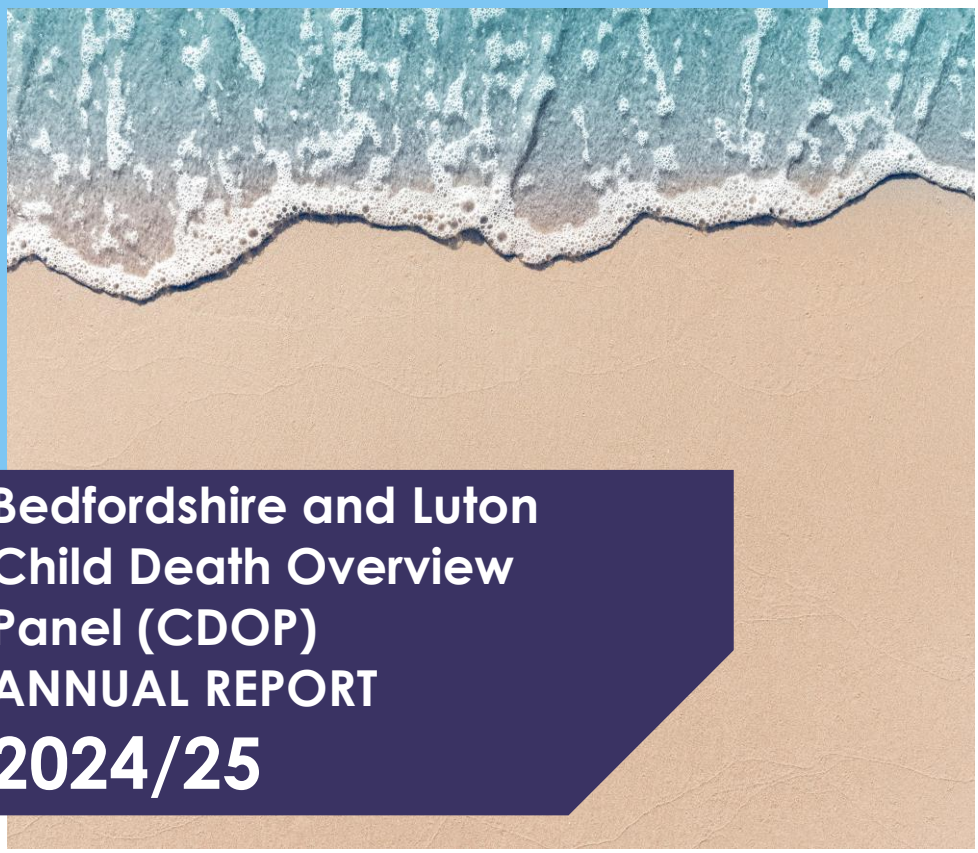


Bedfordshire and Luton Child Death Overview Panel (CDOP) ANNUAL REPORT 2024/25

BEDFORD BOROUGH COUNCIL

Luton

Central Bedfordshire

NHS
Bedfordshire, Luton and Milton Keynes
Integrated Care Board

CONTENTS

EXECUTIVE SUMMARY

The death of a baby or child is a devastating loss, and although an uncommon event, it represents a tragedy that profoundly affects the family, friends, and all those involved. The Child Death Review (CDR) process is a statutory requirement, with the aim of, learning from each death to identify potentially modifiable factors which may prevent future deaths from occurring[i]. A modifiable factor is defined as a factor which, by means of nationally or locally achievable interventions, could be changed to reduce the risk of future deaths.

Notification of child deaths April 2024 – March 2025

CDOP) was notified of 50 deaths of children living in Bedfordshire and Luton. This compares to 48 in 2023/4 and 65 in 2022/23	43% of all children who died were babies less than 28 days old.	In 80% of cases, the deaths occurred in hospital,16% of deaths occurred at home and 4% in another place.

There was overrepresentation of some ethnicities. Asian, White other and Black were over-represented based on their proportion of the whole population.

Child Death Overview Panels (CDOP) April 2024- March 2025

The number of deaths reviewed is always different to the number of notifications, as it can take many months for all reviews to be completed before the case can go to panel. The of reviews each year is affected by the length of the process, which can take years in some cases.

CDOP met on 11 occasions in 2024/25	CDOP reviewed 65 deaths.	15 children lived in Bedford, 27 in Central Bedfordshire and 23 in Luton

At both a national and local level the largest category of death was 'perinatal /neonatal event' (43% of Beds and Luton compared to 34% in England), followed by an acute medical or surgical condition (18%) and then chromosomal, congenital and genetic anomalies (17%)) Panel identified Modifiable factors for 24 (37%). These are factors that, if changed with a realistic national or local intervention, might reduce the risk of future child deaths

Key themes and learnings arising from child deaths relate to:

- Smoking cessation in both the mother and the household of the family.
- Obesity management during pregnancy
- Safer sleeping practices
- Addressing issues with, and delays in treatment.
- Effective communication between agencies and families
- Higher rates of child deaths in certain ethnicities
- Higher rates of child deaths in areas with higher deprivation

INTRODUCTION

I took over the chair of the Bedfordshire Child Death Overview Panel in January 2025, having attended as a member for the last two years. It is a privilege to be able to publish this report for 2024/25.

The CDOP panel works in difficult and sensitive circumstances to ensure that for every child who dies in Luton or Bedfordshire learnings are identified and addressed to reduce future risk. I continue to be proud of the panel we have in Bedfordshire - of the professionalism of the panel members in the collaborative yet challenging discussions. I am grateful for the time and commitment each panel member gives to ensure that we can give appropriate scrutiny of each child's sad death, so that we can take away learnings and improvements.

