



British Association for Community Child Health

Annual Review and Summarised Accounts

1 June 2008 - 31 May 2009



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## About BACCH

BACCH is a membership organisation that represents doctors and other professionals working in paediatrics and child health in the community. It is a specialty group of the Royal College of Paediatrics and Child Health.

BACCH is

- A professional association for doctors and other professionals working in community child health
- A powerful voice for children's health
- An instigator of innovative community-based practice
- An organisation working for equity in child health

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During the year, BACCH became a registered incorporated charity; however, it did not begin trading as such until 1st June 2009. This annual report therefore relates to the unincorporated association.

# Chair's Review of the Year

I am pleased to introduce the first annual report from British Association of Community Child Health as an incorporated charitable company limited by guarantee. BACCH originally arose from the Community Paediatric Group of the British Paediatric Association, was formed as an independent association in 1996, and changed its constitution to achieve charitable status in 2009. BACCH is a membership organisation that represents doctors and other professionals working in paediatrics and child health in the community, and has over 1200 members across the UK and Ireland. It is affiliated to the Royal College of Paediatrics and Child Health and is its largest specialty group.

The decision to change BACCH to a charitable company was taken by the membership at the AGM in Leicester in September 2008. Since then, despite failing banks, a global recession and the UK becoming one of the most indebted industrialised nations, BACCH has continued to grow and evolve! After a great deal of work by our executive officer Kelly Robinson and her administrative assistant Julia Wheal, we revised our constitution, set up the charitable company and appointed trustees and directors and were awarded charitable status by the Charities Commission in June 2009. The aim of the organisation is for public benefit: to improve the health of children and families in their communities. To achieve this our objectives are to offer support, information and training to our membership, to work constructively and in partnership with other agencies and organisations to continually improve health services for children and young people, and to improve the health of all children by advocating for the needs of the most disadvantaged.

BACCH is a strong organisation with a stable membership, and our democratic base is supported by national representation in Scotland (SACCH), Ireland (N Ireland forum and Eire representative), and a system of regional co-ordinators in England and Wales. With the change to a charitable company, a new website has been created ([www.bacch.org.uk](http://www.bacch.org.uk)) and our membership and financial procedures updated. Charitable status will open up funding opportunities for broadening some of the activities of BACCH and also keep us focused on our charitable aims for public benefit. At a time when health services for children and families are undergoing further restructuring, and we face a future of financial restraint in the NHS, the threat of service fragmentation and increasing inequity is very real. BACCH needs to have a strong voice and work collaboratively with other professional bodies to promote inclusive, well managed and high quality services for children and young people, and to be a support to our members and an inspiration to our trainees.

Although this is my first chair's introduction to the BACCH annual report, it will also be my last, as my term of office ends at the 2009 AGM on September 15<sup>th</sup> in Leeds. I have enjoyed being the BACCH chair over the last 4 years, and wish to thank the members of the executive committee for their support and pay credit to the excellent team of Kelly and Julia in the BACCH office. I leave the Association in a healthy state, and wish my successor as chair, Dr Simon Lenton all the very best, and am confident that under his leadership the organisation will continue to grow and develop.

Prof Alan Emond

# Convenor's Report

## Consultations

BACCH is regularly approached by other organisations for comment or support, and over this year we have successfully involved more of the membership in this work, enabling their expertise to inform the outcome. Continuing recognition of the Association's expert view in policy development is dependent on such willing contributions and we thank those involved for their work on our behalf.

We have sent comments through the Clinical Effectiveness department of the Royal College of Paediatrics and Child Health on various NICE and SIGN guidelines, as well as nominating members for Guideline Development Groups. BACCH sent a detailed response with CPHIG to the consultation on the National Framework for Assessing Children and Young People's Continuing Care.

We have responded directly to consultations from the Department of Health and the Department for Children Schools and Families on the CAMHS Review, 'Improving the mental health and psychological well-being of children and young people' and the Laming Review. We commented on the proposed Clinical Quality Indicators for the NHS Information Centre.

I attended stakeholder meetings for the new WHO/RCPCH growth charts and the CAMHS review as well as the Implementation Planning meeting for the NICE guidelines on when to suspect child maltreatment.

