

VOLUNTARY SECTOR MENTAL HEALTH PROVIDERS FORUM
(A Company Limited by Guarantee)

REPORT AND FINANCIAL STATEMENTS

FOR THE YEAR ENDED 31 MARCH 2022

Company number: 05536120
Charity number: 1120222

VOLUNTARY SECTOR MENTAL HEALTH PROVIDERS FORUM

REPORT AND FINANCIAL STATEMENTS

FOR THE YEAR ENDED 31 MARCH 2022

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VOLUNTARY SECTOR MENTAL HEALTH PROVIDERS FORUM

REFERENCE AND ADMINISTRATIVE DETAILS

FOR THE YEAR ENDED 31 MARCH 2022

Status: The organisation is a charitable company limited by guarantee, incorporated on 15 August 2005 and registered as a charity on 24 July 2007.

Company Number: 05536120

Charity Number: 1120222

Registered Office and Operational Address: 85 Great Portland Street, Great Portland Street, London, England, W1W 7LT

Trustees The Directors of the charitable company are its Trustees for the purposes of charity law. The Trustees who have served from 1 April 2021 up to the date of approval of these financial statements were as follows:

Stephen Shrubbs	- Chair (resigned 3 November 2021)
Dr Sridevi Kalidindi	- Chair (appointed 3 November 2021)
Sanjay Shah	- Treasurer
Aileen Edwards	- CEO Second Step
Derek Caren	- CEO Richmond Fellowship
Mark Winstanley-Kimmis	- CEO Rethink Mental Illness
Rachel Peacock	- CEO Making Space
Julie Layton	- CEO Advance UK
Sarah Hughes	- CEO Centre for Mental Health (resigned 4 May 2022)
Steve Gilbert	- Independent Consultant
Steve Appleton	- CEO Contact Consulting
Linda Bryant	- CEO Together for Mental Wellbeing
Margaret Hanson	- CEO Imagine Independence
Sarah Maguire	- CEO Choice Support
Ashwin Mathews	- CEO Centre for Better Health

Chief Executive Officer and Company Secretary: Kathy Roberts

Bankers: CAF Bank Ltd
25 Kings Hill Avenue
Kings Hill
West Malling
Kent
ME19 4QT

Independent Examiner: Michael Tourville
Beever and Struthers
15 Bunhill Row
London
EC1Y 8LP

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TRUSTEES' REPORT

FOR THE YEAR ENDED 31 MARCH 2022

The Trustees present their report and the examined financial statements of the charity for the year ended 31 March 2022. The Trustees have adopted the provisions of the Statement of Recommended Practice (SORP) "Accounting and Reporting by Charities" (FRS 102) published in October 2019, the Financial Reporting Standard applicable in the United Kingdom and Republic of Ireland (FRS 102), the Charities Act 2011 and the Companies Act 2006 in preparing the annual report and financial statements of the charity.

Structure, governance & management

The organisation is a charitable company limited by guarantee, incorporated on 15 August 2005 and registered as a charity on 24 July 2007.

The company was established under a memorandum of association which established the objects and powers of the charitable company and is governed under its articles of association.

Aims and public benefit

Voluntary Sector Mental Health Providers Forum trading as the Association of Mental Health Providers (The Association), formerly Mental Health Providers Forum, is a representative organisation for providers of mental health and wellbeing services. The Association want service users to have access to joined up, seamless services from the organisations that support them, and are committed to working in equal partnership with statutory agencies involved in providing health and social care support for people with mental health needs.

We facilitate this through supporting and promoting effective service delivery, information exchange and the sharing of best practice across the voluntary, statutory and private sectors.

Our charitable objects:

To relieve the needs of people with mental health conditions in England and Wales by:

- Improving the range, quality and volume of services for people with mental health needs
- Contributing to policy development with a view to improving services
- Sharing information and experience with a view to improving services.

Our values

A society where everyone with mental health concerns has the right to get the support they need from a wide range of providers, implementing demonstrable values which include:

- Respecting service user perspectives, empowerment and choices
- Believing in and supporting recovery and social inclusion
- Commitment to collaboration, sharing and partnership
- Commitment to service excellence, innovation, evidence-based practice and continuous improvement
- Developing and promoting the unique value-based contribution of the voluntary mental health sector.

Statement of Public Benefit

The Directors confirm that they have complied with the duty in section 4 of the Charities Act 2011 to have due regard to the public benefit guidance published by the Charity Commission in determining the activities undertaken by the charity. How the charity delivers public benefit is explained under section 3 "Current Activities and Work Programmes" below.

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1 Strategic overview

Association of Mental Health Providers continues to be the leading representative body for voluntary sector providers of mental health services with members drawn from national, regional and locally based organisations operating across England. As the only representative body for mental health VCSE providers, The Association is ideally placed to work across all types of service provision. Our members provide services covering the full range of provision from crisis care, liaison and diversion services, substance misuse services, complex needs, to advice and counselling to people with lived experience. Specialisms amongst our members include BME mental health, children and young people's mental health, housing and homelessness, employment support, IAPT and secure pathways – taking a whole-life and whole-person approach. Our members are united by their desire to improve the quality of care for people with mental health needs and the outcomes of the services provided.

2 Strategic priorities, objectives and activities

Overarching priorities

- Valuing the Voluntary and Community Sector and influencing sector growth
- Improving practice in mental health
- Ensuring the VCSE mental health provider sector is represented in mental health policy
- Increasing membership.

Strategic objectives

- Representing Members and Service User Involvement & Engagement
- Influencing Policy and Strategy
- Best Practice Profiling
- Shaping and Growing the Market for the Sector
- Facilitating Networks and Engagement
- Fostering Partnerships and Collaboration
- Development of Frameworks and Guidance
- Supporting Safer Practice
- Developing Positive Outcomes
- Supporting Equality and Parity in service Development and Implementation.

Support to members

- An authoritative, representative voice to policy makers and commissioners
- Access to key decision making forums, expertise, policy makers and influence
- Translation between policy and practice
- Breaking down complexities of the market place
- Market intelligence and access to new markets
- Innovative products & tools
- Support and navigation in difficult and changing times
- Collaborative development opportunities
- Confidence in strength of numbers.

3. Achievements and Performance

3.1 Social Care and Mental Health

The Mental Health and Wellbeing Policy and Oversight Group, co-chaired by Kathy Roberts and Mel Brooks (ADASS), continues to meet monthly with a range of stakeholders that comprise this Group. The Group's work support the work of the Department of Health and Social Care's social care and wider mental health policy teams. The Group's status as a key source of advice and intelligence to DHSC and other national partners was confirmed in the former's Winter Plan for Social Care 2022, published in October, which indicated the Department's commitment to work with the Group further in the context of its report of July on the necessary strategic and operational priorities and improvements, if local authority led and commissioned social care and support is to be effective for, and accessible to, people with mental illness, people experiencing poor mental health and their carers.

In the last year, The Association and the wider group, published a report on developing the mental health social care workforce, which focused on delivering the vision of the community mental health framework across the social care workforce and with the NHS, considering the priorities for a skilled and valued workforce. Furthermore, the Group made recommendations to the Government on the Mental Health and Wellbeing Winter Plan 2021/22, which were recognised and in the published Plan.

The Group continues to provide us with a vehicle to convey concerns for members as they endeavour to ensure business and service continuity in both NHS and LA commissioned mental health and wellbeing services. We have also been able to take the opportunity of the work of this Group to explore with LGA colleagues the potential for an improvement plan for social care and mental health and wellbeing services during and beyond the pandemic.

