25th Anniversary Conference: *Improving Services - from Silver to Gold*

Annual Scientific Meeting of the

British Association for Community Child Health

11 & 12 September 2017
Solent Conference Centre
Southampton Solent University
ASM venue:
Solent Conference Centre (The Spark)
Southampton Solent University
East Park Terrace
Southampton
SO14 0YN

Hotels:
Jurys Inn Southampton
Charlotte Place
Southampton,
SO14 0TB

Premier Inn, Southampton City Centre
6 Dials, New Road
Southampton
SO14 0AB

Annual Dinner venue:
Tapas Barcelona
Unit 3, Arts Centre
Above Bar Street
Southampton
SO14 7DU
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**Monday 11 September**

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**Tuesday 12 September**

| 16   | Programme                              |
| 17-18| Keynote Speakers                       |
| 19-21| Abstract Presentations                 |
| 22-24| Workshops                              |
| 25   | Posters                                |
| 26-27| Blank pages for notes                  |
| 28   | Exhibitors                             |
There will be a daily code for wi-fi - details available at reception and displayed in all rooms.
I am delighted to welcome you all to the Annual Scientific meeting of the British Association for Community Child Health in our Silver Jubilee year. It has been a great pleasure putting together a programme this year, which is relevant to our clinical practice at this time of financial austerity.

As you are aware, BACCH has been working jointly with the Royal College of Paediatrics & Child Health on the Community Paediatric Workforce Guidance since 2015, which is officially being launched this month. Dr Gabriella Laing, Chair of BACCH, will be presenting the workforce guide which, will provide an evidence-based resource for planning the Paediatric component of the Community Child Health Service.

It is a great privilege again to have an excellent line up of keynote speakers. Professor Fenella Kirkham will be updating us on the stroke guidelines. Professor Allan Colver will be lecturing on the development of adolescent brain and the provision of developmentally appropriate health care. Professor Chris Oliver and Dr Jane Waite will be updating us on the mental health difficulties in children with learning difficulties. Dr Catherine Hill will be lecturing on sleep problems in children with Down syndrome. Debra Allnock will give us a lecture on contemporary themes in child sexual exploitation. Most Community Paediatricians do not have the luxury of working with CAMHS in an integrated manner; hence we will all be taking lessons from Dr Venkat Reddy who is lecturing on developing an integrated Community Paediatric and CAMHS Service, which he has done very successfully in Peterborough.

There will be informative Personal Practice workshops sessions, which include, Disability and Safeguarding, Being smart about neglect, Working with deaf children with mental health needs, Neurodevelopmental Disorders and Co-morbidities outlining the concept of ESSENCE, Neuropsychological assessments in Community Child Health and what we can do to reduce the impacts of air pollution on the health of children and young people.

Dr Joanna Garstang will be running a workshop on investigating unexpected child death and Georgina Siggers on how to support the needs of unaccompanied asylum seeking children. Catherine Tuffrey will update us on research in community child health. Cliona Ni Bhrolchain and Debbie Hibbert will be leading a very interesting workshop on What can NHS benchmarking do for us all.

We have received a large number of abstracts this year; eight will be presented orally and 20 will be displayed as posters. Poster presentation is an important part of the conference and I would be grateful if you would engage with the presenters during breaks and in the formal programme.

Many thanks again for attending the Annual Scientific Meeting in our Silver Jubilee year; the number of delegates continues to grow as years go by.

I am looking forward to many more Annual Scientific Meetings with more stimulating programmes.

BACCH has a twitter account, @commchildhealth and there is a hash-tag for the conference, #bacchasm. Please feel free to tweet, it is a useful additional way to develop debate.

Dr Sita Jayakumar

Academic Convenor
BACCH
**Programme for Monday 11 September**

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<td>08:45</td>
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<td>09:20</td>
<td>Welcome and introductions (Academic Convenor &amp; Deputy Academic Convenor)</td>
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<td>09:30</td>
<td>Dr Gabrielle Laing (BACCH Chair)</td>
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<td>Professor Fenella Kirkham (UCL Great Ormond Street Institute of Child Health)</td>
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<td><em>Stroke guidelines</em></td>
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<td>10:45 - <em>Reading between the lines: A pilot project to explore the impact of written communication on children and young people chronic disease populations</em> (G. Singh &amp; A. Damarell)</td>
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<td>10:45 - <em>Significant improvements in COPM scores for new botulinum toxin service for spasticity in children: outcomes and experience of setting up a new service</em> (S. Pal)</td>
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<td>11:15</td>
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<td>11:35 - <em>Patient, public &amp; professional survey: what research questions should we be asking about children with Autism Spectrum Disorder?</em> (J. Stone)</td>
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<td>11:50 - <em>Non-Clinical competences &amp; perceived competence in community child health doctors; is there a current gap in training?</em> (S. Pal)</td>
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<td>12:05</td>
<td><strong>KEYNOTE LECTURE</strong></td>
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<td>Dr Venkat Reddy (Cambridgeshire &amp; Peterborough NHS Foundation Trust)</td>
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<td><em>Developing an integrated community paediatric &amp; CAMH service</em></td>
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<td>12:50</td>
<td>Lunch (cold fork buffet)</td>
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<td>Personal Practice Workshops sessions (55 mins each, repeated for second session)</td>
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<td>Session one: 13:50-14:45</td>
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<td>Professor Allan Colver (Newcastle University)</td>
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<td><em>Development of the adolescent brain &amp; provision of developmentally appropriate healthcare</em></td>
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<td>17:00-17:30</td>
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All lectures, abstract presentations & the BACCH AGM take place in the Jane Austen Lecture Theatre (lower level)
09:30-10:00  Covering all bases: a workforce guide for community child health  
Dr Gabrielle Laing (BACCH Chair/ Honorary Consultant Community Paediatrician, Homerton University Hospital NHS Trust)

Following last year’s presentation and the recent launch at RCPCH, I will highlight the key findings and recommendations from the community paediatric workforce project. The published toolkit provides an evidence-based resource for planning the paediatric component of CCH services. It describes the range of services that may be included for a local population, interprets national and professional guidance, provides National benchmarking data, examples of innovative practice and a workforce calculator which is designed to aid clinicians and service planners to estimate workforce requirements. After 25 years of BACCH, we hope that these tools will support services in moving from silver to gold.

After 21 years as a consultant community paediatrician in Hackney in the east end of London, I retired in April 2016. During that time I was also Clinical Director and Associate Medical Director, providing leadership for all paediatric services (acute, community and neonatal) and negotiating with a range of commissioning organisations. I now have an honorary appointment and undertake occasional neurodisability clinics. I have held a number of posts within BACCH and RCPCH including academic convenor, BPSU member, trainee advisor and Chair of CSAC. I have been BACCH Chair since September 2013 and Clinical Lead for the workforce project, a joint initiative with RCPCH.