## Policy

The Referral to Treatment 18 week patient pathway which came into force in December 2008 presented an opportunity to improve equity and speed of access

to services for children with disability and long term conditions, but posed a challenge in defining 'treatment' as the problems experienced by such children are not always amenable to strictly 'medical' or surgical treatment but often require multiagency support. To clarify this for both clinicians and commissioners, BACCH produced a guide to outcomes that could be regarded as 'treatment' for this group of children.

The Informatics Committee is involved in a Department of Health national project informing the method of costing community services. 10 sites from around the country have been involved in developing and comparing their statutory DH returns. An agreed set of clinical domains have been produced which describes 95% of all community paediatric work to support this year's returns so that there is accurate and comparable costing data available nationally.

The Informatics Committee has contributed to supporting the development of quality measures related to community paediatric services as part of a wider RCPCH initiative led by Simon Lenton.

## Membership

The total BACCH Membership on the 31 May 2009 was 1147. 80 new members joined during the year, and 63 members resigned.

Dr Lily Murtaza

# Activities for the period 2008-09

## Incorporated Charity Status

At the 2008 AGM a motion was passed by members present for BACCH to pursue charity status as an incorporated company limited by guarantee.

Company registration was achieved on 31 October 2008 and charity registration achieved on 20 May 2009.

## Providing educational meetings through the year

BACCH's Annual Scientific Meeting held in September at the University of Leicester.

Joint session with the British Paediatric Mental Health Group and the Paediatric CFS/ME Group at the annual Spring Meeting of the Royal College of Paediatrics and Child Health

Regional meetings organised by regional coordinators

## Communications

Communications with members continues to be via the BACCH Newsletter, which features articles of interest. In addition, members receive a monthly email bulletin with up to date information and links to important documents and guidance.

## Policy

Through the e-news, BACCH has involved members in its responses to the Royal College of Paediatrics and Child Health (RCPCH) for NICE and SIGN consultation and comments on guidance.

Participated in a national Payment by Results project with the Department of Health informing the method of costing community services.

## Advising on training and education in community child health

RCPCH Specialty Advisory Committee (CSAC) Community: setting competences for higher specialty training.

RCPCH Specialty Board

# Structure, Governance and Management

## **Principal Objectives and Aims**

The organisation's aim is to improve perinatal care for pregnant women, newborn babies and their families. It achieves this by providing advice and information for Government, Medical Royal Colleges and other organisations; by facilitation of research and clinical trials; by education, training and information services for doctors and other health professionals and by auditing and monitoring of outcomes.

## **Structure and Organisation**

BACCH A Deed of Trust establishing an unincorporated charitable trust governs the Charity. In accordance with the provisions included in the Deed of Trust, the Charity is under the overall control of the Trustees of the association, who conduct the affairs of the Charity in conjunction with the Executive Committee (sometimes referred to as the Management Committee).

BACCH has an open recruitment procedure for new Executive Committee members, who are nominated from among the membership.

The Executive Committee meet quarterly to set the policy and overall direction of the Association, to review its plans and to discuss the management of the its affairs. The Executive Committee and Executive Officer undertake the day-to-day administration and supervision of services assisted by paid support staff.

At the Annual General Meeting (AGM) in September 2008 the membership approved the motion to apply for incorporated charity status. Company registration was achieved in October 2008 and charity registration in May 2009. The new association did

not begin trading as an incorporated charity until 1st June 2009 and all matters within this annual report related to the unincorporated association.

## **Membership**

Membership is open to those who are engaged in practice, teaching or research into any aspect of community child health.

## **Reserves policy**

The Executive Committee review the Association's reserves policy at regular intervals during the year and after consideration of the annual financial statements and the budget projections of income and expenditure. The Committee is satisfied that the current level of reserves is adequate to meet both unforeseen contingencies and the costs of the developmental activities planned for the future.

## **Risk management**

The Executive Committee has conducted its own review of the major risks to which the charity is exposed and have established systems to mitigate those risks on an ongoing basis, ensuring that the Association's needs are met and that there are adequate resources to enable it to continue its operation.

## **Investment policy**

The Association has powers under its constitution to make such investments as the Executive Committee see fit and which meet with the requirements of its objectives and funds. The policy is to invest funds and reserves in bank deposits. The return on investments is satisfactory in the current economic climate.

