital attendance/admission)	
What and why including context	4
Measures of success/outcome	6
Connection with other policy areas and interfaces	8
How will we get there?	8
System levers	8
Improvement	9
Professional/Partnership Mobilisation	9
Associated Tools and Guidance (including pathways)	10
General	10
NICE Guidance	10

What and why including context

Illness such as gastroenteritis and upper respiratory tract infections, along with injuries caused by accidents in the home, are the leading causes of attendances at Accident & Emergency (A&E) and hospitalisation amongst the under 5s. Unintentional injuries are also a major cause of morbidity and premature mortality for children and young people in England. There is a strong link between unintentional injury and social deprivation, with children from the most disadvantaged families far more likely to be killed or seriously injured.

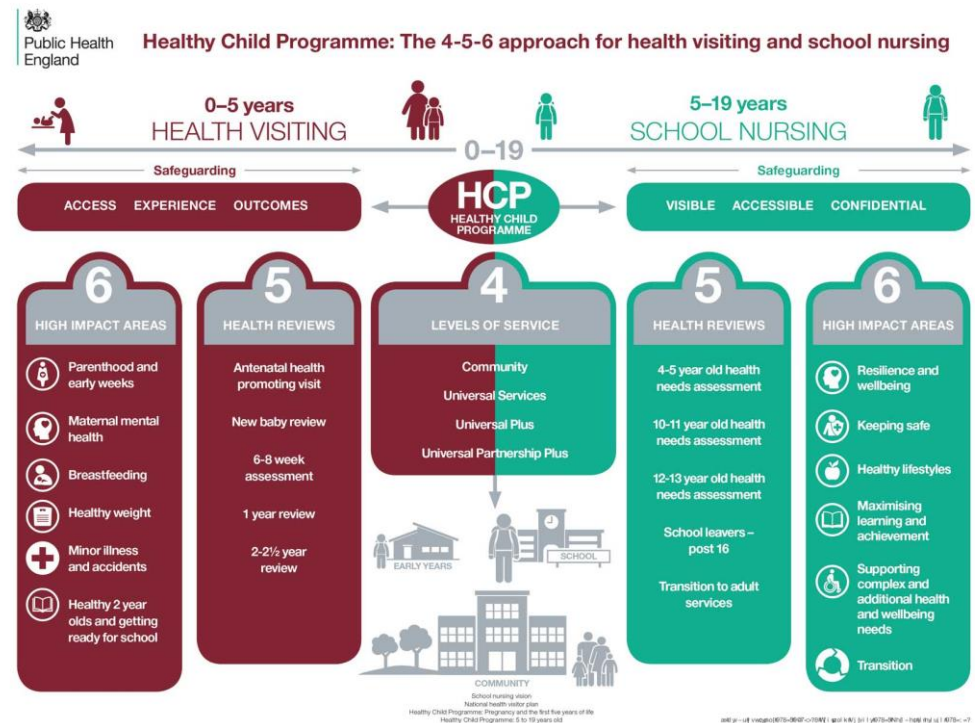
Death rates for injury and poisoning have fallen for all social groups except for the poorest in society: where the children from these families are 13 times more likely to die.

Dental extractions are one of the most common reasons for anaesthesia in under 5s and tooth decay is now a leading cause of parents seeking medical help and advice.

The average number of visits to the GP each year by pre-school children is 6; during school age this falls to 2-3. Around 1 in 11 children utilise hospital outpatients and 1 in 10-15 are admitted overall. Around half of under 1 year olds visit an Accident & Emergency department, leading to 1 in 3 being admitted.

Health visitors have a clear easily understood national framework on which local services can build. **The health visiting 4-5-6 model** sets out four levels of service with increased reach from community action to complex needs, five universal health reviews for all children and the six high impact areas where

health visitors have the greatest impact on child and family health and wellbeing.



Health visitors are a trusted source of knowledge, advice and information for parents and are often the first point of contact for parents who are unsure on the best course of action when their child is unwell. Health visitors play an important role in the primary care team and can help to reduce the burden on busy GP surgeries and A&E departments. Health visitors are accessible to all parents should the need for advice occur.

The health visitor will also lead and support delivery of preventative programmes for infants and children through the Healthy Child Programme. This programme includes regular advice on oral health, accident prevention and links to safety schemes and wider community resources. Health visitors are able to provide help and support to new parents on a range of common minor childhood illness such as fever, cough and colds, vomiting and diarrhoea, building parental confidence and knowledge on self-management and when to seek help. Follow this link for advice on fever control

www.nhs.uk/Conditions/feverchildren. Health visitors have a vital role in ensuring patients are aware of the signs of sepsis and provide advice and guidance on treatment and emergency support.

The Public Health England and Royal College of General Practitioners patient **Treating Your Infection** leaflet (for out of hours settings) is also a useful tool that can be used during consultations for patients with self-limiting infections such as coughs, colds or flu. It includes information on illness duration, self-care advice, warning symptoms and advice on when to consult a GP or NHS 111.