The purpose of this process is always to learn and improve systems, taking recommendations and actions back into the system. There have again been a number of follow ups and improvements actioned through the course of the last year based on case review findings. The annual report is a key element of the work of the panel – enabling us to look at trends. This oversight enables system recommendations and actions to be developed and enacted. We hope again that the findings in this report will continue to drive change and improvements, tackling risk factors and service improvement approaches to reduce risks of future child deaths.

Elizabeth Elliott
Chair of CDOP
Consultant in Public Health
Luton Borough Council

KEY FUNCTIONS OF CDOP

The death of a baby or child is a devastating loss, and although an uncommon event, it represents a tragedy that profoundly affects the family, friends, and all those involved. The Child Death Review (CDR) process is a statutory requirement, with the aim of, learning from each death to identify potentially modifiable factors which may prevent future deaths from occurring[ii]. A modifiable factor is defined as a factor which, by means of nationally or locally achievable interventions, could be changed to reduce the risk of future deaths.

The Children Act 2004, as amended by the Children and Social Work Act 2017, requires Integrated Care Boards (ICBs) and local authorities (child death review partners) to make local arrangements, to undertake these statutory reviews.

Bedfordshire and CDOP, conducts the statutory reviews on behalf of the partners and provides independent multi-agency scrutiny for the deaths of all children who are usually resident in the Bedfordshire Luton area. The reviews occur once all other child death review processes e.g. coronial inquests or child safeguarding practice reviews are completed.

An overarching aim of the CDR is to ascertain why children die and to support improvements in the health, safety and wellbeing of children and young people in the local area. The aim is to reduce the risk of future child deaths and to inform local practice as required. This includes active engagement with regional and national initiatives to align processes and the sharing of wider learning.

A National Child Mortality Database (NCMD) was set up in 2019 to enable more detailed strategic analysis and interpretation of data arising from the complete child death review process across England. CDOPs are required to submit their data and analysis to NCMD who will ensure that learning from child death reviews is widely shared with the aim of saving lives.

The key functions of the CDOP are to collect, collate and analyse anonymised information obtained about each child death to:

- Confirm or clarify the cause of death.
- Determine any contributory factors.
- Determine whether there are modifiable factors.
- Identify learning arising from the CDR process that may prevent future deaths.
- Make recommendations to all relevant organisations where actions have been identified which may prevent future deaths or promote the health safety and wellbeing of children.
- To produce an annual report for child death review partners on local patterns and trends in child deaths, any lessons learnt, and actions taken and the effectiveness of the wider child death review process.
- To contribute to local, regional and national initiatives to improve learning.

MEMBERSHIP OF CDOP

- Public Health (Chair) (Core)
- Public Health representative from each Local Authority (Core)
- Designated Doctors for Child Deaths (Core)
- Hospital Clinician (Core – one Rep.)
- Safeguarding (Designated Nurses) (Core – Rep.)
- Lead Nurse for Child Deaths (Bedford and L&D Hospital, Hospice) (Core – one Rep.)
- Children's Services – Beds, CBC and Luton (Core)
- Primary Care (Health Visitor) (Core)
- Lay representation (as available)
- Nursing and/or Midwifery (as required)
- Police (as required)
- Ambulance Services (as required)
- Coroner's Office (as required)
- Education (as required)
- Housing (as required)

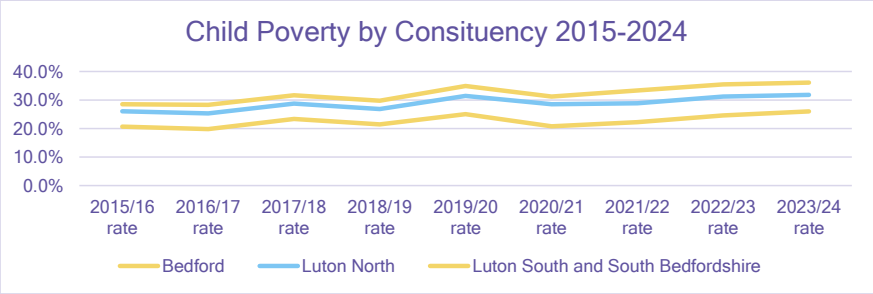
DEMOGRAPHICS OF CHILDREN AND YOUNG PEOPLE IN BEDFORDSHIRE AND LUTON

Demographics

- 26% of the population of Luton are under 18 years, 22% of the population of Central Bedfordshire is under 18, 23% of the population of Bedfordshire are under 18. (In England 21% of the population are under 18).[iii]

- In 2024, 3,632 babies were born in Luton: 2,083 in Bedford and 3,396 in Central Bedfordshire), a total of 9,111 live births[iv].

