

**Dorset Mental Health Forum**

**Annual Report and Financial Statements**

**For the Year Ended 31 March 2021**

**Charity Registered in England and Wales Number: 1169215**

**Dorset Mental Health Forum**  
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**Dorset Mental Health Forum**  
**Reference and Administrative Details**  
**For the year ended 31 March 2021**

**Trustees**

C Balfe  
J Owens  
A Abraham  
G D Rodrigues  
A Merchant  
P Lovibond  
R Dean  
S Murray (appointed February 2021)

**Chief Executive**

R Aldridge

**Principal Office**

Dorset Mental Health Forum  
29/29A Durngate Street  
Dorchester  
Dorset  
DT1 1JP

**Senior Statutory Auditor**

Alexandra Shore FCA CTA DChA  
A C Mole & Sons  
Stafford House  
Blackbrook Park Avenue  
Taunton  
Somerset  
TA1 2PX

**Bankers**

National Westminster Bank Plc  
Dorchester Branch  
49 South Street  
Dorchester  
Dorset  
DT1 1DW

**Dorset Mental Health Forum**  
**Trustees' Report**  
**For the year ended 31 March 2021**

The Trustees have pleasure in presenting their annual report and the financial statements for the year ended 31 March 2021. The financial statements have been prepared in accordance with the accounting policies set out in note 1 to the financial statements and comply with the Charity's Constitution and the Charities Act 2011.

**STRUCTURE, GOVERNANCE AND MANAGEMENT**

**Governing Document and Constitution**

Dorset Mental Health Forum is a registered Charitable Incorporated Organisation (CIO) in England and Wales, Charity number 1169215. The CIO's principal office is 29/29A Durngate Street, Dorchester, Dorset, DT1 1JP. It is governed by its Constitution which was originally adopted on 16 September 2016 when the CIO was first established. The Dorset Mental Health Forum, Charity number 1073818, transferred all assets, liabilities, activities, staff and undertakings to the new Dorset Mental Health Forum CIO on 31<sup>st</sup> March 2017.

**Recruitment and Appointment of Trustees**

Appointment of Board members ("Trustees" for Charity legislation purposes) is governed by the Constitution of the Charity. The Trustees are authorised to co-opt new members on to the Board to fill vacancies in order to ensure adequate representation and diversity. The Charity reviews and develops the Board of Trustees on an ongoing basis.

The following people were Trustees of the Charity during the year:

A Abraham    Chair from November 2020  
C Balfe        (Resigned as Chair in November 2020)  
J Owens  
G D Rodrigues  
A Merchant  
P Lovibond  
R Dean  
S Murray      (Co-opted in February 2021)

None of the Trustees has any beneficial interest in the Charity.

During 2020/21, Chris Balfe stood down as Chair. Ann Abraham was appointed as Chair, following an internal recruitment process, in line with the Charity's Constitution.

The Forum's Board of Trustees is responsible for the overall governance and strategic direction of the Charity. The Chief Executive is accountable to the Forum's Board of Trustees. During 2020/21 and the COVID-19 pandemic, all Trustee and Board activities were able to be carried out virtually, with minimal disruption to business.

**Induction and Training of Trustees**

New Trustees undergo an induction period in which they become familiar with the activities of the organisation, core values, governance processes of the Charity, the structure of the organisation and the role of Trustees.



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**Induction and Training of Trustees (continued)**

New Trustees are co-opted and undergo this familiarisation period with support and mentoring as required, before they are formally elected as new Trustees at the Annual General Meeting. Once appointed, new Trustees keep themselves apprised of new guidance notes issued by the Charity Commission and other agencies.

During 2020/21, we have continued to review and strengthen the Charity's governance structure. Trustees meet quarterly for Board meetings to discuss the business and governance of the organisation. This includes developing strategy, risk management and reviewing operational and financial information for the Charity. The Finance and Audit Committee and the Appointments and Remuneration Committee also meet quarterly during the year, feeding directly into Board meetings as part of a programmed Board cycle.

Trustees are included and encouraged to participate in whole team building events and Forum activities, as well as to undertake training and attend Recovery Education Centre courses. The Forum provides full indemnity insurance for its Trustees.

**Board Development**

Development work is ongoing with the Forum Board to build resilience and sustainability for the organisation for the future. Diversity of experience and perspective and the required skill set of the Board is reviewed at regular intervals. The Charity sees review, appraisal and development of the Board and its effectiveness as an ongoing and essential process, utilising the tools and resources available from the sector. The Board has regular Away Days to spend specific time on development of Trustees, the Board and strategic issues. The Board continues to utilise sector resources to review and inform performance and appropriate governance of the Charity. This includes the updated Charity Governance Code (2020) and the related NCVO Governance Wheel Toolkit (2021).

**Investment Powers**

The Constitution authorises the Trustees to use all money raised to further its Objects and to do all things that are lawful and conducive to the attainment of those Objects and does not prevent investment.

**Investment Policy**

Management of cash reserves is governed by the Investment Policy, which establishes the Charity's investment objectives (in order of priority) as:

- (1) capital preservation;
- (2) liquidity; and
- (3) income generation.

The Policy prohibits investment in instruments which do not guarantee principal repayment and controls credit risk, with bank counterparty limits approved by the Finance and Audit Committee.

Liquidity is ensured by specifying a minimum balance to be retained in instant access bank accounts, with a complimentary limit on the average term or notice period for other deposits. Within these parameters, the Finance Team has delegated authority to manage the Charity's current and deposit accounts to maximise interest income, as far as consistent with limiting operational risk. This means that sufficient funds are available at any one time to ensure that the Charity can meet all its liabilities.

The Investment Policy is approved by the Board and monitored by the Finance and Audit Committee.

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**Risk Management**

The Trustees acknowledge their responsibility to give due consideration to the risks to which the Charity is exposed and have put in place processes to identify and manage risks through Risk Registers. Risks are regularly reviewed, assessed, managed and escalated appropriately in accordance with the Risk Management Policy.

The Trustees have given due consideration to the major risks to which the Charity is exposed and are satisfied that systems, processes and procedures are established in order to manage these risks. Risk management processes are in place and continue to be developed as required throughout the organisation. The Forum is committed to the continuous improvement of practices and procedures, including identifying improvements to risk management processes. These include the ongoing development of internal control systems, which enable the Senior Leadership Team and Trustees to identify, manage and satisfactorily control risk exposures.

The Board is enabled to regularly review organisational priorities, associated risks and mitigating factors. Internal audit mechanisms continue to be reviewed and further established, building on the continuous development of the Charity's financial controls.

During 2020/21, work has continued to strengthen governance arrangements across the organisation to further develop and enhance existing processes and procedures, such as financial management systems, risk management processes and ongoing development of the Charity's CRM (Customer Relationship Management) system. Board committees provide further scrutiny and information for the Board, supported by voluntary Governance Partners who work alongside Trustees, adding valuable capacity to the Charity's governance processes and activities.

**OBJECTIVES AND ACTIVITIES**

**Statement of Purpose**

The Forum Charity is governed by its Constitution and the Objects of the CIO are:

To promote and protect mental health for the public benefit, including but not exclusively by:

- a) Supporting the recovery of people experiencing mental distress, by creating opportunities for people to reconnect with their own strengths and resources, in order to build the lives they wish to live.
- b) Challenging discrimination against people experiencing or affected by mental distress by modelling the value of lived experience expertise, including representation and involvement in the improvement and shaping of mental health services.
- c) Advancing the education and understanding of the general public in all areas relating to mental health by promoting the principles of mental health, Wellbeing and Recovery through Coproduction and Recovery Education.
- d) Developing the skills, capacity and opportunities to build socially inclusive, equitable and reciprocal communities which actively support good mental health.

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**Summary of Charitable Activities**

The Forum's Objects describe the organisation's charitable activities.

The Charity fulfils its Objects in line with the Forum's ethos and beliefs.

- We believe that people with lived experience of mental health problems have a wealth of specialist knowledge and valuable expertise.
- We believe in the effectiveness of partnership working in the design and provision of mental health services.
- We believe that everyone has an equal right to enjoy the opportunities that life can provide.
- We believe there is 'no health without mental health' and that 'mental health is everyone's business'.
- We promote the principles that hope, mental health and wellbeing are essential to every person.
- We believe that individuals and communities hold many of their own solutions.

*"Recovery is not about 'getting rid' of problems. It is about seeing people beyond their problems - their abilities, possibilities, interests and dreams - and recovering the social roles and relationships that give life value and meaning."*  
(Repper and Perkins, 2003)

**Public Benefit**

The Dorset Mental Health Forum is a local peer led Charity, which understands and values the voice of people with lived experience of mental health problems. Together, we educate and enable, promoting Wellbeing and Recovery, influencing change and offering a range of specialist independent and partnership projects. Our purpose is to increase understanding of mental health and challenge prejudice against people experiencing or affected by mental distress, by facilitating evolutionary social change across Dorset.

The Trustees have paid due regard to the Charity Commission's guidance on public benefit in deciding the activities undertaken by the Charity during the year. The Trustees are satisfied that the information provided in the Trustees' report and accounts meets the public benefit reporting requirements.

Trustees understand the difference made to the lives of the Charity's beneficiaries, as well as to society for public benefit. The Forum's beneficial purpose and activities are as stated above. The Forum's workforce models, facilitates and provides hope, opportunity and understanding around mental health throughout all of its projects and activities. This has enormous impact for people who experience mental illness and who have direct contact with any of the Forum's workforce and operational activities, as direct beneficiaries. In addition to this direct benefit, the Forum's activities also raise awareness, challenge stigma, influence culture and change behaviour within individuals, organisations, local communities and service systems, for public benefit in Dorset and beyond.

**Policies**

The Forum is committed to the continuous improvement of practices, policies and procedures and continues to review and update policies and procedures as required and on an ongoing basis. Trustees have reviewed the Register of Policies during the year and as a result several policies have been updated during the course of the year.