10:00-10:45  Stroke guidelines  
Professor Fenella Kirkham (Professor of Paediatric Neurology, UCL Great Ormond Street Institute of Child Health)

The RCPCH published a guideline for the management of stroke in childhood, which includes recommendations for diagnosis using FAST (Face, Arms, Speech, Time), as for adults, and for CT scan, including vascular imaging, within an hour of presentation, shared with the local paediatric neuroscience centre. The multidisciplinary team should be involved in assessment and rehabilitation within 72 hours of admission and should liaise with local services. For arterial ischaemic stroke (AIS), aspirin 5 mg/kg should be given for two weeks, tapering to 1mg/kg thereafter to reduce recurrence risk, with tPA considered in those presenting very acutely. Transfusion, ideally exchange within six hours, is indicated acutely for children with sickle cell disease and AIS, followed by regular transfusion/hydroxyurea. Haemorrhagic stroke is usually a neurosurgical emergency; recurrence can be prevented by timely treatment of underlying arteriovenous malformations and aneurysms. Detailed recommendations for rehabilitation and information available for families will also be discussed.

Fenella Kirkham is a paediatric neurologist who has worked as a consultant at Great Ormond Street Hospital and at University Hospital Southampton. She has a clinical academic interest in acute neurology, including coma, movement disorders and stroke. Her recent research focus has been on the pathophysiology of sickle cell disease, now the most common genetic condition in the UK and the most frequent cause of stroke in childhood worldwide.

12:05-12:50  Developing an integrated community paediatric & CAMH service  
Dr Venkat Reddy (Community Paediatrician and Clinical Director, Cambridgeshire and Peterborough NHS FT)

There is increasing demand on services for Children and Young People with long term conditions in community settings; these services are historically underfunded. There is big overlap between services provided by community child health services and community CAMH services. These services are often provided in silos that lead to fragmentation, gaps in service and some duplication. The end result is friction between the professionals and poor pathways of care for children and families.

The lecture will address the need for more integrated service and attempts at developing an integrated service. The challenges to integration are described and opportunities in the new health and social care models are explained. The development of an integrated service model in Peterborough is described with the resulting better outcomes for the local education, health and care system.
Venkat qualified in India and undertook his postgraduate training in paediatrics in England. He has specialist clinical expertise in neurodevelopmental disorders (Autism, ADHD and Learning Disability) safeguarding children and Special Educational Needs.

He has worked as a national Clinical Lead (Children and Young People) for the NHS Institute for Innovation and Improvement. His other interests include medical leadership, large scale change management in the NHS, service user involvement and medical informatics.

Venkat has undertaken a wide range of management and leadership roles including, lead clinician, associate clinical director and clinical director. His current role as the clinical director involves leadership of an integrated child health and CAMH service in Cambridgeshire and Peterborough. He is involved in developing new models of care in the local area as part of Sustainability and Transformation Programme.

16:00-16:45 Development of the adolescent brain & provision of developmentally appropriate healthcare

Professor Allan Colver (Professor of Community Child Health, Newcastle University)

New imaging techniques show unequivocal changes in the white and gray matter of the brain which take place between 11 and 25 years of age; and increased dopaminergic activity in the pre-frontal cortices, the striatum and limbic system and the pathways linking them. The brain is dynamic, with some areas developing faster and becoming more dominant until other areas catch up. These changes represent a period of ‘pruning, re-wiring and insulation’ that sees predominant neural circuits surviving and becoming more efficient.

Plausible mechanisms link these changes to the cognitive and behavioural features of adolescence. Ideally, the young person’s immediate environment and wider society sets a context that allows adolescent exuberance and creativity to be bounded in relative safety, thus allowing them to experiment and explore the opportunities available to them.

Developmentally Appropriate Healthcare (DAH) recognises the changing biopsychosocial developmental needs of young people and the need to empower young people by embedding health education and health promotion in consultations. In operational terms DAH focuses on the approach of healthcare professionals to and engagement with each young person and their carers alongside the structure of the organisations in which care takes place.

Professor Colver was appointed Consultant Paediatrician in Community Child Health in 1986. From 1997 he occupied research positions at Newcastle University and is now Professor of Community Child Health.
### Reading between the lines: A pilot project to explore the impact of written communication on children and young people chronic disease populations

**Presenters:** Dr Guddi Singh (Paediatric Registrar, Whittington Hospital), Aisha Damarell (5th Year Medical Student, UCL)  
**Authors:** G. Singh, A. Damarell, D. Hodes

**Introduction:**

The disproportionate burden of chronic conditions to NHS expenditure makes development of cost-effective interventions imperative. With up to 90% of chronic disease care provided by patients and families, patient-centred self-management programmes could improve both cost-effectiveness and disease outcomes, particularly in paediatrics. Engaging with and empowering children and young people (CYP) to take an active role in their care starting at an early stage could help to avoid long-term complications and reduce emergency admissions especially when they transition to adult services.

One novel approach is the use of personalised clinical letters to CYP. In contrast to verbal communication, few advances have yet been made in the use of written communication directly with CYP as opposed to writing to their parents.

**Aims:**

A pilot project to explore the perceptions of patients and families in two CYP chronic disease populations with regard to receiving personalised letters from their doctors.

**Methods:**

After initial design and development, a questionnaire was administered to two cohorts of subjects, age 8 to 18 years: 1) CYP and parents who receive personalised clinical letters; 2) CYP and parents who do not receive personalised clinical letters.

**Results:**

Results from 21 completed questionnaires showed that 92% of respondents want to receive personalised clinical letters while 96% say the letters were or would be useful for their care. Children expressed that additional written information increased or would increase their confidence with understanding their condition.

**Conclusions:**

The significant response to receiving letters in this study reveals a positive attitude amongst CYP with chronic conditions to be involved in self-management, and suggests the benefit of such patients receiving personalised letters. Given the small size of this pilot, further research is needed to develop a standardised and validated self-management questionnaire for CYP and to establish correlation between patient engagement and specific health outcomes.

### Significant improvements in COPM scores for new botulinum toxin service for spasticity in children: outcomes and experience of setting up a new service

**Presenter:** Dr Sanchita Pal (Community Paediatrics Registrar, Peterborough Community services, Cambridge & Peterborough NHS Foundation Trust)  
**Authors:** S.Pal, J. Coghill

**Introduction:**

Botulinum toxin use for spasticity in children is currently recommended by NICE guidance (CG 145). We developed a local service for assessment and delivery of botulinum toxin for children with spasticity.

**Aims:**

We share our experience of setting up a botulinum toxin pathway within a paediatric neurodisability service. We evaluate our service against current NICE guidance.

**Methods:**

Retrospective review of clinical notes of all patients receiving botulinum toxin June 2016-17. Review of clinical improvement using COPM goal setting and reported side-effects.

**Results:**

25 patients included (aged 2-16 years), with total of 29 discrete episodes of botulinum toxin administration. COPM goals completed in 93% (27/29) completed follow-ups. 79% (23/29) had follow-up reviews completed at the time of review and all had COPM goals reviewed. 4 patients had 2 episodes of administration, with repeat goal setting completed before administration. 13% (3/23) had no reported effect or change in functional outcomes; and were referred for orthopaedic reviews. COPM score improvement following toxin was 2.55 (SD 2.0) per administration (P<0.01). All patients had post-toxin follow-up before 26 weeks, there were no side-effects reported.