- Child poverty rates in all areas have increased over the last 10 years:



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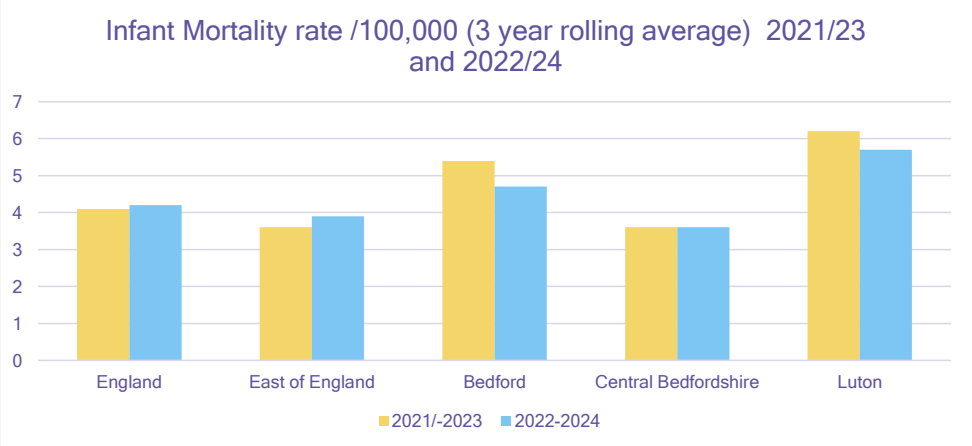
Child and Infant mortality

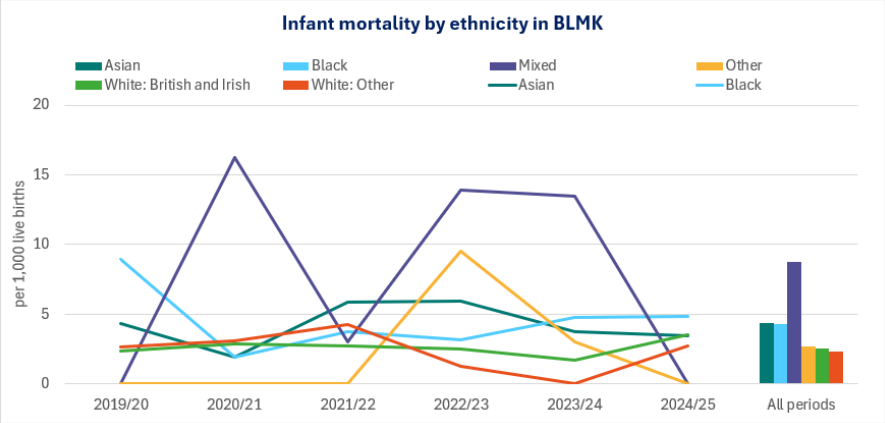


[v]

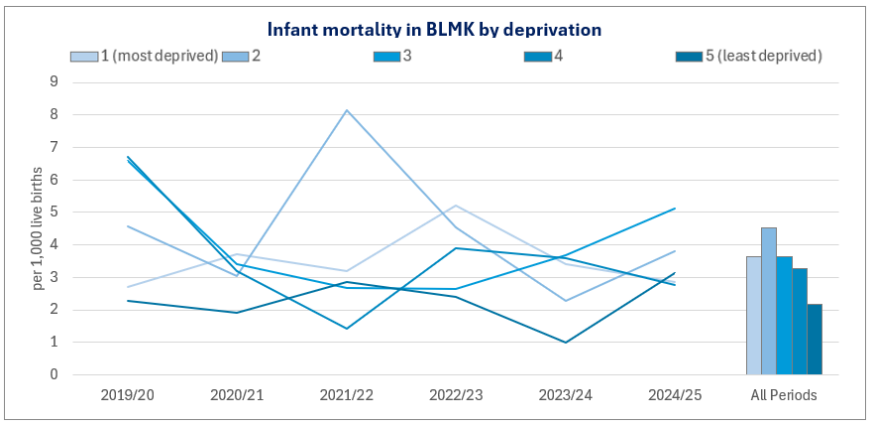
The Infant and Maternal Mortality in BLMK report noted that national data showed the trends in infant mortality by place and at BLMK level [vi]. In 2020-22, the BLMK rate was 4.5 per 1,000 live births, compared to 3.9 per 1,000 in England which was not significantly different. Infant mortality rates have shown a steady decline over time. Infant mortality has been consistently higher than the national average in Luton and this was statistically significant in six of the seven periods from 2014-16 to 2020-22.

Using local data, rates of infant mortality in Luton (4.7 per 1000 live births) are also higher than BLMK (3.3 per 1,000) over the whole period studied.

By ethnicity, in BLMK, Asian ethnicity groups (4.3 per 1,000) and Black ethnicity groups (4.3 per 1,000) have significantly higher rates of infant mortality than White British and Irish ethnicity groups (2.5 per 1,000) as shown in **Error! Reference source not found.**. For other ethnicities, there is no statistically significant difference. Mixed ethnicity groups have the highest rates (8.8 per 1,000 live births) but because of the small numbers of mixed ethnicity babies born, no statistical inference could be made.



By deprivation, infant mortality rates in the most (3.6 per 1,000 live births), second (4.5) and third most (3.7) deprived quintiles in BLMK are significantly higher than the least deprived quintile (2.2 per 1,000).



Smoking status at time of delivery

- **Smoking status at the time of delivery in Luton** in 2024/25 the smoking at time of delivery rates were 5.6% in England, 3.8% in Luton, 3.9% in Bedford and 5.3% in Central Bedfordshire[vii].

Obesity and overweight status

- In 2024/25 26% of women who booked in at Bedfordshire Hospitals Trust (BHT) had a **BMI of 30 or greater.** At national level, in 2023/24 (the most up to date data available) the proportion of women recorded as living with obesity in early pregnancy was 26.2%, slightly higher than the preceding year 25.4%. There is variation across ethnicities with Black women having the highest rate of obesity and those from Asian ethnicity having the lowest rate. Maternal obesity is also lower in first pregnancies (22.0%) compared with those having a subsequent pregnancy (28.7%).

