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# **COMMUNITY HEALTH ACTION TRUST**

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**[ A Charitable Company Limited by Guarantee]**

**Company Registered Number: 6657688**

**Charity Registered Number: 1125767**

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**ANNUAL ACTIVITY REPORT & FINANCIAL STATEMENTS FOR THE  
YEAR ENDING 31st MARCH 2022**

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### **Letter from the Chair**

To be elected as Chair of the Community Health Action Trust in 2021 was an honour and a great privilege. Previously as secretary, I contributed in many ways to the development of needed services for the vulnerable beneficiaries in our local community. I have been sharing my knowledge, skills, and experience, and practically working very closely with our Director of Operations to achieve the successes we have accomplished in 2022.

It has been a wonderful experience. Today, from being the secretary and now the chairman, it is a great delight to continue my work even harder as our message remains the same, and the clue is in our amazing name – Community Health Action Trust - CHAT. We are here to stand for, and together with our local community, to reduce the prevalence of HIV/AIDS, to serve people living with HIV/AIDS, and guide and support those in abject poverty, all of which, inspire me to do more.

CHAT has a strong vision and very good track record of building the agency of people with immuno-compromised state of health and living in abject poverty. With the support of our donors, we are transforming the lives of many from poor to good states of health and poverty to meaningful living. We believe in a world where everyone is able to live with dignity and in good health without HIV/AIDS, where all can thrive and flourish, and the voices of people who are excluded, marginalised and unseen are listened to and acted upon. This work is deeply rooted in our vision that, we see a world in which people living with HIV, and other long term health conditions and protected characteristics, live long and healthy lives, free from poverty, stigma, prejudice and discrimination. This is CHAT's quest, and its mission is, to enhance the quality of life for people living with HIV, other long term health conditions and protected characteristics.

I have long admired CHAT's commitment to ending HIV/AIDS infection, poverty and tackling injustice. To achieve our aim and objectives, CHAT works with key stakeholders, including people of all faiths and all communities to support the mostly disadvantaged beneficiaries of African descent.

In taking on the role as Chair, I had to fill the shoes of Rev. Herbert Palm, who stepped down having served the community since 1992. I would like to express my immense gratitude to him for his commitment and leadership. I was born and brought up in Sierra Leone, and I am proud to be the second person of African descent to take up the position of Chair since CHAT was founded in 1991. Our organisation and the wider sector continue to journey towards deeper community health promotion and equality. Whoever we are, and wherever we live, we share a common goal of saving lives in the communities we live with the support of our stakeholders.

In the UK, I'm so proud of successes achieved to date as a country in combating HIV/AIDS. It's a consequence of some incredible work across our health and social care systems, local government, the voluntary and community sector, including CHAT, to mention but a few. The good news is now, if diagnosed early and with the right treatment, people with HIV can expect to live a normal life. Our Government's HIV Action Plan details its commitment for zero new transmissions of HIV by 2030. Despite our very meagre funding, CHAT continues to support the community we serve in many diverse ways and working to contribute to the government agenda of zero new transmission by 2030.

My current experience and knowledge confirm that progress in HIV/AIDS' prevention and treatment is faltering in Britain and around the world, putting millions of people, especially our African community, in grave danger. In its 2019-2020 annual report, the UNDP recognised the multiple challenges which threaten the very core of human development, including "the rising HIV infection rates in some of the most marginalised and stigmatised people, as widening inequalities and exclusion continued to drive poor access to health services", issues which CHAT seeks to and addressing with its limited resources. In Asia and the Pacific, UNAIDS data now show new HIV infections are rising where they had been falling.



In Britain, funding for African HIV/AIDS service providers is non-existence and adversely affecting the needed community HIV/AIDS prevention work

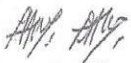
This gives the wrong impression in our society today to think that HIV/AIDS has gone away while new infections are ravaging our society just as it was in the early days of its emergence.

Action to tackle the inequalities driving AIDS is urgently needed to prevent millions of new HIV infections to emerge in this decade and to end the AIDS pandemic which the UK Government seeks to address in its action plan. As a community leader, it is my responsibility to ensure that CHAT's work is more resoundingly effective than ever before.

For the past 2 years and continuing, Covid-19 affected and continue to impact on how we deliver our programmes. The shift from the needed heightened attention away from zeroing HIV/AIDS infection is worrying the very beneficiaries CHAT is supporting. This shift of focus has also changed how we fundraise as more of our activity moved to online base activities. I would, especially, like to thank all our supporters, staff and volunteers who demonstrated remarkable resilience and commitment to CHAT through a difficult period of societal restrictions. Our supporters' continued generosity has enabled us to sustain our work, adapting and responding to where the need is greatest.

