

HARINGEY
Children and Young People's Service

Annual Report

Children in Care Service

April 2023 - March 2024

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Haringey Children in Care Service

Annual Report

2023-2024

Executive Summary

Key metrics 2023/2024

1. 73% of Haringey Children in Care seen with 20 working days for Initial Health Assessment – 17% improvement between Q1 and Q4 – achieving 73% by Q4
2. 97% of Haringey Children in Care for 12 months or more seen for their Review Health Assessment
3. 84% of Haringey Children in Care have seen a dentist during the preceding 12 months
4. 51% of Haringey Children in Care fully immunized in line with UK vaccination schedule; 75% of Children in Care when excluding influenza vaccination
5. 87 % Haringey Children in Care have had a Strength and Difficulty Questionnaire (SDQ) completed. This is collected by First Step which is a commissioned service provided by the Tavistock-Portman.

Introduction

The Haringey's Children in Care (CIC) annual health report outlines the work undertaken by the team. The objective of the CIC health service is to ensure that all Haringey children and young people in care have their physical, emotional, and mental health needs assessed and that health plans are in place detailing how identified needs will be addressed to improve health outcomes. For each and every Haringey child and young person in care, health should be reviewed at their interval assessments and a set of guiding recommendations formulated. The team's focus is working together to enable children and young people to reach their full potential and enjoy the same opportunities in life as their peers.

Context

The report is written in accordance with The Statutory Guidance on Promoting the Health and Well-being of Looked after Children (DCSF 2015). We are commissioned by the North Central London Integrated Care Board to undertake initial and review health assessments for Haringey CIC.

Team Values

Our team values are:

- Always show respect and kindness for all
- Always go the extra mile for our clients
- Always learning and improving
- Always enabling and empowering children and young people to achieve their potential
- Always put the child and young person first, challenging where needed and advocating for children.

Legal Status

The legal status of CIC differs amongst children and young people.

Most children and young people in care are placed in care under a care order. This is a court order placing a child in the care of a local authority.

Some children and young people can be placed in care under a voluntary agreement. This allows a local authority to provide accommodation for a child where there is parental consent, or when no-one with parental responsibility is in place - for example if the young person is an unaccompanied asylum-seeking child.

A placement order is a court order allowing a local authority to place a child for adoption or when a child is detained due child protection concerns or under youth justice legal statuses.

Aims

The CIC service aims to meet the health needs of children and young people in care aged 0-18 years by promoting and contributing towards improving the health and well-being of children and young people in care¹. The CIC service is responsible for:-

- Completing statutory Health Assessments (initial and review), with reports, within designated timeframes. An Initial Health Assessment is to be completed within 20 days of a child/young person children entering care; Review Health Assessments are undertaken every six months until a child is aged 5 years and thereafter on an annual basis.
- Identifying an individual child's health needs and advising Social Workers of the health needs of individual children, in the form of a set of health recommendations
- Making recommendations regarding health promotion activities and health interventions
- Ensuring all young people leaving care have a Care Leavers Summary
- Representing and contributing to Adoption panels and multiagency assessments and reviews
- Providing Paediatric Permanency Reports for individual children
- Providing medical advice to prospective adopters regarding individual children with whom they have been matched
- Reviewing and commenting on medical examinations for adults being assessed as carers (foster carers, special guardians, connected persons and adoptive parents).

Haringey CIC service and staffing structure

Staffing structure 2023/2024

During 2022/2023, the North Central London Integrated Care Board (NCL) completed a scoping exercise to review the core offer for CIC across the NCL benchmarking against the NICE guidelines (2021).

This work resulted in additional funding being made available to recruit an additional CIC Nurse, alongside additional paediatric clinic availability. Recruitment took place as soon

¹

https://assets.publishing.service.gov.uk/media/630623bdd3bf7f3660de63da/Promoting_the_health_and_well-being_of_looked-after_children_August_2022_update.pdf

as the funding was received. Alongside this action, the Designated/Named Drs role has been divided into two consultant posts - a Named Dr for CIC and a Designated Dr for CIC. The posts are within the Haringey Community Paediatric medical teams and the doctors have other clinical responsibilities within community paediatrics. The post of Designated and Named Nurse is combined. The team works with Haringey's Adoption Advisor who is a Consultant Paediatrician also working within the Haringey Community Paediatric team².