3.2 Recovery and Prevention

One of the key objectives of The Association is to promote recovery of mental health conditions. There is growing awareness that this should take in all areas of individuals' lives, a holistic process that focuses on more than clinical recovery. There is an emphasis on improved self-management, stronger social relationships, suitable and settled accommodation, improved chances in education and higher employment rates.

The Five Year Forward View also stated that there needs to be prevention plans in every community across England to help integrate public health, social care and housing and improve health outcomes, with mental health champions in every community.

The Association has continued to work with the Department of Health and Social Care and Public Health England to build resilience and promote prevention so that more people are supported earlier. The Association is also a founding partner of the Mental Health Challenge programme, and has continued its involvement in the delivery of support to Champions in Local Authorities.

In order to deliver improved prevention, crisis support and recovery The Association continues to promote whole system solutions and a more collaborative and integrated approach to the provision of services, with involvement in service transformation planning, case studies and knowledge and working closely with system partners

Public Benefit

- Better outcomes and service user leadership
- Improved understanding of value of VCSE input
- Improved commissioning
- Safety Planning and Information Sharing
- Values based Commissioning
- Service user involvement and influence on commissioning objectives
- Supporting quality in service delivery for members
- Taking forward research and learning which is publicly shared and widely accessible
- Foundational underpinning for person centred practice

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- Supporting members with commissioning and regulation

3.3 Programmes

Health and Wellbeing Alliance

The Association became a key partner of the VCSE Health and Wellbeing Alliance in April 2017, which is jointly managed by the Department of Health and Social Care, Public Health England, and NHS England. The programme follows on from the Department of Health Third Sector Strategic Partnership Programme, which we were partners in from April 2010 – March 2017. The Association has been the lead partner, in both programmes, of a group of voluntary sector mental health organisations – the Mental Health Consortium - including Centre for Mental Health, Mental Health Foundation, Mind, National Survivor User Network, and Rethink Mental Illness. Since April 2021, The Association has led the Consortium in the newly-refreshed VCSE Health and Wellbeing Alliance and brought into the Consortium, a new partner, to represent the interests of children and young people – Young Minds. Together, we work to promote better outcomes for mental health service users and carers, making information and best practice more accessible. The Health and Wellbeing Alliance is made up of 18 other not-for-profit partners that represent communities who share protected characteristics or that experience health inequalities, and through our individual networks, the partners can link with communities and VCSE organisations across England. Through the Programme, the Mental Health Consortium links with System Partners to undertake specific agreed work programmes aimed at benefiting the strategic development of the not for profit mental health, and wider health and social care, sector.

The Voluntary Community and Social Enterprise (VCSE) Health and Wellbeing Alliance has been established to:

- Facilitate integrated working between the voluntary and statutory sectors
- Support a two-way flow of information between communities, the VCSE sector and policy leads
- Amplify the voice of the VCSE sector and people with lived experience to inform national policy
- Facilitate co-produced solutions to promote equality and reduce health inequalities.

The objectives of the Programme are to:

- Encourage co-production in the creation of person-centred, community-based health and care which promotes equality for all;
- Enable the voice of people with lived experience and those experiencing health inequalities to inform national policy making and shape the delivery of services;
- Build evidence of sustainable, scalable solutions to mitigate and prevent inequalities impacting on the health and wellbeing of communities.

The Mental Health Consortium partners worked collaboratively to support the development of health and social care policy across government in order to:

- Influence change in health and social care to benefit those who access and rely on services, especially individuals needing mental health support
- Champion the cause for service users and carers with mental health conditions
- Interpret government policy for third sector mental health organisations for local application
- Mapping the health and social care reforms to facilitate engagement and input to the process of quality assurance and outcomes
- Advise and inform Department of Health and Social Care, NHS England and Public Health England about key issues in the health and social care field affecting the third sector
- Achieve shared objectives in improving health and well-being and reducing health inequalities
- Provide methods for disseminating information, policy developments and key programmes – enabling third sector organisations to engage in the delivery of health and well-being objectives.

Our work programmes with other Health and Wellbeing Alliance partners, leading to March 2022 have been diverse and each of the projects for 2021-2022 have made significant progress:

- Transitions in mental health services for young people

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- Supporting people with mental health needs into a home
- Developing a social care narrative

Our other projects which supported the work of partners include:

- Addressing health inequalities: better understanding NHS health checks for people with a severe mental illness from Black, Asian and Minority Ethnic communities
- Tackling suicide inequalities in Gypsy and Traveller communities
- Tackling suicide inequalities in Gypsy and Traveller communities
- Understanding the need and barriers to accessing mental health and suicide prevention services for people seeking asylum
- Alcohol, suicide, and self-harm: engaging with people with lived experience to improve understanding of how to reduce the risk of self-harm and suicide by people with alcohol issues
- Economic disruption and disadvantage, suicidality, self-harm and addiction – lived experience and inequalities: understanding the impact of economic disruption and disadvantage on addiction, suicidality and self-harm
- Easier access to services and support for excluded groups and those that experience barriers
- Understanding the benefits of digital inclusion
- Support the workstreams linked to the Building the Right Support Oversight Board develop their engagement plans and support DHSC embed coproduction in the activities under the Building the Right Support governance
- Community based approaches to improving health and wellbeing and to reduce re-offending and the use of short custodial sentences.

Public Benefit

- This work assists other charities to represent the concerns of the people they serve by providing wider information about policy initiatives and sectoral representation into key areas of public policy development
- It also creates a two-way conduit whereby the mental health voluntary sector can positively influence and advocate with statutory bodies enabling the not-for-profit sector to have an active voice into decision making
- Fosters a culture of collaboration with strategic partners across all sectors and specialisms.

Enterprise Development Programme

The Association were chosen as the mental health sector partner for the EDP and is managing the programme until September 2022. It offers grant and learning support for SME social sector organisations operating in England, to help them test, implement or scale enterprise activities, in turn helping a diversification of income and increased organisational sustainability. Furthermore, there will be great opportunity for The Association to collect and communicate learning for the benefit of the wider Mental Health sector such as the critical factors of different enterprise models.

Between April 2021 and March 2022, we have welcomed a third and fourth cohort (totalling 30 more organisations) to the Programme to receive learning and grant support. The variety of organisations offers good diversity in terms of geography, trading ideas, and types of mental health support services offered. We have supported these organisations by allocating £741k, with an average of £23k per organisation, where 56% of grants allocated have been for increasing capacity. 44 days of support have been given by strategic finance consultants to improve financial systems, processes, and strategy. All organisations in the programme have been able to access ongoing learning opportunities funded by the programme, across the core subjects of social enterprise – e.g., business development, pricing, marketing, financial planning, social impact measurement. Additionally, all organisations have had access to facilitated peer learning sessions, where they meet monthly with a group of fellow charities / social enterprises who are exploring trading models and work through their challenges and objectives.

In the following financial year, there will be no further intakes of organisations. Instead, the focus will be on organisations still active in the programme, to encourage maximisation of the support available and capturing

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learning around different trading activities which can be shared with the wider mental health sector. For example, we will be tendering for a piece of research and evaluation, specifically into trading models that involve training or employment of individuals with mental health issues. We're keen to understand the financial 'make-up' of these trading activities and if/how they can be operated impactfully and sustainably. Additionally, we will be working alongside our programme colleagues to identify potential pathways for organisations to receive follow-on support beyond the programme. We recognise following the programme many organisations are not yet at a point of financial self-sufficiency, so we're keen to identify other potential funders who may want to support such organisations, as this will increase the legacy of this programme.