I was gladly welcomed by William Gemegah (Mr), our Director of Operations. Over the years, William has already proven himself as a capable leader for both CHAT and the community development sector. His commitment to CHAT's strategy of using his skills to keep the organisation moving and working with other stakeholders, including churches, the local council, and all other statutory sector organisations to achieve ongoing successes despite the inherent changes, is admirable. I look forward to continuing working with him in our quest to transform situations of limited sexual health knowledge in the community we serve and to end extreme poverty within the black community.

The Chairman



David Ansu Conteh (PhD)

## From the Director of Operations,

Below is an overview of our performance in financial year 2021 to 2022, including information about our vision, objectives, and the work we have done in the year.

Our ambition is to drive a high-performance culture, putting our person-centred services at the heart of CHAT, remaining true to our values and our purpose, is to help people do more, feel better and live longer.

I'm delighted to be introducing our 2021/2022 Annual Report as the Chief Executive Officer (CEO) of CHAT. Since starting in this role, it has become increasingly clear to me that while the voluntary sector remains a strong and an attractive sector for community support and development, this year unlike the previous years, it is entering a period of significant change bringing both challenges and opportunities. In addition, despite the struggles for funding, we continue in our quest to care and support our vulnerable community with resources available, including the use of volunteers. It is also clear there are several areas of the company that need to be strengthened to meet the challenges ahead. That's why I set out three long-term priorities which everyone in the company should focus on: Innovation, Performance and Trust. I believe these priorities will enable us to focus on areas we can improve and allow us to respond more effectively to our operating environment. These would enable us to continue delivering improved performance and better returns for our services over both the short and long term, as well as a broader societal contribution.

Over the years in office, I have been clear that we need to strengthen our funding activities as this will ultimately drive sustainable, long-term growth for the company in the interest of our vulnerable community.

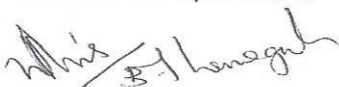
I am delighted that we have elected David Ansu Conteh as our chairman, going forward. He has been our honorary secretary for the past 25 years. In his professional life, as Registered Nurse with additional qualifications (doctorate in health systems strengthening and human resource for health, Master of Public Health, Bachelor of Science, Honours in Community Nursing, Post-Graduate Diploma in Healthcare Management, Registered Specialist Practitioner-Public Health Nursing, Registered Specialist Practitioner-General Practice Nursing, and Community Nurse Prescriber), his wealth of knowledge and experience in the health sector is enormous. As secretary, he has been our pillar of support for the work we do all these years. He has extensive experience of community development expertise to offer. I can count on him in helping me to drive the kind and level of performance the company needs.

Additionally, I would like to thank Pastor Herbert Palm, our outgoing Chairman, for his contribution over the last 28 years and for ensuring a smooth transition to Mr David Ansu Conteh. We wish him well. Our commitment to improving community health for our targeted group and being a responsible business will continue under my leadership.

Our great people and their commitment are foundational for CHAT's culture. During the year, we conducted a new global employee survey, aligned to our priorities, and I was pleased to see a meaningful improvement in employee engagement scores, which are an important driver of performance.

Finally, I would like to thank our staff, volunteers, stakeholders, and commissioners for their contributions and support received over the years. I very much look forward to working with all of you again in the coming years ahead to deliver our long-term priorities and excel in CHAT's overall performance for our beneficiaries.

Director of Operations



William Gemegah (Mr)



## TRUSTEES' ANNUAL REPORT 2021-2022

Our Annual Report and Audited Accounts captures the performance and achievements of Community Health Action Trust (CHAT) in the year 2021-2022.

It sits in the context of the four HIV-specific strategic aims which the Mayor of London, NHS England, Public Health England (PHE) and London Councils have made a commitment to achieve in the capital by 2030:

- zero new HIV infections,
- zero preventable HIV-related deaths,
- zero HIV stigma, and
- the best health and quality of life for people living with HIV.

Records indicate that much has been done and achieved over the years to control HIV infection but there is still much to be done before London can achieve the four above aims by 2030. Currently, more people are living with HIV in London than ever before, and their health and care needs are becoming more complex as they age. Ensuring integrated and personalised care to address these needs and achieve optimal outcomes, as well as stopping the transmission of the virus, requires sustained engagement at all levels, from neighbourhood to national, and from all partners in the system. Without this, today's gains could be reversed at a faster rate.