**Conclusions:**

We present initial results from a new botulinum toxin service. In 12 months, we have successfully initiated a botulinum toxin pathway for young people with spasticity with significant improvements in COPM scores. Further studies are needed to explore long-term outcomes of treatments with botulinum toxin and other alternative or adjunctive interventions for children with spasticity.
### Abstract presentations, Monday 11 September

**11:35-11:50**  
**Patient, public & professional survey: what research questions should we be asking about children with Autism Spectrum Disorder?**  
**Presenter:** Jonathon Stone (Medical Student, Brighton and Sussex Medical School)  
**Authors:** J. Stone

| **Introduction:** | ASD affects around 1% of people in the UK. Supporting childhood autism in the UK costs around £2.7 billion a year, and can bring many challenges to families and professionals. James Lind Alliance has recently explored research priorities in neurodisability (BACD) and ASD (Autistica), but neither focussed specifically on children with ASD. |
| **Aims:** | The aims of this Patient and Public Involvement survey were to involve stakeholders in setting research priorities for children with ASD at local level, and to discover how valuable they think current national and local research priorities are. |
| **Methods:** | An online survey was sent to stakeholders involved in the care of children with ASD. They were asked to suggest three questions they would like answered, and to score current local and national priorities. Textual answers were thematically analysed, and mean scores for priorities were calculated. |
| **Results:** | 94 respondents returned the questionnaires, including 47 parents. The top 4 questions from national priorities were: what treatments help anxiety and mental health (mean rating 6.2/7), how can we improve transition (6.1), which approaches improve communication (6.0), and what factors allow children to do well in mainstream school (6.0). 8 themes were extracted from the responses, potential resulting research questions included:  
  “Are girls being missed by the current screening and diagnostic systems?”  
  “What factors affect long term outcomes e.g. employability, and can interventions affect these?”  
  “What support is most valued by families and does this relate to outcomes of the child with ASD?”  
  “How can sensory eating issues best be managed?”  
  “What are the impacts of ASD on mental health?” |
| **Conclusions:** | Using an online survey proved an effective way of sampling parents and professional views on research priorities. A number of themes emerged with approaches to treating associated mental health issues rated the most important, in line with the Autistica survey. |

**11:50-12:05**  
**Non-Clinical competences & perceived competence in community child health doctors; is there a current gap in training?**  
**Presenter:** Dr Sanchita Pal (Community Paediatrics Registrar, Peterborough Community services, Cambridge & Peterborough NHS Foundation Trust)  
**Authors:** S. Pal, J. Coghill

| **Introduction:** | Transition from registrar to consultant has been relatively under-studied when compared to other transitions, and are associated with higher burnout rates. During the new consultant period, there are increased referrals to the General Medical Council with most related specially to communication problems, either with patients or colleagues. Recognised difficulties have been reported in the non-clinical areas such as a leadership role, managing service requirements, managing people especially dealing with poor performance and also dealing with complaints. The specific competences for preparation for the consultant role have been reported by Westerman and colleagues, however are yet to be assessed within the UK doctors. |
| **Aims:** | To explore the self-reported competence in non-clinical and clinical competences in a UK cohort of community paediatric doctors. |
| **Methods:** | Survey of CCH trainees and consultants at regional study day. Survey data collected on demographics and perceived competence level on a 5 point likert scale. |
Results:
Response rate of 70% (35/50), 82.8% female, 77% consultants (23% associate specialist or senior registrar). 91% (32/35) fully completed the competences table survey. The chart below demonstrates the distribution of responses and perceived competences in each domain. Overall, the competences in non-clinical components were lower than the clinical competences. There was significantly lower reported competence (with p<0.05) in EBM, giving/receiving/asking for feedback, leadership, management, time management, financial aspect and understanding the organisational structure. There was no difference in reported ability to work with colleagues, keep up-to-date, and communication skills with patients

Conclusions:
This is the first study to report the perceived lack of preparedness in non-clinical competences in a UK cohort of doctors. We propose developing training to address these competences in higher specialist training to support the transition from registrar to consultant. Additional CPD training may be needed for practicing consultants to improve their perceived competence in these non-clinical skills.

CHART 1: Box and whisker chart demonstrating the median and distribution of responses for perceived competences in each of the domains.

REFERENCES
Sialanar
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Prescribing Information
Sialanar® (320 mcg/ml glycopyrronium)
Please refer to the full Summary of Product Characteristics (SmPC) before prescribing.
Presentation: Glycopyrronium oral solution in 250 ml bottle. 1 ml solution contains 320 mcg glycopyrronium (equivalent to 400 mcg/ml or 2 mg/5 ml glycopyrronium bromide).
Indication: Symptomatic treatment of severe sialorrhoea (chronic pathological drooling) in children and adolescents aged 3 years and older with chronic neurological disorders.
Dosage: Start with approximately 128 mcg/kg body weight of glycopyrronium per dose, tds. Increase dose weekly until efficacy is balanced with side effects. Titrate to maximum individual dose of 64 mcg/kg body weight glycopyrronium or 5 ml tds, whichever is less. Monitor at least 3 monthly for changes in efficacy and/or tolerability and adjust dose if needed. Not for patients <3 or over 65 years. Reduce dose by 20% in mild/moderate renal failure. Dose at least one hour before or two hours after meals or at consistent times with respect to food intake. Avoid high fat foods. Flush nasogastric tubes with 10 ml water.
Contraindications: Hypersensitivity to active substance or excipients; pregnancy and breast-feeding; glaucoma; urinary retention; severe renal impairment/diabetes/history of intestinal obstruction, ulcerative colitis, paralytic ileus, pyloric stenosis; myasthenia gravis; concurrent treatment with potassium chloride solid oral dose or anticholinergic drugs.
Special warnings and precautions for use: Monitor anticholinergic effects. Carer should stop treatment and seek advice. In the event of constipation, urinary retention, pneumonia, allergic reaction, pyrexia, very hot weather or changes in behaviour. For continuous or repeated intermittent treatment, consider benefits and risks on case-by-case basis. Not for mild to moderate sialorrhoea.

Use with caution in cardiac disorders; gastro-oesophageal reflux disease; pre-existing constipation or diarrhoea; compromised blood brain barrier; in combination with: antispasmodics, topanirate, sedating antihistamines, neuroleptics/antipsychotics, skeletal muscle relaxants, tricyclic antidepressants and MAOIs, opioids or corticosteroids. Patients require daily dental hygiene and regular dental checks. Thicker secretions may increase risk of respiratory infection and pneumonia. Moderate influence on ability to drive/use machines.


Undesirable effects: Adverse reactions more common with higher doses and prolonged use. In placebo-controlled studies (n1550): dry mouth, constipation, diarrhoea and vomiting, uterine retention, flushing and nasal congestion. In paediatric literature: very common: irritability, reduced bronchial secretions; common: upper respiratory tract infection, pneumonia, urinary tract infection, agitation, drowsiness, insomnia, rash, pyrexia. The Summary of Product Characteristics should be consulted for a full list of side effects.