Mental Health Sustainability Programme

In response to the pandemic, The Association, in coalition with 15 other leading mental health charities and social enterprises launched the Mental Health Sustainability Programme to help VCSE mental health service providers sustain their services during and after the pandemic. The Programme particularly seeks to support communities who have been disproportionately impacted by the pandemic due to existing health inequalities, such as minoritised communities, LGBT+, children and young people, older people, new mothers, and those in contact with the criminal justice system.

A key element of the Programme, facilitated by the funding received, was the employment of the Community Engagement Officer, now Senior Programme Officer, who has been integral to the functioning and expansion of the Programme.

Significantly, in this financial period, The Association reached its initial target of supporting more than 100 VCSE mental health service providers who had been disproportionately impacted by the pandemic through our Programme.

In 2021/22, we delivered a further small grants round; with funding going to an additional 29 mental health service providers who are focused on working in communities disproportionately impacted by the pandemic. This round built on our success and format (as well as additionally sought feedback) from the first round and again, we are pleased to have spent nearly £100,000 to support providers' sustainability.

We have developed a diverse offer of webinars and peer support forums (both monthly since April 2021); with webinars enhancing an organisation's realisation on "how I can have more impact" and offering a perspective that "challenged [them]", whilst peer support forums offered mutual support and connection in an environment that is "enjoyable...[and] a bit like a group supervision". Also, we have developed an ad-hoc sounding board and more partner-led and sector-led sessions for providers to receive more bespoke support from industry professionals (across the VCSE and our private sector partners).

We have also established a matched funded partnership with Creative Minds, a charity hosted by South West Yorkshire NHS Foundation Trust, which develops creative activities in partnership with community organisations to improve the health and wellbeing of Trust service users. The matched funding partnership with Creative Minds, a charity hosted by South West Yorkshire NHS Foundation Trust, continues in the form of a "community project". The interim updates on this project, which develops creative activities in partnership with community organisations to improve the health and wellbeing of Trust service users, has been incredibly positive, especially considering the continued lockdowns/after-effects and the effect on mental health, loneliness, creativity, community and cohesion.

Care Provider Alliance

From August 2020 until September 2021, our CEO, Kathy Roberts has chaired the Care Provider Alliance, which is collective, national voice of adult social care providers in England. The CPA brings together the ten national associations which represent private, voluntary and community sector providers and speaks for the whole of the adult social care sector including care homes, home care services, Shared Lives schemes and retirement communities.

The CPA represents providers of support to adults with physical, sensory or learning disabilities, people with mental ill-health, and older people. CPA members cover almost 10,000 organisations, employ over 600,000 staff,

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and support an estimated 1 million people every day. The CPA has worked on the following priorities during 2020-2021

- **Coronavirus:** working with CPA members, central and local government to lobby for the crucial support care providers and their staff need. Developing guidance and addressing Provider issues
- **Business continuity:** developing a range of guidance to support business continuity.
- **EU Settlement Scheme:** developing guidance to help care providers to inform their staff and service users about the Scheme and how to apply.

The CPA's role is to:

- **coordinate** responses across all care providers
- **inform and influence** policymakers
- **provide leadership** to the sector
- **work in partnership** to improve care
- **build awareness** of the care provider sector

The CPA's unparalleled reach into the care sector enables us to collect, collate and communicate insights about new developments, innovations and market trends, and their impact on care providers and the people they support. Working with our network of CPA members, developing and sharing practical advice and guidance for care managers, owners and staff.

3.4 Stakeholder Engagement

Our communications outputs enable The Association to make information accessible to promote the work of the organisation to a wider audience. This enables The Association to reach out to organisations across the voluntary, private and statutory sector. It promotes dialogue across the sectors and the sharing of ways of working that have an impact on the quality of care provision.

During 2021/22 The Association hosted over 120 members meetings to foster engagement between the organisation and its membership, increase networking opportunities, outline our work programme to encourage involvement, as well as provide opportunities for VCSE providers to share best practice to improve service delivery. The meetings allowed members to share their experiences of the ongoing pandemic and the impact on service delivery, learn from and support each other, and share challenges and solutions. The engagement with members helped inform policy throughout the year. We have built on these engagement meetings by also hosting roundtable/ webinars events to inform the direction of mental health policy.

Communications

The Association has improved communications with our members by sending regular updates to inform colleagues of our work. A monthly bulletin is sent that consists of relevant updates on strategic system changes and allows members to respond actively to government and national strategy. Members also receive detailed updates regarding our work across our priority areas and policy updates containing vital information about policy developments and further opportunities for engagement.

Profiling the Sector and The Association

Promoting the role of providers in the sector is a key role for The Association as well as a better understanding of the role of the organisation. The Association has continued to pursue opportunities to raise the profile the sector and the contribution it makes in providing mental health services. Among the main activities have been:

- Influencing Government and Drivers at National, Regional and local level including; NHS England, interface with the DHSC and Public Health England, CQC, Care Provider Alliance, Think Local Act Personal Programme Board (TLAP), the Joint Commissioning Panel on Mental Health, Mental Health Strategic Partnership Board, and other National Forums
- Profiling Best and Better practice
- Facilitating Networks and engagement.

Public Benefit

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- Communicating about our work with our members and other stakeholders is central to sharing information and experience and contributing to policy development with a view to improving services and understanding the sector contribution and impact
- Allowing for wider engagement with The Association
- Creating flexibility in dissemination and information sharing.

3.5 Strategic Influencing

The Association has been in a good position to influence the shaping of mental health policy and practice and has undertaken several key tasks in order to ensure that the not-for-profit mental health provider community has a clear voice:

- Representation and Chair of the Care Providers Alliance
- Representation in the Mental Health Leaders Group
- Chair of the Mental Health and Wellbeing Policy and Oversight Group
- Representation on the Think Local Act Personal Programme Board, co-chairing the Self-Directed Support Group
- Representation and Participation in CQC External Reference Panels
- Care and Support Programme Board
- CQC ASC Trade association monthly meetings
- Representation and Participation in the All-Party Parliamentary Group sessions

3.6 Plans for Future Periods

The Association will continue to

- Advocate clearly so that ministers and system partners obtain a greater understanding of the breadth and depth of the Mental Health Voluntary and Community Sector to better utilise existing social capital
- Stand in an independent space to engage and be representative of the wider Mental Health and Community Sector of providers
- Emphasise equity, concentrating on creating a whole system service with an even spread across providers of mental health services; based on ability to deliver what people want and need irrespective type of provider.
- Produce guidelines and briefings for ministers and commissioners that contain a more consistent and clarified understanding of outcomes and benefits of services provided, including cost analysis, properly showcasing the added value of the voluntary and community sector
- Endorse and encourage a better understanding of integration and contribution to whole system solutions beyond looking at process and joint resources
- Endorse and encourage overall improved commissioning and viable contracting, that demonstrates a clear understanding of the needs of a changing and evolving health and care landscape
- Endorse and encourage a sustained commitment to better resourcing of prevention in mental health, with the foresight that such investment can save both resource and human lives
- Market widely the qualities of Mental Health Voluntary and Community Sector providers, and encourage their involvement in the development of regulation and statute, ensuring that there is an open and responsive dialogue between Voluntary and Community Sector practice and statute
- Endorse and encourage the current commitment to creating parity of esteem for mental health care, and would like to encourage Government to continue the commitment to a reduction in waiting times and standards for mental health, to improve access for people to appropriate care
- Encourage policymakers to take note of the weight that regulation and commissioning requirements can impose on high quality smaller scale voluntary and community sector organisations, resulting in an inability to retain or support workforce, and a reduction in the quality of overall practice and support
- Encourage policymakers to take note of existing innovation and pilot models already existing in the voluntary and community sector and to allocate resources for a wide range of mental health services, to ensure there is a choice for all
- Showcase and encourage developing partnership models that bring NHS and voluntary and community sector providers together effectively to create new and more flexible collaborative whole system vehicles delivering a more holistic range of person-centred services.

