

REPORT TO: Health and Wellbeing Board

DATE: 27th March 2019

REPORTING OFFICER: Director of Public Health

PORTFOLIO: Health and Wellbeing

SUBJECT: Revised Child Death Overview Panel Guidance.

WARDS: Borough Wide

1.0 PURPOSE OF THE REPORT

For the Board to agree the recommendations pertaining to the implementation of the Children and Social Work Act 2017 revised statutory guidance and statutory duties in relation to CDOP and how they can be met moving forward.

2.0 RECOMMENDATION: That

- 1. Each area agrees to continue with a Pan-Cheshire CDOP approach and review effectiveness in January 2020 – this includes a commitment to the current funding and business support model.**
- 2. The governance for CDOP develops a more effective relationship between the Local Safeguarding Children’s Boards (LSCB) and Health and Wellbeing Boards (H&WBB) in line with local agreements.**
- 3. CDOP Members for each area will take responsibility for reporting into the most appropriate local forum for their area to ensure necessary activity is undertaken.**
- 4. A workshop of CDOP members will review any required operational changes to be in line with statutory guidance such as the undertaking of thematic reviews, policy, and practice guidance amendments**

3.0 SUPPORTING INFORMATION

3.1 Introduction & Background

- (a) The Children and Social Work Act 2017 has meant that Local Authorities, Clinical Commissioning Groups and Police forces have had to revise their current Local Safeguarding Children Board (LSCB) arrangements. As part of these changes they have also been required to establish Child

Death Overview Panels (CDOP) as a distinct set of arrangements rather than a subgroup of the LSCBs. This split has been reinforced by the introduction of separate CDOP statutory guidance¹ outside of the revised Working Together Statutory guidance.

- (b) Infant mortality is a sensitive measure of the overall health of a population. It reflects the apparent association between the causes of infant mortality and other factors that are likely to influence the health status of whole populations, such as their economic development, general living conditions, social well-being, rates of illness and the quality of the environment.
- (c) Under the revised guidance the new Child Death Review (CDR) partners, the Local Authority (LA) and the Clinical Commissioning Groups (CCG) in an area, have statutory responsibilities to:
 - Make arrangements to review all deaths of children normally resident in the local area and, if they consider it appropriate, for any non-resident child who has died in their area.
 - Make arrangements for the analysis of information from all deaths reviewed
 - Prepare and publish reports on what they have done and effectiveness of arrangements

The CDR partners have been given freedom to decide the structure within their area to meet these statutory duties which includes continuing with the current arrangements provided a minimum of 60 cases are reviewed and the learning is conducted in a way that can be shared nationally. This includes supporting the plans for a national database and utilising revised forms for the collation and analysis of data.

3.2 Current CDOP Model

- (a) Within Cheshire this operates on a Pan-Cheshire footing with CDOP representing all four Local Authorities and 6 Clinical Commissioning Groups in the area under the scrutiny of the LSCBs. CDOP meet quarterly to review all Child Deaths and make proposals to the LSCBs regarding escalation issues or actions specific agencies need to take to respond to actions arising from a child's death, including the instigation of a serious case review where appropriate. This work is monitored under the Pan-Cheshire LSCB arrangements with an allocated LSCB board manager overseeing the process and the work of the Independent Chair of the Panel.
- (b) To support the functioning of the Panel there is an administrator that works 4 days per week. Each area contributes a set amount towards

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https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/758992/Child_death_review_statutory_and_operational_guidance_England.pdf

Independent Chair costs and a further additional payment based on case numbers for their area towards administration costs. In total CDOP administration costs approximately £26,000 alongside Independent Chair costs of £16,000. This funding ensures that statutory duties in relation to recording child deaths, collating multi-agency information, reporting to the national system and reviewing child deaths for modifiable factors are conducted. It also leads to quarterly reports and an annual report on activity and concerns for the locality.

(c) The Panel is currently made up of the following:

Chair	Independent CDOP Chair
Health	Designated Doctor (Cheshire East) Designated Doctor (Cheshire West and Chester) Designated Doctor (Warrington/ Halton) Cheshire East Specialist CDOP Nurse Cheshire West Specialist CDOP Nurse Designated Nurse Safeguarding (NHS Warrington CCG) Designated Nurse Safeguarding (NHS Halton CCG) Supervisor of Midwives CWAC
Local Authority	Cheshire East Head of Service, Children's Safeguarding
Public Health	Consultant (Cheshire W. and Chester)
LSCB	LSCB Business Manager (Warrington Borough Council)
Police	Public Protection Unit

3.3 Proposals to meet revised Statutory Guidance

(a) **Model:** It is proposed that the current CDOP model is working effectively and is in line with statutory guidance in relation to reviewing deaths and identifying local lessons. Guidance requires 60 cases to be reviewed each year to be viable and CDOP reviews between 55-60 cases each year making a reasonable argument to maintain this footprint. The group did consider the possibility of a merger with another area. Merseyside is seen as a potential area for alignment for this work. However, there was general agreement that this would increase costs without tangible benefit and potentially lead to an overshadowing of our local trends and themes within a much larger dataset. The opportunity to share learning and collaborate on a larger footprint for action on shared issues (for example campaigns and thematic reviews) would continue both with Merseyside and the wider North West region. This is currently supported through the activity of the Chair and the panel administrator. There is also potential in the future to consider partnership arrangements with Local Authorities to the East, West and South of the sub region (e.g. Derbyshire, Staffordshire, Flintshire), this will be kept under review by CDOP. Therefore, partners propose that the Pan-Cheshire model is maintained. Partners will monitor the effectiveness of CDOP in 12 months to ensure it continues to operate within Statutory guidance and meet the needs of the

CDR partners and the model supports the most effective response to Child deaths in the area.