Furthermore, while clinical outcomes of HIV treatment in London are among the best in the world, they are subject to significant inequalities according to place, ethnicity, gender and other socio-economic factors. Compounding this, people living with HIV are subject to HIV-related stigma which hinders their access to testing and care, and provocative remarks and discrimination against them further exacerbate the inequalities they experience daily.

It is critically important that structural changes within the health and care system and post-COVID recovery interventions, are used to tackle these inequalities, contributing to the goals of the Mayor's health inequalities strategy.

In this year, just as last year, multiple challenges continue to converge and a range of multidimensional risks and interconnected crises continue to threaten the very core of human health and that of the planet. Although COVID-19 has and is still threatening the progress of the work done against HIV in the past years, our concern is, this will affect the national 2030 Agenda and CHAT's contributions over the years and its plans for the now and then.

Our Annual Report provides a snapshot of the results achieved for the people we serve in three key areas: reducing inequalities and exclusion that drive HIV and poor health; promoting effective and inclusive governance for health; and building resilient and sustainable systems for health for the benefit of our general black community, especially the local black HIV/AIDS community.

The Charity's mission is to work with communities through local action on HIV, health and human rights and to fight poverty. In this vein, we aim to help our black communities in London to play a full and effective role in response to AIDS and more importantly prevent HIV infection.

As people continue to acquire HIV and antiretroviral therapy prevents HIV-related deaths, the number of people living with HIV continues to increase. In London, 36,884 people living with HIV were seen for care in 2019. Almost a third were women and around a half were gay or bisexual men.



Just under half were white and a third Black African, with the rest from a range of other ethnicities. The population living with HIV is ageing. The numbers in London aged 50 or over almost tripled in the last ten years and now make up almost half of the total. Most of these are aged between 50 and 64 but one in seven of them are 65 or older. At the other end of the age spectrum, although antenatal screening and treatment of mothers diagnosed with HIV has almost eliminated vertical transmission of HIV in the UK, there remain around 200 children and young people who have been living with HIV since birth, cared for by specialist HIV paediatric services in London. 207 people with HIV in London died in 2019, of whom almost 4 in 5 were men (reflecting the composition of the diagnosed population). A 5<sup>th</sup> of deaths were from AIDS, largely because of late diagnosis or lack of engagement in HIV care, and so should have been preventable.

Community-based HIV support services provide a range of psychosocial support in the community and sometimes within HIV clinics. Around one in six people with HIV report using such services over a one-year period. However, among people with HIV reporting social and welfare needs, two-thirds said that those needs had been unmet. People in need of such services are often vulnerable and from the black communities, seeking help on a range of issues that are among the wider determinants of health such as loneliness and isolation, poverty, housing, immigration or domestic violence. Such factors can impact on adherence to HIV treatment and retention in care, on which good health outcomes depend. There has been a substantial decline in the availability of community-based HIV support services in recent years, due largely to funding pressures.

At CHAT, we spent the year driving impact across the local black community at the least opportunity in the fight against HIV/AIDS and other sexually transmitted infections as well as raising community awareness and support against COVID-19. Despite the continuous rage and impact from COVID-19 we continued to develop partnerships, and we supported learning across the public, private and voluntary sector employing innovative ways. We evolved innovative new approaches to adapt how we work with the goal of delivering activities that truly reflect the changing needs of our service users.

During the greater part of this year, most of our staff still continue to work from home and most of our tutorial services such as advice, counselling, HIV/AIDS awareness sessions have been available through zoom, phone and email. We reach out to some of our clients in their homes to offer domiciliary care and assist with those people who are too frail to do grocery shopping for themselves. Many of them are living just below the poverty line and we supported them with supplies from local foodbanks, supermarket giving, individual donations, etc. The office is open from 10am to 7pm, Monday to Friday with limited staff. Through modern technology assistance, at weekends, we remotely receive calls at any time and schedule appointments for zoom meetings or face to face meetings if possible and necessary.

Our care work with those people living with HIV/AIDS in Brent, Harrow and Barnet is still in progress, along with HIV prevention and sexual health advice and information.

To keep our volunteer knowledge and number growing, we are still delivering HIV Awareness and Confidence building training for those volunteers having challenges in their approach to community service delivery.



## Sexual health information and advice at CHAT

As elaborated below, we continued to raise awareness on the importance of regular use of condom, regular HIV testing, uptake of PrEP, and knowledge of U=U; otherwise known as combination prevention. We know this works and our latest campaign sought to increase the awareness and trust in these four methods.

