

AGENDA ITEM

REPORT TO HEALTH AND WELLBEING BOARD

20 OCTOBER 2021

REPORT OF DIRECTOR OF CHILDREN'S SERVICES

CHILD DEATH OVERVIEW PANEL

PURPOSE:

The purpose of this report is to update Health and Wellbeing Board on the discussions on the strengthening of Child Death Overview panel arrangements.

SUMMARY

The report summarises the work undertaken to improve Child Death Overview arrangements. It updates on the conclusions of work to consider merging the approach with Durham, and outlines the specific areas being taken forward to improve the process.

RECOMMENDATIONS

Health and Wellbeing Board is asked to note this report.

BACKGROUND AND CONTEXT

1. The processes to be followed when a child dies are currently outlined within Working Together to Safeguard Children 2018: Chapter 5 Child Death Review Processes and Child Death Review: Statutory and Operational Guidance 2018. The Tees CDOP function is managed through Redcar & Cleveland Council as part of the agreed approach to each authority leading on aspects of cross Tees working. Following the establishment of the South Tees Safeguarding Children Partnership the responsibility was transferred to the South Tees Safeguarding Business Unit, though funding remains with Redcar & Cleveland Council.
2. As part of the work to plan and prepare for a merged CDOP, it became apparent that we needed to address some of the issues in the Tees approach, initially due to the need to address a backlog of child death cases. Furthermore, as part of the review and scoping of the current CDOP resource and activity, a number of front line practitioners raised issues about the need for additional support to improve processes and the support for families. Discussions have also been held with other child deaths leads across different regions to understand their approach and how they have successfully delivered this work.
3. The child death process is funded by the 4 local authorities and the Tees Valley Clinical Commissioning Group. Each local authority contributes £5500. This supports a coordinator and business support function. The Tees Valley CCG funds 1 session per week from a Designated Doctor for Child Death, and a further 11 hours of administrative support.

ISSUES WITH THE CURRENT APPROACH

4. The main issues identified about the current arrangements were around:
 - a. The inability to draw significant learning due to the low number of child deaths across the Tees footprint – this was the key rationale for merging the CDOP over a larger footprint;
 - b. The perceived isolation of the current process from other systems and processes – CDOP tends to stand alone, and is not routinely considered as part of a set of overlapping processes to support child wellbeing and safety;
 - c. The lack of a consistent chair for a period;
 - d. Since early 2020, the lack of a coordinator to manage the process. The role is currently being covered by a support officer post in Redcar and Cleveland Council;
 - e. A backlog of child death cases resulting in some delays.
 - f. The absence of effective support to families through no dedicated child death nurse or other dedicated forms of family support.

DISCUSSIONS AND DEVELOPMENT

5. Discussions began with colleagues in Durham in 2020 on the potential scope for a joint Child Death Overview Panel to address the key challenge a lack of sufficient scale and volume to assist in learning and improvement. As part of these proposals, local arrangements for initial information gathering, Joint Area Response (JAR), Child Death Review meetings (CDRM) would have continued to be coordinated in Tees. In preparation for this proposal, a number of discussions have been held with key partners on the effectiveness of current arrangements to ensure any future approach not only meets statutory requirements, but also seeks to provide a better service to families, and enables a greater impact across the system.
6. However, it has been apparent that there are significant issues in taking forward the proposed merger with Durham CDOP. The key issues identified are:
 - a. The differences in current approach, and in particular the different arrangements for supporting families through a CDOP nurse role. In effect the two current systems are so dissimilar that a merged process would create significant consistency issues;
 - b. The challenges of maintaining a paediatric input across Tees across this broader footprint. It is clear that there is no simple way in which the input of paediatricians can be coordinated;
 - c. The fact that any merger would only have addressed one element of the system – the CDOP meeting itself. This would have required additional work to develop effective links between the two processes;
 - d. The practical challenges of managing a CDOP process over this footprint given timings, travel etc.
7. It was therefore proposed that a merged CDOP with Durham may be something we consider in the longer term rather than in the immediate future, and therefore the focus therefore shifted to the strengthening the Tees child death arrangements.
8. The work to progress a review, identified a number of areas where the process could be improved:

- **Governance** – strengthening the links between CDOP and the two safeguarding Children Partnerships;
- **Clarifying (some) roles and responsibilities** – we need to ensure that we are clear about roles and responsibilities which fits with these improvements.
- **Capacity and funding** – that there should be consideration of the need for additional funding from partners to support improvements around capacity and efficiency
- **Learning and impact** – how can we ensure that learning adds value to what we are doing and improve outcomes for families in the future, including a consistent and effective child death nurse / other form of family support.

AGREED PROPOSALS

9. To address the improvements identified the following action is being taken forward:
 - a. Local authorities will increase their funding to support additional capacity;
 - b. Redcar and Cleveland Council will retain responsibility for the coordination and delivery of the CDOP process including a refresh of procedures, processes and communication methods
 - c. A coordinator will be recruited;
 - d. Additional paediatrician time will be provided
 - e. We will introduce eCDOP as a means of improving efficiency and reducing administration required;
 - f. We will explore further the option of a dedicated child death nurse, but that this requires further consideration on the need, role and potential delivery methods.

FINANCIAL IMPLICATIONS

10. Additional funding to support the revised process is contained in existing budgets.

LEGAL IMPLICATIONS

11. The proposal above will strengthen our process and meet the statutory guidance.

RISK ASSESSMENT

12. Risks are contained within existing systems.

CONSULTATION

13. There has been extensive consultation on options as part of this process. This includes with local authorities, Trusts and with the Clinical Commissioning Group.

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