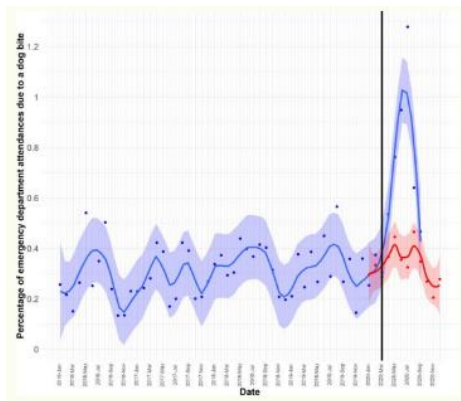


ANIMAL RELATED TRAUMA

[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 around the 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 cross-boundary 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 data-informed 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 and how 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.



Information Sharing to Tackle Violence, ISTV
Standard Operating Procedure (SOP)



A [Standard Operating Procedure](#) 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



Mark Whitfield Intelligence and Surveillance Manager

Jen Germain TIIG Project Lead

Jane Webster Data Quality Lead

Oliver Ellis Data Analyst

Ann Lincoln Data Analyst

Karen Critchley Criminal Justice Project Lead

Howard Reed Intelligence and Surveillance Systems Manager



Public Health Institute
Liverpool John Moores University
Exchange Station
Tithebarn Street
Liverpool, L2 2QP

Phone: 0151 231 4500

Email: J.S.Germain@ljmu.ac.uk

Website: <https://tiig.ljmu.ac.uk>

Twitter: www.twitter.com/TIIG_PHI