During 2023/2024, staff were recruited to all vacant positions and all senior leadership positions within the team now have postholders. The current postholder for the Designated and Named Nurse combined role has held the role for the last 10 years. The Designated Doctor has been in post since May 2023 whilst the Named Doctor has been in post since November 2022. All are substantive appointments.

With funding for an additional one post and following recruitment to the position, there are now 4 specialist nurses employed within the team. Three members of the nursing team (2 Specialist nurses and the Designated nurse) have been in post for over 10 years and have developed good relationships with the children, carers and the wider professional network. Bank and agency staff members have been working within the team.

The team are supported by two Administrators who make a huge contribution to the team.

Key Roles and Responsibilities

The Designated Nurse and Designated Doctor for CIC are statutory roles.

Job descriptions and competencies for the Designated and Named Doctor and Nurse roles are based upon joint Royal College of Paediatrics and Child Health and Royal College of Nursing guidance³.

Post holders in Designate roles are responsible for providing a strategic lead for the health and wellbeing of CIC within the borough and provide clinical expertise to partner agencies and across the NCL.

Dr Paul Sender, Consultant Paediatrician, was appointed to the Designated Doctor role in May 2023 and also works within the Community Paediatric Medical team. Lynn Carrington is the Designated Nurse, also holding the Named Nurse role.

² The Designated Doctor is employed 2PAs in the role, The Named Doctor is employed 2Pas in the role; the Designated/Named Nurse is full time; The Adoption Advisor is employed 2 PAs. 1PA = 4 hours work/week

³ <https://www.rcn.org.uk/professional-development/publications/rcn-looked-after-children-roles-and-competencies-of-healthcare-staff-uk-pub-009486>

Dr Hajera Sheikh, Consultant Paediatrician, is the Named Doctor and has been in post since November 2022 and also works within the Community Paediatric Medical team. The role includes completing Initial and review assessments, supervising and overseeing other Paediatricians who undertake initial and review assessments, providing medical advice, support and advice for the Children in Care nurses. The analysing of adult health reports from GP's providing evidence-based comments for the fostering panel is included in the role.

Dr Sheikh and the Designated Nurse work together leading the nursing team to ensure the health needs of children in care are met and quality improvement plans are in place. Our exceptionally dedicated team of nurses provide health assessments for children living both in and out of borough and make health recommendations that are highlighted to social workers and carers to ensure children's health needs can be met. They also provide duty cover daily dealing with queries and attending strategy and professional meetings.

Dr Bridget Mulvany, Paediatric Consultant, is the Adoption Advisor who completes Initial and review health assessments and is a Consultant within the Haringey community paediatric medical team.

Where the care plan is to achieve permanency through adoption, the children will have a Permanency Medical Assessment. The Medical Adviser then produces a written summary of the child's health background, current health and development status and future health and developmental prognosis.

When a match is being considered, the Medical Advisor meets with the prospective adopters to discuss the health and development of the child as well as any significant family history that may have implications in the future for the child. Health information on the adoptive applicants is evaluated by the Medical Advisor to inform the panel of its implications in relation to adoption. This may include seeking further information and disclosure of medical information from Consultant specialists to clarify issues that have been raised and may have an impact on the Forever Family.

Haringey Social Work Adoption team are part of the regional adoption panel, Adopt London North, which includes six North London Boroughs. The Medical Advisor acts as a full panel member to advise the agency and prospective adopters on medical aspects of adoption and may therefore be required to advise on cases outside of Haringey.

Over the last year, 9 meetings with prospective adopters have taken place and the advisor has attended 4 panel meetings. Teaching has also been provided teaching on the health and developmental needs of Looked after children to adoption panel members.

The team are supported by two administrators who make a huge contribution to the team.

