

# Annual Report and Summarised Accounts 2010

[www.bacch.org.uk](http://www.bacch.org.uk)



British Association for  
Community Child Health

# Our mission

The British Association for Community Child Health exists to promote and protect the good health of children and their families in their communities. We achieve our mission through:

*Enhancing training and working practices of all those working with children and their families in their communities;*

*Encouraging greater collaboration with other disciplines, agencies and professional bodies concerned with the health of children and their families;*

*Promoting research related to the health of children and their families and disseminating the useful results; and*

*Serving as an advocate for children and their families through professional, academic and other channels.*

## **Registered Office**

5-11 Theobalds Road, London WC1X 8SH

A company limited by guarantee (6738129)

A charity in England & Wales (1129758)

## **Bankers**

Royal Bank of Scotland  
28 Cavendish Square  
London W1G 0DB

## **Solicitors**

Capsticks  
77/83 Richmond Road  
London SW15 2TT

## **Accountants**

Groves Davey  
34 Wellfield Road  
Cardiff CF24 3PB

# From the Chair

*I would like to start my review of the past year by thanking Alan Emond for his expert chairmanship for the previous four years, along with the many other members who have acted as a representative on the executive or council. BACCH is dependent on members volunteering their time and it is very much appreciated.*

*The new charitable company began trading on 1 June, and this represents a significant step forward for BACCH. Being a charitable organisation opens many doors, such as entering into contracts (such as a lease or a grant from a funding body). A key advantage is that the organisation must abide by the Charity Commission laws, which not only provides a focus and impose administrative, corporate governance and financial discipline which can have organisational benefits, but also means that any funds must be used to improve services, rather than building a cash mountain for a rainy day. It also provides a greater credibility factor when dealing with other organisations, such as government departments. The biggest advantage, however, is the ability to claim gift aid on membership subscriptions. The executive is committed to ploughing monies received from this income stream to benefit the membership, and we encourage members to suggest activities for this.*

*As the core aim of BACCH is to work to improve health services for the benefit of children and their families, the executive has developed a work plan, working closely with the four affiliate groups, for the next three years, which includes:*

- *Developing a framework for commissioning services to describe models of service delivery that could be developed into a local prospectus to advise families about service provision;*
- *Developing a framework for pathway-based measurements for assurance/ improvement for groups of children that members see;*
- *Promote the development and use of improvement methodologies to encourage members to innovate, reflect and learn;*
- *Continue to develop competency-based learning and assessment frameworks and promote examples of good practice as part of improvement;*
- *Develop alliances with key groups in order to create alignment of thinking and practice across different professional and organisational boundaries; and*
- *Develop position statements on the most important issues facing the specialty to promote and educate.*

*The general election took place on 6 May, and the resulting coalition has consequences across health, education and social care. BACCH has been responding to consultations issued by the Departments of Health and Education to ensure that the community child health voice is heard, and most importantly, listened to.*

*Equally challenging is the economic downturn, not only for the NHS but also for BACCH. We need to ensure our services to members are strong and value for money. Membership subscriptions are the biggest income stream to the organisation, and it is vital that we continue to recruit members – so please encourage your colleagues to join!*

*Finally, BACCH is always responsive to suggestions and comments received from the membership. We encourage members to become involved in consultations and providing feedback to draft responses. The executive and council work for the benefit of the membership as a whole and as such we rely on members telling us what they want. BACCH needs to have a strong, collective 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.*

**Dr Simon Lenton**

# Objectives

# Activities

## Providing postgraduate education meetings throughout the year

BACCH's Annual Scientific Meeting held in September at the Leeds Trinity & All Saints College with the British Association of General Paediatrics

Joint session with the RCPCH Advocacy Committee and the Child Public Health Special Interest Group at the Annual Conference of the Royal College of Paediatrics and Child Health at University of Warwick

Regional meetings organised by regional coordinators

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## Advising on training and education in community child health

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

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## Policy

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

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

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## 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.

The BACCH website was redesigned to allow for improved usability and enable members to find information more easily.

# Review of the year

## Governance

At the 2008 Annual General Meeting, members agreed to pass the resolution for the Association to apply for both charitable and company status. The new Association was formed and began trading as an incorporated charity on 1 June 2009.