The Charity began the NCVO Trusted Charity Quality Standard journey during 2020/21. This set of quality standards specifically designed for charities was formerly known as PQASSO.

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**ACHIEVEMENTS AND PERFORMANCE**

The Charity has performed its charitable activities and continued to achieve against its objectives during 2020/21.

During the year, the Charity has been able to maintain its financial position and increase impact, as well as undertake consolidation, longer term strategic planning and transformation activities.

**COVID-19**

The Forum's activities over the last year have been largely shaped by the pandemic, which has brought a range of challenges, accelerated transformation and also presented opportunities. Our work during 2020/21 has been broad as we have adapted to continual changes and restrictions, redefining our offer to support local people and services to best meet beneficiaries' needs and to support our NHS partners and the wider Dorset System. We have been able to do this within existing and continuing resources, developing a range of projects in response to the new landscape.

As a System partner, the Forum has welcomed being able to pull together with other local organisations during this time, to support and equip local people and communities to develop literacy, tools, personal resources and understanding, enabling them to cope with increased levels of emotional distress and mental ill health and to reframe their experiences of loss and trauma. We believe that paying attention to parity during this time has been important, bringing both physical and mental health together with the same focus to achieve equitable perspective and experience. During 2020/21, we have been able to develop specific workstreams around traumatic bereavement and understanding deepening inequalities.

Fear, loss and isolation have been themes that have united us all. Key workers across Dorset have had to deal with situations that have stretched them to the very limits of their wellbeing. We have been able to share our lived experience expertise to support people's wellbeing and enable Recovery, offering organisational peer support across the System in Dorset. During this time, we have supported beneficiaries to adapt to different ways of accessing support, acknowledging the impact of digital poverty, supporting the development of technological literacy and building confidence, by helping people to identify their own strengths and resources during these challenging times.

During 2020/21, the Forum has carried on developing its collective voice of life and lived experience, further growing as a constituency of people with their own lived experience of mental health problems, experiences of accessing statutory mental health services and personal narratives of trauma. We have remained committed to amplifying the voices of people who have been impacted by poor mental health and trauma, modelling these experiences as strengths rather than deficits, promoting the philosophy that Recovery is possible for all. Our organisation continues to work collectively and representatively to enable and promote Recovery across Dorset, informing and shaping local service transformation, design and delivery.

Recovery is at the heart of all that we do, enabling and promoting the value and efficacy of people doing for themselves what they have traditionally been reliant on services to provide, encouraging an environment where people work in partnership with the providers of their care, in order to enable them to live the lives they wish to live. As demand on statutory organisations increases and national policy drives forward an agenda of whole system approaches, we have continued to build our reputation as a credible and professional organisation. Our unique position within the local mental health system allows us to represent and influence from a lived experience perspective at all levels of system transformation and service delivery, building our workforce and our constituency, bringing people who access local services, their supporters and carers alongside statutory services, principally the local NHS and local government departments. Getting alongside local services enables us to act as a "critical friend" supporting and informing the evolution, shaping and design of local services for public benefit.

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We have continued to evolve and strengthen our lived experience expertise and infrastructure, by creating opportunities and mechanisms for people to make sense of and reframe their experiences, as well as to share their learning to increase understanding and influence social change. Through lived experience expertise and coproduction, we continue to bring an alternative perspective around mental health to local services and communities, challenging stigma and the practice of pathologizing emotional distress. This has been particularly important in the last year, as our colleagues in health and social care have stepped up to save lives and we have stood together with our community to do whatever we could to ensure that people who experience mental health issues in Dorset were not disproportionately impacted or neglected in this time of national crisis.

The Forum's charitable activities and achievements during the year include:

**Dorset Wellbeing and Recovery Partnership**

The Forum has a formal partnership with the NHS locally called the Dorset Wellbeing and Recovery Partnership (WaRP). Established in 2009, this is a formal partnership between the Dorset Mental Health Forum and Dorset HealthCare. The Partnership is nationally recognised for its expertise in Coproduction, Recovery Education and facilitating capacity building, within services, local communities, organisations and systems.

The Partnership has been pivotal in the growth of the Forum and has provided the opportunity for the Forum to work at many levels throughout the NHS locally - informing, challenging and shaping services, enabling Lived Experience expertise to be incorporated into all levels of local service shaping, design and delivery. This work is on-going and will be for the foreseeable future as local services, systems, culture and ways of working are transforming. The Forum is able to act as a critical friend and valued System partner in the developing Dorset Integrated Care System (ICS), ensuring that lived experience expertise is incorporated within local service review, design and provision. In the last couple of years, the voice of lived experience expertise has been further embedded within the governance and development of integrated mental health services in Dorset, which ensures that local transformation and investment is agreed from a commissioner, provider and lived experience perspective, guided by the principles of Coproduction. Many of the activities and achievements described in this report are directly attributable to the work of the Dorset Wellbeing and Recovery Partnership.

During 2020/21, the work of the Partnership has enabled the Forum to work collaboratively across the Dorset System to respond to the pandemic, as well as rapidly mobilise digital and alternative forms of support for people experiencing acute distress and accessing local Mental Health Services. COVID-19 meant that many services were adapted or reduced overnight as face-to-face interactions were withdrawn and NHS staff were redeployed in response to the pandemic. Through the Partnership and our Lived Experience infrastructure, the Forum has been able to work to ensure that people's voices have been acknowledged and heard during this challenging time of change, informing and shaping provision as far as possible during this crisis.

During 2020/21, the Partnership has matured as a System partner, working more closely with different parts of the System. We have built stronger and more sustainable relationships with both Local Authorities, Education, Public Health, a range of NHS commissioners, local Acute Hospital Trusts and some Primary Care Networks (PCNs).

Through its projects, during the year, the Forum has developed a number of broader partnerships across the Voluntary, Community and Social Enterprise (VCSE) sector in Dorset, acknowledging that collaboration is the best way to ensure that there is no wrong door for people, as we begin to intentionally address widening health and economic inequalities for people in Dorset.

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Dorset is currently undergoing a review of community mental health service provision, known as the MHICC (Mental Health Integrated Community Care). The driver for this work was outlined in the NHS Long Term Plan in 2019 and was strengthened in the NHS White Paper: *Integration and innovation: working together to improve health and social care for all*, published in February 2021. During 2020/21 we have worked across primary and secondary mental health services to explore opportunities for better integration, ensuring that the voices of more marginalised people are amplified, so that bold and necessary change is taken to ensure that all people who experience mental health issues are fully and appropriately enabled to build their lives beyond mental health services and to flourish in their local communities.

Despite the challenges presented by COVID-19 and the restrictions in place throughout local Mental Health Services, we were able to continue to offer a range of options for people to access Lived Experience expertise within services. Working in partnership with Inpatient Units, Community Mental Health Teams and services such as Perinatal, Criminal Justice, Rehabilitation and Older People's inpatient units, we have cocreated digital and remote resources that can be delivered by Peer Specialists or used to add capacity to staff within these service areas.

During 2020/21, we have continued to be actively involved in a range of different Partnership projects, work streams and Coproduction activities throughout Dorset HealthCare and across the System. We have delivered over 20,000 hours of Lived Experience expertise in Partnership activities with our NHS colleagues. Adapting our activities and developing a range of digital resources has enabled over 18,000 interactions with people across a range of digital platforms during the year.

This year has had a significant impact on young people, with school closures and social interaction restricted. We have worked very closely with Child and Adolescent Mental Health Services (CAMHS) to begin to enable a different response to people's emotional distress and trauma. Developing mechanisms for young people to have a voice and listening to their experiences, we have been able to act as a bridge with services improving experiences, but also enabling young people to identify their own strengths and resources, so that they do not become reliant on Mental Health Services to thrive. This work has broadened into working alongside our Local Authority colleagues and Educational Psychologists to create a shared language and literacy that aims to normalise emotional distress as part of the human experience, rather than something that needs to be "fixed".

The Partnership's expertise in Recovery for Organisational Change and Coproduction meant that we were invited to support and inform the local COVID-19 crisis response early on, engaging in activities designed to support staff wellbeing and the development of bereavement support across Dorset.

Inevitably, staff wellbeing has been a strong focus during 2020/21. We have undertaken a range of activities to support our own staff and NHS colleagues, including delivering digital drop-in sessions and learning sets focused on self-management and maintaining wellbeing, as Dorset has come together as a System to develop an enhanced offer of support for all NHS staff and Key Workers. During the year, we have worked directly with over 260 staff, offering remote resources for many more through Recovery Education and Discovery Project activities. We have continued to support the NHS Lived Experience movement in Dorset (now called Open Minds, previously known as Hidden Talents), ensuring that NHS staff and colleagues are able to share their experiences of trauma and mental health issues safely and without stigma or prejudice.

During 2020/21, we have seen communities come together in unprecedented ways, creating innovative solutions and developing micro projects and grass roots initiatives, locality by locality and sometimes street by street. The Forum and the Partnership have welcomed this way of working and been able to progress collaborative working initiatives. We have worked with over 75 local VCSE and community groups to ensure that we are building on the assets that already exist in communities, developing capacity where it is most valuable for people themselves.



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We have delivered Recovery for Organisational Change work with partner agencies during 2020/21. This includes the Charity Help and Care who have become the main employer of non-clinical workforce across Dorset. We have worked with Help and Care to deliver a Recovery and Wellbeing Masterclass with their Board of Trustees, followed by co-delivered Mental Health and Emotional Wellbeing training across their organisation's team structures, sharing our experiences and learning to help them to create a culture that better understands and supports wellbeing in their workplace. We have also worked with a range of organisations as part of the Advice Dorset Collaborative, ensuring that they are equipped to offer signposting, advice and guidance to people who experience mental health issues, within a proven and acknowledged set of principles and values.