Referrals

The Haringey CIC health team are notified by The London Borough of Haringey when a child is taken into care, moves placement or is no longer looked after. The notification should be received within 48 hours of a child becoming looked after. If an Initial Health Assessment is required, we then arrange an appointment for the assessment to take place and liaise with Social Workers, foster carers, and GPs to obtain a health history and to enquire if they wish to contribute to the report. Consent is received from the Social Worker, parent or young person depending on the legal order and an appointment booked for the next available appointment.

Health Assessments

All referrals are discussed at a weekly team meeting; available information considered and the referral assigned to an appropriate clinician – nurse or doctor. Dates FOR assessments are booked and Social Workers requested to attend the Initial Health Assessment. On occasions joint visits are made to see children with social workers for reviews.

The team continues to work hard to engage with young people. Young people and carers jointly agree with the CIC health professional the venue to complete the review assessment - which is often at home and frequently involves travelling to where the child is living. Whilst 19% of Haringey children and young people in care reside within the London Borough of Haringey, the majority therefore live outside of the borough. Although a majority live within Haringey or neighbouring boroughs in north central London.

If children live a distance away In Scotland or Wales or a secure accommodation unit, we may ask an out of borough teams to complete the assessments.

When a young person refuses an assessment or is missing, and if it is deemed clinically appropriate, the doctor or nurse then completes a desktop report⁴ with all the health information available.

Initial health assessments

Initial Health Assessments take place at Tynemouth Road Health Centre. A report is written, and health recommendations should be made available for the child's first statutory

⁴ A desktop report is written by the paediatrician or nurse. This takes place if a young person does not wish to attend the assessment and it is clinically appropriate. If possible the Dr speaks to the young person and others to inform the report. The Social Worker is also contacted and existing health records reviewed. This is following a recommendation of a Serious Case Review (Child O). The report is forwarded to health professionals including the GP and recommendations will be reviewed by SW and Independent reviewing Officers.

review. Assessments are completed by members of the Community Paediatric Team supervised by a paediatrician.

Children placed at a geographical distance from Haringey or who have mobility difficulties are in some cases referred to other CIC Teams. Those well-known to another Paediatric team may be seen by their Paediatrician.

Assessments for those who are unaccompanied asylum-seeking children often require an interpreter.

Offer for unaccompanied asylum seekers:

- a. For all unaccompanied asylum-seeking children, a referral to University College London Hospital NHS Trust is arranged for infectious disease screening.
- b. Referral and signposting to a sexual health clinic
- c. Input from Virtual School until an appropriate higher educational placement found, including ESOL courses
- d. Specialist social worker for support around experience, including referral to third sector organisations, eg Freedom from Torture and Red Cross Family tracing services.
- e. A gym pass for young people placed within Haringey and certain allied boroughs.
- f. Some children and young people require referral for specialist mental health support and have post-traumatic stress disorder.

Review health assessments

Review Health assessments are carried out by paediatricians or specialist nurses working within the CIC team. Each child is allocated a nurse and for continuity we aim for the same allocated nurse to see each child on their caseload each year. This may include nurses travelling to where the child is placed, if the journey can be completed within a day. Occasionally, if the child is unable to travel to Haringey, we may ask other health teams to complete Review Health Assessments.

Following assessments, recommendations from the health assessments are sent to Social Workers and may be incorporated in the 'The All about me report' written by The Independent Reviewing Officers.

If a permanency plan is required for the child, the adoption advisor sees the child or oversees the assessment.

Children Leaving Care

A care leavers summary is completed at a child's last health assessment or as soon as the child reached 18 years. The summary is sent to the young person and a copy is uploaded to Liquid Logic.

Information about services that may assist care leavers to transition successfully to adulthood and independent living is provided by social care. This includes advice regarding financial support, housing, health, education, and training. This ensures that all care leavers have a clear idea of what services are available to them and can highlight any gaps in provision or support that the young person may need.

An app is available 'skills for life for young people' to better enable young persons to access relevant information - and includes health information materials.

Young People remanded into detention

Since May 2013, statutory requirements for young people remanded into detention (and who were not previously looked after) has changed.

These young people no longer require a statutory health assessment (Care Planning, Placement and Case Review (England) (Amendment) Regulations 2013).

