

**Agenda Item 05**

Report to: (Governing Body/Committee): Governing Body

Date of Meeting: 12th September 2019

Subject: Child Death Review process.

Presented by: Jan Haxby, Director of Quality & Nursing, NEL CCG.

**STATUS OF THE REPORT *(auto check relevant box****)*

For Information [x]

For Discussion [ ]

For Approval / Ratification [x]

Report Exempt from Public Disclosure [x]  No [ ]  Yes

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| **PURPOSE OF REPORT:** | The requirement to have a Child Death Overview Panel as part of the Local Safeguarding Children Board function was introduced in April 2008.The government commissioned Wood report published in May 2016, recommended that the responsibility for oversight of child deaths in a locality should transfer from multi-agency safeguarding arrangements to health and local authority. Following a period of consultation, changes in arrangements were enacted in the Children and Social Work Act 2017, with the Government publishing Child Death Review Statutory and Operational Guidance in October 2018.The legislation identifies that the responsibility for ensuring child death reviews are carried out is held by ‘child death review partners,’ who, in relation to a local authority area in England, are defined as:• the local authority for that area • any clinical commissioning groups operating in the local authority area. Child death review (CDR) partners must have arrangements in place to review all deaths of children normally resident in the local authority area and, if they consider it appropriate, for any non-resident child who has died in their area. CDR partners for two or more local authority areas are permitted to combine and agree that their areas be treated as a single area for the purpose of undertaking child death reviews. North and North East Lincolnshire Local Safeguarding Children Boards have had joint Northern Lincolnshire child death review arrangements since April 2016 and have agreed to continue this arrangement through the delivery of the CDR plan (attached). In addition, and as part of new arrangements, on an annual basis, Child Death Review partners from Northern Lincolnshire and from Hull and East Riding will come together to share learning from child deaths.The Child Death Review Plan sets out the changes required to the local arrangements in order to meet the new child death functions. Some of the changes and new functions are possible to absorb within existing roles e.g. the Lead Health Professional and the Keyworkers, however there are gaps that require funding or require a resource shift. This includes;* Designated Doctor for Child Death (independent of local providers), which we envisage to be 26 x 4 hour sessions per year, across northern Lincolnshire, will require new funding of 6k per CCG (12k in total). It is anticipated that this cost/resource could then be retrieved from within an existing funding allocation in NLaG, but this will need working through with NLaG over the next few months.
* Child Death manager role – we are reviewing the functions of this required role in order to determine if new funding/capacity needs to be identified to deliver the function.
* admin support for the child death review process – as above, we are reviewing the requirement for this role.
* Funding or resource identification for the Child Death Manager and admin, if required, needs to be discussed and agreed between the local authority and the CCG in NEL.

The new Child Death Review Plan had to be published and on the CCG & NELC websites by the end June 2019, and has to be operational by September 2019. The Union Board received and ratified the draft Child Death Review Plan in July 2019 and published it on both websites.Staff engagement and training workshops have already taken place with further planned. The child death partners from across northern Lincolnshire are meeting regularly to progress the new arrangements in order to meet the timescales of implementation by end September 2019. |
| **Recommendations:** | The Governing Body;Note the content of this reportFormally ratifies the Child Death Review Plan, already ratified by the Union Board July 2019 (see attached), which will be operational by end September 2019Receive information regarding potential funding requirements and progress made on implementing the changes to the Child Death Review process. |
| **Committee Process and Assurance:** | CCG Clinical Governance Committee. |
| ***Implications:*** |  |
| **Risk Assurance Framework Implications:** | The CCG Clinical Governance Committee and the Union Board (& NELC) has received updates regarding progress made on delivering the revised child death review process. The draft CDR plan was agreed and signed off by the Union Board in July 2019, to ensure the CCG & NELC met the required timescales. |
| **Legal Implications:** | This is a statutory requirement with national timescales. The new arrangements will ensure we meet the requirements of the Children and Social Work Act 2017, and the Child Death Review Statutory and Operational Guidance (October 2018). |
| **Data Protection Impact Assessment implications (DPIA):** | Are you implementing a new system, data sharing arrangement, project, service redesign or changing the way you work? | **No** |
| If yes to the above – have the DPIA screening questions been completed? | Choose an item. |
| Does this project involve the processing of personally identifiable or other high risk data? | **No** |
| If yes to the above has a DPIA been completed and approved? | Choose an item. |
| **Equality Impact Assessment implications:** | An Equality Impact Analysis/Assessment is not required for this report [x] An Equality Impact Analysis/Assessment has been completed and approved by the EIA Panel. As a result of performing the analysis/assessment there are no actions arising [ ]  from the analysis/assessmentAn Equality Impact Analysis/Assessment has been completed and there are actions arising [ ]  from the analysis/assessment and these are included in section \_\_\_\_ of the enclosed report |
| **Finance Implications:** | The plan sets out the changes required, some of which can be absorbed within existing roles. However there are possibly gaps that require either funding or a resource shift. This includes;• Designated Doctor for Child Deaths (independent of local providers) which we envisage to be 26 x 4 hour sessions per month, across northern Lincolnshire and will require new funding. It is anticipated that this cost could then be retrieved from within an existing funding allocation in NLaG.• Child Death manager role – we are reviewing the functions of this required role in order to determine if new funding/capacity needs to be identified. At this time we consider this role can be absorbed within existing roles, but this may not prove to be the case and if so, we will consider the options available. If funding is required for this role we anticipate this to be a band 6 or band 7 role and will only be required in the event of a child death (on average 12 per year in NEL and 12 in NL) and to assist with identifying the learning from deaths.• admin support for the child death review process – as above, we are reviewing the requirements of this role and will consider options available.Should the manager and admin posts be required then the resource or funding required for these will need to be discussed and agreed between the local authority and the CCG. |
| **Quality Implications:** | This report details a positive impact on quality and will enable wider sharing of learning from child deaths. [ ]  |
| **Procurement Decisions/Implications *(Care Contracting Committee):*** | We are required to recruit to/procure an independent Designated Doctor for Child Death on a sessional basis. The post-holder will be managed by NL CCG but will work on behalf of all CDR partners in respect of child deaths. |
| **Engagement Implications:** | Professional stakeholder engagement has been undertaken. |
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| **Conflicts of Interest**  | *Have all conflicts and potential conflicts of interest been appropriately declared and entered in registers which are publicly available?* [x]  Yes [ ]  No |
| **Links to CCG’s Strategic Objectives** | [ ]  Sustainable services [ ]  Empowering people[ ]  Supporting communities [x]  Delivering a fit for purpose organisation |
| **NHS Constitution:** | <https://www.gov.uk/government/publications/the-nhs-constitution-for-england>This work supports the NHS pledge to identify and share learning and best practice in quality of care and treatments. |
| **Appendices / attachments** |  |