Shelf life: 2 years unopened. 2 months after first opening.
MA number: EU/1/16/1135/001
Legal Category: POM
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Date of last revision of prescribing information: May 2017

Adverse events should be reported. Reporting forms and information can be found at: www.mhra.gov.uk/yellowcard. Adverse events should also be reported to Proveca Limited. Phone: (+44) 0333 200 1865; E-mail: medinfo@proveca.co.uk

www.sianlar.co.uk
Date created: May 2017
Each Workshop lasts 55 minutes and is run twice during the afternoon (13:50-14:45 and 14:50-15:45).
All workshop rooms are located on levels 2 & 3 – room indicated in brackets after title.

**Being SMART about Neglect** (Room: TS212/Level 2)
**Facilitators:** Dr Michelle Cutland (Consultant Paediatrician, Gloucestershire)

**Synopsis**
How can we be SMARTer (Specific, measurable, achievable, realistic, timely), when assessing children with concerns about neglect as paediatricians?

This workshop aims to explore this by working through several real cases and exploring how our assessments can be SMARTer when evaluating a child for neglect.

**Biography**
Michelle was a Consultant General Paediatrician and Named Doctor for Safeguarding Children in Hull & East Yorkshire's Hospitals NHS Trust and the Co-clinical lead for the Humberside Child sexual abuse assessment service. She has recently relocated to Gloucestershire as a Consultant Paediatrician and taken up a role as a Practise Improvement Advisor for health for the centre of expertise on child sexual abuse. She is an executive member of The Child Protection Special Interest Group (CPSIG). Her interests within Safeguarding are CSA, Children’s Rights and Nutritional Neglect.

**CSAC Workshop on START** (Room: TS312/Level 3)
**Facilitators:** Dr Brindha Dhandapani (Consultant Community Paediatrician, Lewisham and Greenwich NHS Trust) & Dr Manjari Tanwar (ST8 CCH Trainee, Tower Hamlets CCH/ Barts Health NHS Trust)

**Synopsis**
An interactive workshop outlining information on START (Specialty Trainee Assessment of Readiness for Tenure) including assessment format, domains assessed, benchmarking standards and feedback. Delegates will also get an insight into how the assessment is tailored for Community Child Health grid trainees. There will be an opportunity to go through an example scenario within the workshop. Trainee who has recently completed the assessment will give some top tips on practical points and areas which delegates may wish to gain further experience on

**Biographies**
Brindha Dhandapani is a Consultant Community Paediatrician. She is the Assessment Advisor for Community Child Health CSAC and is a START assessor.

Manjari Tanwar is a Community Child Health trainee in London deanery. She is currently on ST8 and has recently completed her START assessment in March 2017. She is also the trainee representative for Community Child Health CSAC.

**Neurodevelopmental disorders and comorbidities** (Beech Conference Room (TS215A)/Level 2)
**Facilitators:** Dr Corina O’Neill & Dr Tanja Satterthwaite (both Consultant Community Paediatricians, Wood Street Specialist Children’s Service, North East London Foundation Trust)

**Synopsis**
Evidence from research supports our clinical experience that disorders originating in the brain do not exist in isolation. Many pathological conditions or insults can interfere with brain structure or function to cause ‘common’ outcomes. Identifying any one of these conditions is highly predictive of the presence of other neurobiological conditions.

We will use Epilepsy as an example and discuss ‘ESSENCE’ (Christopher Gillberg.) ‘Early Symptomatic Syndromes Eliciting Neuropsychiatric/Neurodevelopmental Clinical Examinations’ i.e. are predictors of behavioural, psychiatric, physical, and academic problems throughout life.

We need to change our approach and consider neurodevelopmental conditions in a ‘syndromic way’ akin to genetic ‘syndromes’.

We will discuss how we can improve our clinical surveillance and consider biologically driven mental health conditions as well as emotional and psychological sequelae, including the use of screening tools. The discussion emphasises the need for further integration between paediatrics and child mental health services.
**Biography**

Corina O’Neill works as Consultant Community Paediatrician in Waltham Forest Specialist Children’s Services, East London, North East London Foundation Trust. She is local lead for Epilepsy and Neurodisability and has a special interest in neurodevelopmental problems associated with Epilepsy, having an MSc in Epilepsy and undertaken research and published on this topic.

**Research in CCH; developing a strategic research committee & network of research interested clinicians**

(Room TS211/Level 2)

**Facilitators:** Dr Catherine Tuffrey (Consultant Paediatrician, Solent NHS Trust) & Dr Doug Simkiss (Associate Professor in Child Health, University of Warwick/ Honorary Consultant Paediatrician in Birmingham Community Healthcare NHS Trust)

**Synopsis**

Earlier this year, the BACCH executive committee approved a plan to develop our research capacity and capability in community child health. This workshop sets out our initial thoughts on the functions of a Strategic Research Committee, including what research training is needed for full time clinicians and how we can develop a network of services ready to participate in research projects. The workshop is an opportunity to put forward your thoughts on our ideas.

**Biographies**

*Catherine Tuffrey* is a consultant community paediatrician in Hampshire. After completing speciality training in 2005, she undertook a PhD designing an instrument to measure social participation in adolescents with cerebral palsy. She is now consultant research lead for community paediatrics in Solent NHS Trust, a community trust, and also for general paediatrics at Portsmouth Hospitals (acute) Trust. She successfully set up a paediatric research team in the acute trust which in May 2015 was the highest recruiter for paediatric studies out of all similarly sized large DGHs in the country. She was the Principal Investigator for the first clinical drug trial to be carried out in her community trust (the DRI trial) and has been involved in designing and applying for funding for two multicentre studies. She has a passion for persuading non-academic clinicians that they have an important role to play in research and in supporting them to do so.

*Doug Simkiss* is Deputy Medical Director of Birmingham Community Healthcare NHS Foundation Trust. He worked at Warwick Medical School from 2014-13 and is currently an Honorary Associate Clinical Professor in the Mental Health and Wellbeing Division of WMS. His PhD was a case control study on the risk factors for children entering public care and he has run a RCT of a parenting programme in South Wales. He was a member of the Strategic Research Group of BACD from 2008-2014 and Chief Investigator on a NIHR Programme Development Grant looking at transition for looked after young people with mental health issues.

**Unaccompanied asylum seeking children – how do we support their health needs?**

(Oak Conference Room (TS215B)/Level 2)

**Facilitator:** Dr Georgie Siggers (Designated Doctor for Looked after Children Kent, Thanet CCG)

**Synopsis**

The Statutory Initial Health Assessment (IHA) is an opportunity to highlight and address health needs for Unaccompanied Asylum Seeking Children (UASC) but how can this process be used to best support the young person’s ongoing health needs? The session will involve working through real life cases in small groups to highlight issues for this vulnerable group, explore themes, discuss approaches and introduce resources that can be used to improve effectiveness of the IHA process.