**Dorset HealthCare Quality Improvement (QI) Activities**

During 2020/21 we have worked alongside Dorset HealthCare's Quality Improvement (QI) team, ensuring the experiences of staff and patients are at the heart of service delivery:

- *Kimmeridge Court Eating Disorders Unit* - Supporting the team to understand why there was a decline in attendance for ward activities and therapeutic sessions. We worked together on engagement activities to ensure that the voices of people who accessed the services were being heard. This has led to a change in service provision and how staff are gathering feedback from people during their stay in the Unit.
- *Wimborne Older Persons CMHT (Community Mental Health Team)* - Supporting the psychiatrist and the team to learn more about how well their service was doing in meeting the needs of their clients. Around 75% of clients have a diagnosis of dementia and the team were keen to explore innovative ways to engage with people and their families. Our Peer Specialist Carers were also involved in this work, to ensure people were thinking about families.
- *Perinatal website for patients and carers* - Supporting the development of a website for patients and for professionals. We consulted with a range of people who had accessed services to understand what they would have found helpful and developed a 360 degree tour from that feedback.

During the year we have run 18 Quality Improvement workshops with Dorset HealthCare staff, including Triangle of Care and ImROC (Implementing Recovery for Organisational Change) learning sets. Two workshops were specifically with the QI team and included 20 peer staff and Experts by Experience, for the purpose of building literacy around Quality Improvement methodology and enabling more meaningful lived experience input into Quality Improvement activities across Dorset HealthCare and the wider System.

**Recovery Education Centre (REC)**

The Recovery Education Centre sits at the heart of the Partnership work and aims to provide a learning experience focused on promoting Wellbeing and Recovery, which is accessible for all people in Dorset. Courses and resources are codesigned and codelivered, by putting Lived Experience expertise alongside clinical or technical expertise, enabling people to make sense of and reframe their experiences of mental ill health, trauma and emotional distress. Students are able to find hope, identify strengths and build skills beyond clinical intervention. The REC partners with other organisations such as the Police, Social Care, Rethink and Cruse to develop courses and resources.

In person delivery of the REC was not possible during most of 2020/21, due to COVID-19 restrictions. This meant a wholesale shift to rapid generation of coproduced digital resources and online delivery, including podcasts, videos, standard webinars, enhanced webinars, workbooks and virtual study groups.

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During the year, people have been able to engage in Recovery Education through a variety of open access resources available online and through the REC social media channels, as well as by joining live interactive Recovery Education webinars. The team have also been able to make paper-based workbooks available to people without access to the internet. The REC admissions processes were moved online with telephone appointments offered for people impacted by digital poverty or who lacked confidence in digital engagement. Digital platforms have enabled us to grow our reach rapidly and created opportunities for the team to engage with a new student cohort, as well as continue to meet the needs of existing students.

During 2020/21, the REC coproduced 38 different podcasts across 12 different topics. These podcasts have been listened to 4,063 times. We have delivered 450 live and interactive learning sessions during the year. The REC now has 5,558 registered students, although reach has expanded well beyond registrations with more people choosing self-directed learning opportunities. There were 11,429 interactions with the REC website pages, with 1,212 people downloading specific resources.

This shift in approach has enabled us to work across services to enhance access for people to Recovery Education. Working closely with Community Mental Health Teams, Inpatient wards and across specialist Mental Health services, we have been able to provide Recovery Education resources, as well as increased support for staff to deliver sessions, ensuring that people accessing services still have options, in spite of the COVID-19 restrictions.

***Feedback and Reflections***

*"We have started sending out emails to clients with a variety of online resources including the REC podcasts. This has enabled people to access the information almost instantly, which can be especially helpful in times of crisis when they have contacted our duty worker."*

*"It has also been helpful for people with limited literacy skills to access this information and gives people a good introduction to some of the topics and the remit of the REC, especially if they are at a point in their Recovery journey where they do not feel able to engage with more formal online sessions."*

*"We have had some clients who have reported that they now feel more confident to access REC courses as a result of engaging with the podcasts. One lady signposted some of her friends and family to the site as she felt they would benefit both for themselves and in terms of supporting her."*

**CMHT Staff**

*"Where do I start? I love the webinars!... mostly the friendliness of the REC facilitators, but also seeing and sharing with other participants ..... really helps to make me feel not so alone and isolated."*

**REC Student**

**Dorset Open Door**

Dorset Open Door is a partnership of local and national bereavement charities and health and care organisations working together to make sure people get the support they need. In June 2020, as the significant impact of COVID-19 was being realised, the Dorset Wellbeing and Recovery Partnership was commissioned by Dorset CCG (Clinical Commissioning Group) and Public Health to create a Bereavement signposting and support service to offer enhanced support to people.

The purpose of Dorset Open Door is to bring together the expertise of individuals, communities and services which support people in Dorset who are traumatically bereaved by COVID-19 or suicide, to enable people to get the support that they need, at the right time, by the right people. This support might be practical, emotional support or counselling, courses, peer support or opportunities to commemorate or remember their loved one. As a needs-led initiative, an important part of the project is also mapping unmet need across Dorset.



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The Dorset Open Door aims are:

- To create a cross organisational, consistent and collaborative approach that will reach and outreach to people in Dorset who have been traumatically bereaved by COVID-19 or suicide.
- To supplement existing services expertly offered by these organisations, by using a Recovery Education based approach, to enable people to explore their options in relation to their own strengths and resources and to identify what local provision will most appropriately meet their needs as they are grieving.
- The Dorset Open Door does not replace existing entry pathways for people accessing bereavement support directly from providers, instead it aims to work with individuals to identify and access support.

Key to the success of this project has been collaboration and engagement across a whole range of organisations to ensure a “no wrong door” approach, bringing together collective expertise from across Dorset in the co-design.

Dorset Open Door is currently working with 19 organisations across Dorset and has received over 500 contacts for web-based information, as well as worked directly with 34 individuals.

***Case Study:***

*“A lady contacted Dorset Open Door following a suicide in her extended family. She was looking for support for herself and help with supporting her family through their grief. We discussed at length the range of supports available and what the family were currently accessing. From this conversation, the lady was reassured that they had found the right support for the young people via Mosaic and for the adults in the family via CRUSE and the GP. In addition, Dorset Open Door was able to signpost and support access to peer support (Dorset Mental Health Carers Project), as well as advice and guidance regarding the inquest (via the Coroners Court Support Service). Warm handovers were provided to ensure the lady experienced smooth access to additional support.”*

**The Discovery Project**

The Discovery Project was commissioned in 2019 and has enabled us to develop mechanisms that amplify the voices of young people who have experience of mental ill health, emotional distress and trauma in their lives. The aim of the Discovery Project is to improve resilience and coping for young people, their families and supporters, by increasing understanding around personal mental health and wellbeing and developing literacy in schools and youth organisations, through the delivery of Recovery Education.

This is a highly innovative project that has 4 distinctive strands of work:

- *Discovery College:* offers workshops across Dorset, providing opportunities to develop understanding around personal mental health and wellbeing and supporting others with their mental health and wellbeing. Aimed at those accessing or on threshold of accessing CAMHS.
- *Discovery Schools:* works with schools in Dorset to coproduce bespoke mental health and wellbeing support and education to support students, teachers, support staff, and parents/carers.
- *Discovery Digital:* provides additional education and engagement through digital media and platforms.
- *Discovery Activities:* works with activity providers and third sector organisations based in Dorset who offer activities to young people, helping them to promote wellbeing and offer support to those experiencing mental health challenges.

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As a result of COVID-19, the Discovery Project has had to work innovatively and responsively throughout 2020/21 with schools closing and many of our partner organisations losing direct contact with their young people for a while. In April 2020, the Discovery Project webpages and social media channels became the primary form of interaction with young people, as we worked with teams and partners to develop podcasts, videos and workbooks that would enable young people, parents and staff to access self-directed learning resources. During the year we developed 17 podcasts with over 1,042 listens and 24 videos with 3,769 plays.

We also directed our focus to staff development, coproducing training for services on talking to young people, integrating learning from the Project since its launch in 2019. During 2020/21, the Discovery Project has delivered training to 9 different teams within Dorset HealthCare reaching a total of 132 staff, as well as worked with 8 external organisations. We have had direct interaction with 32 young people and 7 parents with 5,640 digital interactions across webpages and social media.

The impact of COVID-19 on education has been significant. During the time that schools were closed, we worked with Local Authorities across Dorset to support the development of their “wellbeing in schools” initiative, developing literacy around self-harm and emotional distress, as well as supporting the agenda around staff wellbeing. We have worked with a total of 46 teachers and educational psychologists during the year.

We are expanding our Young Peer workforce and have developed pathways for young people to contribute to the development of resources and training during the year. We currently employ 7 Young Peer Specialists and are further developing our employability and skills programme, to ensure a focus on the development of transferable skills, to encourage our young peer staff to have aspirations, building their lives beyond mental health services.

*“I joined the Discovery Project to help socialise with others and to help me with my anxiety, to find new ways to cope and to meet others who are also struggling to understand that I'm not going through this myself.*

*I also wanted to find a way to help others out there that might not have anyone else. I learned a lot from this project and I'm so grateful for this opportunity. It has built my confidence and I have found new coping mechanisms, which has benefitted my well-being.”*

**Feedback from young person**

**Access Mental Health**

One of the most important developments in mental health service provision in Dorset over the past few years has been the Access Mental Health Pathway. We have been directly involved with the development of this work from its inception, which began with Dorset CCG's Mental Health Acute Care Pathway (ACP) Review in 2015. This coproduced piece of work realised the following criteria for the future development of local mental health services, as defined by the people of Dorset:

- Easier and earlier access to mental health support.
- Improved services for self-defined crisis, in safe place, with support from peers.
- Services that embodied person centred recovery focused approach.
- Community facing services, integrating mental health support within local communities.
- Consistent, equitable and accessible offer of service and provision across Dorset.

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Today's *Access Mental Health* consists of the 24/7 Connection crisis telephone service (delivered by Dorset HealthCare), two Retreats (delivered in partnership between Dorset HealthCare and Dorset Mental Health Forum) and four Community Front Rooms (delivered by Bournemouth Churches Housing Association (BCHA) in partnership with local charities Harmony and Hope).

