TRAFFORD COUNCIL

Report to: **Health & Wellbeing Board**
Date: **January 2025**
Report for: **Information**
Report of: **Kate Shethwood, Consultant in Public Health**

Report Title

Trafford, Stockport, Tameside joint Child Death Overview Panel Annual Report 2022-24

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 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. The report covering the two years (2022 – 24) is attached. The key findings and recommendations for all three Health and Wellbeing Boards' consideration are replicated in this cover note. Reflection on the activity undertaken to respond to the previous recommendations and initial plans to address the most recent recommendations is also included in this cover note for Trafford specifically.

The Trafford Health and Wellbeing Board is asked to:

- Note and sign-off the report
- Consider each of the recommendations included in the report (listed below) and identify lead agencies and strategies to meet these. The recommendations map closely to the previous year's annual report which are shown below with our initial review of Trafford's / GM response
- Make any further recommendations for partners or other Boards for their information or action, at Trafford or GM level

Summary

Key Findings:

- The panel received 105 notifications in the 24-month period 2022-24, bringing the 10 year total across STT to 491. Of these 105, 26 were Trafford children.
- There is no clear trend towards a higher or lower notification rate, although the annual rate has risen over the last two years following generally reducing rate since 2014/15. The 2022-24 rate is lower than it was before 2018/19.
- Infants aged under 1 year accounted for 55% of notifications, which is similar to previous years in STT. Of the 47 aged over 1, the greatest proportion of deaths occur in adolescents aged 15-17 (18%).
- The factor of ethnicity is difficult to comment on as the recording of ethnicity in notified cases is not complete, although levels of recording are improving.

- The notification rate is higher than average in children who live in areas of STT ranked in the most deprived 20% in England, and the gradient across deprivation quintiles is clear.
- The panel closed 51 cases in 2022-24 (14 for Trafford), this is lower than the totals in the previous three (pandemic affected) years. 83% of these cases were from 2022/21 or 2020/21.
- Around a half (45%) of infants who died had a low birth weight; and 59% of infants who died were premature.
- In 2022-24 chromosomal, genetic and congenital anomalies makes up the largest category of cause of deaths for closed cases (18 deaths, 35%), perinatal/neonatal event makes up the second largest category (12 deaths, 24%) followed by deaths of people with a chronic medical condition (4 deaths, 7.8%) and deaths involving suicide or deliberate self-harm (4 deaths, 7.8%).
- Modifiable factors were identified in 24 (47%) of closed cases. Smoking, domestic violence, maternal BMI, unsafe sleeping and missed opportunities in medical care were the most common factors recorded.
- In Trafford, more than half (65%) of closed cases were expected deaths.

Recommendations from the 2022-2024 report:

The CDOP Chair has identified eight recommendations for Stockport's, Tameside and Trafford's Health and Wellbeing Boards to endorse and sponsor. These recommendations have been approved by the Child Death Review Partners in Stockport, Tameside and Trafford.

I. Health and Wellbeing Boards should continue their work to address the longstanding causes of increased risk of child deaths. These are recurring modifiable factors in recent CDOP cases, and their contribution to child deaths is supported by a broad evidence base. They 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, and other unsafe sleeping practices

II. Health and Wellbeing boards should develop and implement a strategic approach to reducing poverty (particularly child poverty) and the impact of poverty on the prevalence of the modifiable factors that increase the risk of child death. This poverty is an underlying cause of the modifiable factors listed above, and is associated with a wide range of other poor child outcomes.

III. 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. Ensure the consistent application of RCOG good practice for triaging and reaching clinical judgements about contacts made by women during labour, to reduce the risk of poor birth outcomes.
c. 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.
d. Ensure that all women, partners and members of their household who smoke at the time of their booking appointment are encouraged and supported to stop smoking

IV. The CDOP review partners should review the panel membership and quoracy in line with the 2023 version of Working Together to learn from child deaths. Fair representation should be provided across the three areas.

V. All CDOP partners should continue working to ensure the robust data recording of protected characteristics as required under the Equality Act 2010.