- **STIs:** We shared information on symptoms, the need for testing and accessing treatment centres.
- **PrEP:** This is the medication which prevents HIV infection when taken appropriately by someone who is HIV negative. We also referred people to where to access, how to use it and other related tests they might need to effectively work for them.
- **PEP:** This HIV prevention medication must be taken within 72 hours after someone who is HIV negative has been exposed to HIV. We advised on how to use it and where to access it.
- **U=U:** [Undetectable = Un-transmittable] this is the condition that results when an HIV positive individual is dedicatedly adhering to medication and the virus is no longer detectable, therefore not transmittable.
- We discussed risks of drug and alcohol abuse with affected individuals and referred them to local centres for help.
- The importance of using condom and how to use it were central to our training programmes.

## Support for people living with HIV/AIDS

We offered the following support services to our clients:

- Advice and confidence in HIV status disclosure to partners, friends, families, etc.
- Information, guidance support for the newly diagnosed.
- Access to available charity funds.
- Support getting back to work.
- Finance and benefit advice and form filling.
- Providing grocery from food banks and supermarkets to individual front doors.
- Collecting repeat prescriptions from pharmacies to client front doors.
- Regular free condom supply.
- Advocacy.
- Assisting children of HIV clients in doing their homework.

## Peer mentoring

In our peer mentoring sessions, we shared experiences with people living with HIV to receive emotional and practical support and built their confidence and skills to accept and live well with HIV/AIDS conditions and cope with bereavements. These were carried out either in one-to-one sessions or a small group of 2, 3 or 4.

We encouraged our clients to explore the following areas of their diagnosis:

- Ability to manage HIV stigma as being one important part of the infection.
- Skills to cope, accepting/living with HIV diagnosis.
- What to do to live well with HIV.
- Importance of adhering to medication.



- Managing HIV & COVID related emotions and stresses.
- If at the stage of AIDS, how to manage opportunistic infections.
- If between 60-90 years, how to manage age related health conditions and AIDS related conditions.
- Having confidence to disclose HIV status and who to share this information with.

These meetings were scheduled for individual community members and accessed via Zoom, phone or and face to face sessions.

### **HIV awareness and confidence building training for peer educators/volunteers**

Our free HIV awareness and confidence building training sessions were aimed at all community members, especially the local black community and HIV clients.

We covered the following key topics in such training sessions:

- Global HIV prevalence, in the UK and local boroughs we cover.
- Transmission routes.
- How stigma and discrimination affect people living with HIV.
- Reduction risks through prevention strategies such as condoms, PEP, PrEP, U=U, and lube.
- Available advancements in HIV treatment.
- The need and importance of treatment adherence.
- Confidentiality and how the law applies to a person living with HIV.

### **The non-infected African Community & HIV testing**

We encouraged all sexually active people to consider HIV testing, especially those people in the risk group such as people having unprotected casual sex with casual partners. This is because the earlier HIV is detected, the more likely that treatment will be effective, successful and the easier it is to prevent passing the infection to someone else without knowing it. Most people do not realise they have HIV because symptoms are mild or absent, that is why we emphasised to our targeted communities that it's important to test regularly and early if one knows he/she is indulging in unprotected sexual activities.

## **OUR CHALLENGES**

### **HIV in the UK**

- 103,800 people are living with HIV in the UK, with 7,500 unaware of their HIV status.
- HIV diagnoses continue to decline but progress is slowing down.
- Late diagnosis remains high, particularly in Black African communities. About 51% who were diagnosed with HIV were diagnosed late, putting them more at risk of becoming seriously ill or passing on the virus.
- 447,694 new diagnoses of sexually transmitted infections (STIs) in England in 2018.
- Every 70 seconds a new STI is diagnosed in England.
- Rates of syphilis and gonorrhoea are soaring - Public Health England.
- Migrants are being left behind in the UK's response to HIV, despite being disproportionately affected by HIV. Testing and treatment were identified including: lack of access to appropriate information about healthcare entitlements; migrants' poor understanding of healthcare entitlements; 'hostile environment' policies; and restrictions on being able to work or claim financial support.
- Rigid routes to GP registration, etc.
- HIV in the UK: towards zero HIV transmissions by 2030, is a challenge in the face of COVID pandemic, and limited or no funding for the most affected black community.

The coronavirus pandemic has not negated the many successes, innovations and impact of our 2019-2020 activities though it has slowed our efforts down significantly. Our ambitions at CHAT have not wavered: we continue to work to contribute to the end of HIV transmissions and improve sexual health, support people living with and affected by HIV and poor sexual health, and ensure that the voices of people living with HIV are heard. Our advocacy efforts for our clients will remain firm and ongoing.