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4. Governance

The Chief Executive is responsible to the Chair for organisational management and supporting the Governance. The Board of Trustees meets quarterly where quarterly performance and strategies are discussed. The Board of Trustees then delegate operational responsibility to the Chief Executive who is supported by staff in delivering The Association's objectives.

Board of Directors/Trustees

The Association's Board is elected from the membership at Chief Executive level of organisations involved in the mental health sector. Stephen Shrubbs resigned in November 2021 and Dr Sri Kalidindi was appointed on 3 November 2021. Sanjay Shah, Finance Director for Certitude was appointed as Treasurer in December 2009. Trustees are familiar with the aims of the organisation through their work in the sector. Training is provided as required to assist Trustees in making decisions to benefit the work of The Association.

Staff

The Association employed a total of 11 staff during the year:

Kathy Roberts	Chief Executive Officer - FT
Dania Hanif	Head of Policy and Programmes - FT
Duncan Tree	Director of Policy and Partnerships – FT
Greg Woolley	Social Enterprise Development Manager – FT
Jyoti Shah	Finance Officer - PT
Hayley Alton	Community Engagement Officer - FT
Daniah Hafez	Project Support Coordinator (contracted ended 31 October 2021)
Caitlin McFee	Project Lead, MHSP (one-year secondment funded by her employer Linklaters LLP – ended 2 September 2021)
Dan Garbutt	Communications and Media Lead – PT (started December 2021)
Cheryl Hollis	Operations and Business Support Lead – PT (started January 2022)
Ella Dunthorne	Digital Content Assistant – PT (started January 2022)

Membership

The Association had 182 members (plus 137 Local Mind associations plus 11 associate members) at the year end. A full list of members at 31st March 2021 is given on page 11.

5. Financial Review

The Association has continued to manage resources effectively particularly during the past 12 months where we have continued to see a significant tightening of funds available across the sector as we continue to work through the impact of the Covid-19 pandemic. Grant income decreased in 2021/22 to £545,509 (2020/21: £834,286), this was primarily as a result of some large, restricted funds received in 2020/21.

At present we are budgeting for new income of £351,004 for 2022/23, however the ongoing impact of cost-of-living price increases and the economic climate we face could result in a reduction of grant income.

In 2020/21 we received £503,750 from the private sector to lead on the Mental Health Sustainability Programme and £304,539 was carried forward to 2021/22. We received another donation of £50,000 in 2021/22 for this programme.

We also received other grant income of £495,009 for several different programmes. This includes £93,000 from NHS England for a joint work programme 'Tackling Inequalities in Mental Health Through Personalised Care' with the Race Equality Foundation, and £90,000 from the Department of Health and Social Care for the Health and Wellbeing Alliance (HWA) and £52,500 for an HWA Social Care Subgroup Project.

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At the year end the financial statements show a deficit of £38,550 (2020/21: £423,179 surplus). The main reason for the deficit is due to expenditure incurred on restricted funds, being large grant awards made during the year. Overall expenditure has been managed very well leaving £75,643 of unrestricted reserves to be used next year if required.

Membership subscription in 2021/22 has increased to £87,229 (2020/21: £80,114) due to several small organisations joining our membership. The full membership list is on page 11.

The increase in debtors is a result of the work on The Light Touch Project invoiced to The National Care Forum in March 2022 but received in May 2022.

The increase in creditors is a result of invoices being received at the end of March 2022 but paid in April 2022. Creditors have been managed well by the team during the year thus maximising the overall cash position.

Reserves policy

The Board have agreed to keep a minimum of 3 months operating costs as reserves to ensure the on-going viability of the organisation. The Association is reliant on membership and grant income which remains difficult to maintain and has fluctuated over the past few years. To ensure The Association can continue to provide good effective support to its members it needs to ensure it has sufficient reserves to manage further reduction in income and protect its core support that it provides.

Following the surplus generated on unrestricted funds for 2021/22, the general reserves have increased from £297,107 to £372,750. Restricted funds have decreased from £417,767 to £303,574.

The reserves target is currently being exceeded with reserves of over 12 months based on 2022/23 budgeted expenditure.

Going Concern

We have set out above a review of financial performance and the organisations reserves position. We have adequate financial resources and are well placed to manage the business risks. Our planning process, including financial projections, has taken into consideration the current economic climate and its potential impact on the various sources of income and planned expenditure. We believe that there are no material uncertainties that call into doubt the organisation's ability to continue. The accounts have therefore been prepared on the basis that the organisation is a going concern.

Detailed cash flow projections have been undertaken for the next 24 months and there are no material changes projected to both cash and reserves. We can manage our expenditure should the need arise where our income is reduced.

Staff Remuneration

Our approach to remuneration is designed to ensure we can attract and retain the talented and motivated people we need to achieve our mission and deliver our strategic goals. It is applied consistently across the organisation. We aim to pay competitively in the not-for-profit sector within the context of affordability. The Chief executive reviews and recommends pay reviews for all staff to the Board, the chair reviews and recommends the Chief Executive's remuneration review to the Board.

Related parties

The organisations for which the Trustees hold Chief Executive Positions are also members of The Association with membership fees paid under the same terms as for all members. The Association holds the lead and co-ordination role for the Health and Wellbeing Alliance funded by the Department of Health and Social Care. Funds are distributed to the Mental Health Foundation, Mind National, National Survivor User Network, Rethink Mental Illness and Centre for Mental Health, where appropriate. Please see note 17 for any related party transactions.