**Biography**

Dr Georgie Siggers is a Consultant Community Paediatrician who worked in the Kent UASC Health team during the time of massive influx of UASCs to Kent (the “Kent crisis”) last year and was responsible for setting up health services to support their needs. The team have created a website www.uaschealth.org to assist health professionals working with UASCs and have created a number of resources for UASCs. She continues to have oversight of their needs in her role as Designated Doctor for Looked after Children in Kent.
What do I do with a wobbly child? (Willow Conference Room (TS315B)/Level 3)
Facilitators: Dr Veronica Kennedy (Consultant Audiovestibular Physician, Bolton NHS Foundation Trust) & Lisa Rushton (Principal Service Lead for Physiotherapy and Paediatric Occupational Therapy, Bolton NHS Foundation Trust)

Synopsis
Children of different ages can present with balance problems. In this workshop we will look at the commonest causes and presentations of balance problems in children, highlighting what’s normal/abnormal, and explore available assessment techniques and intervention options.

Biographies
Veronica Kennedy is an Audiovestibular Physician working in the Paediatric Audiology Service at Bolton NHS Foundation Trust. As part of the offered vestibular service, she sees children with imbalance, dizziness and severe developmental coordination disorder.

Lisa Rushton is the Principal Service Lead for Physiotherapy and Paediatric Occupational Therapy in the Family Division at Bolton NHS Foundation Trust. Lisa is responsible for the management of the women and children’s Physiotherapy services and paediatric Occupational Therapy team. Lisa also works clinically as a physiotherapist within the Paediatric Neurodevelopmental Physiotherapy Team, that specialise in the management of long term conditions and neurodevelopmental problems effecting children aged 0-18. Lisa has expertise and a specialist interest in preschool children and early intervention.
<table>
<thead>
<tr>
<th>Time</th>
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<tbody>
<tr>
<td>08:45</td>
<td>Registration (day delegates only) and refreshments</td>
</tr>
<tr>
<td>09:20</td>
<td>Welcome and introductions (Academic Convenor &amp; Deputy Academic Convenor)</td>
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<tr>
<td>09:30</td>
<td><strong>KEYNOTE LECTURE</strong>&lt;br&gt;Dr Catherine Hill (Southampton Children’s Hospital/University of Southampton)&lt;br&gt;<em>Sleep problems in children with Down syndrome – focus on sleep apnoea</em></td>
</tr>
<tr>
<td>10:45</td>
<td>Refreshments &amp; Poster session</td>
</tr>
<tr>
<td>11:05</td>
<td>2 x abstract presentations (see page 20-21 for full abstracts)&lt;br&gt;11.05 – <em>Awareness and resources for individuals who are transgender with Autistic Spectrum Disorder- a healthcare professional’s perspective</em> (L. Murphy)&lt;br&gt;11.20 – <em>Assessment of emotional and behavioural difficulties in looked after children</em> (R. Rabone)</td>
</tr>
<tr>
<td>11:35</td>
<td><strong>KEYNOTE LECTURE</strong>&lt;br&gt;Professor Chris Oliver (Cerebra Centre for Neurodevelopmental Disorders, University of Birmingham) &amp; Dr Jane Waite (School of Life and Health Sciences, Aston University)&lt;br&gt;<em>Mental health difficulties in children with learning disabilities</em></td>
</tr>
<tr>
<td>12:00</td>
<td>Lunch (cold fork buffet)&lt;br&gt;Additional lunch-time session:&lt;br&gt;12.40-13.10 CPSIG AGM (Maple Conference Room (TS315A))</td>
</tr>
<tr>
<td>13:20</td>
<td>Personal Practice Workshops sessions (55 mins each, repeated for second session)&lt;br&gt;Session one: 13:20-14:15&lt;br&gt;Session two: 14:20-15:15&lt;br&gt;- See pages 22-24 for details</td>
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<tr>
<td>15:15</td>
<td>Refreshments</td>
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<tr>
<td>15:30</td>
<td><strong>KEYNOTE LECTURE</strong>&lt;br&gt;Dr Debra Allnock (The International Centre, University of Bedfordshire)&lt;br&gt;<em>Contemporary themes in child sexual exploitation</em></td>
</tr>
<tr>
<td>16:15</td>
<td>Closing remarks &amp; awarding of Prizes</td>
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<tr>
<td>16:20</td>
<td>Meeting closes</td>
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All lectures, abstract presentations & the BACCH AGM take place in the Jane Austen Lecture Theatre (lower level)
09:30-10:15  Sleep problems in children with Down syndrome – focus on sleep apnoea
Dr Catherine Hill (Consultant in Paediatric Sleep Medicine/Associate Professor of Child Health, Southampton Children’s Hospital/University of Southampton)

Children with Down syndrome are at risk of sleep disorders in general and obstructive sleep apnoea specifically. Historically lack of diagnostic facilities for sleep apnoea meant that this condition was often overlooked or poorly treated in these children. Unlike many other conditions there are few or no clinical signs to evidence this disorder in the clinic. I will address clinical challenges in the diagnosis of sleep disorders in these children, consider their impact on the child (specifically on executive function behaviours) and on the family and propose an approach to screening for obstructive sleep apnoea based on my recent research.

My research into childhood sleep disorders is stimulated by my clinical work. In 2004, after training in Sydney Australia, I set up a children’s research sleep laboratory. This provided a platform for my early work in sleep disordered breathing and cognition, and I was awarded best new researcher prize at the British Sleep Society the following year. My main interest is in sleep disordered breathing and cognition in both children living at high altitude and children with Down syndrome. I have authored over 50 original scientific papers and 10 book chapters. In 2014 I moved to Southampton Children’s Hospital to develop a regional sleep disorder service and shortly after gained certification as a European expert somnologist. Southampton is one of the few UK centres with full diagnostic facilities for children’s sleep disorders and provides care to children across the UK with rare conditions. I lead a clinical team of 9 staff supported by 7 sleep physiologists and provide regular training courses in clinical sleep medicine to health professionals - see www.piernetwork.org. I enjoy public engagement both through the media (e.g. BBC Panorama and South Today focus on sleep clinic in 2017) and as a member of the international Pediatric Sleep Council (www.babysleep.com).

11:35-12:20  Mental health difficulties in children with learning disabilities
Professor Chris Oliver (Professor of Neurodevelopmental Disorders, Cerebra Centre for Neurodevelopmental Disorders, University of Birmingham) & Dr Jane Waite (Lecturer in Developmental Disabilities, School of Life and Health Sciences, Aston University)

Synopsis not available at time of printing

Chris Oliver is Professor of Neurodevelopmental Disorders at the University of Birmingham and director of the Cerebra Centre for Neurodevelopmental Disorders. He trained as a clinical psychologist at Edinburgh University before completing a PhD on self-injurious behaviour in people with intellectual disability at the Institute of Psychiatry, London. He is currently researching early intervention, behaviour disorders in people with severe intellectual disability and autism spectrum disorder, behavioural, cognitive and emotional phenotypes in genetic syndromes and neuropsychological and behavioural assessment for people with severe intellectual disability. He has published over 160 peer reviewed articles in scientific journals, is Editor in Chief for the Journal of Intellectual Disability Research and serves on a number of scientific advisory committees for autism and syndrome support groups. Summaries of research are available at www.findresources.co.uk.