The services across the Access Mental Health Pathway all operate to a set of values that ensure that the service offerings are completely accessible to people and that the person is enabled to self-define their crisis, rather than having to meet a threshold of crisis as defined by a clinician, before the person can access support. All of the services offer access to clinical expertise and lived experience expertise in varying degrees. During 2020/21, we have continued to provide support, but the impact of COVID-19 has been significantly felt across all areas of the Pathway.

At the beginning of the pandemic, the Retreats and CFRs (Community Front Rooms) were stood down to enable clinically led Emergency Assessment Units (EAU) to be set up in response to pressure on local acute hospitals. Whilst this decision was necessary to respond to the unprecedented challenges presented by COVID-19, it had a detrimental impact for many of our visitors, who were no longer able to access drop-in support and solely reliant on the Connection service for support and managing crisis. During this time, we worked with our partners to explore Lived Experience input into Psychiatric Liaison Services, offering people in the EAU's access to peer support. By the end of the first lockdown, it was evident that the Retreat and CFRs offered a different approach and that they should be reinstated.

Since June 2020, the Retreats have continued to deliver a blended offer of digital face-to-face appointments, virtual drop ins and face-to-face crisis support for people in acute distress. Drawing on content developed in the REC, responding to visitor feedback and testing new approaches, we have been able to maintain a quality service for people that retains the ethos of reciprocal engagement.

During the year, we have taken opportunities to deliver a range of inhouse and external training, upskilling staff across the whole pathway in digital communication and revisiting trauma informed approaches. We have also adapted approaches to staff support and supervision, ensuring that staff wellbeing continues to be a priority. In September 2020, the Retreat opening hours in East Dorset were temporarily extended from 12noon to 12midnight, in response to reduced service provision by local Community Mental Health Teams and following feedback from Police and Ambulance teams.

During 2020/21, the Retreats saw 258 emergency visitors, offered a total of 3,360 digital one-to-one appointments and virtual drop-in sessions and delivered training to 62 staff.

*"The patient's experience was very positive. He was very glad not to be sectioned but had been grateful to speak to a mental health professional. As a result of using the Retreat he now feels he has a more positive relationship with both the Police and Mental Health provision locally."*

**Feedback from Police**

*"The Retreat in Bournemouth really helped my partner without realising it. My partner went missing leaving behind a suicide note to myself and his three children. He's 26-years-old. A Police officer had told him of the Retreat when they found him, which he loved the idea of. Unfortunately, it's not open right now but he braved a virtual drop in call, and it really did save his life, just that conversation and having the ability to come and talk whenever."*

**Feedback from a family member**

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**Suicide Prevention**

Suicide prevention is an important priority for the Dorset System and 2020/21 saw the launch of a codeveloped multiagency pan Dorset Suicide Prevention Strategy. This Strategy includes a commitment to imbedding Lived Experience expertise across all associated workstreams, including ensuring that people who have survived suicide attempts and people who have lost a loved one to suicide, have the opportunity to share their perspectives and expertise. Central to this work is the intention to ensure that as an Integrated System we learn from what went wrong for people, focusing not just on keeping people safe, but on understanding what leads a person to consider suicide. This important workstream aims to help individuals at risk of suicide find hope for the future and belief that their life is worth living.

**Forum Sports and Social Programme / Building Connected Communities**

In our successful bid to the National Lottery Community Fund in 2018/19, we outlined a vision for building connected communities across Dorset. We made some good progress during 2019/20, but this area of our work has been at the core of our operations during 2020/21, as we have worked to respond to the loneliness and isolation people have felt across our communities during the COVID-19 pandemic.

During the year, we have further aligned the activities of our Sports and Social Programme with the objectives of our Building Connected Communities project, focusing on addressing social isolation by building integrated social networks within local communities and enabling opportunities for people to contribute within their local community. Intrinsic to this is building understanding and skills around mental health within local communities, so that they can become more inclusive, integrated and equitable.

During 2020/21, we have worked to ensure that people continue to have choice in accessing the programme and social interaction, whilst balancing this with COVID-19 restrictions and safety requirements, keeping people connected despite periods of lockdown and extreme isolation. To maintain a positive experience for members, we decided early on not to continue with indoor groups, but instead focused on being outside. We adapted groups to maintain social distancing, football became football drills, we introduced lots of walking groups, gardening groups and social groups in parks. When the numbers of people gathering were restricted, we ran our groups more than once to ensure we could continue to offer social interaction to members who needed it. During this time, we made more contact with members, ensuring they could make informed choices about attending.

For some more vulnerable people who were shielding, or living with elderly parents, or unable to travel safely, we introduced digital and remote activities, ensuring we kept everyone connected through regular phone calls, as well as texts or video-calls. During this time, we developed a range of online groups (book club, gaming group and Netflix group) which enabled people to remain socially connected.

Digital poverty was a real issue for some people. Some of our members struggle with technology or phone calls, so we have ensured that people have had choice about how they want to stay connected, but also signposted people to community initiatives arranged to address digital exclusion. In addition to this, we secured further funds from the National Lottery Community Fund as a result of COVID-19, to develop our engagement and digital offer.

During 2020/21, we made over 3,500 calls, offered 1,090 one-to-one sessions and ran 460 in person and digital group-based activities.

*"I would recommend the groups to anyone with any mental health issues. It is incredibly inclusive, non-judgemental and in my case, just helped me get out and socialise."*

**Feedback from Member**

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**Health Inequalities - SMI (Severe Mental Illness) Physical Health Checks**

During 2020/21 we were commissioned by Dorset CCG to support an initiative designed to tackle health inequalities for people with "severe mental illness" (SMI), by promoting and supporting physical health checks. People who experience serious mental illness are on average likely to die ten years sooner than other members of the general population for a range of reasons.

The NHS Long Term Plan (2019) lays out several steps to tackle this health inequality, including offering yearly physical health checks to all individuals listed on the SMI register. Whilst the principles behind this are sound, many people living with a severe mental illness are not taking up this opportunity. The SMI Physical Health Checks project aims to gain understanding around the barriers for people, gathering lived experience perspectives, as well as to develop Recovery Education resources to enable people to access support around their physical health. So far, we have worked with 37 individuals. Some of the barriers people have described are:

*"I have had too many medical people tell me what to do, including medication I don't want to take. I don't feel listened to."*

*"I am scared they will find something wrong with me."*

*"I don't go the GP, they don't really understand my mental health and I don't want to be told I have to stop smoking, I like smoking."*

**Perinatal Services**

During 2020/21 we have further developed our Perinatal Peer Support Project, blending digital and in person interactions, as COVID-19 restrictions have allowed. We are currently running a series of one-to-one peer support sessions within the service, that are framed within the principles of Recovery Education. In 2020/21, we worked with 14 individuals over 84 sessions and received 25 referrals for follow up support in the community. We are integrated into the team and attend the MDT (Multi-Disciplinary Team) meetings on a weekly basis, to act as a critical friend and ensure lived experience perspective is included in case review. Our Perinatal Steering Group enables us to gather broader perspectives and to link to our Sports and Social programme, creating opportunities for mums and babies to remain connected within their local community and to develop self-sustaining peer support networks outside services.

*"I found it very helpful to have contact with a Peer Specialist; it was helpful to know that someone else had experienced similar difficulties. I also felt able to talk about my issues without feeling judged. I was able to be open and honest, knowing it was confidential and the relationship felt very natural. During my appointments I felt I had another person to rely on, who was able to help me work through my thoughts and was able to tell me what they would feel like in my situation, which helped my understanding of mental health illness and how it can change your thought pattern to be different than others."* **Feedback from Mum**

**Community Mental Health Teams (CMHTs)**

During 2020/21, work within Community Mental Health Teams was significantly impacted by COVID-19 and the majority of client interactions were moved to digital and telephone support. This affected people in different ways and not all negatively. Some people felt more able to engage from the comfort and security of their own home, without pressure, other people felt that they needed support to build confidence in using digital platforms. Our Peer Specialists played a big role in supporting clients through this transition and added much needed capacity to CMHTs, both through maintaining telephone contact with clients and also by providing signposting to crisis support and Recovery Education.

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Peer Specialists within community teams act as a bridge with services by supporting individuals to reframe their experiences and to identify their own strengths and resources. This helps to facilitate meaningful collaborative care planning and enables a person to identify how they would like to build their life beyond mental health services. Over the year, we have worked alongside 6 CMHTs and 96 staff. We have offered 48 digital Recovery Skills sessions and worked with 177 individuals.

***Feedback from clients***

*"Using the skills, I have learnt in the workshops I can now sit with some of my uncomfortable experiences and wait for them to pass. I can use the skills I have learnt to soothe and calm myself. I now have a self-soothe space in my flat where I can go and find things that will help me."*

*"Since attending the routine workshop I have thought about and identified different things I would like to do and been able to plan them in. My days feel busier, I am seeing other people and thinking about the next things I want to add."*

**Criminal Justice Liaison and Diversion (CJLD)**

Following Dorset HealthCare's successful bid to NHS England in 2019/20, to provide the CJLD service in Dorset, a pilot project has been created to explore the use of Lived Experience expertise within the service. This pilot has required a long period of scoping to understand the best and most appropriate way to utilise Peer Specialists within this service. We have been guided by the principles of Coproduction and our previous experiences of bringing Lived Experience expertise alongside professional expertise in many different services within Dorset HealthCare.

COVID-19 has had a significant impact on the project and the CJLD service itself, which has seen a sharp increase in referrals. Further impact has come from the closure of courts and minimal cases being heard, which has led to a huge backlog in the criminal justice system. The CJLD team are now supporting people whose cases will be postponed for many months. We are committed to doing what we can to amplify the voices of people who have been subject to police, court and prisons. We have strengthened links with our Advocacy Service during the year, as well as continued to develop collaborations with organisations such as Victim Support and the Footprints project.

We have continued to bring Lived Experience expertise to the service, although there have been limited opportunities for working directly with clients. During the year we have attended 11 MDT meetings, worked alongside 12 staff and provided one-to-one support for 5 individuals.