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MEMBERSHIP

1. Action for Aspergers
2. Addictions North East
3. Addictions UK
4. Advance
5. Al Hurraya
6. Alridha Foundation
7. Anne Robson Trust
8. Anorexia and Bulimia Care
9. Anxiety UK
10. Anxious Minds
11. Arterne: Enriching the next generation CIC
12. Artlift
13. Asian Family Counselling Service (AFCS)
14. Asperger's Children and Carers Together
15. Autism Family Support Oxfordshire
16. Baby Umbrella
17. Bipolar UK
18. Black Health Initiative
19. BLAM UK
20. Blue Stone Collaborative
21. BreakThru
22. Bridge Support
23. Bridges for Children CIC
24. Care in Mind
25. CASSPLUS
26. Centre for Better Health
27. Centre of Wellbeing, Training & Culture (CWTC)
28. Certitude
29. Chapter Mental Health
30. Chasing the Stigma
31. Chester Sexual Abuse Support Service
32. Chilli Studios
33. Chiltern Music Therapy
34. Choice Support
35. Choices Islington
36. Chrysalis Care New Generation
37. Citizen Coaching
38. Cocoon Kids - Creative Counselling and Play Therapy CIC
39. Community Glue
40. Coping with Cancer North East
41. Crea8ing Careers
42. Creativity Works
43. Cycling Minds CIC
44. Deaf-initely Women
45. Dementia Friendly Keighley
46. Encompass (Dorset)
47. Every Life Matters
48. Family Compass
49. First Steps ED
50. Free Your Instinct
51. Growing Well
52. Hackney Herbal CIC
53. Hammersley Homes
54. Happy Times Activities
55. hArt
56. Heads2minds
57. Headssup CIC
58. HoardingUK Ltd
59. Home Start Elmbridge
60. Home Start South & West Devon
61. Hope for the Community
62. HOPE- South Yorkshire Fire, Road and Water-related Trauma Support for Families
63. I Can Do That! CIC
64. Illuminate
65. Imagine Independence
66. In Your Corner
67. Independent Mental Health Network
68. Infinite Wellbeing C.I.C.
69. Just for Women
70. Just Psychology CIC
71. Kab's & Kabs cares CIC
72. KAG Advocacy
73. Kanlungan Filipino Consortium
74. Keren
75. KeyRing
76. Kids Inspire
77. Kindred Minds
78. Little Miracles Charitable Incorporated Organisation
79. Living Well Consortium
80. London Nightline
81. Make A Difference
82. Make a move
83. Making space
84. ManHealth
85. Maytree
86. Mental Health Concern
87. Mental health Matters
88. MHFA England
89. MhIST (Mental Health Independent Support Team)
90. Mindful Peak Performance CIC
91. Minds Ahead
92. Moodswings
93. Mosac
94. Mosaic Clubhouse
95. Mthwakazi Queens
96. Multicultural Resource Centre
97. Mums Aid
98. Music24
99. Muslim Women's Council

VOLUNTARY SECTOR MENTAL HEALTH PROVIDERS FORUM

TRUSTEES' REPORT

FOR THE YEAR ENDED 31 MARCH 2022

- | | |
|--|---|
| 100. Muslim Youth Helpline | 141. Studio Upstairs |
| 101. Mustaqbill (Future) Foundation | 142. Suicide Prevention Bristol Charity |
| 102. N Compass | 143. Support ME Maternal Project |
| 103. Next Chapter NW CIC | 144. Swans CIC |
| 104. NIWE Eating distress service | 145. Sydenham Garden |
| 105. No5 Young People | 146. Talk for Health |
| 106. North East Wellbeing | 147. Tandem |
| 107. North London Music Therapy | 148. Taraki Wellbeing |
| 108. Oakleaf Enterprise | 149. The 180 Programme CIC |
| 109. OCD UK | 150. The Brave Project Community Interest Company |
| 110. Off the record - BANES | 151. The Cellar Trust |
| 111. Open Briefing | 152. The Centre for Specialist Educational Assistance Ltd |
| 112. Open Door Charity | 153. The Craig Tyler Trust |
| 113. Our Place Support CIC | 154. The Flowhession Foundation |
| 114. Our Time | 155. The Grow Project |
| 115. Oxfordshire Chinese Community and Advice Centre (OCCAC) | 156. The Harbour Project |
| 116. Oxygen | 157. The Listening Place |
| 117. PANDAS Foundation | 158. The Mentor Ring |
| 118. Parenting Project | 159. The Parent House |
| 119. Pregnancy Crisis Care (Plymouth & SE Cornwall) | 160. The Recovery Circle |
| 120. Radiate Arts C.I.C | 161. The Restoration Trust |
| 121. RAHAB PROJECT | 162. The Sporting Memories Foundation |
| 122. Reach Out for Mental Health | 163. The Warrior Programme |
| 123. Recovery Republic CIC | 164. Together for Mental Wellbeing |
| 124. Relate Chesterfield and North Derbyshire | 165. Triumph Over Phobia UK |
| 125. Rethink Mental Illness | 166. Turning point |
| 126. Reverse The Trend Foundation | 167. Tyneside Women's Health |
| 127. Richmond Fellowship | 168. Ultimate Counselling |
| 128. Ripple Suicide Prevention Charity | 169. Unforgettable Experiences |
| 129. Sandwell African Caribbean Mental Health Foundation | 170. Viewpoint (Herts Viewpoint) |
| 130. Scarborough Survivors | 171. Voades |
| 131. Seaview | 172. Voice Ability |
| 132. Second Step | 173. Warrington Community living |
| 133. Seed of Hope | 174. Winchester Youth Counselling |
| 134. Self Help Services | 175. Wish |
| 135. Sheffield Flourish | 176. Working Well Trust |
| 136. Somewhere House Somerset | 177. Worth-it Positive Education CIC |
| 137. South Asian Health Action | 178. Yellow House |
| 138. Southside Rehab | 179. YIS |
| 139. Space to Breathe CIC Ltd | 180. You Raise Me Up |
| 140. Step Out Mentoring (The Wells Trust) | 181. Youth Arts and Health Trust |
| | 182. Youthline Ltd |

ASSOCIATE MEMBERSHIP

- | | |
|--|---|
| 1. Agenda | 6. Mental Health Foundation |
| 2. Centre for Mental Health | 7. Mental Health North East |
| 3. Consortium - The National LGB&T partnership | 8. Mind |
| 4. Faith Action | 9. National Survivor User Network |
| 5. Men's Health Forum | 10. Suicide Prevention and Intervention |
| | 11. Volition |

VOLUNTARY SECTOR MENTAL HEALTH PROVIDERS FORUM

TRUSTEES' REPORT

FOR THE YEAR ENDED 31 MARCH 2022


Trustees' Responsibilities in Relation to the Financial Statements

A resolution proposing that Beever and Struthers be re-appointed as independent examiners of the charity will be put to the Annual General Meeting.


The report of the Trustees has been prepared taking advantage of the small companies' exemption of section 415(A) of the Companies Act 2006.

The financial statements have been prepared in accordance with the accounting policies set out in notes to the financial statements and comply with the charity's governing document, the Charities Act 2011 and Accounting and Reporting by Charities: Statement of Recommended Practice applicable to charities preparing their financial statements in accordance with the Financial Reporting Standard applicable in the UK and Republic of Ireland published in October 2019.

This report was approved by the Board of Trustees on 13 July 2022 and was signed on its behalf, by:



Dr Sridevi Kalidindi
Chair



Sanjay Shah
Treasurer

**INDEPENDENT EXAMINER'S REPORT TO THE TRUSTEES
OF VOLUNTARY SECTOR MENTAL HEALTH PROVIDERS FORUM
FOR THE YEAR ENDED 31 MARCH 2022**

I report to the charity Trustees on my examination of the financial statements of the company for the year ended 31 March 2022 which are set out on pages 15 to 27.

Responsibilities and basis of report

As the charity Trustees of the company (and also its Directors for the purposes of company law) you are responsible for the preparation of the financial statements in accordance with the requirements of the Companies Act 2006 ('the 2006 Act').

Having satisfied myself that the financial statements of the company are not required to be audited under Part 16 of the 2006 Act and are eligible for independent examination, I report in respect of my examination of your company's financial statements as carried out under section 145 of the Charities Act 2011 ('the 2011 Act'). In carrying out my examination I have followed the Directions given by the Charity Commission under section 145(5)(b) of the 2011 Act.

Independent examiner's statement

Since the company's gross income exceeded £250,000 your examiner must be a member of a body listed in section 145 of the 2011 Act. I confirm that I am qualified to undertake the examination because I am a member of the Institute of Chartered Accountants in England and Wales which is one of the listed bodies.

