

<b>Governing Body Meeting</b>		<b>Enclosure</b>						
<b>Date of meeting</b>	26 <sup>th</sup> March 2019							
<b>Agenda item</b>								
<b>Title of report:</b>	Update on Child Death Review Systems							
<b>Author(s):</b>	Chetan Vyas (WELC) Daniel Devitt (Tower Hamlets Together)							
<b>Presented by:</b>	Sandra Moore/Helen Davenport							
<b>Executive summary</b>	<p>The Children and Social Work Act (2017), Working Together: transitional guidance (2018) and the subsequent Child Death Review Statutory and Operational Guidance (updated January 2019) set out how Local Authorities and Clinical Commissioning Group are required to come together as Child Death Review Partners.</p> <p>This will result in a change to the way the current Child Death Overview Panel are required to function and each Partner is required to agree and publish their new arrangements by 29 June 2019. Under the old guidance the process was under the remit of the London Borough of Tower Hamlets.</p> <p>The TH CCG Governing Body is requested to approve migration of local Child Death review processes to a WELC Child Death Review System footprint..</p>							
<b>Recommendation</b>								
<b>Information</b>	<input type="checkbox"/>	<table border="1"> <tr> <td><b>Approval</b></td> <td><input checked="" type="checkbox"/></td> <td><b>To note</b></td> <td><input type="checkbox"/></td> <td><b>Decision</b></td> <td><input type="checkbox"/></td> </tr> </table>	<b>Approval</b>	<input checked="" type="checkbox"/>	<b>To note</b>	<input type="checkbox"/>	<b>Decision</b>	<input type="checkbox"/>
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The Governing Body is asked to: Approve the migration of local Child Death Review to a WELC Child Death Review system footprint to meet the statutory deadline of September 2019.								
<b>Conflicts of Interest</b>	NA							
<b>Key issues</b>	<p>To deliver the required statutory changes and begin the process of scoping resources, structures and processes required the accountable leads for each area (Local Authority and Clinical Commissioning Group leads) must agree a footprint for the new CDR system and approve a task and finish group to scope the system changes required to establish the new CDR system by Summer 2019.</p> <p><b>Timelines:</b></p> <ul style="list-style-type: none"> <li>Plans for the CDR system and new partnership must be published by <b>June 2019</b></li> <li>The CDR system and safeguarding partnership has to be</li> </ul>							

	<p>operational from <b>September 2019</b></p> <ul style="list-style-type: none"> <li>The Safeguarding partnership can be established and operate alongside a continuing LSCB until full implementation is achieved by the end of <b>March 2020</b>, similarly handover of caseloads from the old CDOP system to the new CDR system to be concluded by <b>March 2020</b> with unresolved reviews concluded by then.</li> </ul> <p><b>The new CDR system arrangements <u>must be operational by no later than summer 2019.</u></b></p> <p><b>Aligned to this are the separate requirements for the establishment of new safeguarding children arrangements in shadow form alongside LSCB by sept 2019 and hand over to the system by March 2020.</b></p>
<p><b>Report history</b></p>	<p>This report is based upon a series of drafts circulated to Local authority Public Health, TH CCG Safeguarding and CDOP partners in North East London. A variant report has been shared with all WELC footprint partners to secure alignment of approach to the migration of the new CDR system.</p>
<p><b>Patient and Public involvement</b></p>	<p>The changes in legislation and statutory guidance and new requirements were informed by national consultations. The new CDR system has explicit requirements for capturing the Voice of the Bereaved and will considerably strengthen local system ability to engage the public through delivery of the new system.</p>
<p><b>Link to the Board Assurance Framework</b></p>	<p>The THSCP and CDR system changes have key links to the TH CCG BAF.</p> <p>Objective1 : To work in partnership to commission high quality hospital services that are accessible, provide the appropriate treatment in the right place, and achieve good patient outcomes for people of all ages living in the borough</p> <p>Objective 2: To commission person- centred, integrated health and care service that are sustainable and that equally meet the mental and physical needs of our residents</p> <p>Specific Corporate objectives this will help address include:</p> <p>CO (1) - To work in partnership to commission high quality hospital services that are accessible, provide the appropriate treatment in the right place, and achieve good patient outcomes for people of all ages living in the borough</p> <p>CO (2) - To commission person-centred, integrated health and care service that are sustainable and that equally meet the mental and physical needs of our residents</p> <p>CO (3) - To contribute towards a financially sustainable and responsive health and care economy which delivers value for money and innovation and supports the appropriate use of services</p> <p>CO (4) - To support local people and stakeholders to have a greater influence on services we commission</p>