- (b) **Governance**: CDOP is currently managed via the LSCBs in Cheshire who are simultaneously going through a transition to new arrangements. The guidance is clear that CDOP is now a parallel rather than a subgroup process. Previously the Pan-Cheshire Protecting Vulnerable People Forum was considered for governance purposes. This approach was rejected on the grounds that this is not a statutory group with the relevant representation. The partners have identified that the requirement for analysis and the subsequent lessons emerging from CDOP are predominantly public health matters as opposed to safeguarding issues. The functions for H&WBB focus on the joint activity required between Local Authorities and health partners to improve the health and wellbeing of the community they serve. Where preventable factors that may influence the death of a child can be identified, such as smoking, obesity and substance misuse for example the Health and Wellbeing Board is the most appropriate place to address these matters on a population basis rather than being addressed via the current safeguarding mechanisms. The themes and trends identified through the CDOP process should be placed within the context of the wider health and wellbeing data already considered at H&WBBs to inform their priorities and action, including joint commissioning. CDOP is also collating data where Adverse Childhood Experiences (ACEs) can be identified and this might usefully provide the H&WBBs with additional information to inform their agenda for prevention. The LSCBs and new safeguarding arrangements will still be significant in leading on individual reviews where abuse or neglect is identified in a child death and being assured on the effectiveness of services responsible for supporting parents whose parenting capacity is compromised by their mental health, drug and alcohol misuse and/ or domestic abuse. As each area operates different partnerships it was agreed that this decision will be made locally. In order to manage costs reporting into these forums will be led by CDOP members for that area. This will enable informed scrutiny of CDOP activity and local accountability for ensuring relevant learning is actioned in each area. Therefore, each area will need to determine which Board takes lead responsibility for scrutinising the work of CDOP, agreeing the actions, and over-seeing the effectiveness of those actions. There will also need to be local agreement as to the pathway between the 2 Boards and how this will function so assurance is provided.
- (c) **Over-sight**: The current senior leaders group, consisting of Executive Directors for Social Care, Directors of Public Health and CCG Chief Nurses or their designated representatives, drawn together to consider options for CDOP will continue to monitor arrangements virtually for the next 18 months. This is to provide senior leadership for any barriers or challenges that emerge in relation to implementing the revised guidance in practice. The CDOP group will bring together these leaders as and when needed to resolve any issues in relation to practice or strategic accountability.

(d) Next Steps: CDOP members will revise its policy, procedures and practice

guidance on behalf of the Cheshire Area to ensure that compliant documentation is in place by the deadline of June 2019 and in operation by September 2019. To facilitate this a workshop has been proposed so that panel members can be tasked to revise terminology and map the pathways for child death reviews as needed. This will also include revisiting the terms of reference for CDOP to ensure there is sufficiently robust data analysis for the area in quarterly and annual reports.

- (e)** It was acknowledged that the transition of the safeguarding arrangements across Cheshire are varied which has created a lack of clarity currently in relation to the continuation of shared approaches. Warrington have agreed to continue to provide business manager support to the CDOP processes up to January 2020 when the model will be reviewed, Cheshire East will continue to host and manage the business support functions. This will provide some consistency during the transition period and allow decisions to be reviewed when greater clarity of the Pan-Cheshire landscape is available.

3.4 Conclusions and Recommendations

- (a)** Overall, after a review with CDOP panel members it would appear that CDOP can continue in its current format with the same stakeholders ensuring the operational activity is in line with statutory requirements. The main area for focus appears to be strategic accountability due to the changes to LSCB formats. Therefore the following actions are proposed for agreement:

- Each area agrees to continue with a Pan-Cheshire CDOP approach and review effectiveness in January 2020 – this includes a commitment to the current funding and business support model
- The governance for CDOP develops a more effective relationship between the Local Safeguarding Children’s Boards (LSCB) and Health and Wellbeing Boards (H&WBB) in line with local agreements.
- CDOP Members for each area will take responsibility for reporting into the most appropriate local forum for its area to ensure necessary activity is undertaken
- A workshop of CDOP members will review any required operational changes to be in line with statutory guidance such as the undertaking of thematic reviews, policy, and practice guidance amendments.

4.0 POLICY IMPLICATIONS

Halton will remain part of the Pan Cheshire CDOP and jointly implement the revised 2017 Children and Social Work Act.

5.0 FINANCIAL IMPLICATIONS

No additional funding required.

6.0 IMPLICATIONS FOR THE COUNCIL'S PRIORITIES

6.1 Children and Young People in Halton

The Cheshire and Merseyside CDOP is a statutory panel that ensures all child deaths are reviewed and modifiable changes to practice and procedure are implemented where appropriate to prevent further deaths.

6.2 Employment, Learning and Skills in Halton

N/A

6.3 A Healthy Halton

The Cheshire and Merseyside CDOP ensures that best practice in health and wellbeing is implemented to prevent child deaths.

6.4 A Safer Halton

The Cheshire and Merseyside CDOP reviews whether safeguarding procedures have been followed.

6.5 Halton's Urban Renewal

N/A

7.0 RISK ANALYSIS

A robust CDOP reduces risks to children and young people by highlighting risk modification to parents and professionals.

8.0 EQUALITY AND DIVERSITY ISSUES

This is in line with all equality and diversity issues in Halton.

9.0 LIST OF BACKGROUND PAPERS UNDER SECTION 100D OF THE LOCAL GOVERNMENT ACT 1972