## **2021-2022 ACHIEVEMENTS**

This year, we have

- referred 93 people for self HIV testing
- reached out to 103 community members about HIV and COVID-19
- 33 volunteers reached out to 71 local shops and restaurants, 11 churches
- reached out to 2067 people with condoms, flyers and clothes
- distributed groceries to 72 clients who are living alone
- referred 16 illegal immigrants to legal firms for support
- Provided domiciliary care and support to 23 clients
- Supported 23 children with homework
- Undertaken 15 zoom training sessions
- 105 telephone counselling sessions
- Distributed grocery to 61 clients and their children
- Collected repeat prescriptions for 23 clients, 3 times a year



**SELF TESTING:** This year, we encouraged 13 African men to self-test and those with concerns were referred to the appropriate local services for further support.

### **Team working for better achievement - the way forward**

Our fight against HIV/AIDS and other sexually transmitted infections continues unabated. Even though the rates of HIV and other sexually transmitted infections (STIs) are on the increase, especially within the black African communities, government funding for HIV sexual health services for this vulnerable community is non-existence. We are seeing new challenges emerging, from rarer STIs like mycoplasma genitalium (Mgen), to the growing threat of antimicrobial resistance.

We have much work to do to ensure good sexual health is accessible to everyone. Tackling sexual health inequalities is vital. Over the year, we have worked to develop and enhance our relationships and partnerships with the wider HIV and sexual health sector and with local councils so we can reach further across the communities we serve.

In the coming year our activities will continue to focus on empowerment, capacity building, strengthening participation, integrated and health education. This will enable us to achieve

- Early diagnosis for both HIV and other sexually transmitted infections
- stigma associated with HIV
- other risky behaviours that can increase risk of contracting HIV such as drug and alcohol misuse
- the integration of HIV prevention into wider sexual and reproductive health
- COVID-19 awareness
- Support and care for our clients

We take this opportunity to extend our thanks to our volunteers, staff, funders, stakeholders, clients, and the general community for the huge support we continue to receive from you.

David Conteh - Chairman

William Gemegah – Director of Operations

## **Financial Statement**

### **ADMINISTRATIVE DETAILS:**

Charity Name: COMMUNITY HEALTH ACTION TRUST (CHAT)

Charity Number: **1125767**

Company Number: **06657688**

Principal Office: MORAN HOUSE, 449-451 HIGH ROAD LONDON NW10 2JJ

**Independent Examiners:** Community Accountancy Self-Help, 1 Thorpe Close, London W10 5XL

**Bankers:** NATWEST BANK, Brixton Branch, 504 Brixton Rd, London SW9 8EB

### **Directors and Trustees**

The Directors of the charitable company (The Charity) are its Trustees for the purpose of charity law and throughout this report are collectively referred to as The Trustees. The Trustees serving during the year were as follows:

#### **Elected Trustees**

Mr David Ansu Conteh (Chair)

Rev. Anthony Sosu (Member)

Beatrice Damenya (Treasurer)

Josephine Hudson (Member)

**Chief Executive Officer:** William Gemegah

#### **Funders:**

Estee Lauder Cos £10,000

LB of Brent £5,876

RBS LB of Barnet £9,500

Albert Hunt £3,000

Other Donations £2,000



**COMMUNITY HEALTH ACTION TRUST**  
**(A Charitable Company Limited by Guarantee)**  
**Financial Statement For the Year Ended 31<sup>st</sup> March 2022**

**Independent Examiners Report**

I report on the accounts of the charitable charity, which are set out on the pages five to twelve attached here to.

**Respective responsibilities of trustees and examiner**

The Company's Directors, who are also the charity's trustees, are responsible for the preparation of the accounts. The charity's trustees consider that an audit is not required for this year under section 144 of the Charities Act 2011 (the Charities Act), and an independent examination is needed.

Having satisfied myself that the charity is not subject to audit under company law and is eligible for independent examination it is my responsibility to:

- examine the accounts under section 145 of the 2011 Charities Act,
- to follow the procedures laid down in the general Directions given by the Charity Commission (under section 145(5)(b) of the 2011 Charities Act, and
- to state whether particular matters have come to my attention.

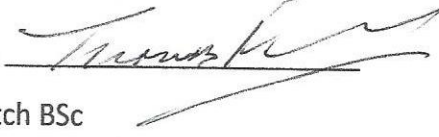
**Basis of independent examiner's report**

My examination was carried out in accordance with general Directions given by the Charity Commission. An examination includes a review of the accounting records kept by the charity and a comparison of the accounts presented with those records. It also includes consideration of any unusual items or disclosures in the accounts, and seeking explanations from the trustees concerning any such matters. The procedures undertaken do not provide all the evidence that would be required in an audit, and consequently no opinion is given as to whether the accounts present a 'true and fair' view and the report is limited to those matters set out in the statement below.

