

## **TRAFFORD COUNCIL**

**Report to:** Health & Wellbeing Board  
**Date:** September 2023  
**Report for:** Information  
**Report of:** Helen Gollins, Director of Public Health

### **Report Title**

Trafford, Stockport, Tameside joint Child Death Overview Panel Annual Report 2021-22

### **Purpose**

The death of any child is a tragedy. It is therefore important that we understand why our children die and what as a system we can do differently to prevent this from happening or, if inevitable, ensure the child has the best death possible and their family and carers are supported throughout.

Each year the Stockport, Tameside and Trafford (STT) Child Death Overview Panel publish a report, 'Learning from Child Death Reviews', to describe why children who lived in Stockport, Tameside and Trafford died, to learn from the circumstances as far as possible, and present recommendations for the future. This report summarises findings from 2021/22 for the Board's consideration, particularly of the included recommendations, summarised below, and of any other relevant action to be taken in Trafford.

### **Summary**

- The panel received 39 notifications in 2021/22 across STT.
- There is no clear trend, although the annual notification rate has fallen slightly over the last five years compared to the first three.
- Infants aged under 1 year accounted for 39% of total, though in Trafford the three year infant mortality rate is significantly lower than in Stockport and Tameside
- The recording of ethnicity in notified cases is not complete enough to analyse.
- The notification rate is higher than average in children who live in areas of STT ranked in the most deprived 20% in England, but the gradient across deprivation quintiles is less clear.
- The panel closed 45 cases in 2021/22 (67), 80% of these cases were from 2019/20 or 2020/21. Covid affected closure rates.
- Just over a half (54%) of infants who died had a low birth weight; and 56% of infants who died were premature.
- In 2021/22 chromosomal, genetic and congenital anomalies makes up the largest category of cause of death for closed cases (15 deaths, 33%), perinatal/neonatal event makes up the second largest category (12 deaths, 27%).
- Modifiable factors were identified in 11 (24%) closed cases. Smoking, domestic violence, perinatal mental health and substance misuse were the most common factors recorded.
- Just over a half (56%) of closed cases were expected deaths.

### **Recommendations**

The Board is asked to:

- Note and sign-off the report
- Consider each of the recommendations included in the report and identify any on-going activity to meet these. These map closely to the previous year's annual report which are shown at the Appendix with our initial review of Trafford's / CDOP's response
- Make any further recommendations for partners or other Boards for their information or action, at Trafford or GM level

*Recommendations included in the report are:*

- I. Health and Wellbeing Boards should continue their work to address the longstanding causes of increased risk of child deaths. These include:
  - a. Obesity; particularly in children and women of childbearing age
  - b. Smoking by pregnant women, partners, and household members / visitors
  - c. Parental drug and alcohol abuse
  - d. Domestic abuse
  - e. Mental ill health
  - f. Co-sleeping
  - g. Multiple embryo implantation during IVF procedures.
- II. In line with the recommendations of previous CDOP annual reports, Maternity services should
  - a. Ensure that all women are supported to access high quality antenatal care from early in their pregnancies.
  - b. Deliver safe, evidence based healthy weight interventions, so that when a women books with the service and she is recorded as not being a healthy weight she is supported to maintain or, if safe to do so, reduce her BMI.
- III. All CDOP partners should continue working to ensure the robust data recording of protected characteristics as required under the Equality Act 2010.
- IV. The CDOP chair should work with CDOP panel members and the STT Child Death Review Partners on an ongoing basis. This should include (as a minimum):
  - a. Reviewing the draft annual report and agree its recommendations
  - b. Providing an update on the actions taken in response to the recommendations in the previous annual report.
  - c. Maintaining an awareness of the cases awaiting panel discussion and responding to any challenges and changes within the management of the CDOP process.
- V. The data used to compile the annual report should be stored in a consistent format to enable a rolling 5-year look back review to identify robust trends and provide a firmer basis for specific recommendations to the health and wellbeing board. This should inform the recommendations in annual reports from 2024-25 onwards

**Outline review of CDOP Recommendations 2020-21 (which include all of 2021-22)**

Recommendation	Trafford response...
I. Health and Wellbeing Boards should continue their work to address the	

<p>longstanding causes of increased risk of child deaths. These include:</p>	
<p>Obesity; particularly in children and women of childbearing age</p>	<p>Outside of pregnancy support (see recommendation II), Trafford Public Health commission a number of interventions for adults, children, young people and families. The Healthy Weight Steering group are progressing sign off on the Healthy Weight Strategy, which sets out the whole system approach to making Trafford a place where it is easier for residents to achieve and maintain a healthy weight. This includes specific work on school food, vending policy and advertising policy and links to physical activity plans. Infant feeding is part of Trafford's healthy weight and Start for Life strategies. This will be supported particularly in the North pilot, through the Family Hubs focus on 1001 critical days. There is also a commitment amongst GM colleagues to work with OHID and ICB to develop best practice around infant feeding and ensuring the best start in terms of healthy eating.</p>
<p>Smoking by pregnant women, partners, and household members / visitors</p>	<p>As part of the Saving Babies Lives National Programme v3 Greater Manchester commission the smokefree pregnancy service. In Trafford this supports a nominated midwife and Midwife Support Workers in MFT to offer specialist smoking support to women who are pregnant, with regular visits and early first contact to emphasise the importance of the issue. As part of the offer, women will be provided with NRT and a CO monitor for home use. There is also an incentive scheme to encourage women to validate their quit status, with vouchers provided to any women who can validate their successful quit with a CO reading of 3 or below. For the wider population a full multi-agency Tobacco Control strategy and action plan is in development following an event in September. Trafford Council commission stop smoking interventions through pharmacies and GPs. We have also commissioned targeted support who are disproportionately affected by smoking harm e.g. young people and those with SMI.</p>
<p>Parental drug and alcohol abuse</p>	<p>Trafford Council commissions the holding families programme from Early Break, which is a whole family approach to parental drug/alcohol use. We have supported the service to generate referrals for their next programme beginning in September. Trafford Council also commission Early Break to deliver young people substance misuse support and an alcohol outreach prevention service.</p>
<p>Domestic abuse</p>	<p>Trafford has a full programme of awareness raising work including both public and professional awareness, led by our main provider Trafford Domestic Abuse Service (TDAS) with partners. This includes posters, business cards, website information, training sessions and events. Services are working with a wide range of settings such as schools, sporting associations, hairdressers, GPs,</p>