The young person will be seen by the facility they are remanded into or by the nurse working with the youth offending team.

Updates / Progress 2023/2024

Although children and young people were less affected by Covid 19 than adults in regard to mortality rates, there were safeguarding risks to vulnerable children and there has been increase of complex cases with children entering care post pandemic, with a rise in children throughout England requiring mental health support.

1. Effective working with partner agencies

With a leadership team now consisting of a Designated/Named Nurse, Named Doctor and Designated Doctor, alongside now 4 Specialist CIC Nurses, there is now the capacity to more effectively engage with partner agencies. This is a need to improve health assessments, recommendations and interventions for individuals as well as to drive improvements in service delivery. Also to drive policy and system changes. Work in relation to mental health service provision is describe in another section.

The importance of re-instituting operational meetings between Health and Social Care has been helpful for each agency and will overcome some of the challenges due to working at different sites.

A fully resourced CIC Health Team is able to more effectively advocate for the particular needs of Children in Care, especially when seen against a background of a specific set of vulnerabilities.

Over time, and as a team, we intend to develop closer working relationships with counterpart LAC teams in boroughs where significant number of Haringey CIC are placed. Also, with counterpart in boroughs whenever an individual need arises.

2. Timely and relevant health assessments – including high quality assessments completed within 20 working days of Children initially entering Care.

The number of child in care for 12 months or more and who received a review health assessment is now at 97%, which represents a slight improvement against the 2022/2023. The numbers of child receiving an Initial Health Assessment within 20 working days of entering care has improving over the year. There was a 17% improvement in this statistic with 73% of children entering care receiving a timely assessment.

A significant bottleneck remains the consent process, without which a health assessment cannot be undertaken. During 2023/2024, a new consent form for health assessments was agreed between Haringey Community Paediatrics and Haringey Children's Services. This is anticipated to result in further gains in terms of achieving timely assessments. Social Workers are now able to obtain consent for initial health assessments at the same time that legal processes are agreed for a child entering into care.

A further significant area of work initiated in 2023 and to be completed in 2024/2025 is a redesign of how initial and review health assessments are delivered. This work was initiated as part of a joint review with Children Social Care and involving inputs and feedback from Children in Care. A re-design will focus upon delivering:-

- Health assessments which are more relevant for children themselves and which cause less anxiety and stress, especially to older children/young persons

- Individualized recommendations which highlight a prioritization of actions to be undertaken by health, social care and other agencies, alongside a set of more standardized, generic recommendation
- Agreed timelines for dissemination of a summary and full report so that delays are obviated.

3. Improving access to health services

- Immunizations: targets have not been met for immunizations coverage. Whilst coverage is at 75% (excluding influenza), there is clearly a significant challenges in terms of uptake of influenza vaccination. Full coverage, including influenza, is only 51%. Multiple barriers exist which limit target coverage attainment. These include lack of reliable data (due to multiple immunization providers/multiple recording databases); challenges with the consenting process especially for school age children. A further set of challenges relate to coverage attainment for children living outside of Haringey.

A series of meeting were held with Haringey Public Health and at the time of completion of this report, further meetings with the NHS NCL ICB. An audit of immunization of Looked After Children in Haringey will be jointly undertaken by the CIC Team/Haringey Public Health during 2024/2025 to identify gaps in coverage (consent/data/access to services). This is expected to lead to a better service.

- Dentistry: coverage is currently 84%. Target attainment is static as compared to 2022/2023 achievements. Whilst government initiatives including the Pan-London Healthy Smiles Pilot are welcomed initiatives to address inequalities in oral health amongst LAC, there is a need for similar interventions for children living outside of London.

4. Early interventions through to crisis mental health services

There is agreement across Haringey partners that there is an urgent need to expand and improve the quality of interventions available for Haringey Children in Care. In 2023/2024, a benchmarking exercise was undertaken in order to define “Psychosocial Care in Children-in-Care – What does Good Look Like? A Mixed-Methods Pragmatic Scoping Review.”