	<p>CO (5) - To promote equality both as an employer and a commissioner of health care services</p> <p>CO (6) - To create a high performing and sustainable workforce that continuously learns and is engaged in delivering our ambitions.</p>
<b>Impact on Equality and Diversity</b>	<p>The WELC CDR system seeks to provide a local response to the new statutory requirements. An EIA is being undertaken to ensure no adverse impacts are developed. In addition, with regards the statutory requirement to capture Bereaved Voice and the new role of the Key Worker strengthen this component of the CDR system. The overarching government EIA for the Children and Social Work Act 2017 which directs the move to the new system states the following: “These measures have no direct equality impacts by reference to the protected characteristics. The measures replace one framework for assessing and learning from serious incidents with another. More effective working of this nature should have a beneficial impact on all children engaged with child protection and safeguarding services, including those with protected characteristics..”<sup>1</sup></p>
<b>Resource requirements</b>	<p>These are currently being scoped. A known financial implication for the continued usage of eCDOP is noted in section 5.0 below and is estimated at circa £13k for the WELC footprint.</p>
<b>Next steps</b>	<p>If APPROVAL is forthcoming work will commence on delivering the WELC footprint CDR system.</p>

## 1.0 Purpose

The purpose of this paper is:

- To INFORM Tower Hamlets CCG Governing Body of the proposed Waltham Forest, East London and the City (WELC) Child Death Review System (CDR) arrangements
- For Tower Hamlets CCG Governing Body to APPROVE the proposed Waltham Forest, East London and the City (WELC) CDR arrangements

## 2.0 Context

The Children and Social Work Act (2017), Working Together: transitional guidance (2018) and the subsequent Child Death Review Statutory and Operational Guidance (updated January 2019) set out how Local Authority areas must begin their transition from Local Safeguarding Children’s Boards to a new system of multi-agency arrangements and local and national child safeguarding reviews

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<sup>1</sup> See <https://www.parliament.uk/documents/impact-assessments/IA16-008.pdf>

Based on the 2016 Wood Review of Local Safeguarding,<sup>2</sup> the Children and Social Work Act<sup>3</sup> (CSWA17) has significantly altered elements of safeguarding in the English system. Under the new legislation Local authorities and Clinical Commissioning Groups are named as 'child death review partners' and must make arrangements for the review of each death of a child normally resident in the local authority area. Formal collaboration between responsible partners for child death reviews will be undertaken at greater scale, enabling the formation of Child Death Review systems - comprising of provider delivered Child Death Review Meetings (CDRM) and Child Death Overview Panels covering larger operational footprints with a minimum case review level of 60 cases per annum.

The purpose of setting out key features of a robust child death review process is to enable the standardisation of outputs from Child Death Reviews as much as possible.

This in turn should enable effective thematic learning from reviews, i.e. a local review may be able to identify specific learning but trends analysis at a national level may identify modifiable factors that could be altered to prevent future deaths.

Indeed, the aim of the published Child Death Review; Statutory and Operational Guidance (England) (Updated January 2019) is to do this by setting out standardised approaches to:

- Immediate decision making and notifications
- Investigating and information gathering
- The child death review meeting
- The Child Death Overview Panel
- Family engagement and bereavement support

### **3.0 Proposed North East London approach**

To enact the new requirements with regards to larger Panels across a wider footprint, the Barking and Dagenham, Havering and Redbridge (BHR) geography are proceeding to one panel across their footprint.

Child Death Review; Statutory and Operational Guidance (England) (Updated January 2019) states that the child death review footprint, whilst locally agreed, should typically cover 60 child deaths per year, thereby enabling appropriate thematic learning to take place. This means that any future Panel needs to be across a wide geographical footprint than just Tower Hamlets.

To this end, discussions have been taking place between Health and Local Authority partners across the Waltham Forest, East London and the CITY (WELC) footprint,

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<sup>2</sup> <https://www.gov.uk/government/publications/wood-review-of-local-safeguarding-children-boards>

<sup>3</sup> <http://www.legislation.gov.uk/ukpga/2017/16/contents/enacted>

comprising City and Hackney, Newham, Tower Hamlets and Waltham Forest and they have agreed in principle to work together to develop a WELC Panel, acknowledging that this needs to be formally approved by respective Boards/ Committees.

The Tower Hamlets CCG Governing Body is formally requested to **APPROVE** moving to a WELC Panel.

All Child Death Review Partners are being asked to approve moving to this new arrangement through the same core structure of this paper during March and April 2019 to meet the nationally mandated timeline.

#### **4.0 Timelines**

The nationally set timelines are outlined below:

- All Child Death Review Partners are required to publish details of their new arrangements by 29 June 2019
- The transition to the new arrangements need to be undertaken by 29 September 2019

#### **5.0 eCDOP System**

The electronic case management system (eCDOP), has supported standardisation of processes and effective collation of data across London CDOPs and is currently used by Partners across the WELC geography. Healthy London Partnership (HLP) have confirmed that they will cover the costs of this system across the WELC geography for 2019/ 2020 – c£13k.

From 2020/ 2021, the WELC system, Health and Local Authorities, will need to cover the costs of this system.

#### **6.0 Next steps**

Upon receipt of formal approval, the Partners will work collaboratively to ensure appropriate systems and processes are in place across WEL with regards to the afore mentioned standardised approaches thereby ensuring the transition by 29 September 2019 is possible. Partners are securing support to enable this to happen.

#### **7.0 Recommendation**

The Tower Hamlets CCG Governing Body are asked to APPROVE moving to a WELC Panel