I have completed my examination. I confirm that no matters have come to my attention in connection with the examination giving me cause to believe that in any material respect:

1. accounting records were not kept in respect of the company as required by section 386 of the 2006 Act; or
2. the financial statements do not accord with those records; or
3. the financial statements do not comply with the accounting requirements of section 396 of the 2006 Act other than any requirement that the financial statements give a 'true and fair view' which is not a matter considered as part of an independent examination; or
4. the financial statements have not been prepared in accordance with the methods and principles of the Statement of Recommended Practice for accounting and reporting by charities applicable to charities preparing their financial statements in accordance with the Financial Reporting Standard applicable in the UK and Republic of Ireland (FRS 102).

I have no concerns and have come across no other matters in connection with the examination to which attention should be drawn in this report in order to enable a proper understanding of the financial statements to be reached.



**Michael Tourville ACA
Beever and Struthers
Chartered Accountants**

**15 Bunhill Row,
London,
EC1Y 8LP**

Date: 15 September 2022

VOLUNTARY SECTOR MENTAL HEALTH PROVIDERS FORUM

STATEMENT OF FINANCIAL ACTIVITIES (incorporating the Income and Expenditure Account)

FOR THE YEAR ENDED 31 MARCH 2022

	Note	Unrestricted Funds £	Restricted Funds £	Total Funds 2022 £	Total Funds 2021 £
Income and Endowments from:					
Investments:					
Investment income	3	115	-	115	153
Charitable activities:					
Grants receivable		2,750	545,509	548,259	840,492
Membership services, conferences and events		87,229	-	87,229	80,114
	2	89,979	545,509	635,488	920,606
Total incoming resources		90,094	545,509	635,603	920,759
Expenditure on:					
Charitable activities	4	14,451	659,702	674,153	497,580
Total resources expended		14,451	659,702	674,153	479,580
Net incoming / (expenditure)	7	75,643	(114,193)	(38,550)	423,179
Transfers between funds		-	-	-	-
Net movement in funds		75,643	(114,193)	(38,550)	423,179
Reconciliation of funds:					
Total funds brought forward		297,107	417,767	714,874	291,695
Total funds carried forward		372,750	303,574	676,324	714,874

All of the above results are derived from continuing activities. All gains and losses recognised in the year are included above.

The notes on pages 18 to 27 form an integral part of these financial statements.

VOLUNTARY SECTOR MENTAL HEALTH PROVIDERS FORUM**COMPANY NUMBER: 05536120****STATEMENT OF FINANCIAL POSITION
AS AT 31 MARCH 2022**

	Notes	£	2022 £	£	2021 £
FIXED ASSETS					
Tangible assets	9		2,832		2,792
Intangible assets	10		-		-
CURRENT ASSETS					
Debtors	11	44,227		3,524	
Cash at bank and in hand		666,028		735,301	
			710,255	738,825	
CREDITORS: amounts falling due within one year	12	(36,763)		(26,743)	
NET CURRENT ASSETS			673,492		712,082
TOTAL NET ASSETS	13		676,324		714,874
CHARITY FUNDS					
Unrestricted reserves	14		372,750		297,107
Restricted reserves	15		303,574		417,767
			676,324		714,874

For the year ending 31 March 2022 the company was entitled to exemption from audit under section 477 of the Companies Act 2006 relating to small companies.

Directors' responsibilities:

- The members have not required the company to obtain an audit of its financial statements for the year in question in accordance with section 476;
- The Directors acknowledge their responsibilities for complying with the requirements of the Act with respect to accounting records and the preparation of financial statements.

These financial statements have been prepared in accordance with the provisions applicable to companies subject to the small companies' regime and in accordance with FRS 102 and the Charities SORP (FRS 102).

The financial statements on pages 14 to 26 were approved and authorised for issue by the Trustees on 13 July 2022 and signed on their behalf, by:



Dr Sridevi Kalidindi
Chair



Sanjay Shah
Treasurer

The notes on pages 18 to 27 form an integral part of these financial statements.

VOLUNTARY SECTOR MENTAL HEALTH PROVIDERS FORUM

STATEMENT OF CASH FLOWS

FOR THE YEAR ENDED 31 MARCH 2021

		2022	2021
		£	£
	Notes		
Cash flow from operating activities			
Net cash flow from operating activities	i	(67,933)	473,845
Cash flow from investing activities			
Investment income		115	153
Purchase of tangible fixed assets		(378)	(3,235)
Net cash provided by/(used in) investing activities		(263)	(3,082)
Cash flow from financing activities		-	-
Net Cash provided by/(used in) financing activities		-	-
Change in cash and cash equivalents in the year		(69,273)	470,763
Cash and cash equivalents brought forward		735,301	264,538
Cash and cash equivalents carried forward		666,028	735,301
Cash and cash equivalents consist of:			
Cash at bank and in hand		666,028	735,301
Note i			
Net movement in funds		(38,550)	423,179
Depreciation		1,416	3,334
Investment income		(115)	(153)
Decrease/(increase) in debtors		(40,703)	37,425
Increase/(decrease) in creditors		10,019	10,060
Net cash inflow from operating activities		(67,933)	473,845

The notes on pages 18 to 26 form an integral part of these financial statements.

VOLUNTARY SECTOR MENTAL HEALTH PROVIDERS FORUM

NOTES TO THE FINANCIAL STATEMENTS

FOR THE YEAR ENDED 31 MARCH 2022

1. ACCOUNTING POLICIES

Legal Status

Voluntary Sector Mental Health Providers Forum is a charitable company limited by guarantee (Charity number 1120222, Company number: 05536120) with the Charity Commission incorporated in England under the Companies Act 2006. In the event of the charity being wound up, the liability in respect of the guarantee is limited to £1 per member of the charity. The address of the registered office is 3rd Floor Watson House, 54 Baker Street, London, W1U 7BU. The nature of the charity's operations and principal activities are supporting voluntary sector mental health organisations in influencing mental health practice and policy.

Basis of Accounting

The financial statements have been prepared in accordance with the Statement of Recommended Practice applicable to charities preparing their financial statements in accordance with the Financial Reporting Standard applicable in the UK and Republic of Ireland (FRS 102) issued in October 2019, the Financial Reporting Standard applicable in the United Kingdom and Republic of Ireland (FRS 102), the Charities Act 2011, the Companies Act 2006 and UK Generally Accepted Practice.

The financial statements are prepared on a going concern basis under the historical cost basis of accounting and are presented in sterling £.

As a public benefit entity, Voluntary Sector Mental Health Providers Forum, has applied the public benefit entity 'PBE' prefixed paragraphs of FRS 102.

Tangible fixed assets

Tangible fixed assets are stated at cost and represent amounts expended on capital items exceeding £500.

Depreciation is calculated so as to the write off cost of fixed assets over the estimated useful lives of the assets concerned as follows:

Computer equipment	Over 3 years
--------------------	--------------

Intangible fixed assets

Intangible fixed assets are stated at cost and represent amounts expended on capital items exceeding £500.

Amortisation is calculated so as to the write off cost of fixed assets over the estimated useful lives and their useful lifespans of the assets concerned as follows:

Software	Over 3 years
----------	--------------

Income

Membership income is recognised over the year to which it relates, net of VAT.

Revenue grants are credited to the financial statements when received or receivable, whichever is earlier, unless they relate to a specific future year, in which case they are deferred.