Jane Waite is a Lecturer in Developmental Disabilities at Aston University, Birmingham. Jane completed her PhD in the behavioural phenotype of Rubinstein-Taybi syndrome, followed by her clinical psychology doctorate. Her recent research focuses on the identification of mental health difficulties in people with intellectual disabilities, and pathways to adverse behavioural and emotional outcomes in genetic syndromes associated with intellectual disability. Jane has also worked extensively on online resources (Further Inform Neurogenetic Disorders (FIND); www.findresources.co.uk) with the aim of improving knowledge exchange between families and professionals.
15:30-16:15  Contemporary themes in child sexual exploitation  
Dr Debra Allnock (Senior Research Fellow, The International Centre, University of Bedfordshire)

This lecture will provide a snapshot of contemporary themes in child sexual exploitation. It will cover what we currently know about the patterns and dynamics of child sexual exploitation (CSE), including what we know about perpetrators and victims of CSE. It will draw on the recently published policy definition of CSE to examine how this relates to sexual offences legislation and will highlight key practice principles for all professionals working with young people.

Debbie received her PhD in Policy Studies from the University of Bristol in 2015. She has been with the International Centre since January 2015, working specifically within the criminal justice programme of work at the Centre, providing research advice to the National Policing Lead on Child Protection and Abuse Investigation and project managing the CSE & Policing Knowledge Hub, a knowledge-exchange programme to enhance police response to CSE, funded by the College of Policing, Hefce and the Home Office. She is currently managing a participatory research project with young people sexually abused in adolescence to explore their mental health and wellbeing needs following trauma. Debbie has previously worked as a researcher with the National Evaluation of Sure Start and the NSPCC, and as consultant on projects with UNICEF, Victim Support, Research in Practice and the NSPCC.
### 10.15-10.30 Measuring young person and carer experience: a newly developed local epilepsy service in Somerset

**Presenters:** Dr Wiebke van Hensbergen (Paediatric Registrar, Musgrove Park Hospital), Fareda Fakhrai (Epilepsy Nurse, Musgrove Park Hospital)

**Authors:** F. Fakhrai, L. Swaine, W. van Hensbergen, A. Whiting

**Introduction:**

The Children’s Epilepsy Support Service (CHESS) was established at Musgrove Park Hospital in Taunton in 2014 in response to new NICE quality standards. CHESS provides families with immediate access to support and advice by telephone, email and regular outpatient reviews. Here we present our Patient Reported Experience Measure (PREM) data collected in 2017.

**Aims:**

1) Assess young person and carer satisfaction with CHESS over last 12 months
2) Identify areas of service excellence compared to national data (Epilepsy12, 2013)
3) Enable families to suggest improvement ideas

**Methods:**

Between January and March 2017, young people and carers attending review appointments completed anonymised PREM questionnaires inclusive of national quality standards (QS 27 NICE) and NICE guidance (CG 137).

**Results:**

25 questionnaires completed.

Overall Satisfaction: 96% (24) are satisfied with the service, compared to 88% nationally (2014).

Accessibility: 81% of families found it easy to contact the team and 69% felt they were seen frequently enough.

Quality of team members: 84% of families felt staff took time to get to know them, 93% felt they were listened to, 92% felt explanations were clear and 81% felt their thoughts were taken into account when making decisions. All families felt staff were friendly and polite.

Quality of care: Enough information about epilepsy was provided (88%) and it was understandable (84%). Confidence in the care given was 96%.

Improvements: Families want CHESS working more closely with other agencies (schools & nurseries) and have asked if we can cover a broader geographical area (families from out of area).

**Conclusions:**

1) Satisfaction with the CHESS service is very high, and above the 2014 national average
2) Areas of excellence include approachable and friendly/polite staff
3) We strive to improve communication between healthcare professionals & liaison with schools & nurseries

### 10.30-10:45 Pirate autism assessment tool – a pilot study in typically developing children & children referred to the child development clinic

**Presenters:** Anokhee Patel & Kathleen Scanlon (5th Year Medical Students, Brighton & Sussex Medical School)

**Authors:** A. Patel, K. Scanlon

**Introduction:**

Autistic spectrum disorder (ASD) presents with impairments in social communication and repetitive behaviours. Diagnosis requires complex multidisciplinary assessment, which is costly and demanding of professional time. The “Pirates autism assessment tool” (Pirates) has been developed as a potential adjunct to aid decision making at an early stage in the diagnostic pathway. This incorporates adaptations of traditional psychometric tests, e.g. affect recognition, presented as a pirate adventure story.

**Aims:**

This pilot study aimed to establish:

1) how typically developing (TD) children perform using Pirates,
2) how this compares to children referred to clinic for possible ASD, and
3) acceptability of app in TD children and parents and children attending clinic.

**Methods:**

TD children recruited from a local primary school (n=32) completed Pirates under supervision of the researchers. TD children’s scores were compared with sample of children referred to CDC for possible ASD. Feedback was sought from parents and children.
**Results:** TD children performed well on *Pirates*, error rates show a negative correlation with age (p<0.001). Younger children (4-7.5yrs) successfully answered questions on affect recognition and theory of mind, with a maximum of 9 errors. Older children (7.5-11yrs) answered more questions correctly, e.g. idiom, with a maximum of 4 errors. Of 13 children referred for possible ASD, 10 exceeded the maximum error rate of TD group. Of the 3 scoring in TD range 2 were clinically felt not to have ASD. Comparison, including earlier clinic pilot data (n=18) gave PPV of 84% & NPV 91%. Children found the app enjoyable and engaging. Most parents reported *Pirates* made them “more confident” in the assessment process.

**Conclusions:** Error rates using *Pirates* were higher in children referred with possible ASD, suggesting this may be a useful adjunct to initial clinical assessment. Utilising modern technologies such as the iPad, gives potential to develop new child friendly diagnostic tools.

**11:05-11:20  Awareness and resources for individuals who are transgender with Autistic Spectrum Disorder - a healthcare professional’s perspective**

**Presenter:** Lauren Murphy (4th Year Medical Student, Brighton & Sussex Medical School)

**Authors:** L. Murphy, A. Livesey

<table>
<thead>
<tr>
<th>Introduction:</th>
<th>Autistic Spectrum Disorder (ASD) affected around 1% of the general population but has been reported in 7.8% of childhood gender identity clinic referrals.</th>
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<tbody>
<tr>
<td>Aims:</td>
<td>This study aims to assess healthcare professionals’ awareness of a co-occurrence between ASD and transgender, identify resources for this group and suggest improvements.</td>
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<tr>
<td>Methods:</td>
<td>A service evaluation of Sussex healthcare professionals who see individuals about ASD or gender identity was conducted. An anonymised online questionnaire was accessible from 6th January 2017 until 21st March 2017. Participants were contacted via NHS emailing lists. Quantitative data was collated as raw data and analysed using chi-x² test or Fishers Exact test. Key themes were identified from qualitative data.</td>
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<tr>
<td>Results:</td>
<td>50 participants were included (n=50). Limited evidence suggests that many healthcare professionals were not aware of an association between ASD and transgender (27/50) and unsure of resources (27/50). Mental health services were significantly more likely to have been aware of co-occurring ASD and transgender (Chi-x² = 11.0, p-value&lt;0.001). However, they were not significantly more likely to identify resources (chi-x² = 0.311, p-value&lt;0.577). Few resources were identified. Most felt that training would improve care, with a focus on local community resources, referral pathways to specialist services, current research evidence and online resources. Mental health issues, family concerns, vulnerability and a lack of awareness were major concerns for individuals and their families.</td>
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<tr>
<td>Conclusions:</td>
<td>Co-occurring ASD and transgender is under-recognised by many healthcare professionals. Few resources currently exist and future resources should focus on the specific needs and concerns of these individuals.</td>
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**11:20-11:35  Assessment of emotional and behavioural difficulties in looked after children**