**Independent examiner's statement**

In connection with my examination, no matter has come to my attention:

1. which gives me reasonable cause to believe that in, any material respect, that the requirements to:
  - keep accounting records in accordance with section 386 of the Companies Act 2006 and
  - to prepare accounts which accord with the accounting records, comply with the accounting requirements of section 396 of the Companies Act 2006, and with the methods and principles of the Statement of Recommended Practice: Accounting and Reporting by Charities (FRSSE SORP) effective January 2015 have not been met; or
2. to which, in my opinion, attention should be drawn in order to enable a proper understanding of the accounts to be reached.

Signed : 

Date: 18 January 2023

Tom Fitch BSc  
Community Accountancy Self Help  
1 Thorpe Close London W10 5XL

**Statement of Financial Activities for the Year Ended 31<sup>st</sup> March 2022**  
 Company Registered Number: 6657688

	Notes	Unrestricted Funds £	Restricted Funds £	2022 Total Funds £	2021 Total Funds £
<b>Income</b>					
Donation and Funds raising		2,000	0	2,000	20,638
Grants & Contracts		13,000	15,376	28,376	18,753
Other		0	0	0	6,328
<b>Total Income</b>		<u>15,000</u>	<u>15,376</u>	<u>30,376</u>	<u>45,719</u>
<b>Expenditure on:</b>					
Charitable Activities	3	<u>23,985</u>	<u>15,376</u>	<u>39,361</u>	<u>39,882</u>
		<u>21,694</u>	<u>15,376</u>	<u>39,361</u>	<u>39,882</u>
Net movement in funds		(8,985)	0	(8,985)	5,837
<b>Reconciliation of funds</b>					
Total funds brought forward		<u>9,076</u>	<u>0</u>	<u>9,076</u>	<u>3,239</u>
Total funds carried forward		<u>91</u>	<u>0</u>	<u>91</u>	<u>9,076</u>

Company Registered Number: 6657688  
**BALANCE SHEET AS AT 31<sup>ST</sup> MARCH 2022**

	Notes	2022 £	2021 £
<b>FIXED ASSETS</b>			
Tangible Assets	8	2,496	2,936
<b>CURRENT ASSETS</b>			
Debtors	11	6,229	0
Cash at bank and in hand	9	<u>1,066</u>	<u>8,119</u>
<b>Total Current Assets</b>		<u>7,295</u>	<u>8,119</u>
<b>CURRENT LIABILITIES</b>			
<b>Less: Creditors</b>			
Creditors falling due within 1 year	10	<u>(1,600)</u>	<u>(1,979)</u>



<b>NET CURRENT ASSETS/(LIABILITIES)</b>		<b>5,695</b>	<b>6,140</b>
<b>Total Assets less Current Liabilities</b>		<b>8,191</b>	<b>9,076</b>
Creditors falling due after 1 year	13	8,100	0
<b>Total Net Assets/Current Liabilities</b>		<b>91</b>	<b>9,076</b>
<b>FUNDS OF THE CHARITY</b>			
Unrestricted Funds	12	91	9,076
Restricted Funds		0	0
<b>TOTAL FUNDS</b>		<b>91</b>	<b>9,076</b>

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

(2) The members have not required the company to obtain an audit in accordance with section 476 of the Companies Act 2006

(3) The directors acknowledge their responsibilities for complying with the requirements of the Companies Act 2006 with respect to accounting records and the preparation of accounts.

(4) The accounts have been prepared in accordance with the micro-entity provisions and delivered in accordance with the provisions applicable to companies subject to the small companies' regime.

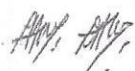
(5) The company is a charity, and the accounts comply with the Charities Acts.

The notes on pages

18 to 24 form part of these financial statements

The financial statements on pages 17 to 24 were approved by the trustees, and authorised for issue on 29 December 2020 and signed on their behalf by:

Mr David Conteh—



Chairman .....

Date 18 January 2023

The notes on the following pages form part of these Financial Statements

## NOTES TO THE FINANCIAL STATEMENTS FOR THE YEAR ENDED 31<sup>ST</sup> MARCH 2022

### 1. Accounting policies

#### Summary of significant accounting policies and key accounting estimates

The principal accounting policies applied in the preparation of these financial statements are set out below. These policies have been consistently applied to all the years presented, unless otherwise stated.