	pubs to increase awareness and make access as easy as possible
Mental ill health	<p>An all-age strategy is being developed for Trafford and will include specific aspects for parents and carers. This will need to be developed with the Safeguarding Partnership and guidance to ensure responses to parental mental ill health are supportive whilst ensuring the welfare of the child.</p> <p>One of Trafford's Suicide Prevention Partnership strategy priorities for 2022-25 is to raise awareness of the risk of suicide and self-harm in specific groups a large CPD awareness sessions have been held for professionals as well as materials and sessions for the public. GM Self-Harm and mental wellbeing resources for young people and one for parents/carers will be made available shortly.</p>
Co-sleeping	<p>The HV team promote key messages to all clients with babies of all ages, particularly with under 1 year as part of routine universal contacts. The HV service also provide Care Of Next Infant support to families who have experienced sudden and unexpected death of a baby or child. Messages within the red book are highlighted at every contact with the HV service.</p> <p>As part of Safer sleep week (13th – 19th March 2023) student Health Visitors were asked to promote safer sleep campaign in their practice areas and developed a project wall in clinic settings for key messages. There was also an opportunity to highlight ICON messages (abusive head trauma). In addition to the promotion in community clinics, the safer sleep and ICON information were posted daily on social media platforms during the safe sleep week of action.</p>
Multiple embryo implantation during IVF procedures.	<p>The Human Fertilisation and Embryology Authority (HFEA) is responsible for the regulation of IVF services in England and has been working since 1991 to reduce the multiple birth rate following IVF. Their work included the implementation of restrictions on triple embryo transfer, and a move to encouraging women to choose to have only one embryo transferred – termed the ‘one at a time’ policy. This policy, together with a target to reduce multiple births below 10%, has seen multiple births fall from 28% in the 1990s to 6% in 2021. Multiple births have fallen but remain higher than average in black ethnic groups and privately funded patients. This trend is linked to higher multiple transfer in these groups than in other ethnic groups and NHS funded patients.</p>
II. In line with the recommendations of previous CDOP annual reports, Maternity services should	
Ensure that all women are supported to access high	MFT deliver quality, safe and personalised care, focused on community delivery. There is a lead matron with responsibility and experience around public health

<p>quality antenatal care from early in their pregnancies.</p>	<p>nursing and focus on health improvement and improving links in the community. This also brings together specialist midwives and MSWs to support particular groups such as refugee and asylum seeker populations; young parents and women experiencing obesity. A recognised gap was parent education but a new post has been recruited to, to deliver most appropriate antenatal classes which are not just about delivery itself but about support available before or after including perinatal mental health and financial support. MFT will work with partners to identify what parents would most benefit from, considering different areas of Trafford.</p>
<p>Deliver safe, evidence based healthy weight interventions, so that when a women books with the service and she is recorded as not being a healthy weight she is supported to maintain or, if safe to do so, reduce her BMI</p>	<p>Public Health commission a Tier 2 Community Weight Management service provided by Slimming World, who work in partnership with the Royal College of Midwives (RCM) and can support women from pre-conception to post-natal period. For pregnant women, the focus is not on weight loss, but on healthy lifestyle changes, with the support of their midwife or healthcare team. The tier 3 Specialist Weight Management Service (SWMS, commissioned by ICB) supports pregnant women when referred by their GP or midwife. Specialist midwives at MFT run a clinic with the Consultant for women with a BMI over 40 but also see women with BMI of 35-39 and give healthy eating advice, safe exercise in pregnancy and go through maternity pathway and clinical implications. Referral pathways to healthy weight service above are being strengthened and reviewed with midwives.</p>
<p>III. All CDOP partners should continue working to ensure the robust data recording of protected characteristics as required under the Equality Act 2010</p>	<p>Gaps in ethnicity data are routinely questioned at CDOP panel, to ensure that any data on ethnicity on partners' systems is shared</p>
<p>IV. The data used to compile the annual report should be stored in a consistent format to enable a rolling 5-year look back review to identify robust trends and provide a firmer basis for specific recommendations to the health and wellbeing board. This should inform the recommendations in annual reports from 2024-25 onwards</p>	<p>We are compiling data prospectively to allow a 5-year review to be completed. 5 years of data will have been collected by the end of 2025. Discussions with GM CDOP colleagues are ongoing to enable a GM-wide review, though resource not yet identified. Either anonymised data or annual reports to be used to compile a 5-year sub-region review</p>

Contact: Kate Shethwood, Consultant in Public Health  
Email: kate.shethwood@trafford.gov.uk