Birthweight

- In 2024 the proportion of **births reaching full term but which had a low birth weight** was 3.0% in England, and across the CDOP area, Luton had the highest rate of 4.3%, compared to the Central Bedfordshire and Bedford rates which were 3.0% and 2.9% respectively. A lower proportion of births with low birth weights is an indicator of a healthy pregnancy.

Area	Recent Trend	Count	Value
England	↑	15,248	3.0
East of England region (statistical)	→	1,530	2.7
Luton	→	142	4.3
Peterborough	→	83	3.8
Thurrock	→	58	3.3
Suffolk	→	171	3.0
Southend-on-Sea	→	46	3.0
Central Bedfordshire	→	91	3.0
Bedford	→	56	2.9
Norfolk	→	162	2.6
Hertfordshire	→	276	2.5
Essex	→	337	2.5
Cambridgeshire	→	108	2.0

Source NHS England

Vaccination Status

- The proportion **of children who received two doses of MMR on or after their first birthday** and at any time up to their fifth birthday in the year 2023/24

Area	Recent Trend	Count	Value
England	↓	562,626	83.9
East of England region (statistical)	↓	64,997	87.7
Norfolk	↓	8,082	90.3
Suffolk	↓	7,072	90.2
Central Bedfordshire	↓	3,233	89.9
Cambridgeshire	→	6,700	89.2
Hertfordshire	→	12,987	88.4
Essex	↓	15,593	88.4
Bedford	→	2,035	87.5
Southend-on-Sea	↓	1,807	84.8
Thurrock	↓	2,076	82.5
Luton	→	3,017	79.6
Peterborough	↓	2,395	76.6

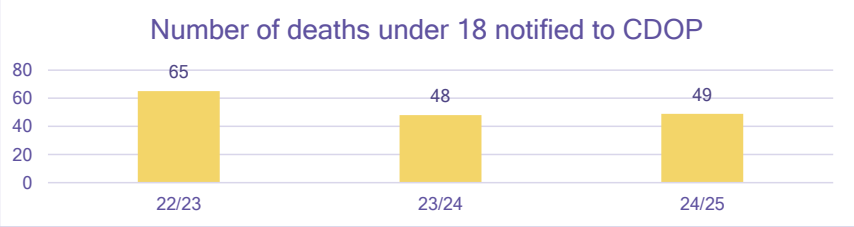
Source: NHS England

- None of the LA areas under this CDOP panel achieved the goal of 90% of children vaccinated in 23/24. Luton has the lowest uptake whereas Central Bedfordshire were only 0.1% below the 90% goal. The rate required for full herd immunity is 95%. However, no local authorities in England achieved this in 2023/24.

CHILD DEATHS NOTIFIED TO CDOP 2024/25

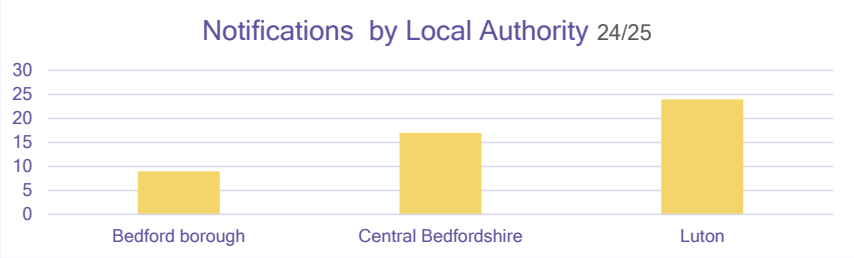
Number of notifications and local authority residence

- The number of deaths notified to CDOP in 2024/25 was similar to the previous year (48) and lower than in 22/23 (65). There was a higher number of notifications for children living in Luton.

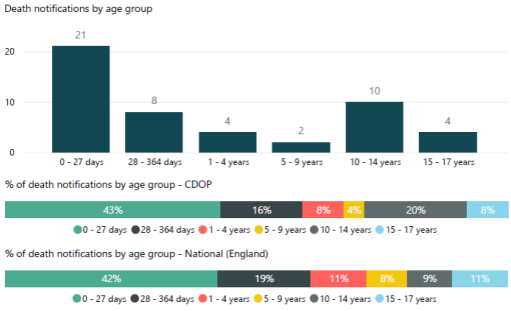


[viii]

Residence at time of death



Death notification by age group[ix]

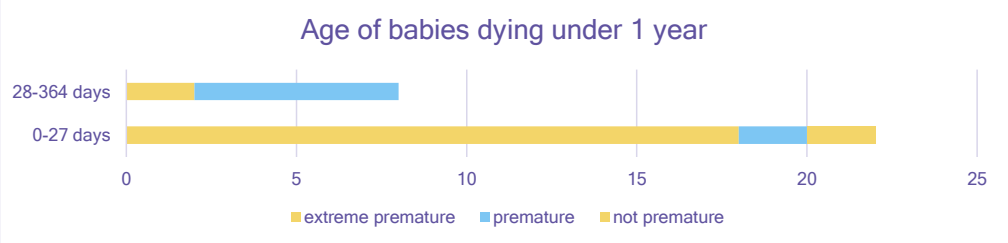


Source NCMD

- 43% of deaths were of babies younger than one month old. A further 16% of deaths were for babies under one year old. These proportions are like England.
- 20% of deaths were in the age group 10-14 years. This was higher than the England proportion in this age group (9%). Although analysis was undertaken, no themes have been identified relating to these deaths from the information available. The proportion of deaths in the 5-9 age group is lower than England of 8%.

Gestation of babies dying under 1 year old

- 29 babies died who were under one year. Of these, 28 were born premature (earlier than 37 weeks gestation) (97%). 20 of these babies were born extremely prematurely (before 28 weeks gestation) (69%), and 8 (28%) were born prematurely (between 29- and 37-weeks gestation).