**Presenter:** Dr Rosalind Rabone (Paediatric Registrar, University Hospital North Midlands)

**Author:** R. Rabone, V. Sadavarte, R. Jainer

<table>
<thead>
<tr>
<th>Introduction:</th>
<th>LAC children are a vulnerable group who have significant healthcare needs. It is important to measure the emotional and behavioural difficulties in order to appropriately offer support and refer to mental health services early.</th>
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<tbody>
<tr>
<td>Aims:</td>
<td>Comparison of the assessment of emotional wellbeing and mental health of looked after children in northern and southern regions of the West Midlands. To evaluate the documentation and recognition of emotional wellbeing at Initial health assessment (IHA) and completion of strengths and difficulties questionnaires (SDQ) prior to review health assessment (RHA).</td>
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<tr>
<td>Methods:</td>
<td>Retrospective evaluation of LAC Young Persons with an SDQ score between 2016 and 2017 in both Stoke and Trent (North) and Solihull (South). A qualitative review of the IHA and RHA to calculate an emotional wellbeing score.</td>
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</table>
### Results:

Data from 10 patients from South Midlands and 20 patients from North Midlands was reviewed. All young people were under section 20 in the South, where as only 30% in the North (60% ICO and 10% EPO). 40% were males in both cohorts. The majority were white British (85% North, 60% South). 85% of SDQ questionnaires in the North were completed before RHA, whilst only 40% in the South (20% >17yrs).

In the Northern group 55% of had signs of emotional distress at IHA. There was an incidence of 60% with behavioral problems, 15% with mental health issues and 60% with signs of disordered attachment. More than one area of emotional distress at IHA suggested an increased risk of a high SDQ score.

CAMHs were involved in 40%/60% (North and South). 20% of the Southern cohort had intervention by CAMHS for attachment disorders. Parental Substance misuse was up to 40% in both groups. Up to 80% had a family history of mental health illness. In the North, 69% of these children had high SDQ scores.

### Conclusions:

Pediatricians performing IHA should be able to capture mental health and emotional wellbeing. Early indicators of emotional distress at IHA may predict the need for mental health intervention later on and should prompt early mental health referral.

SDQs need to be completed before the RHA so that high SDQs can be promptly acted upon.

Parental mental health is a risk factor for having high SDQ scores.

This is a small sample size and more robust data is required.
Each Workshop lasts 55 minutes and is run twice during the afternoon (13:20-14.15 and 14:20-15:15)
All workshop rooms are located on levels 2 & 3 – room indicated in brackets after title.

Disability and safeguarding (Room TS212/Level 2)
Facilitator: Dr Yasmin de Alwis (Consultant Neurodisability Paediatrician, Great North Children’s Hospital, Royal Victoria Infirmary, Newcastle upon Tyne)

Synopsis
Disabled children are more vulnerable to abuse and neglect than non-disabled children. Optimal safeguarding of disabled children and young people involves prevention, recognition and support for children and their families. In this workshop the delegates will consider why disabled children are at more risk of abuse and neglect, types of abuse and neglect, barriers to identification and early recognition. The delegates will then consider the role of the paediatrician in prevention, next steps when abuse and neglect occurs, current legislation and how to promote resilience in disabled children their families.

Biography
I am a consultant in Paediatric Tertiary Neurodisability working at Great North Children’s Hospital in Newcastle upon Tyne. I am passionate about improving function and participation in disabled children. My special interests are assessment and goal oriented management of movement and postural difficulties in disabled children. My other interests are in long term health needs of the disabled children and transition. I have co-authored the paper ‘Safeguarding disabled children and young people’ in the Paediatrics and Child Health Journal Volume 26:11 November 2016.

Impacts of air pollution on the health of children and young people – what can we do? (Beech Conference Room (TS215A)/Level 2)
Facilitator: Dr Simon Lenton (Retired Consultant/ Co-Chair British Association for Child & Adolescent Public Health)

Synopsis
The aim of this workshop is to raise awareness about air pollution and climate change. Examine the evidence and discuss implications for children and ways forward at a local and national level (relevant to all 4 nations)

Biography
Simon was appointed as a Consultant Paediatrician with a Special Interest in Community Child Health in Bath in 1987. Between 1996-2000 he completed Public Health training with an MPH from LSHTM. Between 2000-3 he was a Policy Adviser in the Department of Health where he supported the development of Children’s NSF. In 2003 he was elected to Vice President (Health Services) within the Royal College of Paediatrics and Child Health (RCPCH). He led “Modelling the Future” for RCPCH which sets out a vision for future children’s health services in the UK. Between 2009-11 he chaired the expert working group on “Child Friendly Health Care” on behalf of the Council of Europe which has now been endorsed by 47 health ministers across Europe. He was Chair of BACCH 2009-13; he is currently sits on the RCPCH BPSU Committee and is Co-Chair of the British Association for Child & Adolescent Public Health.

Investigating unexpected child deaths (Room TS312/Level 3)
Facilitator: Dr Joanna Garstang (Consultant Paediatrician and Designated Doctor for Unexpected Death, Birmingham Community Healthcare NHS Trust)

Synopsis
Aim: To enhance skills and confidence in investigating and reviewing unexpected child deaths, according to the new Kennedy guidelines.

Learning objectives
1. To develop an understanding of some of the pathophysiological pathways involved in unexpected deaths, and use this to inform history taking and scene examination.
2. To enhance confidence in interpreting findings, enabling effective leadership of final case discussions and contribution to CDOP.
Community paediatricians have a leading role in the management of unexpected child deaths. Without a clear scientific understanding of the risk factors and pathophysiology of deaths, investigations can lack focus and the significance of findings misinterpreted. During the workshop we will review common scenarios, determine causes of death and relevant risk factors. We will complete CDOP reviews for the cases using current published evidence where possible and highlighting where evidence gaps remain. There will be a subsequent question and answer session.

Biography
Jo is currently the lead doctor for SUDIC in Birmingham. Prior to taking this post she was based at Warwick University where she conducted a PhD research project evaluating the joint agency investigation of unexpected infant deaths. This project focused on improving investigative processes and parents’ experiences, as well as establishing the evidence base for SUDI investigation and subsequent CDOP analysis of SUDI cases. The findings from Jo’s PhD helped inform the 2016 Kennedy guidelines for the investigation and management of SUDIC.

Jo is a member of the national steering group of the Care of Next Infant (CONI) scheme run by the Lullaby Trust her particular role is to review deaths of infants on CONI.