## Membership

BACCH membership remains static at approximately 1150 members, including:

- 620 consultants
- 274 specialty, staff and associate specialists
- 105 trainees

There are four categories of membership:

- Full (doctors)
- Affiliate (non-doctors)
- Trainee
- Retired

Members are eligible to subscribe at a reduced rate to the journal *Child: Care, Health and Development*, either receiving online access only, or online access and a hard copy. Approximately 850 members take advantage of this offer.

## Communications

BACCH continues to provide a monthly email update to members' inboxes with up to date information on meetings, consultations, awards, etc.

The quarterly newsletter remains a popular source of in-depth reports and debates on key issues facing community child health.

The BACCH website was redesigned to allow for in-house updating and enable members to source documents and information more readily

## Meetings

The national Annual Scientific Meeting took place in September 2009 and focused on the theme Adolescent Health. It was organised in conjunction with the British Association of General Paediatrics at Leeds Trinity and All Saints College. The Meeting attracted over 180 delegates from across the country and featured a combination of keynote lectures, free and personal practice papers, CATCH posters (community initiatives) and personal practice workshops.

Our regional coordinators organised a number of smaller, regional meetings throughout the year. Many were organised with the corresponding coordinator for the British Academy of Childhood Disability.

In addition, BACCH was present at the Annual Conference of the Royal College of Paediatrics and Child Health in April 2010 with a focus on "Fair Shares for All". The session was run with the RCPCH Advocacy Committee and the Child Public Health Special Interest Group.

## Policy

The expertise held within our membership is one of BACCH's greatest assets. During 2009-10, we continued to invite members to share their expertise and contribute to consultations received from a variety of organisation (e.g. NICE, DH, DCSF).

Of particular note, BACCH submitted a response to the following reviews:

- GMC Consultation on Revalidation
- Laming Report
- Review of NHS Services for Children

# Report of the Trustees

The Trustees present their report and accounts for the year ended 31 May 2010.

## Principle Objectives and Aims

The British Association of Community Child Health is governed by its Memorandum and Articles of Association. In October 2008, the Association became Company Limited by Guarantee and a Charity (England and Wales) in May 2009. It began trading as an incorporated charity on 1 June 2009.

The Association's aim is to promote and protect the good health of children and their families in their communities. It achieves this by providing advice and information for Government, Medical Royal Colleges and other organisations; by education, training and information services for doctors and other health professionals; and by auditing and monitoring of outcomes.

## Review of principle activities and developments for the public benefit

The trustees confirm that they have referred to the guidance contained in the Charity Commission's general guidance on public benefit when reviewing the charity's objectives and aims, and in planning future activities for the year.

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.

## Structure and Organisation

The Association's Executive Committee (EC) meets four times per year and comprises of the trustees, elected officers with portfolios, and representatives from the affiliated groups. The EC is responsible for the day to day decisions of BACCH and works closely with the Executive Officer to implement the day to day decisions and strategic direction, in particular:

- controlling the administration of the charity;
- agreeing the strategic aims, objectives and direction of the charity;
- ensuring that there is identification of risks and management of those risks; and
- ensuring that the income of the charity is applied for the purposes as set out in its governing document.

The EC meets four times per year. Trustees and officers with a portfolio are elected via open recruitment from among the membership.

A regional coordinator exists for each of the old NHS Regions to represent the views of members throughout the country. This corresponds to the area covered by the RCPCH Regional Advisers and Council Representatives. Coordinators are elected for a period of four years by members in the relating region.

A job description has been produced for members of the Executive Committee and the Regional Coordinators, which specifies the knowledge, skills and attributes needed.

The Council acts as a forum for debate and information exchange, and discusses the future direction of the organisation. It meets every six months and comprises the Executive Committee, the regional coordinators and representation from external organisations and special interest groups.

Administrative work is centred on the Association's registered office on Theobalds Road where there were two salaried employees at the end May 2010. The Association benefits from a great deal of voluntary work by its members in the organisation of meetings, service on committees and panels and many other activities.