VI. The CDOP chair should continue to 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. This year, we specifically recommend that CDOP panel duration should increase to 24 hours per year in order to provide adequate capacity.

VII. The Community Safety Partnerships (and children's safeguarding partnership, as appropriate) in each borough should review the instances of deaths and other serious incidents that are linked to unsafe riding/driving of motor vehicles by children and young people and consider creating a comprehensive strategy to reduce such occurrences.

Update on recommendations made last year in 2020-21 report

Many of these overlap with this year's recommendations so some future plans have been included here:

Recommendation	Trafford response…
I. Health and Wellbeing Boards should continue work to address the longstanding causes of increased risk of child deaths. These include:	
Obesity; particularly in children and women of childbearing age	Tier 2 Community Weight Management service is provided by Slimming World, who work in partnership with the Royal College of Midwives

	(RCM). For pregnant women, the focus is not on weight loss, but on healthy lifestyle changes, always with the support of their midwife or healthcare team. We also commission a family wellbeing programme commissioned through Foundation 92 to help families achieve changes together with positive activities. The tier 3 SWMS supports general population and pregnant women with weight management support when referred by their GP or midwife. They also provide training to professionals. Pathways and thresholds have been reviewed due to pressures in the ICB commissioned service, which has been challenging and presents a risk to earlier intervention. In order to support families to access information they need, including on services, a 0-5 padlet has been produced and shared widely. A hard copy 'start for life' booklet is also being produced with lived experience input, to be launched with the first Family Hubs in 2025. A professionals guide to children's commissioned services has also been produced for the last two years and is updated every 6-9 months. In the coming year: We are embedding a compassionate approach to food-related ill health through training and awareness raising amongst our workforce and review of the needs of the population and services. In 2025 this will be developed into a food strategy for Trafford's whole population.
Smoking by pregnant women, partners, and household members / visitors	In Maternity: the MFT Smokefree pregnancy team have 5 Stop smoking advisors and a specialist midwife to support women to stop smoking during pregnancy. The service offers weekly appointments for the first 4 weeks and then every 4 weeks throughout pregnancy to support women to quit. They are contacted within 24 hours of booking to indicate importance of this issue. As part of the offer, women will be provided with NRT and a CO monitor for home use to support them to quit. 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. General population: In addition to continued pharmacy and GP provision of NRT and stop smoking advice, through the smoking Grant we have commissioned targeted support through a range of community organisations for those who are disproportionately affected by smoking harm e.g. young people, those with Serious Mental Illness, disability or who are homeless. The Tobacco

	Alliance has developed a vision and action plan around tackling smoking harm at a population level including these targeted community approaches, licencing and enforcement, awareness raising / comms and prevention and education.
Parental drug and alcohol abuse	As well as delivering the young people's substance use services, Early Break continued to deliver the Holding Families (parents with substance use and their families) and Holding Families Plus (specific to those in prison) programmes, with positive feedback and outcomes around recovery and children's voice. The adult drug and alcohol service (lead provider working with several sub-contractors to provide outreach, online support, behaviour change etc) provider has undertaken concerted effort in last 3 years to increase numbers in treatment to meet unmet need. Many more people are now in treatment including going through detox and rehab. A recovery community network has begun to meet and identified various assets in Trafford to build on. We are putting resource into developing this in coming years, working with the Community Collective. The group has identified the need to improve awareness of the support for families including partners and children. Where parental responsibilities are identified there is close working with children's services and the children's substance use provider where necessary. This is an area for further development and a recommendation has been made that the safeguarding board oversee a multi-agency audit of the identification and support of substance using parents and their families.
Mental ill health	The All Age Mental Health Board has now been launched and the Thrive Children's Mental Health Group feeds in there as well as to the Children's Commissioning Board. Public Health co-chair the Thrive group and are leading on the needs assessment and delivery plan for the All-Age Board, bringing a full population view of prevention alongside the actions to address issues with access to mental health support. Perinatal mental health support for mothers and fathers has been highlighted as a challenge area for Trafford by GM and is being addressed by the ICB with improvements seen. The Perinatal Mental Health service in GMMH works closely with the Parent-infant mental health service (PIMH) provided by MFT / CAMHS and the Trafford Infant Parent Service more broadly, to support families. The new 1001 days group sits under Best Beginnings Board to bring together those partners who work in the