**Mental Health Rehabilitation Services**

Over the past two years, Rehabilitation services in Dorset have been subject to a large-scale review. This important workstream has explored the concept of Recovery for people with the most complex and enduring mental health conditions. The review concluded in 2020 and recommended the development of a community rehabilitation model, which included the development of Peer Specialist roles. During 2020/21, we have supported the recruitment and implementation of this team, including the co-development of training and induction for clinical staff and managers. The new service was launched in January 2021.

Peer Specialists in this new service have a specific focus around supporting individuals to identify vocational aspirations, build community connections and access Recovery Focused Education. Traditionally many people with more complex cognitive mental health issues have been underserved and the bar for what they can expect from life has been set too low. This important project challenges this misconception and encourages and supports people to build their lives beyond Mental Health Services.



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**Dorset Mental Health Carers Project**

The Forum has continued to support and develop the Dorset Mental Health Carers Project during the year, including developing the voice of carers. Many carers experience feeling isolated and lonely and COVID-19 has exacerbated this further. During the year, we have worked alongside our NHS colleagues to offer support specifically to carers who were also key workers during the pandemic, as part of the Staff Wellbeing initiative and Triangle of Care.

The Dorset Mental Health Carers Project carers support line has continued to offer support and signposting to carers in crisis and specifically supported 3 people who have been bereaved by suicide during the year. Many carers have reported a decline in their own wellbeing and were signposted to Steps to Wellbeing and GP services. During 2020/21, the carers support line received 57 calls from carers looking for peer support.

In December 2020 the Project hosted a two-day Carers Wellbeing and Mental Health Festival via Zoom for carers, which was well attended by carers, staff across Dorset and people from other areas of the country. We were able to arrange some valuable presentations from a range of organisations, establishing important links and relationships.

Peer Specialist Carers have supported the delivery of Recovery Education and Staff Training during the year.

*"I just want to say thank you very much for keeping contact with me and supporting me as well. Without the involvement with you and the work, I would have been very isolated and struggled even more. You have helped me feel connected and be part of something and I can't thank you enough for that, or your support when I've wobbled a bit."*

**Feedback from carer**

**Steps to Wellbeing Service**

The Forum has a long-standing relationship with the Steps to Wellbeing (STW) service, which provides the Improved Access to Psychological Therapies (IAPT) services across Dorset. Previously, our Peer Specialists have supported delivery of psychoeducation and peer support within the service. However, during 2020/21 we have been delighted to support Dorset HealthCare with the development and recruitment of their own team of Peer Support Practitioners (PSPs). These are Dorset HealthCare's first NHS employed roles requiring intentional use of Lived Experience as part of their remit. During the year, we have worked collaboratively with the service in design of the role, recruitment, training and support processes that will enable the team of six PSPs to thrive as part of the broader Steps to Wellbeing teams.

During 2020/21, we have delivered training to over 240 staff across services in Dorset and Hampshire, attended 14 management development sessions and codesigned an eight-week programme of training that covered the core competencies of peer work within NHS settings.

We have also developed stronger links with our community programmes during the year, to enable pathways and support for people when they come to the end of their Steps to Wellbeing intervention, so that they can access community assets, social networks and broader opportunities as part of maintaining their wellbeing. Throughout 2020/21 we have received 56 referrals from the Steps to Wellbeing service for this valuable work.

*"This lady really struggled to engage before she met with you; there was something about the informal atmosphere and "coffee and chat" approach that really helped her to gain some confidence and open up a bit more."*

**Feedback from STW Practitioner**

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**Primary Care Network Pilot**

In line with the NHS Forward View and the *General Practice Forward View*, improving care outside hospitals and integrating primary and community services is one of the headline commitments in the NHS Long Term Plan. In 2019/20, GP practices across Dorset joined together to form Primary Care Networks (PCNs) – groups of neighbouring practices typically covering local population groups of 30,000 to 50,000 people, to take a proactive approach to managing population health. During 2020/21, local PCNs assessed the needs of their local population to identify people who would benefit from targeted, proactive support.

One of the needs identified by The Blackmore Vale Partnership PCN was the need to offer a different type of support for people who were presenting with acute emotional distress. This pilot places a Peer Specialist in two local GP surgeries to offer peer support and signposting to crisis support, community activities and Advocacy. The aim of the pilot is to test the model, identify any emergent themes and add capacity to the team of Health Coaches, Link Workers and Social Prescribers working within the PCN by bringing Lived Experience expertise and Recovery Education to the team. Since January 2021, we have seen 23 individuals and worked directly with 14 staff working in primary care.

**Dorset Mental Health Advocacy Service**

The Forum provides the pan Dorset Independent Mental Health Advocacy service, primarily commissioned to support people who are detained and subject to the Mental Health Act (1983). We also provide general advocacy to people in the community with complex mental health issues. As with the rest of the Forum's projects, people's experiences sit at the heart of what we do. Advocating for people's rights and ensuring that no one is further disadvantaged or discriminated against due to their mental ill health, remains central to the ethos of the service. The issues that we have supported people with this year include Child Protection, housing issues, medication queries, debt issues and gaining access to treatment. During the year, the service dealt with 738 cases of which 523 cases were for people subject to the Mental Health Act (1983) and 215 cases were general advocacy. In addition, some of the team have been able to contribute to people's crisis response plans during the year, ensuring that people's wishes are acknowledged and represented.

Although COVID-19 changed the way the service has worked with people for most of the year, the team have been able to maintain contact with clients and inpatient wards via telephone and video conferencing throughout the year. Advocacy clients were impacted by the reduction in local services able to offer people support in their communities during the pandemic. In response to this, we developed some digital resources and information that enabled clients to better understand their rights and how they could access support digitally and online.

During 2020/21, we took the opportunity to develop some Advocacy training for our broader workforce, to ensure that all the Forum's activities are underpinned with an understanding of the principles of Advocacy and that people are supported and enabled to access early help for emergent issues.

*"The benefits system can be difficult to navigate, particularly in the realm of mental health. Having to constantly prove the effects of your condition every few years is stressful and emotionally taxing. The fear of losing support is always there. I feel for those people who struggle to communicate their illness or those who have to go through it all alone. No-one should lose the support they really need and are entitled to. For me the outcome was eventually positive. Even though I know I'll have to go through it all again in a few years I am in a better place. So, a massive thank you to my Advocate and the Dorset Mental Health Forum for being there when I needed it!"*

**Advocacy client**



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**Dorset Work Matters (DWM)**

The Dorset Work Matters IPS (Individual Placement and Support) Employment Service was formally launched during 2019/20. This service is delivered in partnership with Dorset HealthCare as part of the broader work of the Dorset Wellbeing and Recovery Partnership (WaRP). The Individual Placement and Support Employment Service (IPS) supports individuals accessing secondary mental health services into competitive paid employment, working with individuals and employers to build sustainable and supportive employment opportunities and culture change. The IPS approach ensures that anyone who wants to work has access to specialist support and is enabled to explore aspirations and opportunities as defined by them, rather than their diagnosis. The service facilitates employer engagement and enables broader understanding of mental health problems and the impacts of trauma within the workplace.

This employment project remains an important part of the Forum's social justice work, ensuring that employment and a person's right to actively participate as a citizen within their community is fully recognised and supported at the earliest point in a person's Recovery journey. In addition to this, the Forum continues to map the gaps around employment for people, developing a range of employment related activities that provide opportunity and choice for people in Dorset around employment and staying well at work. We believe that employment should be seen as a core component of active citizenship within local communities.

As an employer, our lived experience infrastructure provides a strong evidence base of the wealth of skills, resources and expertise that people who experience mental health issues bring to their work, particularly when their wellbeing is appropriately supported. During this year we have begun to integrate our organisational learning into the Dorset Work Matters project, as well as some of our other activities.

During 2020/21, the Dorset Work Matters project received 264 referrals, supported 61 individuals into work and worked with 71 people already in employment to support them in retaining their jobs.

*"I wanted to thank you for your help. I've found myself in a bad place and I felt that I was at a dead end in my life, with nowhere to turn with only one outcome. I reached out for help and you responded with perfect timing. You've helped me to see a way forward and you don't know just how much you've saved me. I won't ever forget your kind words to me and your amazing support. Please accept my thanks."*

**Dorset Work Matters client**

**Forum Workforce**

We believe that experiencing mental ill health and managing one's symptoms, should not preclude or diminish a person's right to enjoy all of the opportunities that life can provide, as with managing any physical health condition. This is one of the aspirations that sits behind all our work, along with a passionate desire to challenge the stigma, prejudice and discrimination that still exists around experiences of mental health problems. We have contact with many people who do not want to be defined by their illness or diagnosis, despite managing serious long-term conditions. Many people can lead meaningful and satisfying lives, others require more support to do so, often having been supported by services for most of their lives.

As an organisation built on the principles of creating opportunity and equality and understanding the impact of trauma in a person's life, we want to learn more about the impact of people's experiences of oppression and inequality. We are working intentionally to create pathways for a more diverse workforce that can represent all aspects of experience in our society.

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We continue to develop opportunities and pathways for employment, personal development, learning and peer networks for people with a broad range of experiences of mental health problems, trauma and access to local services. These opportunities are an important part of people's Recovery journeys, discovering and building skills and resilience to build the lives they wish to live, focusing on their strengths, rather than deficits, "what's strong, rather than what's wrong". As a Charity our workforce is our greatest asset and providing opportunities for people to reframe their experiences is core to our work. We continue to support people to develop an understanding of how they can safely and intentionally utilise the learning from their experiences to model Recovery, support others and bring about culture change.

Our courageous and inspiring workforce promote and model the principles of Wellbeing and Recovery in a variety of different roles and settings throughout the organisation, local services and across Dorset. Many of our staff are employed as Peer Specialists and engaged in Partnership work, with their employment an intrinsic part of their own Recovery journey. Creating a psychologically safe, values-based workplace remains paramount for undertaking our work and creating a healthy culture within our own organisation. During the last year, building capacity, resilience and sustainability has been priority work and this has enhanced our operational delivery considerably.