Gender of all children reviewed by CDOP

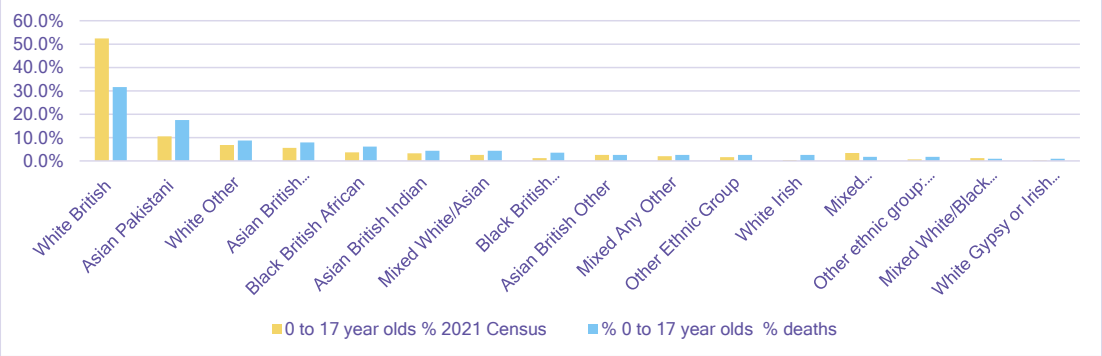
- 51% of the deaths were in girls and 49% in boys compared to last year 29% were female and 71% male.

Expected or unexpected deaths

- 31% of all the deaths notified in 24/25 were unexpected compared to 27% in 23/24.

Ethnicity

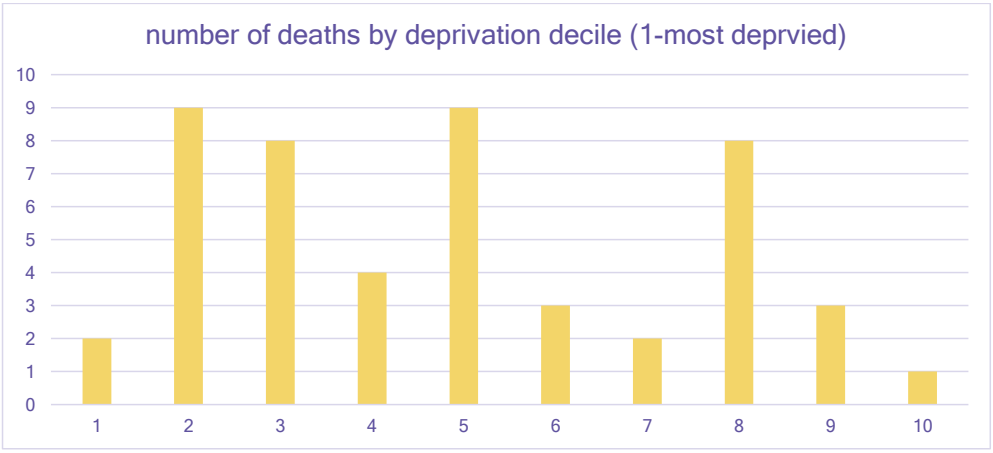
- The table below shows the ethnicities of the notified deaths in 24/25 compared to the proportion of the population of Luton and Bedfordshire of 0-17-year-olds. Asian, White other and Black were over-represented based on their proportion of the whole population, while White British were underrepresented.



2021 Census estimate, Office for National Statistics[3]

Deprivation

- 65% cases were found in the 50th most deprived percentile i.e. above average deprivation (1-5).



- NCMD published its report on Child Mortality and Deprivation in 2021[x] This showed that there was a clear link between the risk of death and deprivation for all categories of death bar malignancy. There was a relative 10% increase in risk of death between each decile of increasing deprivation on average.

- Luton has been a Health Equity Town since 2022. The impact of this is that the whole system, including the council, health sector, and public and private institutions work together to address health inequalities systematically.

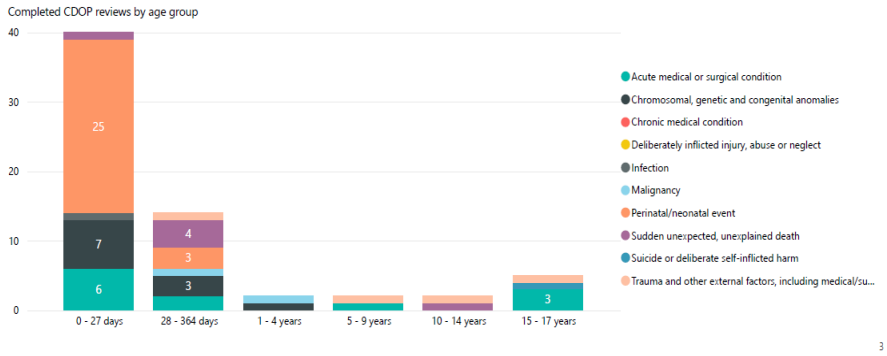
Place of death

- Most children died in hospital, which aligns with most deaths taking place in the neonatal period and linked to prematurity. No children died in a hospice in 2024/25 which is fewer than in 2023/24 (2%) and more died at home (13% in 2023/24). Keech hospice works with all children referred and support the family to support children to die at home if that is their wish.