#### Basis of preparation,

The financial statements have been prepared under the historical cost convention, with the exception of listed investments which are included at their market value. The financial statements have been prepared in accordance with the Accounting and Reporting by Charities: Statement of Recommended Practice, applicable to charities preparing their accounts in: accordance with the Financial Reporting Standard for Smaller Entities (the FRSSE) (effective 1 January 2015) and the 2006 Companies Act.

**Going concern**

The financial statements have been prepared on a going concern basis.

The trustees assess whether the use of going concern is appropriate i.e., whether there are any material uncertainties related to events or conditions that may cast significant doubt on the ability of the Charity to continue as a going concern. The trustees make this assessment in respect of a period of one year from the date of approval of the financial statements.

**Income and endowments**

Voluntary income including donations, gift's, legacies and grants that provide core funding or are of a general nature is recognised when the Charity has entitlement to the income, it is probable that the income will be received, and the amount can be measured with sufficient reliability.

**Donations and legacies**

Donations and legacies are recognised on a receivable basis when receipt is probable, and the amount can be reliably measured.

**Investment income**

Interest is included when receivable by the charity.

**Expenditure**

All expenditure is recognised once there is a legal or constructive obligation to that expenditure, it is probable settlement is required and the amount can be measured reliably. All costs are allocated to the applicable expenditure heading that aggregate similar costs to that category: Where costs cannot be directly attributed to particular headings, they have been allocated on a basis consistent with the use of resources, with central staff costs allocated on the basis of time spent, and depreciation charges allocated on the portion of the asset's use. Other support costs are allocated based on the spread of staff costs.

*All resources expended are inclusive of irrecoverable VAT.*

**NOTES TO THE FINANCIAL STATEMENTS  
FOR THE YEAR ENDED 31<sup>ST</sup> MARCH 2022****Charitable activities**

Charitable expenditure comprises those costs incurred by the Charity in the delivery of its activities and services for its beneficiaries. It includes both costs that can be allocated directly to such activities and those costs of an indirect nature necessary to support them.

**Irrecoverable VAT**

Irrecoverable VAT is charged against the category of resources expended for which it was incurred.



**Taxation**

The Charity is considered to pass the tests set out in Paragraph 1 Schedule 6 of the Finance Act 2010 and therefore it meets the definition of a charitable company for UK corporation tax purposes. Accordingly, the Charity is potentially exempt from taxation in respect of income or capital gains received within categories covered by Chapter 3 Part 11 of the Corporation Tax Act 2010 or Section 256 of the Taxation of Chargeable Gains Act 1992, to the extent that such income or gains are applied exclusively to charitable purposes.

**Tangible fixed assets**

Individual Axed assets costing f500 or more are initially recorded at cost, less any subsequent accumulated deprecation and subsequent accumulated impairment losses.

**Depreciation and amortisation**

Depreciation is provided on tangible fixed assets so as to write off the cost or valuation, less any estimated residual value, over their expected useful economic life at a rate of 15/0 using the reducing balance method.

**Trade debtors**

Trade debtors are amounts due from customers for merchandise sold or services performed in the ordinary course of business.

Trade debtors are recognised initially at the transaction price. They are subsequently measured at amortised cost using the effective interest method, less provision for impairment. A provision for the impairment of trade debtors is established when there is objective evidence that the Charity will not be able to collect all amounts due according to the original terms of the receivables.

**Cash and cash equivalents**

Cash and cash equivalents comprise cash on hand and call deposits, and other short-term highly liquid investments that are readily convertible to a known amount of cash and are subject to an insignificant risk of change in value.

**Creditors and provisions**

Creditors and provisions are recognised where the charity had a present obligation resulting from a past event that will probably result in the transfer of funds to a third party and the amount due to settle the obligation can be measured or estimated reliably. Creditors and provisions are normally recognised at their settlement amount after allowing for any trade discounts.

**NOTES TO THE FINANCIAL STATEMENTS  
FOR THE YEAR ENDED 31<sup>ST</sup> MARCH 2022**

**2 Income from and for charitable activities**

	Unrestricted Funds	Restricted Funds	2022 Total Funds	2021 Total Funds
Income	£	£	£	£
Donation and Funds raising	2,000	0	2,000	20,638
Grants & Contracts	13,000	15,376	28,376	18,753
Other	0	0	0	6,328
<b>Total Income</b>	<b>15,000</b>	<b>15,376</b>	<b>30,376</b>	<b>45,719</b>