It is important to us to be continually learning from people's experiences and so we undertake regular staff surveys. These surveys are another way of understanding the experiences of our workforce, as well as helpful engagement mechanisms for the development of future activities and workstreams.

*"I feel extremely valued as an employee through the respect and compassion I have been shown with my own lived experience. With still so much stigma around mental health it's been so encouraging to be in a workplace where I'm treated with respect and appreciated for my lived experience. I have been shown huge amounts of compassion for the challenges I have faced in recent months."* **Staff member, 2020**

COVID-19 required us to rapidly adapt the way we developed and supported our people and teams, how we engaged with our beneficiaries and how we supported each other's wellbeing at work. Over half of our workforce were able to move to working from home immediately, due to recent digital transformation work, with further equipment, training and support provided so that people felt confident and competent. Some of our work did not translate easily to digital approaches, which was challenging for our teams, but together we continued to evolve our approaches and support each other with new ways of working. Commitment, innovation and creative problem solving across all of our teams enabled stronger internal communication channels and development of a robust architecture for the future. During the year, we held three virtual whole team away days, bringing all of our people together, which helped to ensure that even during periods of lockdown, people felt connected to their work and to each other.

During 2020/21, we provided 39,927 hours of lived experience expertise across a broad range of activities. Many of our workforce have experienced periods of crisis in their lives and the pandemic has seen our people step up with courage, tenacity, and compassion. As a Charity, it is a great privilege to have so many extraordinary people in our workforce bringing their whole selves to their work in this way. It is with tremendous thanks to our amazing workforce that we have continued to deliver our projects and serve so many of our beneficiaries during this challenging time.

### **Fundraising Activities**

The Forum does not actively undertake any direct fundraising activities and does not engage anyone to undertake such activities on its behalf.

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**FINANCIAL REVIEW**

**Financial Position**

The Forum has a range of funding streams, which include contracts and grants to provide specific services, as detailed in the financial statements, as well as funding from grant making bodies to fulfil our aims and objectives. In addition to this, the Forum continues to develop its social enterprise activities. Many of our activities are currently focused within the NHS and wider integrated system, in order to bring lived experience expertise and challenge on behalf of beneficiaries to the shaping and future design of local mental health services and beyond. As with many third sector and 'Not for Profit' organisations, our funding streams are timebound, which means continual review of funding strategy.

Maintaining independence as an organisation is vital in our work. We are delighted this year to have secured further short-term funding from the National Lottery Community Fund to meet our objectives in the context of the pandemic. Our fundraising strategy for the years ahead includes increasing our independent funding sources and further developing our social enterprise initiatives, in response to the growing awareness of the need to understand and respond to mental health differently across all sectors, communities and systems.

The Forum continues to manage its resources in an efficient manner and is therefore able to ensure that funding is targeted on developing and improving services. We recognise the necessity of raising funds and generating diverse income streams, in order to strengthen our service delivery and to fulfil our objectives and potential as an organisation moving forward. Achieving longer term financial sustainability is a priority for the years ahead, even more so as we anticipate financial pressures on public services in the years to come as a result of the COVID-19 pandemic.

The Forum has received a number of generous donations and support throughout the year from individuals, legacies, community groups and organisations. We want to specifically acknowledge the following:

Number of personal donors and supporters	Loyal Manor Lodge of Freemasons
Family donations in memory	Thorn Steering Group
A J Wakely & Sons Funeral Services	Fisher Associates
National Lottery Community Fund	Life Works, part of the Footprints Project
Lloyds Bank Foundation	Stone Design

The Trustees would like to thank everyone who has contributed to the Forum's activities during the year for their support, including the Charity's workforce, volunteers, beneficiaries, funders and donors.

Income during the year was £1,186,147 (2020: £1,186,252) of which £1,059,933 (2020: £1,054,591) related to restricted project activities. Total expenditure during the year was £941,466 (2020: £896,764), of which £864,379 (2020: £795,778) was from restricted funds and £77,087 (2020: £100,986) from unrestricted funds. Net income for the year totalled £244,681 (2020: £289,488) with net income of £49,127 (2020: £30,675) relating to unrestricted activities and net income of £195,554 (2020: £258,813) relating to restricted funds.

Income levels have been consistent during the year. Trustees are assured and satisfied that the organisation is a going concern for the next 12 months and has financial resilience for the foreseeable future.

Reserves at 31<sup>st</sup> March 2021 total £797,054 (2020: £552,373) and consist of restricted funds of £552,957 (2020: £369,710) and unrestricted funds of £244,097 (2020: £182,663), of which £65,000 (2020: £59,000) is determined by the Trustees as designated reserves for specific purposes.

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**Reserves Policy**

Trustees are aware of the need to retain funding for future endeavors and developments, in order to meet the needs of the Charity's beneficiaries. Trustees review the level of reserves required on a regular basis, to ensure that they are adequate to fulfil the Charity's continuing obligations and in line with the Charity's Reserves Policy and objectives.

The Charity regularly reviews its Reserves Policy to ensure that it is achieving the appropriate balance between the need to serve beneficiaries as quickly as possible and the need to manage risks appropriately. In doing so, the Charity considers sector guidance for charities to hold reserves for the purpose of protecting the continuity of the Charity's work, providing funds needed for the development of the Charity, or providing funds needed to replace assets. It is the policy of the Charity that reserves should provide adequate financial stability and means for the Charity to meet its charitable objectives for the foreseeable future.

The Reserves Policy and the designations made within the reserves are key tools in monitoring and maintaining sufficient cash flows. The Trustees deem it necessary to have the security of reserves to maintain and develop activities with confidence, particularly where there may be timing delays with funding streams and to build resilience in the event of unforeseen difficulties. The determination of an appropriate reserves level is a key part of the strategic planning process and is linked to risk assessment of key areas of income and expenditure, along with future strategic development.

Trustees review the allocation of the Charity's reserves and make specific designations where applicable. Restricted funds are funds required to be used for a specific purpose. Free reserves represent unrestricted funds of the Charity excluding restricted and designated funds. The Trustees aim to hold sufficient free reserves to ensure financial sustainability, operational continuity to meet the needs of beneficiaries in the event of unforeseen situations and future strategic development.

The Trustees have reviewed the Reserves Policy during the year. Trustees consider it prudent to set aside an amount equivalent to between three and twelve months of anticipated annual running costs. For the coming year, based on 2020/21 figures, this range would be between £82,023 and £328,092. As at 31 March 2021, unrestricted reserves stood at £244,097, less £3,765 held as fixed assets and £65,000 designated reserves leaving £175,332 (2020: £118,390) of free reserves which is within the range of this Reserves Policy.

These reserves would enable the Charity to continue to operate in the short term in the event of income shortfall and while action is being taken to replace funding or to implement required changes. Trustees are mindful of the long term impact of the pandemic and are taking active steps to increase the level of free reserves over the next two years to build resilience and the longer-term sustainability and stability of the Charity.

**PLANS FOR THE FUTURE**

2020/21 has been an extraordinary and unexpected year, which presented many challenges, as well as opportunities. The Charity has been able to maintain its financial position and increase impact, as well as undertaking consolidation, longer term strategic planning and transformation activities during the year. In 2021/22, we will continue to build on the success and achievements of the Charity to date. We believe that there is much work to be done for the public benefit, particularly in the wake of the COVID-19 pandemic.

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During 2020/21, we refreshed our Strategy, in preparation for 2021/22 and subsequent years. The Charity's Strategic Aims remain as follows:

- To increase understanding of mental health through Recovery Education and Coproduction.
- To support and enable people to live the lives they wish to live.
- To develop capacity and build connected communities across Dorset.
- To influence and transform local services with the collective voice of lived experience expertise.

The Forum's activities moving forward will be focused in the areas of Education, Agency, Activism, System, Parity, Connection, Collaboration and Employment, enabled by our three supporting strategies.

Our proposed future developments include:

- **Diversity:** Further developing our lived experience infrastructure and constituency networks to ensure that we are engaging and representative of communities in Dorset. Providing more opportunities for people with lived experience of mental health problems and Recovery to inform, influence and shape local services and communities, bringing about increased understanding and change in culture and outcomes for people experiencing mental health problems.
- **Partnerships:** Developing relationships across the Dorset System and local communities to add value, build capacity, grow connections and influence change, educating, enabling and evolving local communities and services around mental health and wellbeing through Recovery Education and Coproduction.
- **Dorset System change:** Continuing to support and engage with System change and integration across Dorset for public benefit, challenging health inequalities and embracing opportunities for new ways of working across statutory services, VCSE and local communities.
- **Demonstrating impact:** Continuing to develop the Forum's systems and processes to capture and communicate the impact and outcomes of our work for funders, staff, beneficiaries and the public.
- **Digital transformation:** Building on considerable progress made during 2020/21, further embracing new ways of working and exploring opportunities for developing innovation, efficiencies, quality assurance, governance, communication and engagement throughout all of the Charity's operations. This includes a commitment to supporting equality of opportunity, understanding different needs and continuous learning and development.
- **Income diversification:** Further developing income generation and fundraising activities to ensure longer term sustainability, independence and integrity to fulfil the Forum's charitable purpose.

**Dorset Mental Health Forum**  
**Trustees' Report**  
**For the year ended 31 March 2021**

**TRUSTEES' RESPONSIBILITIES**

The Trustees are responsible for preparing the Trustees' Report and the financial statements in accordance with applicable law and United Kingdom Accounting Standards including Financial Reporting Standard 102: The Financial Reporting Standard applicable in the UK and Republic of Ireland (United Kingdom Generally Accepted Accounting Practice).