Expenditure

Resources expended are recognised in the year in which they are incurred. Resources expended include attributable VAT which cannot be recovered. Costs are allocated to activities where directly attributable. Support costs are apportioned based on an estimate of staff time spent on each activity.

Governance costs include costs incurred in meeting constitutional and statutory requirements.

1. ACCOUNTING POLICIES (continued)

Fund accounting

The general fund comprises those monies that may be used towards meeting the charitable objectives at the discretion of the Trustees.

The restricted funds are monies raised for, and their use restricted to, a specific purpose, or donations subject to donor imposed conditions. Expenditure meeting the relevant criteria is charged to this fund.

Taxation

The company is a registered charity and therefore is not liable for income tax or corporation tax on income derived from its charitable activities, as it falls within the various exemptions available to registered charities.

Pension costs

The charitable company operates a defined contribution scheme. The assets of the scheme are held separately from those of the charitable company in an independently administered fund. The pension cost charge represents contributions payable under the scheme by the charitable company to the fund. The charitable company has no liability under the scheme other than for the payment of those contributions.

Going Concern

The financial statements have been prepared on a going concern basis as the Trustees believe that no material uncertainties exist. The Trustees have considered the level of funds held and the expected level of income and expenditure for 12 months from authorising these financial statements. The budgeted income and expenditure is sufficient with the level of reserves for the charity to be able to continue as a going concern.

Financial instruments

Financial instruments such as loans, accounts payables, accounts receivables and cash are classified either as basic or complex. All financial instruments are initially measured at their fair values at the time the transactions occur. Subsequently all basic instruments are measured at amortised cost and all complex financial instruments are measured at a fair value through the comprehensive income.

Financial instruments held by the charity are classified as follows:

- Financial assets such as cash are held at cost,
- Financial assets such as cash, current asset investments and receivables are classified as loans and receivables and held at amortised cost using the effective interest method,
- Financial liabilities such as bonds and loans are held at amortised cost using the effective interest method.

Judgements and key sources of estimation uncertainty

The following judgements (apart from those involving estimates) have been made in the process of applying the above accounting policies that have had the most significant effect on amounts recognised in the financial statements:

- Depreciation rates for tangible fixed assets,
- Amortisation rates for intangible fixed assets.

VOLUNTARY SECTOR MENTAL HEALTH PROVIDERS FORUM

NOTES TO THE FINANCIAL STATEMENTS

FOR THE YEAR ENDED 31 MARCH 2022

2. INCOMING RESOURCES FROM CHARITABLE ACTIVITIES

	Unrestricted funds 2022 £	Restricted funds 2022 £	Total funds 2022 £	Total funds 2021 £
Grants receivable				
Health and Wellbeing Alliance	2,750	90,000	92,750	86,206
Health and Wellbeing Alliance Social Care Subgroup Project Access	-	52,500	52,500	
National Care Forum	-	138,968	138,968	137,688
NHS East of England	-	33,562	33,562	30,963
CAF Community Mental Health Transformation	-	102,750	102,750	29,975
Santander Internship Funding	-	40,000	40,000	-
CPA Additional Work Funding	-	-	-	-
Mental Health Sustainability Programme	-	37,229	37,229	51,910
Donations	-	50,000	50,000	503,750
	3,101	500	3,601	-
	5,851	545,509	551,360	840,492
Membership services, conferences and events				
Membership subscriptions	84,128	-	84,128	80,114
	84,128	-	84,128	80,114
Total	89,979	545,509	635,488	920,606

In 2021, of the total income from charitable activities, £90,094 was unrestricted and £545,509 was restricted.

3. INVESTMENT INCOME

	Unrestricted funds 2022 £	Restricted funds 2022 £	Total funds 2022 £	Total funds 2021 £
Bank deposit interest	115	-	115	153

In 2021 all income from investments was unrestricted.

VOLUNTARY SECTOR MENTAL HEALTH PROVIDERS FORUM

NOTES TO THE FINANCIAL STATEMENTS

FOR THE YEAR ENDED 31 MARCH 2022

4. TOTAL RESOURCES EXPENDED

	Direct staff costs £	Direct costs £	Support costs £	2022 Total £	2021 Total £
<i>Charitable activities</i>					
Membership services, conferences and events	-	-	14,451	14,451	13,144
Health and Wellbeing Alliance	77,512	11,988	500	90,000	80,000
Health and Wellbeing Alliance Social Care Subgroup Project	41,750	10,750	-	52,500	-
Access	44,346	52,760	1,737	98,843	128,862
National Care Forum	22,454	29,937	420	52,811	25,955
NHS East of England	26,436	64,720	1,285	92,441	18,024
Rethink Mental Illness	25,981	-	500	26,481	-
CPA Additional Funding	-	-	465	465	17,260
Strategic Partnership Programme	1,139	-	-	1,139	15,124
Mental Health Sustainability Programme	78,934	164,957	1,132	245,023	199,211
Total resources expended	318,552	335,112	20,490	674,154	497,580

Total support costs of £19,490 (2021: £29,067) are analysed in Note 5.

5. SUPPORT COSTS

	2022 £	2021 £
Wages and salaries	15,104	14,186
Governance	3,611	3,524
Premises costs	589	4,203
Office costs	282	1,187
IT	904	5,967
	20,490	29,067

Total governance costs of £2,611 (2021: £3,524) are analysed in Note 6.

6. GOVERNANCE COSTS

	2022 £	2021 £
Travel, welfare, and sustenance	49	-
Governance and Board Meetings	1,021	13
Consultancy and Legal Fees	719	1,774
Independent Examination	1,053	1,004
Accounts preparation	769	733
	3,611	3,524

VOLUNTARY SECTOR MENTAL HEALTH PROVIDERS FORUM

NOTES TO THE FINANCIAL STATEMENTS

FOR THE YEAR ENDED 31 MARCH 2022

7. NET OUTGOING RESOURCES BEFORE TRANSFERS

	2022	2021
	£	£
This has been arrived at after charging (excluding VAT):		
Independent Examiner's remuneration	1,053	1,004
Accounts preparation	769	733
	1,822	1,737

In common with many other organisations of our size and nature we use our Independent Examiner to assist with the preparation of the financial statements.

8. STAFF COSTS AND KEY MANAGEMENT PERSONNEL REMUNERATION

	2022	2021
	No.	No.
The average number of persons employed during the year expressed in full time equivalents (35 hours per week) was:		
Number	7	7
Full time equivalents	6	6
	2022	2021
	£	£
Staff costs during the year were as follows:		
Wages and salaries	288,247	231,869
Social security costs	26,726	20,739
Pension costs	22,008	18,279
	336,981	270,887

The number of employees who received total employee benefits (excluding employer pension costs) of more than £60,000 is as follows:

	2022	2021
	Number	Number
£60,000-£70,000	-	-
£70,000-£80,000	-	1
£80,000-£90,000	1	-

No other employees earned over this amount (2021: 0). The highest paid staff member received pension contributions in the year of £6,409 (2021: £6,195).

The Charity considers its key management personnel comprise the Trustees and the Chief Executive Officer.

No Trustee received any remuneration in respect of their services (2021: £0). Trustees received expenses reimbursed during the year to the value of £0 in relation to travel costs (2021: £0).

The total amount of employee benefits received by other key management personnel is £96,355 (2021: £83,633).