Health visitors can advise and guide on the signs, symptoms and management of more serious diseases such as meningitis, sepsis, bronchiolitis and chicken pox and can raise awareness of when to seek urgent medical treatment. This can occur for families in the home or in settings such as Children's Centres and in the event of a local disease outbreak they will work with the wider primary health care team.

They are often nurse prescribers and can support the management of diabetes, epilepsy, skin conditions and asthma, therefore, stabilising symptoms through the correct use of medication and patient education. They also provide brief interventions and referral to specialist services if required.

Health visitors are in a good position to raise parental awareness about common accidents and to use local health needs assessments to provide clear, practical and accurate safety advice. They can raise safety issues with parents at universal contacts, such as the child development reviews, and through targeted follow-up after A&E attendances or at the request of parents or other agencies. Health visitors provide consistency of safety advice to parents who attend child health clinics, baby groups and other parenting activities by using evidence based information.

Health visitors work with Children's Centres to ensure that safety messages are promoted across early years settings and are tailored to the needs of the local population for example ethnic minority families, young parents or travelling and homeless families.

Promotion of breastfeeding, bottle hygiene awareness, immunisations, oral health, support for parents to give up smoking and messages such as "*Choose Well*", "*Smoke Free Environment*" can reduce attendances at A&E and prevent hospital admissions. They work in a health promotion model with a focus on prevention rather than treatment or cure.

Health visitors play an essential role in educating parents, children and family members in the importance of good food hygiene, hand hygiene particularly targeted hygiene such as after using the toilet, before preparing food or eating and when family members are unwell. They also play an essential role in promoting good messages about the appropriate use of antibiotics and not using them for viral illnesses such as coughs and colds.

Health visitors also make links and work with the Local Authority and multi-agencies on wider determinants of health, such as housing, health and safety. Their role supports the development of local pathways aimed at keeping children out of hospital and they have an important role to play in primary and secondary prevention.

Measures of success/outcome

(Including Public Health Outcomes Framework or future Child Health Outcomes Framework measure/placeholder, interim proxy measure, measure of access and family experience)



Access:

- cover universal contacts of the Healthy Child Programme and offer targeted interventions if high risk factors are assessed. (Data is currently collected within Children and Young People's Health services dataset in order to establish baseline figures). Home based safety interventions should be used to improve outcomes (PHE, 2015)



Effective delivery:

- evidence of implementation of locally devised pathways.
- evidence of interagency training on the prevention of accidents and managing minor illness.
- health visiting teams to review all A&E attendances for children 0-5 years and document using a chronology of significant events.

- health visiting teams to follow up where concerns are highlighted or in accordance with local procedures for example repeat A&E attendances, families where there are known vulnerabilities, delayed presentation of injury, inconsistent explanation, serious head injuries, burns and fractures, dental neglect and trauma to the teeth of a non-mobile child, or where parenting was noted as an integral factor to the accident.
- referral to partner agencies to provide and fit home safety equipment in low income families. e.g. RoSPA, fire service.
- signpost parents to online resources and apps to improve parental confidence in managing minor illnesses e.g. Wessex Healthier Together app; Start4Life, NHS Choices.
- develop toolkits which empower parents to assess their own safety issues and needs. (PHE, 2015)
- health visiting services being accessible to parents who are worried about diseases such as meningitis (sepsis).
- health visiting services which identify and raise awareness of when to seek urgent medical attention



Outcomes:

- Health Episode Statistics data on non-elective admissions for 0-4s.
- local data can be obtained and set out to monitor the top ten primary admissions to hospital
- tooth extractions in secondary care for children under 10 (NHS Outcomes Framework)

Other outcome measures include:

- reduction of children admitted to hospital via A&E
- reduction in tooth decay at five years of age
- increased immunisation uptake,
- percentage of women smoke free at time of delivery
- higher breastfeeding prevalence at 6-8 week
- improved early access to medical treatment for urgent situations.



Parent experience survey:

- feedback from service user experience questionnaires on satisfaction and increased knowledge of managing minor illnesses, accident prevention and intended behaviour change.

Development of an evaluation tool to measure impact of HV service in reducing accidents and increasing parents' confidence in managing minor illnesses in the community.

Connection with other policy areas and interfaces

(How does it fit/support wider early years work)

The High Impact Area documents have been developed to support delivery of the Healthy Child Programme and 0-5 agenda, and also to highlight the link with a number of other interconnecting policy areas e.g. early intervention, health inequalities, troubled families, vulnerable children and social justice. The importance of effective outcomes relies on effective partnership working between all health partners (primary and secondary), Local Authority partners including early years' partners, and third sector (voluntary) partners.