The law applicable to charities in England & Wales requires the Trustees to prepare financial statements for each financial year which give a true and fair view of the state of affairs of the Charity and of the income and expenditure of the Charity for that period. In preparing these financial statements, the Trustees are required to:

- select suitable accounting policies and then apply them consistently;
- observe the methods and principles in the Charities SORP;
- make judgments and accounting estimates that are reasonable and prudent;
- state whether applicable accounting standards have been followed, subject to any material departures disclosed and explained in the financial statements, and
- prepare the financial statements on the going concern basis unless it is inappropriate to presume that the Charity will continue in business.

The Trustees are responsible for maintaining proper accounting records which disclose with reasonable accuracy at any time the financial position of the Charity and enable them to ensure that the financial statements comply with the Charities Act 2011, the Charity (Accounts and Reports) Regulations 2008 and the provisions of the constitution. They are also responsible for safeguarding the assets of the Charity and hence for taking reasonable steps for the prevention and detection of fraud and other irregularities.

The Trustees are responsible for the maintenance and integrity of the Charity and financial information included on the Charity's website. Legislation in the United Kingdom governing the preparation and dissemination of financial statements may differ from legislation in other jurisdictions.



.....  
**Ann Abraham**  
Chair

..... 27th July 2021



**Dorset Mental Health Forum**  
**Financial Statements**  
**For the year to 31 March 2021**  
**Independent Auditor's Report to the Trustees of Dorset Mental Health Forum**

**Opinion**

We have audited the financial statements of Dorset Mental Health Forum (the 'Charitable incorporated organisation') for the year ended 31 March 2021 which comprise the Statement of Financial Activities, the Balance Sheet, the Statement of Cashflows and notes to the financial statements, including a summary of significant accounting policies. The financial reporting framework that has been applied in their preparation is applicable law and United Kingdom Accounting Standards, including Financial Reporting Standard 102: The Financial Reporting Standard applicable in the UK and Republic of Ireland (United Kingdom Generally Accepted Accounting Practice).

In our opinion, the financial statements:

- give a true and fair view of the state of the Charity's affairs as at 31 March 2021 and of its income and expenditure for the period then ended;
- have been properly prepared in accordance with United Kingdom Generally Accepted Accounting Practice;
- have been prepared in accordance with the requirements of the Charities Act 2011.

**Basis for opinion**

We conducted our audit in accordance with International Standards on Auditing (UK) (ISAs (UK)) and applicable law. Our responsibilities under those standards are further described in the Auditor's responsibilities for the audit of the financial statements section of our report. We are independent of the Charity in accordance with the ethical requirements that are relevant to our audit of the financial statements in the UK, including the FRC's Ethical Standard and we have fulfilled our other ethical responsibilities in accordance with these requirements. We believe that the audit evidence we have obtained is sufficient and appropriate to provide a basis for our opinion.

**Conclusions relating to going concern**

In auditing the financial statements, we have concluded that the Trustees' use of the going concern basis of accounting in the preparation of the financial statements is appropriate.

Based on the work we have performed, we have not identified any material uncertainties relating to events or conditions that, individually or collectively, may cast significant doubt on the society's ability to continue as a going concern for a period of at least twelve months from when the financial statements are authorised for issue.

Our responsibilities and the responsibilities of the Trustees with respect to going concern are described in the relevant sections of this report.

**Other information**

The Trustees are responsible for the other information. The other information comprises the information included in the annual report other than the financial statements and our auditor's report thereon. Our opinion on the financial statements does not cover the other information and, except to the extent otherwise explicitly stated in our report, we do not express any form of assurance conclusion thereon.

**Dorset Mental Health Forum**

**Financial Statements**

**For the period 31 March 2021**

**Independent Auditor's Report to the Trustees of Dorset Mental Health Forum (continued)**

In connection with our audit of the financial statements, our responsibility is to read the other information and, in doing so, consider whether the other information is materially inconsistent with the financial statements or our knowledge obtained in the audit or otherwise appears to be materially misstated. If we identify such material inconsistencies or apparent material misstatements, we are required to determine whether there is a material misstatement in the financial statements or a material misstatement of the other information. If, based on the work we have performed, we conclude that there is a material misstatement of this other information, we are required to report that fact.

We have nothing to report in this regard.

**Matters on which we are required to report by exception**

We have nothing to report in respect of the following matters in relation to which the Charities Act 2011 requires us to report to you if, in our opinion:

- The information given in the report of the Trustees is inconsistent in any material respect with the financial statements;
- sufficient accounting records have not been kept;
- the financial statements are not in agreement with the accounting records and returns; or
- we have not obtained all the information and explanations necessary for the purposes of our audit.

**Responsibilities of the Trustees**

As explained more fully in the Trustees' responsibilities statement, the Trustees are responsible for the preparation of the financial statements and for being satisfied that they give a true and fair view, and for such internal control as they determine is necessary to enable the preparation of financial statements that are free from material misstatement, whether due to fraud or error.

In preparing the financial statements, the Trustees are responsible for assessing the Charity's ability to continue as a going concern, disclosing, as applicable, matters related to going concern and using the going concern basis of accounting unless the Trustees either intend to liquidate the Charity or to cease operations, or have no realistic alternative but to do so.

**Our responsibilities for the audit of the financial statements**

Our objectives are to obtain reasonable assurance about whether the financial statements as a whole are free from material misstatement, whether due to fraud or error, and to issue an auditor's report that includes our opinion. Reasonable assurance is a high level of assurance, but is not a guarantee that an audit conducted in accordance with ISAs (UK) will always detect a material misstatement when it exists. Misstatements can arise from fraud or error and are considered material if, individually or in the aggregate, they could reasonably be expected to influence the economic decisions of users taken on the basis of these financial statements.

A further description of our responsibilities for the audit of the financial statements is located on the Financial Reporting Council's website at: [www.frc.org.uk/auditorsresponsibilities](http://www.frc.org.uk/auditorsresponsibilities). This description forms part of our auditor's report.



**Dorset Mental Health Forum**

**Financial Statements**

**For the period 31 March 2021**

**Independent Auditor's Report to the Trustees of Dorset Mental Health Forum (continued)**

**Identifying and assessing potential risks of material misstatement due to irregularities**

We considered the following when identifying and assessing risks of material misstatement due to irregularities, including fraud and non-compliance with laws and regulations:

- the legal and regulatory framework in which the Charity operates
- the nature of the sector in which the Charity operates
- the control environment and controls established to mitigate such risks
- the results of our enquiries of management about their identification and assessment of risks of irregularities
- discussions with the audit engagement team about where fraud might occur
- the incentives for fraud.

Laws and regulations which are considered to be significant to the Charity include those relating to the requirements of financial reporting framework FRS102, the Charities Act 2011, UK tax legislation, employment law and health and safety. In addition, we consider other laws and regulation which may not directly impact the financial statements but may impact on the operation of the Charity.

As a result of these procedures we concluded, in accordance with International Auditing Standards, that a risk in relation to the potential for management override of controls existed.

**Audit responses to risks identified**

We undertook audit procedures to respond to the risks identified, and designed our audit testing to respond to these risks. The additional procedures we undertook included the following:

- gaining an understanding of the Charity's procedures for ensuring compliance with laws and regulations
- testing the appropriateness of journal entries and other adjustments
- considering whether accounting estimates were indicative of potential bias
- considering whether any transactions arose outside the normal course of business
- making enquiries of management
- corroborating our enquiries through review of Board Minutes and correspondence.

We also communicated relevant laws and regulations and potential fraud risks to all engagement team members and remained alert to any indicators of fraud or non-compliance with laws and regulations throughout the audit.

A further description of our responsibilities for the audit of the financial statements is located on the Financial Reporting Council's website at: [www.frc.org.uk/auditorsresponsibilities](http://www.frc.org.uk/auditorsresponsibilities). This description forms part of our auditor's report.

**Dorset Mental Health Forum**

**Financial Statements**

**For the period 31 March 2021**

**Independent Auditor's Report to the Trustees of Dorset Mental Health Forum (continued)**

**Use of our report**

This report is made solely to the Charity's Trustees, as a body, in accordance with section 144 of the Charities Act 2011 and the regulations made under section 154 of that Act. Our audit work has been undertaken so that we might state to the Charity's Trustees those matters we are required to state to them in an auditor's report and for no other purpose. To the fullest extent permitted by law, we do not accept or assume responsibility to anyone other than the Charity's Trustees as a body, for our audit work, for this report, or for the opinions we have formed.

We have been appointed as auditor under section 144/145 of the Charities Act 2011 and report in accordance with the regulations made under section 145 of that Act.



A C Mole (Statutory Auditor)  
Chartered Accountants and Statutory Auditors  
Stafford House  
Blackbrook Park Avenue  
Taunton  
Somerset TA1 2PX

.....27th July... 2021

A C Mole is eligible to act as an auditor in terms of section 1212 of the Companies Act 2006.