CHILD DEATHS REVIEWED BY CDOP IN 2024/5

Number of deaths reviewed and primary category of death

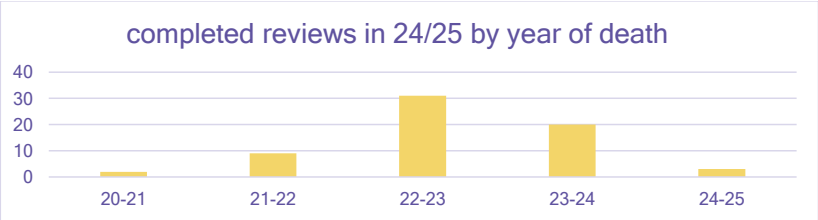
- CDOP reviewed 65 deaths in the last year (change from 54 in 23/24).
- 62% were aged under 1 month, and 22% were aged between 28-264 days. 17% were between 1 and 17 years. See below for primary category of death for these ages.



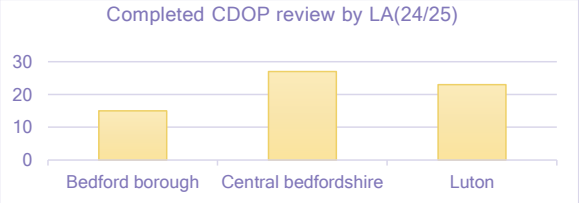
Source NCMD

Length of time to review at CDOP

- There are several factors that contribute to the delay in reviewing a case at CDOP. Ideally a case should be reviewed within six months of the death. Delays in a case being reviewed at CDOP include:
  - A serious incident that required thorough investigation and review, which took many months to complete.
  - Out-of-area deaths, which added complexity to our usual processes.
  - On occasion further information is requested leading to additional correspondence and verification.

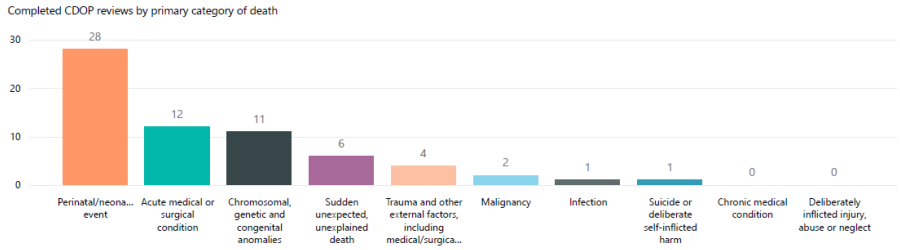


Area of residence at time of death



- The number of deaths reviewed by area of residence is based on a range of factors around timescales of the reviews and investigations and is not linked to number of deaths in each area.

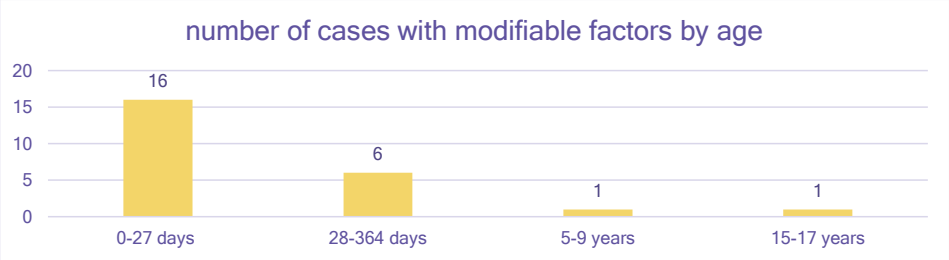
Primary Category of death



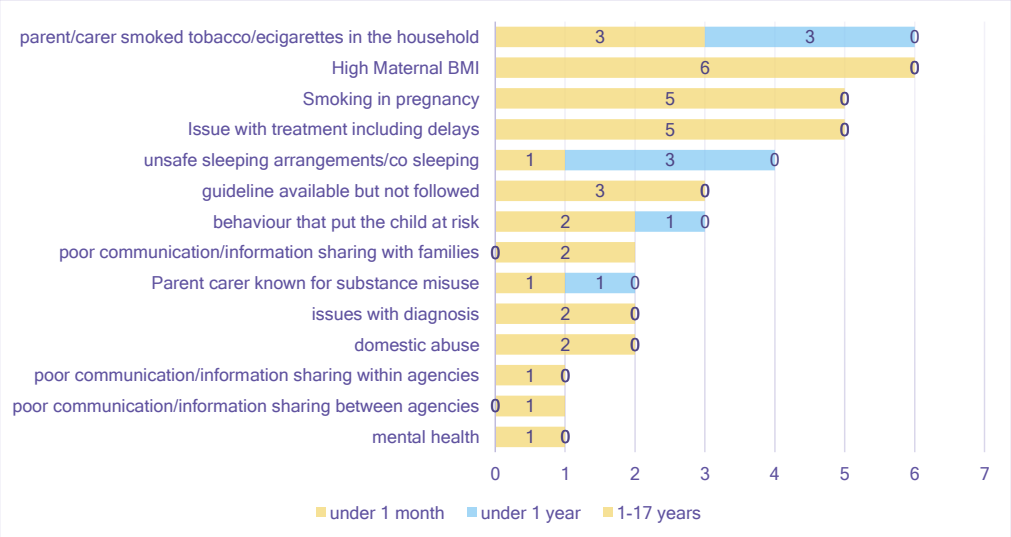
Source NCMD

MODIFIABLE FACTORS

- Modifiable factors are defined as factors which, by means of nationally or locally achievable interventions, could be modified to reduce the risk of future child deaths.
- For Luton and Bedfordshire, modifiable factors were identified in 36% (24) cases, compared to 48% of deaths reviewed in the year ending 31 March 2025 from England. This is an increase from 31% in Bedfordshire in 23/24.