**3 Expenditure on charitable activities**

**Provision of charitable services:**

	2022 Unrestricted Funds	2022 Restricted Funds	2022 Total Funds	2021 Total Funds
Payroll cost	515	15,000	15,515	21,887
Rent & Rate	2,000	0	2,000	1,419
Care and Support	558	0	558	1,035
Adverts and subscriptions	0	167	167	163
Office, Insurance and misc.	9,958	95	10,053	6,705
Health Promotion & Events	9,171	114	9,285	6,610
Equipment rental	0	0	0	1,300
Bank Charges	543	0	543	326
Fixtures & Fittings Depreciation	440	0	440	518
<b>Expenditure on charitable services</b>	<b>23,185</b>	<b>15,376</b>	<b>38,561</b>	<b>39,963</b>
<b>Governance</b>	<b>800</b>	<b>0</b>	<b>800</b>	
<b>Total expenditure</b>	<b>23,985</b>	<b>0</b>	<b>39,361</b>	



**NOTES TO THE FINANCIAL STATEMENTS  
FOR THE YEAR ENDED 31<sup>ST</sup> MARCH 2022**

**4 Net incoming/Outgoing resources**

	<b>2022</b>	<b>2021</b>
	£	£
The net movement in funds for the year is stated after charging:		
Depreciation of tangible Assets	440	518

**5 Fee payable to independent examiner**

	<b>2022</b>	<b>2021</b>
	£	£
	800	800

**6 Staff costs and numbers**

	<b>2022</b>	<b>2021</b>
	£	£
Staff costs were as follows:		
Gross salaries and Social Security cost	13,231	21,115
Pension Costs	2,284	,772
	<u>15,515</u>	<u>21,887</u>

There were no employees whose remuneration exceeded £60,000 in either year to be disclosed.  
The average number of employees during the year, calculated on the basis of full time equivalent, is as follows:

	<b>2022</b>	<b>2021</b>
	No.	NO.
Management, Administration & Operations	1.0	1.0

**7. Director & trustees' remuneration, benefits and expenses**

There were no Directors' and Trustees' expenses, which were paid during the year ended 31<sup>st</sup> March 2022, nor in the year ended 31<sup>st</sup> March 2021.

**Directors' & trustee transactions**

The directors and trustees had no transactions with the charitable company during the year.

**NOTES TO THE FINANCIAL STATEMENTS  
FOR THE YEAR ENDED 31<sup>ST</sup> MARCH 2022**

<b>8</b>	<b>Tangible fixed assets</b>	<b>Equipment, Furniture &amp; Fittings</b>	
		<b>£</b>	
	<b>Cost</b>		
	At 1st April 2020	30,572	
	Additions during the year	0	
	At 31st March 2022	<u>30,572</u>	
	<b>Depreciation</b>		
	At 1st April 2021	27,636	
	Charges for the year	440	
	At 31st March 2022	<u>28,076</u>	
	<b>Net Book Value at 31st March 2021</b>	2,936	
	<b>Net Book Value at 31st March 2022</b>	2,496	
<b>9</b>	<b>Cash at bank and in hand</b>	<b>2022</b>	<b>2021</b>
		<b>£</b>	<b>£</b>
	Natwest Bank Balance	1,066	8,119
		<u>1,066</u>	<u>8,119</u>
<b>10</b>	<b>Creditors: Amounts falling due within one year</b>	<b>2022</b>	<b>2021</b>
		<b>£</b>	<b>£</b>
	Trade Creditors	0	1,179
	Independent Examination	1,600	800
		<u>1,600</u>	<u>1,979</u>
<b>11</b>	<b>Debtors</b>	<b>2022</b>	<b>2021</b>
		<b>£</b>	<b>£</b>
		6,229	0



**NOTES TO THE FINANCIAL STATEMENTS  
FOR THE YEAR ENDED 31<sup>ST</sup> MARCH 2022**

**12 Movement in funds**

	At 1st April 2021	Incoming Resources	Resources Expended	Transfer	At 31st March 2022
	£	£	£	£	£
Unrestricted	9,076	15,000	23,985	0	91
Restricted	0	15,376	15,376	0	0
	<u>9,076</u>	<u>15,376</u>	<u>39,361</u>	<u>0</u>	<u>91</u>

**13**

	Unrestricted	Restricted	Total
Tangible fixed assets	2,496	0	2,496
Current Assets	7,295	0	7,295
Current Liabilities	1,600	0	1,600
Long Term Liabilities	8,100	0	8,100
Total net assets	<u>91</u>	<u>0</u>	<u>91</u>

**14. Charity status**

The Charity is a Company Limited by Guarantee and consequently does not have share capital. Each member is liable to contribute an amount not exceeding £1 towards the assets of the Charity in the event of liquidation.

**15. Going Concern**

The Trustees believe that the Charity is a going concern.