CHESHIRE EAST HEALTH AND WELLBEING BOARD
Reports Cover Sheet

Title of Report:	Child Death Over-view Panel New Arrangements
Date of meeting:	25th June 2019
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Executive Summary

Is this report for:	Information ☐	Discussion ☐	Decision ☐X
Why is the report being brought to the board?	Changes to the statutory requirements of Local Safeguarding Children's Boards (LSCB) require a change to local governance arrangements for CDOPs		
Please detail which, if any, of the Health & Wellbeing Strategy priorities this report relates to?	Starting and Developing Well ☐ Living and Working Well ☐ Ageing Well ☐ All of the above ☐		
Please detail which, if any, of the Health & Wellbeing Principles this report relates to?	Equality and Fairness ☐ Accessibility ☐ Integration ☐ Quality ☐ Sustainability ☐ Safeguarding ☐X All of the above ☐		

Key Actions for the Health & Wellbeing Board to address. Please state recommendations for action.	Cheshire and Warrington CDOP have agreed to continue with a Pan-Cheshire CDOP approach and review effectiveness of the current arrangement in January 2020 – this includes a commitment to the current funding and business support model until that time. However locally, each area needs to agree: 1. The local governance for CDOP to move from Local Safeguarding Children's Boards (LSCB) to Health and Wellbeing Boards (H&WBB) and 2. To develop an effective relationship between the Local Safeguarding Children's Boards (LSCB) and Health and Wellbeing Boards (H&WBB) in line with local agreements to ensure where there are safeguarding issues identified these are reported quickly and effectively. 3. CDOP Members (Designated Doctor) for each area will take responsibility for reporting into the CE H&WBB for their area to ensure necessary activity is undertaken. As the numbers are potentially small, particularly in the quarterly reports, there is potential for individuals to be identified. It will be important therefore for the information to be heard in a non-public section of the meeting 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
Has the report been considered at any other committee meeting of the Council/meeting of the CCG board/stakeholders?	N/A
Has public, service user, patient feedback/consultation informed the recommendations of this report?	Not applicable
If recommendations are adopted, how will residents benefit? Detail benefits and reasons why they will benefit.	The learning from child deaths, outside of serious case reviews (SCRs) are essentially a health and wellbeing public health issue, less a safeguarding issue. It is therefore appropriate that the H&WBB is sited on this information, scrutinises the reports, takes action where appropriate and uses it to inform practice and commissioning requirements. 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, these are mostly relevant to health and well-being rather than safeguarding (eg: smoking, obesity, substance misuse). 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.

1 Report Summary

1.1 Following the implementation of the Children and Social Work Act 2017, revised statutory guidance has been issued that creates a new framework of expectations around children's safeguarding arrangements and Child Death Overview Panels (CDOP). At present the CDOP functions sit within the statutory functions of Local Safeguarding Children's Boards (LSCBs). The new guidance states that this will no longer be the case, LSCBs are to move to new partnership arrangements and LSCBs must complete all child death reviews by 29th January 2020 and transfer the arrangements to fit local governance structures. Subsequently, consideration needs to be given as to how the statutory duties in relation to CDOP can be met moving forward in a changing safeguarding landscape.

2 Recommendations

1. Cheshire East Health and Wellbeing Board agree to assume governance responsibilities for Child Death Overview Panels and agree to continue with a Pan-Cheshire Child Death Overview Panels approach with a review of arrangements and effectiveness in January 2020 – this includes a commitment to the current funding and business support model up to that point.

2. The local governance for Child Death Overview Panels develops an effective relationship between the Local Safeguarding Children's Boards and Health and Wellbeing Boards in line with local agreements.

3. Child Death Overview Panels Members for each area (Designated Doctor) take responsibility for reporting into the Health and Wellbeing Board to ensure necessary activity is undertaken and that these reports are heard in a non-public section of the meeting to avoid identifying individual children and families.

4. A workshop of Child Death Overview Panels 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 Reasons for Recommendations

3.1 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.

4 Impact on Health and Wellbeing Strategy Priorities

4.1 This is a statutory requirement which requires each area to make arrangements to ensure that Chid Deaths are reviewed and any learning informs future health and wellbeing activity in order to prevent and reduce future deaths.

5 Background and Options

5.1 **Current CDOP Model:**

Within Cheshire this operates on a Pan-Cheshire footing with CDOP representing all four Local Authorities and 5 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.

To support the functioning of the Panel there is an administrator that works 4 days per week. Each area contributes a set amount towards 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.

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
	Warrington Designated Nurse Safeguarding
	Designated Nurse Halton CCG
	Supervisor of Midwives CWAC
	Warrington Safeguarding Nurse
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

Proposal to meet requirements of statutory guidance:

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.***

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, these are mostly relevant to health and well-being rather than safeguarding (eg: smoking, obesity, substance misuse). 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 case 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 agree for Health and Well-Being Board to take 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***

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

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 held and panel members have been 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

It was acknowledged that the transition of the safeguarding arrangements across Cheshire are varied which has created a degree of fluidity 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, and 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.

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

6.1 The background papers relating to this report can be inspected by contacting the report writer:

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