The establishment of a Mental Health working group involving Haringey Social Care and mental health providers (principally BEH CAMHS and Tavistock Portman) partners will

be crucial in order to better specify and better deliver services for LAC. Future directions of work are described beneath.

5. Multidisciplinary educational programme and updates from external speakers and organisations including:

Infectious diseases Screening for UASCs (UCLH team)

Vaccine Hesitancy - Professor Helen Bedford

Trauma informed Care – Wave Trauma trust

ABC Parents Programme – Dr Okereafor (founder and co-lead)

Mental Health Assessments for Children in Care: Professor Rachel Hiller and Clare Evans

Kooth

Open door

Family Functional therapy Team

Markfield Project

Virtual School

Reflective sessions in conjunction with Parent and Infant Psychology service

6. Away Day – 28 September 2023.

Held in conjunction with Islington Children Looked After team.

This was an opportunity for the whole team (doctors, nurses and administrative staff) to share ways of working, hear from service users, and forward plan for the coming year.

The Away Day included presentations from service users and care-leavers about experiences, prejudices and pertinent issues, mental health research (Anna Freud Centre), delivery of integrated psychological services at Islington Health, and the Five Year Forward plan from Haringey Assistant Director of Children's Services. A group Appreciative Inquiry exercise was undertaken in the afternoon, facilitated by Whittington Learning and Organisational Development team.

Key 2024/2025 Strategic and operational priorities

1. Ensuring that Looked After Children are able to access a high-quality and evidenced based package of services spanning early interventions through to enabling timely access to crisis interventions.

The following work packages will be undertaken during 2024/2025:

A Haringey Mental Health for LAC symposium hosted by Haringey Children's Services and jointly convened by the Health LAC team will be held in August 2024.

Work with partners to define services, with a strong focus upon improved assessment of needs and ensuring that interventions are evidenced based.

Areas of change to assessment practices and interventions offered to LAC are expected to include:

- Annual assessment that more clearly identify social and emotional needs
- Strengthening and prioritization of therapeutic life story work, alongside statutory assessments such as SDQs
- Systems/process/expertise to assess for Complex PTSD as soon as an adolescent is taken into care
- Evidence based offer/menu of interventions that is adaptable
- Enhanced access for LAC to CAMHS crisis interventions when they need them

As a health LAC team, we will develop our partnership with other organizations and hope to begin a collaboration with Prof Rachel Hiller's Child Trauma and Recovery Group at UCL including collaboration on research being taken forward in Haringey by a Doctoral Student within her Department.

2. Improving immunization coverage

The following work packages will be undertaken during 2024/2025:

Ongoing work to strengthen systems/processes in order to improve data and delivery.

Audit of immunization services/coverage for Haringey CIC. This will establish reasons for under attainment against nationally agreed targets. We hypothesise that failure to obtain/communicate consent, limitations in data collection/reporting (likely due to multiple providers/registration systems), placement moves/challenges in accessing immunizations following placement moves likely accounts for under achievement. This will be investigated through an audit involving NCL ICB/Haringey Public Health/Haringey LAC services. Recommendations will follow.

3. Ensuring access to dental services

The following work packages will be undertaken during 2024/2025:

We will analyze the dental data (seen by dentist 84%) in order to better understand sub-populations unable to access dental services and to identify whether this is children living within Haringey/NCL ICB/London or beyond. We will work with NCL ICB to ensure that all children within London are able to access dental services, through the Healthy Smiles Pan-London dental pilot

We will meet with NCL ICB at the level of senior governance in order to discuss the results of sub-analysis of data.

4. Data and outcomes – measures of wellbeing

The following work packages will be undertaken during 2024/2025:

Routinely collected data – we intent to improve our use of routinely collected data through sub-analysis of inequalities in order to drive improvements in performance eg identifying geographical areas where children are placed in care – within and outside of Haringey – and where access to health services eg dentistry/vaccination services is difficult

As part of the workstream to improve early interventions through to crisis mental health support, we intend to incorporate measures of emotional well-being beyond SDQs scores. There is a large body of evidence which concludes that SDQs underestimate certain conditions eg depression/PTSD which impact upon well-being/mental health. We will work with academic partners, mental health services and the NCL ICB in order to define a core set of indicators and to develop the systems required for data collection/analysis.