# Executive Committee & Council

## Executive Committee

### Directors of the Company and Elected Officers

Chair	<i>Prof Alan Emond<sup>2</sup></i> <i>Dr Simon Lenton<sup>3</sup></i>
Hon. Treasurer	<i>Dr Paula McAlinden</i>
Convenor	<i>Dr Lily Murtaza</i>
Assistant Convenor	<i>Dr Somnath Banerjee</i>

### Elected Officers with a Portfolio

Academic Convenor	<i>Dr Dilip Nathan<sup>2</sup></i> <i>Dr Angela Moore<sup>3</sup></i>
Newsletter Editor	<i>Dr Neel Kamal</i>
SASG Representative	<i>Dr Rosie Richardson<sup>2</sup></i> <i>Dr Therese Bennett<sup>3</sup></i>
Specialty Training Trainees' Representatives	<i>Dr Gabrielle Laing</i> <i>Dr Neal McCathie<sup>4</sup></i> <i>Dr Helen Brewer<sup>5</sup></i> <i>Dr Tamsin Woodbridge<sup>5</sup></i>

### Affiliate Group Representatives

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

### Deputy Officers

Treasurer	<i>Dr Rajiv Mittal</i>
Academic Convenor	<i>Dr Angela Moore</i>
Newsletter Editor	<i>Dr Catherine Tuffrey</i>

## Members of Council

British Association for Paediatric Audiology	<i>Dr Lesley Batchelor</i>
British Medical Association	<i>Dr Kailash Agrawal</i>
Faculty of Public Health	<i>Dr John Harvey</i>
National Children's Bureau	<i>Ms Barbara Hearn</i>
Royal College of General Practitioners	<i>Dr Andrew Mowatt<sup>1</sup></i>

Royal College of Nursing	<i>Ms Fiona Smith</i>
Royal College of Paediatrics & Child Health	<i>Dr David Shortland</i>
George Still Forum	<i>Dr Somnath Banerjee</i>
BACCH Informatics Committee	<i>Dr Fawzia Rahman</i>
RCPCH SASG Committee	<i>Dr Christine Arnold</i>

## Regional Coordinators

East Anglia	<i>Dr Elaine Lewis</i>	Thames NE	<i>Dr Rajan Vijaratnam</i>
Ireland	<i>Dr Emma Curtis</i>	Thames NW	<i>Dr Reeta Gupta</i>
Mersey	<i>Dr Jackie Gregg</i>	Thames SE	<i>Dr Sameena Shakoor</i>
Northern	<i>Dr Maria Willoughby</i>	Thames SW	<i>Dr Shade Alu</i>
Northern Ireland	<i>Dr Daphne Primrose</i>	Trent	<i>Dr Vinita Kapoor</i>
North West	<i>Dr Rob Downes<sup>2</sup></i> <i>Dr John Agbenu<sup>3</sup></i>	Wales	<i>Dr Nia John</i>
Oxford	<i>Dr Minoo Irani</i>	Wessex	<i>Dr Valerie Shrubbs</i>
Scotland	<i>Prof Jacqueline Mok</i>	West Midlands	<i>Dr David Lewis<sup>4</sup></i> <i>Dr Neal McCathie<sup>5</sup></i>
South West	<i>Dr Richard Tomlinson</i>	Yorkshire	<i>Dr Anne Kelly</i>

Key:

<sup>1</sup> until Feb 2009

<sup>2</sup> until September 2009

<sup>3</sup> from September 2009

<sup>4</sup> until November 2009

<sup>5</sup> from November 2009

# Statement of Financial Activities

For the year ended 31 May 2010

	Unrestricted funds £	Restricted funds £	2010 Total £
<b>Incoming resources</b>			
Incoming resources from generating funds:			
Exceptional voluntary income	163,869	8,209	172,078
Activities for generating funds	2,138	-	2,138
Investment income	679	21	700
Incoming resources from charitable	170,771	-	170,771
Other incoming resources	16,540	-	16,540
<b>Total incoming resources</b>	<u>353,997</u>	<u>8,230</u>	<u>362,227</u>
<b>Resources expended</b>			
Charitable activities	159,982	-	159,982
Governance costs	20,226	-	20,226
Other resources expended	16,540	21	16,561
<b>Total resources expended</b>	<u>196,748</u>	<u>21</u>	<u>196,769</u>
<b>Net incoming resources for the year</b>	157,249	8,209	165,458
Total funds brought forward	-	-	-
<b>Total funds carried forward</b>	<u>157,249</u>	<u>8,209</u>	<u>165,458</u>

# Balance Sheet

As at 31 May 2010

	£	£
<b>Current assets</b>	33,022	
Debtors	201,022	
Cash at bank and in hand		234,044
<b>Creditors: amounts falling due within one year</b>		(68,586)
<b>Net assets</b>		<u>165,458</u>
<b>Funds</b>		
Unrestricted income funds		157,249
Restricted income funds		<u>8,209</u>
<b>Total funds</b>		<u>165,458</u>