VOLUNTARY SECTOR MENTAL HEALTH PROVIDERS FORUM

NOTES TO THE FINANCIAL STATEMENTS

FOR THE YEAR ENDED 31 MARCH 2022

9. TANGIBLE FIXED ASSETS

	Computer Equipment £	Total £
Cost:		
At 1 April 2021	6,313	6,313
Additions	378	378
Disposals	-	-
At 31 March 2022	6,691	6,691
Depreciation:		
At 1 April 2021	2,444	2,444
Charge for year	1,415	1,415
At 31 March 2022	3,859	3,859
Net Book Value:		
At 31 March 2022	2,832	2,832
At 31 March 2021	3,869	3,869

10. INTANGIBLE FIXED ASSETS

	Software £	Total £
Cost:		
At 1 April 2021	-	-
Additions	-	-
Disposals	-	-
At 31 March 2022	-	-
Amortisation:		
At 1 April 2020	-	-
Charge for year	-	-
At 31 March 2021	-	-
Net Book Value:		
At 31 March 2021	-	-
At 31 March 2020	-	-

11. DEBTORS

	2022 £	2021 £
Trade Debtors	43,315	2,700
Prepayments	912	824
Accrued Income	-	-
	44,227	3,524

All debtors are due within one year.

VOLUNTARY SECTOR MENTAL HEALTH PROVIDERS FORUM

NOTES TO THE FINANCIAL STATEMENTS

FOR THE YEAR ENDED 31 MARCH 2022

12. CREDITORS: Amounts falling due within one year

	2022	2021
	£	£
Trade Creditors	33,360	12,645
Taxation and social security	1,952	-
Accruals and Deferred Income	1,451	5,432
Other creditors	-	8,666
	36,763	26,743

13. ANALYSIS OF NET ASSETS BETWEEN FUNDS

	Unrestricted Funds £	Restricted Funds £	Total Funds 2022 £	Total Funds 2021 £
Fixed assets	2,832	-	2,832	2,792
Current assets	406,681	303,574	695,803	738,825
Creditors: amounts falling due within one year	(36,763)	-	(36,763)	(26,743)
	372,750	303,574	661,872	714,874

14. UNRESTRICTED FUNDS

	Balance at 1 April 2021 £	Incoming Resources £	Expenditure £	Transfers £	Balance at 31 March 2022 £
General Funds	297,107	90,094	(14,451)	-	372,750
	297,107	90,094	(14,451)	-	372,750

VOLUNTARY SECTOR MENTAL HEALTH PROVIDERS FORUM

NOTES TO THE FINANCIAL STATEMENTS

FOR THE YEAR ENDED 31 MARCH 2022

15. RESTRICTED FUNDS

The income funds of the charity include restricted funds comprising the following unexpended balances of grants to be applied for specific purposes.

	Balance at 1 April 2021 £	Incoming Resources £	Expenditure £	Transfers £	Balance at 31 March 2022 £
Strategic Partnership Programme	1,139	-	(1,139)	-	-
Health and Wellbeing Alliance	-	90,000	(90,000)	-	-
Health and Wellbeing Alliance Social Care Subgroup Project	-	52,500	(52,500)	-	-
Access	30,671	138,968	(98,843)	-	70,796
National Care Forum	24,817	33,562	(52,811)	-	5,568
NHS East of England	21,951	102,750	(92,441)	-	32,260
CPA Additional Funding	34,650	37,229	(465)	-	71,414
Mental Health Sustainability Programme	304,539	50,500	(245,022)	-	110,017
Rethink Mental Illness	-	40,000	(26,481)	-	13,519
	417,767	545,509	(659,702)	-	303,574

The Strategic Partnership Programme was funded for three years by the Department of Health starting April 2010 to enable policy and practice collaboration bringing together seven national mental health networks co-ordinated by the Association of Mental Health Providers (formerly known as MHPF) to work with the Department of Health.

The VCSE Health and Wellbeing Alliance is a key element of the VCSE Health and Wellbeing Programme; a partnership between voluntary sectors and the care system to provide a voice and improve the health and wellbeing for all communities.

Access are funding a three-year Enterprise Development Programme to support the small and medium sized enterprise sector in its diversification of income streams. The Association has been selected to deliver this programme as the main mental health sector partner.

National Care Forum, on behalf of the Care Provider Alliance, are sub-contracting The Association alongside 9 other CPA partner organisations, with funding provided by the Department of Health and Social Care, to support policy priorities through the collective representation of the health and social care sector.

NHS East of England has funded The Association to deliver a programme of work related to digital access to personalised mental health care. At year end, this work has been adapted to focus on the response to the pandemic.

Care Provider Alliance (CPA) Additional Funding covers grants from the Department of Health and Social Care and others to the CPA programme lead, which is the National Care Forum and they work with the 9 other CPA partners including us.

The Mental Health Sustainability Programme is to aim to sustain services and improve and protect peoples' mental health and wellbeing during and after the coronavirus pandemic. Donations were made from the private sector for this programme.

16. LIABILITY OF MEMBERS

VOLUNTARY SECTOR MENTAL HEALTH PROVIDERS FORUM

NOTES TO THE FINANCIAL STATEMENTS

FOR THE YEAR ENDED 31 MARCH 2022

The charity is constituted as a company limited by guarantee. In the event of the company being wound up members are required to contribute an amount not exceeding £1.

17. RELATED PARTY TRANSACTIONS

All the Directors hold senior positions at organisations that are either members of The Association or related non-provider organisations. Membership fees are paid to the Forum under the same terms as for all members.

The Association holds the co-ordination role for the VCSE Health and Wellbeing Alliance funded by the Department of Health and Social Care. The Association receives all funding and makes payments to the partners, these are:

Mental Health Foundation
Mind (National)
National Survivor User Network (NSUN)
Rethink Mental Illness
Central for Mental Health (CMH)

The Finance Officer, Jyoti Shah, is the wife of the Treasurer, Sanjay Shah. The Finance Officer received gross salary of £11,039 in the year and employer pension contributions of £883 (2021: gross salary £11,142 and employer pension contributions of £891). The Trustees are satisfied that the salary is at or below market rate for similar roles in the area.

18. TAXATION

By virtue of s.478 Corporation Tax Act 2010, the charitable company is exempt from Corporation Tax.

19. FINANCIAL INSTRUMENTS

	2022 £	2021 £
The Charity's financial instruments may be analysed as follows		
Financial Assets		
Financial Assets Measured at Cost		
Cash and Cash Equivalents	666,028	735,301
Financial Assets Measured at Amortised Cost		
Trade Debtors	44,227	2,700
Accrued income	-	-
Total Financial Assets	710,255	738,825
Financial Liabilities		
Financial Liabilities Measured at Amortised Cost		
Trade Creditors	33,360	12,645
Other Creditors	-	-
Total Financial Liabilities	33,360	26,743

20. OPERATING LEASES

VOLUNTARY SECTOR MENTAL HEALTH PROVIDERS FORUM

NOTES TO THE FINANCIAL STATEMENTS

FOR THE YEAR ENDED 31 MARCH 2022

The Charity had no operating lease commitments as at 31 March 2022 (2021: Nil).

21. CAPITAL COMMITMENTS

The Charity had no capital commitments as at 31 March 2022 (2021: Nil).

22. ANALYSIS OF CHANGES IN NET DEBT

	2021	Cash flows	2022
	£	£	£
Short and long term loan liabilities	-	-	-
Total loan liabilities	-	-	-
Cash and cash equivalents	735,301	(69,273)	666,028
Change in debt resulting from cashflows	735,301	(69,273)	666,028