- Note that the number of modifiable factors below is greater than the number of cases due to multiple modifiable factors identified in some cases.



Learning from modifiable factors

Smoking

Smoking Status at time of Delivery data from 2024 shows a continued and encouraging decline in the proportion of women known to be smokers at the time of delivery across Bedfordshire.

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Smoking during pregnancy and exposure to smoke is the most prevalent modifiable factor identified by CDOP in 2024/25. Smoking was identified as a modifiable factor in neonatal death in babies born prematurely and in babies who died in the category of sudden unexpected and unexplained death. Public health and the NHS are committed to supporting parents-to-be to eliminate this exposure though a range of current and planned interventions which include:

- Keeping well in pregnancy (KwiP) stop smoking service is in place across Bedfordshire Hospitals, where maternity services monitor carbon monoxide levels in pregnant women at every antenatal appointment.
- Referring parents who smoke to Bedfordshire Stop Smoking and Luton Total Wellbeing services
- Parents are also offered access to smoking cessation services via universal health services at all points of contact with midwives, GP's and health visitors.
- Information is given to mothers on risks of smoking in pregnancy and effects of second-hand smoke on children at antenatal appointments, new birth visits and development reviews.
- In Luton, a locally funded smoking cessation incentive scheme was rolled out in 2023. This was aimed at tackling health inequalities and supporting pregnant women who opt into stop smoking service to quit during pregnancy and sustain quitting. The project aimed to decrease the number of women recorded as smoking at the time of delivery to improve health outcomes for the mothers, fathers, newborns and whole family. Data showed a reduction in smoking rates and lower than national rates noted in 24/25.
- During November 2024, a national smoke-free pregnancy incentive scheme was launched. Luton & Dunstable Hospital was an early adopter. Then in June 2025 it was expanded to include the option of inviting new participating pregnant smokers to

nominate a friend or family member who will quit smoking with them and support them to remain smoke free.

- These 'significant others' are offered support or referred to local stop smoking services (provided by Total Wellbeing Luton). They must be verified by the participating maternity organisation as remaining smoke free at or around the 36th week of pregnancy and three months postpartum (with a CO level less than 4 ppm). Luton & Dunstable Hospital has opted in to this expanded scheme.
- Both hospital sites also offer the 'Swap to Stop' vape programme within maternity services.

High Maternal BMI

Maternal obesity can result in negative outcomes for both women and their unborn children. It increases risk of pregnancy complications, prematurity and caesarean delivery. Maternal risks during pregnancy include gestational diabetes and pre-eclampsia and for the child, risks include stillbirth, congenital abnormalities, and neonatal deaths. Obesity in pregnancy can affect health later in life for both mother and child. The rates of obesity in Bedfordshire are similar to England rates[xi], and there were six cases where high maternal BMI was identified as a modifiable factor. These were all in babies who died aged under one month.

CDOP continues to push the local authorities and NHS to address high maternal BMI both before and during pregnancy to reduce these negative outcomes. In response to Bedfordshire CDOP 2023-24 recommendations, a new post has been created of a public health maternity specialist across Bedfordshire and Luton to address the public health issues including high maternal BMI. They are currently developing a proposal to support women during pregnancy with evidence-based and appropriate support in Luton, as well as supporting 'Choose You', a new perinatal lifestyle programme launched in May 2025 across Bedford Borough, Central Bedfordshire, and Milton Keynes. It offers tailored antenatal and postnatal support, including virtual one-to-one sessions and a 12-week group-based weight management programme. Outcomes are awaited.

A preconception programme to reduce maternal weight prior to pregnancy has been running since 2023 across BLMK to support women who are committed to weight reduction before conceiving. This service has been relaunched recently to provided tailored support to women wanting to improve their BMI prior to pregnancy. Results are awaited.

CDOP will work with all system partners to promote healthy behaviours during pregnancy including the public health maternity specialist and public health healthy weight teams developing an evidence-based approach to supporting healthy lifestyles during pregnancy. CDOP will promote the available resources including the RCOG leaflets[xii] to address the impact of high BMI on pregnancies

Safe sleeping

Health visitors &and the allied skill mixed teams discuss safe sleeping with families at the antenatal, new birth and 6-8 week contact. Processes ensure that the workforce access live guidance documents. The new birth contact includes observation of the sleep environment by the health visitor. It is also documented if parents/carers decline observation of the sleep environment, with an analysis of any concerns/potential risks.

Assurance that the workforce has the knowledge to deliver the safe-sleeping message (including wider factors that may impact on Sudden Infant Deach (SIDSs) risk) can be evidenced through the delivery of essential-to-role training which includes 'tubes of life' training including a safe-sleep discussion. Families receive information to support them in the Early Days Booklet[xiii]

Making Every Contact Count (MECC) is fundamental to all contacts, these discussions enable the identification of potential risks in relation to safe sleeping e.g. smoking, substance use. This promotes discussing increased risk of SIDs when bed sharing, sofa sleeping with baby when under the influence of alcohol/substances. 0-19 team make onward referrals as indicated.

The three local authorities housing teams have attended CDOP and presented how they ensure housing is suitable for families and confirm that families must have sufficient room for their baby to sleep in the same room as the adult.

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Behaviour that puts child at risk

Panel identified factors that increased the risks to the child. These include instances where there were health interventions offered but not taken up, such as protection by vaccines, opportunities for further monitoring or treatment. This will be shared at training events and

professionals encouraged to continue to offer interventions while being curious about why the offers are declined.