Neuropsychological assessment in community child health (Room TS211/level 2)
Facilitator: Dr Andrea Tighe (Clinical Psychologist, Cambridgeshire Community Services)

Synopsis
This workshop aims to increase understanding of psychometric testing and how it could be used to inform understanding of a child’s presentation. There will be a brief overview of neuropsychological domains (memory, executive function, etc) and neuropsychological profiles of conditions commonly seen in community paediatrics, as well as reflection on how neuropsychological assessment could contribute to community paediatric assessment. We will consider some of the commonly used cognitive tests and how to interpret their results, guidelines for the use of cognitive testing in the assessment of intellectual disability, as well as the impact of not identifying specific cognitive difficulties (case studies of presentations in CAMHS).

Biography
I am a clinical psychologist working with the Community paediatricians’ team in Cambridge, based at the Child Development Centre. I offer brief psychological interventions to families post-diagnosis, as well as contributing to joint assessments. I previously worked in Cambridge Community CAMHS, and the CAMHS neurodevelopmental pathway. I am not a neuropsychologist, but have a specialist interest in child development and in making sense of complex behavioural presentations, as well as a background in education.

I completed my Doctorate in Clinical Psychology at UCL in 2010, having previously undertaken two years of training in systemic family therapy (Queen’s, 2005), an MPhil in Psychology and Education (Cambridge University, 2006), and a PGCE in Modern Languages (Oxford University, 2000). Prior to clinical training, I worked as a secondary school teacher, a restorative conference coordinator for children on the point of permanent school exclusion, and a research assistant in Criminology.

What can NHS Benchmarking do for you? (Oak Conference Room (TS215B)/Level 2)
Facilitators: Dr Cliona Ni Bhrolchain (Retired consultant community paediatrician), Debbie Hibbert (Programme Manager, NHS Benchmarking Network)

Synopsis
NHS Benchmarking has 340+ members and there is at least an 80% chance your Trust is already a member. It aims to understand the wide variation in demand, capacity and outcomes evident within the NHS, concentrating on areas that are poorly served by routine NHS statistics across a range of organisations including commissioners, acute, community and mental health providers and, for example, conducts the CAMHS annual benchmarking.

Community paediatrics was added to the Benchmarking ‘menu’ in 2016 and data is already being collected for 2017. The workshop will introduce delegates to the concept of benchmarking and the tools used by NHS Benchmarking to compare services; demonstrate how these tools work and how the outputs can be used to analyse and compare services and, over time, to demonstrate trends in service provision.
Biographies

Dr Cliona Ni Bhrolchain retired in April 2017, having worked in community paediatrics for nearly 30 years. She has a long standing involvement with health services research and analysis, publishing several papers on CCH service management, demand and workforce planning and advising on the CCH sections of the RCPCH biennial census. She is currently a member of the RCPCH/BACCH workforce planning group, the BACCH Informatics Group and the Community Reference Group for NHS Benchmarking.

Debbie Hibbert is a Programme Manager for the NHS Benchmarking Network, and manages the Community Sector Benchmarking Programme. This involves the Community Services benchmarking (of which Community Paediatrics is one module from 26 services), the Community Hospitals benchmarking, the monthly Community Indicators reporting and the National Audit of Intermediate Care. Debbie is an ex-Operational Manager in the NHS where she had 20 years’ experience of managing community, acute and mental health services, including a spell managing children’s acute, community and CAMHS services.

Working with d/Deaf children with mental health needs (Willow Conference Room (TS315B)/Level 3)

Facilitators: Dr Sarah Kent (Clinical Psychologist, National Deaf CAMHS), Dr Rob Walker (Consultant Child Psychiatrist, National Deaf CAMHS), Helen Farthing (Family Support Worker, National Deaf CAMHS)

Synopsis
- Overview of the National Deaf CAMHS team working in Central England, including referral criteria and service provision
- Exploring the link between mental health and deafness
- Assessing neurodevelopmental needs in deaf children
- Working with deaf YP and BSL interpreters

Biography

We are a multi-professional team split across three virtual sites. As well as a broad mix of professional backgrounds, our team includes a mix of hearing, hearing-impaired, and Deaf colleagues. Some of us consider English our first and/or preferred language, some of us consider BSL our first and/or preferred language (some another language altogether).
The following posters are displayed at the rear of the main atrium area; please take time during the breaks to view them. The poster prize winner will be announced at the end of the conference.

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<td>An audit of the medical examination &amp; investigation for children with Autism Spectrum Disorder in Merseyside</td>
<td>T. Robinson, M. Gladstone</td>
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<td>Can we extend skill mix in the community paediatric team?</td>
<td>Panigrahi S, Gibbins A, Sweeney S, Ni Bhrolchain C</td>
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<td>Effectiveness of ASD diagnosis in establishing the profile of the child’s strengths, skills, impairments and needs.</td>
<td>T. Satterthwaite</td>
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<td>Evaluation of the impact of the ‘free vitamin D’ scheme in two London Boroughs</td>
<td>C. Wicks, S. John Legere</td>
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<td>Examining well-established community paediatric practice: the example of the draw-a-man test.</td>
<td>S. Hobson, M. Davie</td>
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<td>Feeding outcomes in children with Cerebral Palsy</td>
<td>L. Yan, M. Tan</td>
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<td>High stress levels in paediatric trainees; with reported significant need for additional training</td>
<td>S. Pal</td>
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<tr>
<td>HPV vaccination of ‘looked after’ young women in Wales – are we up to scratch?</td>
<td>K. Glenn, C. Sampesys, S. Cottrell, P. Barnes</td>
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<tr>
<td>Lost in translation - challenges for paediatricians and health outcomes for children with limited English proficiency</td>
<td>W. Slee, F. Finlay</td>
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<tr>
<td>Measuring efficacy of a new service Botulinum toxin clinic for children with spasticity</td>
<td>N. Sasankan, S. Horsburgh, E. Jeffery</td>
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<td>Neurodevelopmental follow-up for high-risk babies in Liverpool; a qualitative study</td>
<td>A. Komoriyama, F. Paize, C. Dewhurst, M. Gladstone</td>
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<td>Quality of Initial Health Assessments for looked after children – are we getting it right?</td>
<td>G. Bhusari, S. Gopinathan, D. Rolands, K. Banerjee</td>
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<tr>
<td>Reasons &amp; outcomes of referrals to a tertiary level service for second diagnostic opinion of Autism Spectrum Disorder</td>
<td>E. Clark, T. DaSilva</td>
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<tr>
<td>Review of diagnostic outcomes of children and young people assessed for Autism Spectrum Disorder in Communication Disorder Assessment Clinic in a secondary care setting in the UK</td>
<td>N. Bajaj, C. Jenkins, S. Sarkar, V. Tyagi</td>
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<tr>
<td>Simulation for training skills in safeguarding children and adolescents; review of literature and future directions</td>
<td>S. Pal</td>
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<td>Skull fractures in a new born</td>
<td>S. Panigrahi, S. Rath, E. Thompson, S. Babarao</td>
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<tr>
<td>Survey of prevalence of mental health needs in children and young people in Community Paediatric clinics and the gap in mental health service provision</td>
<td>V. Tyagi, S. Sarkar</td>
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<td>User survey on blenderised tube feeding through semi-structured interviews with parents of enterally fed children with neurodisability</td>
<td>A Nambiar, E McCaughey, K Padoa</td>
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