# Executive Committee

## Elected Officers

Chair	Prof Alan Emond
Honorary Treasurer	Dr Paula McAlinden
Convenor	Dr Lily Murtaza
Assistant Convenor	Dr Somnath Banerjee
Academic Convenor	Dr Dilip Nathan
Newsletter Editor	Dr Neel Kamal
SASG Representative	Dr Rosie Richardson
Specialty Training	Dr Gabrielle Laing
Trainees' Rep	Dr Neal McCathie

## Affiliate Group Representatives

British Academy of Childhood Disability Dr Jane Williams
British Paediatric Mental Health Group Dr Avril Washington
Child Protection Special Interest Group Dr Alison Mott
Child Public Health Special Interest Group Dr Jane Ritchie

# Council

## Organisational Representatives

British Association for Paediatric Audiology Dr Lesley Batchelor
British Medical Association Kailash Agrawal
Royal College of Nursing Fiona Smith
Faculty of Public Health Dr John Harvey
Royal College of General Practitioners Dr Andrew Mowatt
National Children's Bureau Barbara Hearn
Informatics Committee Dr Fawzia Rahman
SASG Representative to RCPCH Dr Christine Arnold

## Regional Coordinators

East Anglia	Dr Elaine Lewis
Mersey	Dr Jackie Gregg
Northern	Dr Maria Willoughby
Northern Ireland	Dr Daphne Primrose
North West	Dr Rob Downes
Oxford	Dr Minoo Irani
Scotland	Dr Jacqui Mok
South West	Dr Richard Tomlinson
Thames NE	Dr Rajan Vijaratnam
Thames NW	Vacant
Thames SE	Dr Sameena Shakoore
Thames SW	Dr Shade Alu
Trent	Dr Vinita Kapoor
Wales	Dr Nia John
Wessex	Dr Valerie Shrubbs
West Midlands	Dr David Lewis
Yorkshire	Dr Anne Kelly

# Statement of Financial Activities

## Trading and profit and loss account for the year ended 31 May 2009

	2009		2008	
	£	£	£	£
<b>Income</b>				
Subscriptions		117,237		116,430
ASM Income		50,690		50,493
Newsletter Income		704		1,254
Recharges to BACD		18,985		18,671
Sundry Income		1,046		637
Bank Interest Received		7,627		8,714
		<u>196,289</u>		<u>196,199</u>
<b>Administrative Expenses</b>				
Staff Costs	65,730		63,581	
Accommodation	8,573		8,544	
Services Recharged	11,177		12,383	
ASM Costs	25,853		34,159	
Newsletter Costs	14,704		17,541	
Journal Costs	22,183		29,232	
Website Costs	653		657	
Executive Committee Costs	1,401		1,557	
Travelling Expenses	4,941		4,552	
Insurances	2,048		2,024	
Payments to RCPCH	645		343	
Legal and Professional Fees	287		289	
Accountancy	1,351		1,381	
Bank Charges	1,608		1,471	
Sundry Expenses	448		303	
Charitable Donation (BACCH Ltd)	11,435		-	
		<u>(173,037)</u>		<u>(178,017)</u>
<b>Net surplus for the year before tax</b>		23,252		18,182
<b>Taxation</b>		<u>(1,891)</u>		<u>(2,958)</u>
<b>Net surplus for the year after tax</b>		<u><u>21,361</u></u>		<u><u>15,224</u></u>

# Balance Sheet

## Balance Sheet as at 31 May 2009

	2009		2009	
	£	£	£	£
<b>Current Assets</b>				
Debtors	15,092		6,088	
Cash at bank and in hand	194,266		179,961	
	<u>209,358</u>		<u>186,049</u>	
<b>Current Liabilities</b>				
Bank loans and overdrafts	-		18,052	
Creditors and accruals	17,612		27,717	
Deferred income	105		-	
	<u>47,717</u>		<u>45,769</u>	
<b>Net Current Assets</b>		161,641		140,280
<b>Net Assets</b>		<u>161,641</u>		<u>140,280</u>
<b>Capital Account</b>				
Brought forward at 1 June 2008		132,676		117,509
Surplus for the year		21,361		15,224
Transfer from/(to) DCMF		378		(57)
		<u>154,415</u>		<u>132,676</u>
Donald Court memorial fund		7,226		7,604
		<u>161,641</u>		<u>140,280</u>