5. Initial/Review Health Assessments

The following work packages will be undertaken during 2024/2025:

i. IHA/RHA rebranding (ongoing):

Change of focus of health assessments to health and well-being of child/young person, focussing on positive rather than negative aspects (following feedback from service users).

Co-design with service users to make assessments relevant to child/young person's concerns.

Liaison with social care and IRO's to extract most pertinent information to include within report.

Use of some generic recommendations to improve standardisation, and timeliness of reports

Create information about the assessment as well as local services, means of seeking extra support, including mental health.

Work to ensure recommendations and reports are shared in a timely fashion.

ii. Consent – turnaround.

A new consent form was introduced in 2023, to be signed at the same time as a child coming into care. It was envisaged this would lead to an improvement in timescales for obtaining consent for the Initial Health assessment.

Roll-out is continuing – and further work is planned in conjunction with social care to improve both use of the new consent form and time frames for notification of a child coming into care and obtaining of consent.

Data - Children in Care Service

As of the end of March 2024, 334 Children were placed into Care whilst 119 children entered care during the reporting period. The rate of children becoming looked after is 64/10,000. This is within the interquartile range of our statistical neighbours (60-69). per 10,000 is 62

Within the last 12 months, 156 children ceased to be looked after, out of which 45 who ceased to be looked after and returned home to live with their parents or relatives.

73% of Haringey Children in Care seen with 20 working days for Initial Health Assessment – 17% improvement between Q1 and Q4 – achieving 73% by Q4

97% of Haringey Children in Care for 12 months or more seen for their Review Health Assessment (those in youth offending institutes not CIC prior to being remanded are not the responsibility of the CIC team).

84% of Haringey Children in Care have seen a dentist during the preceding 12 months

51% of Haringey Children in Care fully immunized in line with UK vaccination schedule

75% of Haringey Children in Care fully immunized when excluding influenza vaccination

87 % Haringey Children in Care have had a Strength and Difficulty Questionnaire (SDQ) completed. This is collected by First Step which is a commissioned service provided by the Tavistock-Portman.

Haringey CIC team submit quarterly reports via Whittington Health on performance of the team which is reviewed at NCL commissioning meetings.

	Activity	Quarter 1 2023/24			
		April	May	June	Total Q1
Initial Health assessments	Number of new into Care notifications	16	10	8	34
	Total number of children seen in current month	5	14	10	29
	Number completed within 20 days (based on 'date seen')	8	6	5	19
	Number completed over 20 days (based on 'date seen')**	4	8	3	15
Review Health assessments	Number due	33	24	29	86
	Total number of children seen per month	40	23	16	79
	Number completed within timescale this month	31	24	18	73
	Number of children not seen on time	6	3	8	17 not seen on time

Quarter 2 2023/24

	Activity	Quarter 2 2023/2024			
		July	August	September	Total Q2
Initial Health assessments	Number of new into Care notifications	13	10	9	32
	Total number of children seen in current month	9	9	9	27
	Number completed within 20 days (based on 'date seen')	3	7	5	15
	Number completed over 20 days (based on 'date seen')**	10	3	4	17
Review Health assessments	Number due	25	27	22	74
	Total number of children seen per month	20	38	21	79
	Number completed within timescale this month	13	24	16	53
	Number of children not seen on time	13	3	6	22 Not seen on time

Quarter 3 2023/24

Quarter 3 2023/2024					
	Activity	Oct	Nov	Dec	Total Q3
Initial Health assessments	Number of new into Care notifications	7	19	3	29
	Total number of children seen in current month	4	12	6	22
	Number completed within 20 days (based on 'date seen')	4	13	3	20
	Number completed over 20 days (based on 'date seen')**	1	5	0	7
Review Health assessments	Number due	48	45	31	124
	Total number of children seen per month	39	39	24	102
	Number completed within timescale this month	34	37	21	92
	Number of children not seen on time	11	8	10	29 not seen on time