	Start for Life period (conception to age 2) and try to streamline resources and make improvements in key areas; a critical part of the Family Hub roll-out.
Safe sleeping	Safe sleeping, including safe co-sleeping, is a priority for the Health Visitors who deliver the Healthy Child Programme. Discussions are had with parents at every visit. Additional awareness raising activity has been shared during weeks of action this year. Health visitors and social care and community organisations have provided intensive support to families in temporary accommodation and particularly those newly arrived in UK and placed in 'contingency accommodation' hotels. This includes sourcing appropriate sleeping equipment from local charities, providing Healthy Start vitamins and specialist support. A pathway is being piloted to allow GPs and social prescribers (currently in North only) to highlight housing concerns affecting any resident but particularly children. This builds on MRI hospital pathway embedded through Manchester. Next year: Sustainability of baby bundles and provision for families in temporary accommodation will be reviewed as part of Family Help strategies. Pathway to be explored between Health Visiting and Housing colleagues, building on primary care pilot, to provide escalation route / support between services.
Multiple embryo implantation during IVF procedures.	A consistent reduction in multiple embryo implantation has been achieved by IVF providers, in part through technology improvements that mean that success rates following a single embryo implantation are high enough to reduce the need to implant multiple embryos. In the most recent 24 months, no deaths have been linked to multiple embryo implantation. CDOP will continue to maintain an overview of this issue.
II. In line with the recommendations of previous CDOP annual reports, Maternity services should	
Ensure that all women are supported to access high quality antenatal care from early in their pregnancies.	MFT has a lead matron with responsibility and experience around public health nursing to focus on capacity building around health improvement and improving links in the community. She 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 last year was antenatal parent education but a new post has been recruited this year to deliver some antenatal classes including support available before and after such as perinatal mental health and financial support. MFT have worked with partners including through Best Beginnings Board and the new 1001 days group to identify what parents would most benefit from, considering different areas of Trafford. The lead has trained and works closely with Health Visitors and others working antenatally so they can offer appropriate support. Bumps to babies group is commissioned by public health and provided through Talkshop youth engagemet service, to support young parents. **Next Year:** A targeted multi-disciplinary antenatal offer will be developed based on evidence base and learning from Manchester. We will trial this as part of the launch of family hubs in Trafford.
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	Within maternity, a specialist midwife runs a clinic with the Consultant for women with a BMI over 40 but also sees women with BMI of 35-39 to give health education, healthy eating advice, safe exercises in pregnancy and explains maternity pathway and clinical implications. The significant pressures on all weight-related services is increasing as rates of maternal obesity increase and workforces, including in maternity, struggle to recruit / retain. This year we have also commissioned a project to review the lived experiences of women experiencing obesity during maternity and post-natally, through the MFT Maternity Voices Partnership provider, to understand women's experiences of care, stigma and what they would find most helpful to keep themselves well and their babies. This will be fed back through Best Beginnings Board and Children's Partnership to support changes within maternity care, community / peer support, weight management commissioning and strategic approaches within the population.
III. All CDOP partners should continue working to ensure the robust data recording of protected characteristics as required under the Equality Act 2010	The CDOP manager and chair have been working with all partners to improve recording of ethnicity data and we are seeing consistent improvements

IV. The CDOP chair should work with CDOP panel members and the STT CDR partners on an ongoing basis. This should include a. Reviewing the draft annual report and agreeing 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	A regular series of meetings between the three Public Health consultants is in place, with additional members invited as appropriate. This group reviews the draft report produced by the Chair and agrees recommendations in consultation with local partners. The 2024 review of capacity suggested that we needed to increase capacity, as detailed in the main CDOP report that accompanies this progress report. This was implemented from the November 2024 meeting onwards.
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.	This is now in place, and the report being presented today is now drawing on 5 years of data Discussions with GM CDOP colleagues are ongoing to enable a GM-wide review, though resource not yet identified.

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