- Urgent care pathway
- Reducing health inequalities
- Safeguarding children – Working together Safeguarding guidance
- Integrated working and service delivery
- Chief Medical Officer Report
- Primary care as essential partners
- Close interface with midwifery and school nursing services for effective transition and care planning
- Special Educational Needs reforms – Health and Social Care plans
- UK Antimicrobial Resistance Strategy

How will we get there?

System levers

- Public Health Outcomes Framework indicator reported and benchmarked by Public Health England and local commissioning.
- Information sharing agreements in place across all agencies
- Integrated commissioning of services
- Children's Centres play a key role in supporting improved outcomes for children and families as part of the integrated planning, delivery, monitoring and reviewing approach. Partnerships can use information from Joint Strategic Needs Assessment (JSNA), (including Early Years Foundation Stage Profile data, health data, information about families, communities and the quality of local services and outcomes from integrated reviews) to identify and respond to agreed joint priorities. Children and Family Centres provide a good focus for co-ordination on this
- Collation of local data by top ten primary diagnoses
- Commission partnership preventive support programmes to avoid hospital admissions based on local data
- Primary care and community services to support out of hospital care

Improvement

- Improved accessibility to services as families are aware of how to contact their named health visitor.
- Integrated IT systems and information sharing across agencies
- Development and use of integrated pathways including primary care and community services to avoid admissions
- Systematic collection of user experience e.g. Friends and Family Test to inform action
- Increased use of evidence-based interventions and links to other early years performance indicators
- Improved partnership working e.g. maternity, school nursing and early years settings
- Consistent evidence based information on accident prevention for parents and carers e.g. blind cord safety
- Identification of repeat attendance for non-elective admissions
- Development of systems to capture interventions to reduce injuries
- Development of evaluation tools to measure impact of HV service in reducing accidents

Professional/Partnership Mobilisation

- Multi-agency training to identify common themes and advice on appropriate accident prevention
- Continued multi-agency safeguarding training
- Effective delivery of universal prevention and early intervention programmes
- Improved understanding of data within the JSNA and at the local Health and Wellbeing Board to better support integrated working of health visiting services with existing Local Authority arrangements to provide a holistic/joined up and improved service for young children, parents and families
- Identification of skills and competence to inform integrated working and skill mix
- Health visitors to be aware of how the Child Protection Information System works in hospitals.
- Understanding barriers to primary care access

Associated Tools and Guidance

(including pathways)

General

Healthy Child Programme: Pregnancy and the first five years, Department of Health, 2009

Promoting emotional health and wellbeing and positive mental health of children and young people, Department of Health, and Public Health England, 2014

Safeguarding children and young people: Enhancing professional practice: Working with children and families, Department of Health, 2012

Chief Medical Officer: Our Children Deserve Better: Prevention Pays, Department of Health, 2013

Why Children Die, Royal College of Paediatrics and Child Health, National Children's Bureau and British Association for Child and Adolescent Public Health, May 2014

Guide to the Early Years Profiles, NHS England March 2014

Child Accident Prevention Trust, accessed July 2016

RoSPA, accessed July 2016

Healthy Child Programme: Rapid review to update evidence, Public Health England, 2015

Improving outcomes for patients with sepsis: A cross-system action plan, NHS England, 2015

Fever in children, NHS Choices, accessed April 2016

Treating your infection patient leaflet, Royal College of General Practitioners, accessed April 2016

Reducing antimicrobial resistance, e-Learning for Healthcare, accessed April 2016

Antibiotic Guardian, accessed April 2016

Delivering better oral health: An evidence-based toolkit for protection, Public Health England, 2014

Improving oral health: An evidence-informed toolkit for local authorities, Public Health England, 2014

Leaflets to share with patients, Royal College of General Practitioners, accessed May 2016

Children's food: Safety and hygiene, NHS Choices, accessed May 2016

How to prevent germs from spreading, NHS Choices, accessed May 2016

Think sepsis: A film for all healthcare workers involved in the care of sick children, Health Education England, 2016

NICE Guidance

Routine postnatal care of women and their babies, NICE guidelines [CG37], 2006

Diarrhoea and vomiting caused by gastroenteritis in under 5s: Diagnosis and management, NICE guidance [CG84], 2009

Fever in under 5s: Assessment and general management, NICE guidelines [CG160], 2013

Head injury: Assessment and early management, NICE guidance [CG176], 2014

Bronchiolitis in children: Diagnosis and management, NICE guidelines [NG9], 2015

Oral health promotion, general dental practice,
NICE guidelines [NG30], 2015

Brief interventions and referral for smoking cessation,
NICE guidelines [PH1], 2006

Reducing differences in the uptake in immunisation,
NICE guidelines [PH21], 2009

Quitting smoking in pregnancy and following childbirth,
NICE guidelines [PH26], 2010

Strategies to prevent unintentional injuries among the under-15s,
NICE guidelines [PH29], 2010

Preventing unintentional injuries among the under-15s in the home,
NICE guidelines [PH30], 2010

Oral health, Local authorities and partners,
NICE guidelines [PH55], 2014