Quarter 4 2023/24

Quarter 4 2023/2024					
	Activity	Jan	Feb	Mar	Total Q4
Initial Health assessments	Number of new into Care notifications	2	11	9	22
	Total number of children seen in current month	2	6	11	19
	Number completed within 20 days (based on 'date seen')	2	6	8	16
	Number completed over 20 days (based on 'date seen')**	0	2	1	3
Review Health assessments	Number due	17	28	26	70
	Total number of children seen per month	13	23	22	58
	Number completed within timescale this month	24	32	24	80
	Number of children not seen on time	4	5	2	11 not seen on time

6 children were not seen for RHA by the end of the year. The team continue to attempt to see children who have previously declined to be seen. 97% of children in care received an RHA.

4 RHA'S and 2 IHA's were completed by Out of Borough Team's due to where the children are placed.

Strategic Work of the Team

The Nursing/Medical team represent CIC on the following groups and committees.

Name of group/committee	Representative	Frequency
Whittington Health Safeguarding committee	Designated Nurse/Designated Doctor	Quarterly
Whittington Health Haringey Quality and Performance meeting	Designated Nurse/Designated Doctor	Monthly
Haringey Safeguarding Assurance Group meetings	Designated Nurse	Quarterly
Haringey health safeguarding children learning and quality group	Designated Nurse/Designated Doctor	Quarterly
Haringey Complex care Panel	Designated Doctor	Monthly
Haringey Fostering Panel	Designated Nurse	Monthly
Virtual School Management Committee	Designated Nurse	Quarterly
Haringey Exploitation Panel	Designated Nurse	Monthly
Haringey Pre-MACE	Designated Nurse	Monthly
Corporate Parenting Committee Meetings	Designated Nurse/Designated Doctor/Named Doctor	Quarterly

Meeting with Aspire (Children in Care council)	Designated Nurse/Designated Doctor/Named Doctor	Quarterly
London Designate Nurse Meetings	Designated Nurse	Quarterly
Designated Meetings across the sector	Designated Nurse/Designated Doctor	Quarterly
HSPC Quality performance and outcome meetings	Designated Nurse	Quarterly
HSPC Practice, Learning & Workforce, Development Group	Designated Nurse	Quarterly
NCL Safeguarding System Learning Conversation	Designated Nurse	Quarterly
NCL ICS CLA working group	Designated Nurse	Monthly

Training and Seminars

The nurses provide training to foster carers on child development, health needs and minor ailments and treatment.

We have provided training on The Health Needs of Children in Care via The Haringey Academy to Social workers and foster carers.

The Paediatric registrars receive training from the team during their placement and Health Visitors and School Nurses visit the service as part of their induction.

Risk Management, Incidents and Complaints and Compliments

Following an incident in 2021/2022 where there was a delay in health review reports being shared, a weekly LAC health team meeting takes place which is chaired by the Named Doctor/Designated Nurse. All notification of entry into care are reviewed; health assessment are scheduled and the status of all medical reports is discussed. There remains a delay in some reports being completed due to capacity issues within the medical team. There is also a delay in nurses completing health assessments reports; a system of

uploading recommendations to mosaic takes place if there is a delay of reports being completed.

Supervision

The Haringey Health LAC team leadership includes a Designated as well as Named Doctor for LAC work who alongside the Designated/Named Doctor for Child Protection in Haringey.

Any safeguarding concerns are discussed with the Designated or Named Doctor for LAC and identified concerns are discussed at any time with the Designated/Named Doctor for Child Protection or at the Haringey Community Paediatrics weekly safeguarding peer review meeting.

The nurses discuss cases of concern at team meetings and during 1:1 meeting with the Designated Nurse. Safeguarding supervision is received from the Named Nurse Child Protection. The Designated Nurse receives additional supervision with the other named nurses for CIC in Whittington Health.

Safeguarding is a significant and important part of the workload of the LAC Team and the team is routinely involved and included in any strategy meeting convened, for any Haringey LAC irrespective of where they are living.

The complexity and volume of safeguarding work has certainly increased year-on-year and this work continues to sit alongside more routine aspects of work, especially routine health assessments.