Multiple social factors (Mental Health, drug use and Domestic Abuse)

Mental ill health, problematic drug and alcohol use and domestic abuse, which when found together are known as the trio of vulnerabilities are known to increase the risk of poor outcomes around health and wellbeing, including safeguarding. These factors were identified as modifiable factors in three cases. These small number of cases highlight some of the complexities that professionals must manage when supporting families. Central Bedfordshire Children Safeguarding Partnership has previously published CSPR with similar learning.[xiv] In addition, the work of the Wave 2 Families First pathfinder help programme in Luton has embedded a culture of early intervention and holistic approach to family support which has so far seen a reduction in referrals to statutory services. This programme is working closely with Best Start Family Hubs across Bedfordshire to promote family centred multi agency planning. Learning from CDOP informs the CDOP multi agency training programme and we will continue to adapt the training to the identified learning and modifiable factors

Service issues:

These include issues with treatment, guidelines not followed, poor communication or information sharing, within or between agencies and with families.
A majority of these factors were linked to premature birth and neonatal deaths within the Trust. In all cases reviews took place either within the hospital or via HSIB and all the learning points from each case have been reviewed by CDOP and we have been assured that they have been addressed.

There were communications issues affecting more than one child's care related to complications of constipation. The ICB is working with providers to ensure pathways are joined up to meet children's needs.

CONTINUED WORK LINKED TO DEATHS BUT WITH NO MODIFIABLE FACTORS

In previous years the work of CDOP has noted modifiable factors and developed or supported work streams to address them. These continue and are described below. In 2024/25 there were no cases where modifiable factors were linked to these areas, but CDOP and the wider partnership continue to ensure that services support families in these important areas.

Close Relative marriage

Luton has been recognised by NHS England as a high-need area where access to clinical genetics counselling required targeted support for underserved ethnic groups. The culturally competent genetic service has been developed to support families in Luton that have an increased genetic risk for an autosomal recessive condition. The Close Relative Marriage (CRM) midwife at the Luton and Dunstable hospital and other healthcare professionals can identify families that may be at risk and refer families to the genomic associate for advice, support and genetic counselling. Between 1st December 2023 and 30th September 2025, 90 families have been identified and referred to the prenatal genetic team. All 90 families engaged with the genetics team, which included genetic counselling, risk assessments, and, where necessary, diagnostic testing.

This programme continues to support families in Luton. There were no child deaths reviewed in 24/25 where CRM was identified as a modifiable factor

In addition, the designated doctor for Luton was a member of the NCMDs working group which wrote the NCMD guidelines for CDR professionals and CDOPs on consanguinity[xv]. Where families have a child affected by a genetic condition and they are in a close relative marriage, access to culturally sensitive clinical genetic services should be offered. Where this has not happened, this would be viewed as a modifiable factor in relation to service quality.

Suicide

Across Luton, Bedford Borough and Central Bedfordshire there is a wide variety of emotional and mental health support available for children and young people. This spans the statutory

support for mental health provided by East London Foundation Trust who provide support both within schools and colleges and outside, alongside a wide variety of voluntary support organisations.

Public Health in Bedfordshire have produced a Health and Wellbeing self-review and guidance which assists education settings in every aspect of health and wellbeing. As part of this suicide prevention, support and guidance is detailed in conjunction with resources and training for both staff and young people.

Luton is developing training workshops around suicide for schools together with training for teachers. This includes a curriculum that builds skills, resilience and signposting knowledge around all the wider issue that can contribute to suicide.

Housing condition

In previous years panel had noted that housing didn't always meet families' needs with some accommodation being too small for parents to be able to share a room with their baby. Panel also noted the findings from child deaths where mould and damp had been a contributory factor and sought reassurance from the three local authorities around how they would ensure properties were not damp or mouldy.

Infant mortality and deprivation

The BLMK infant and maternal mortality report was completed during 24/25. This report identified the factors that impact on infant mortality rates across BLMK and has been used to set the framework and clear workstreams for the LMNS as the strategic driver and to be delivered by the Luton and Bedfordshire Public Health maternity specialist post. With a working group developed to address the factors identified in this report. The outcomes will be reported back to LMNS and the CDOP during 2025/26.

Continued training

Panel members continue to disseminate key findings of this report through ongoing programme of training with CDR partners and local services.

Medical examiner

The Medical examiner service for non-coronial deaths is in place and embedded in practice.

Skin Biopsy for SUDI/C

Work continues with the acute trust to develop pathways for skin biopsy to support investigation into sudden unexplained deaths where genetic or metabolic investigations may help families.

Key Worker Role

Statutory guidance[8] states that all bereaved families should be given a single, named point of contact, who can provide information on the child death review process, and who can signpost them to sources of support. This role is referred to as the 'key worker'. It could be taken by a range of practitioners, for example a nurse or a member of a bereavement support team. The qualities and competencies of the individual are more important than their professional background. Given shift patterns and annual leave, Trusts should ensure that the key worker is supported by a team who can step in to cover absences. It is the responsibility of the organisation where the child was certified dead to identify a key worker for the family.

Families should expect to be able to contact the key worker or a team member during normal working hours. Last year the ICB planned for the Safeguarding nurses within the ICB to be the central point of contact for families but due to NHS reforms and changes in ICB structure this has not been possible. Panel continues to alert CDR partners that we are not consistently providing this statutory role to support families.

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[iv] (Source 2024 Mid-year population estimated, Office for National Statistics)

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