**Dorset Mental Health Forum**

**Statement of Financial Activities**  
**For the year ended 31 March 2021**

	Notes	Unrestricted Funds	Restricted Funds	Total Funds 2021	Unrestricted Funds	Restricted Funds	Total Funds 2020
		£	£	£	£	£	£
<b>Income:</b>							
Donations and legacies	2	3,153	-	3,153	4,413	-	4,413
Charitable activities	3	122,183	1,059,933	1,182,116	126,101	1,054,591	1,180,692
Other		878	-	878	1,147	-	1,147
		<hr/>	<hr/>	<hr/>	<hr/>	<hr/>	<hr/>
<b>Total income</b>		126,214	1,059,933	1,186,147	131,661	1,054,591	1,186,252
		<hr/>	<hr/>	<hr/>	<hr/>	<hr/>	<hr/>
<b>Expenditure:</b>							
Charitable activities	4	77,087	864,379	941,466	100,986	795,778	896,764
		<hr/>	<hr/>	<hr/>	<hr/>	<hr/>	<hr/>
<b>Total expenditure</b>		77,087	864,379	941,466	100,986	795,778	896,764
		<hr/>	<hr/>	<hr/>	<hr/>	<hr/>	<hr/>
<b>Net income/(expenditure) before transfers</b>		49,127	195,554	244,681	30,675	258,813	289,488
<b>Transfers between funds</b>		12,307	(12,307)	-	-	-	-
		<hr/>	<hr/>	<hr/>	<hr/>	<hr/>	<hr/>
<b>Net movement in funds</b>		61,434	183,247	244,681	30,675	258,813	289,488
<b>Reconciliation of funds:</b>							
<b>Total funds brought forward</b>		182,663	369,710	552,373	151,988	110,897	262,885
		<hr/>	<hr/>	<hr/>	<hr/>	<hr/>	<hr/>
<b>Total funds carried forward</b>		244,097	552,957	797,054	182,663	369,710	552,373
		<hr/>	<hr/>	<hr/>	<hr/>	<hr/>	<hr/>

**Balance Sheet**  
**As at 31 March 2021**

Approved by the Board of Trustees for issue on 27th July 2021 and signed on their behalf by:

**Ann Abraham  
Chair**

**Dorset Mental Health Forum**

**Statement of Cashflows**

**For the year ended 31 March 2021**

	Note	2021	2020
		£	£
<b>Cashflows from operating activities</b>			
Net cash provided by operating activities	13	511,763	213,445
<b>Cashflows from investing activities</b>			
Purchases of property, plant and equipment		-	(4,896)
Interest from investments		878	1,037
		<hr/>	<hr/>
Net cash provided by/(used in) investing activities		878	(3,859)
		<hr/>	<hr/>
Change in cash and cash equivalents in the reporting period		512,641	209,586
Cash and cash equivalents at the beginning of the reporting period		622,587	413,001
		<hr/>	<hr/>
Cash and cash equivalents at the end of the reporting period		1,135,228	622,587
		<hr/>	<hr/>

## **Dorset Mental Health Forum**

### **Notes to the Financial Statements** **For the year ended 31 March 2021**

#### **1. Accounting Policies**

##### **1.1 General information**

Dorset Mental Health Forum is a Charitable Incorporated Organisation governed by its Constitution. The address of the principal office is given on page 2. The nature of the Charity's operations and its principal activities are set out in the Trustees' report on pages 3 – 25.

##### **Basis of accounting and assessment of going concern**

The financial statements have been prepared under the historical cost convention with items recognised at cost or transaction value unless stated otherwise within these notes. The financial statements have been prepared in accordance with Accounting and Reporting by Charities: Statement of Recommended Practice applicable to charities preparing their accounts in accordance with the Financial Reporting Standard applicable in the UK and Republic of Ireland (FRS 102) (issued October 2019) – (Charities SORP (FRS 102)), the Financial Reporting Standard applicable in the United Kingdom and Republic of Ireland (FRS102) and the Charities Act 2011.

The Charity meets the definition of a public benefit entity under FRS 102.

The Trustees consider that there are no material uncertainties about the Charity's ability to continue as a going concern.

##### **1.2 Income recognition**

All income is included in the statement of financial activities when the Charity is entitled to the income, it is probable the income will be received and the amount can be measured reliably. The following specific policies are applied to particular categories of income.

Donations and gifts are recognised in the Statement of Financial Activities when receivable. Legacy income is recognised in the financial statements in the period that it has been received or where there is sufficient evidence that it is probable that the legacy will be received.

Income from grants and contracts, relating to charitable activities are recognised in the Statement of Financial Activities when receivable. If there is a Service Level Agreement or Contract in place income is taken into account in the period to which it relates. Where grants and contract income received have conditions or restrictions as to their use attached the income is recognised as restricted income funds. Where no such conditions or restrictions exist, grants and contract income received are recognised as unrestricted income.

Investment income in respect of funds held on deposit is included when receivable and the amount can be measured reliably. This is normally upon notification of the interest paid by the bank.

Other income is recognised in the Statement of Financial Activities when receivable this relates largely to the reimbursement of expenditure.

## **Dorset Mental Health Forum**

### **Notes to the Financial Statements** **For the year ended 31 March 2021**

#### **1.3 Donated services**

In accordance with the Charities SORP (FRS 102), any unpaid general volunteer time is not recognised in the financial statements.

#### **1.4 Expenditure recognition**

Liabilities are recognised as expenditure as soon as there is a legal or constructive obligation committing the Charity to that expenditure, it is probable that settlement will be required and the amount of the obligation can be measured reliably. All expenditure is accounted for on an accruals basis. All expenses, including support costs and governance costs, are allocated or apportioned to the applicable expenditure headings in the statement of financial activities.

Charitable expenditure comprises those costs incurred by the Charity in the delivery of its charitable activities and services. It includes both costs that can be allocated directly to such activities and costs of an indirect nature which are necessary to support them. Those support costs of an indirect nature include the resources of senior management, personnel, HR, IT, premises, finance and governance which are apportioned on a basis consistent with the use of resources largely by reference to time spent although alternative methods of apportionment may be used where they produce a more equitable result. Details of apportionment of support costs are shown in note 5.

#### **1.5 Pension costs**

The Charity operates workplace pension schemes for its qualifying employees. The schemes used are the government established National Employment Savings Trust (NEST) and Standard Life Stakeholder Scheme. Both schemes are defined contribution schemes and the amount included in the Statement of Financial Activities represents the contributions payable to the scheme in respect of the accounting period.

#### **1.6 Operating leases**

Leases in which substantially all the risks and rewards of ownership are retained by the lessor are classified as operating leases. Rentals payable under operating leases are charged to the Statement of Financial Activities over the term of the lease. The Charity has operating leases for the premises from which it operates. The title of the leased premises remains with the lessor.

#### **1.7 Fixed assets**

Where fixed assets are purchased they are stated at their purchase cost plus any incidental expenses of acquisition. Where fixed assets are donated, they are stated at their estimated market value on acquisition. Depreciation is charged in respect of fixed assets and is calculated so as to write off the cost of the assets, less any estimated residual value, over their expected useful economic useful lives as follows:-

Office equipment and furniture - 25% of written down value

## **Dorset Mental Health Forum**

### **Notes to the Financial Statements** **For the year ended 31 March 2021**

#### **1.8 Cash and cash equivalents**

Cash and cash equivalents includes cash in hand 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.

#### **1.9 Taxation**

Dorset Mental Health Forum is a registered charity and is therefore not liable to taxation to the extent that its income and gains are applicable to charitable purposes only. Value added tax is not recoverable and is therefore included in the relevant costs in the Statement of Financial Activities.

#### **1.10 Fund accounting**

General funds are unrestricted funds which are available for use at the discretion of the Board in furtherance of general objectives of the Charity, and which have not been designated for other purposes.

Designated funds are unrestricted funds earmarked by the Trustees for particular purposes.

Restricted funds are to be used for specific purposes as laid down by the donor. Expenditure which meets this criterion is charged to the fund, together with fair allocation of management and support costs as appropriate.

#### **1.11 Financial instruments**

The Charity only has financial assets and liabilities that qualify as basic financial instruments including trade and other debtors, cash and bank balances and trade and other payables. Basic financial instruments are initially recognised at transaction price and subsequently at amortised cost.

#### **1.12 Critical accounting estimates and judgements**

The preparation of the financial statements requires management to make judgements, estimates and assumptions that affect the application of policies and reported amounts of assets and liabilities, income and expenses. Estimates and judgements are continually evaluated and are based on historical experience and other factors, including expectations of future events that are believed to be reasonable under the circumstances. The resulting accounting estimates will, by definition, seldom equal the related actual results.

The Trustees are of the opinion that there are no estimates or assumptions that have a significant risk of causing a material adjustment to the carrying amounts of assets and liabilities within the next financial year.



## **Dorset Mental Health Forum**

### **Notes to the Financial Statements** **For the year ended 31 March 2021**

#### **2. Income from donations and legacies**

	<b>Unrestricted Funds</b>	<b>Restricted Funds</b>	<b>Total Funds 2021</b>	<b>Unrestricted Funds</b>	<b>Restricted Funds</b>	<b>Total Funds 2020</b>
	<b>£</b>	<b>£</b>	<b>£</b>	<b>£</b>	<b>£</b>	<b>£</b>
Donations and gifts	3,153	-	3,153	4,413	-	4,413
	<hr/>	<hr/>	<hr/>	<hr/>	<hr/>	<hr/>
	3,153	-	3,153	4,413	-	4,413
	<hr/>	<hr/>	<hr/>	<hr/>	<hr/>	<hr/>

#### **3. Income from charitable activities**

	<b>Unrestricted Funds</b>	<b>Restricted Funds</b>	<b>Total Funds 2021</b>	<b>Unrestricted Funds</b>	<b>Restricted Funds</b>	<b>Total Funds 2020</b>
	<b>£</b>	<b>£</b>	<b>£</b>	<b>£</b>	<b>£</b>	<b>£</b>
Advocacy Services						
Dorset Council	-	66,596	66,596	-	66,596	66,596
Dorset Healthcare	-	7,565	7,565	-	7,565	7,565
BCP Council	-	99,898	99,898	-	99,898	99,898
Lived Experience Infrastructure						
Dorset HealthCare	84,259	-	84,259	84,259	-	84,259
Dorset CCG	10,000	-	10,000	10,000	-	10,000
Borough of Poole/BCP Council	5,000	-	5,000	5,000	-	5,000
Lloyds Bank Foundation	-	-	-	-	14,500	14,500
National Lottery Community Fund	-	105,500	105,500	-	168,000	168,000
National Lottery	-	30,400	30,400	-	-	-
Recovery Education Centre (REC)						
NHS Foundation Trust	-	33,800	33,800	-	33,800	33,800
Dorset Wellbeing and Recovery Partnership						
Dorset HealthCare	-	538,004	538,004	9,404	534,752	544,156
DMH Carers Project Income	-	3,000	3,000	-	3,000	3,000
Employment Service						
Dorset CCG	-	125,000	125,000	-	125,000	125,000
Sports and Social Programme	-	5,980	5,980	4,141	1,480	5,621
Dorset CCG						
Business Think Tank	-	44,190	44,190	-	-	-
Social Enterprise	6,970	-	6,970	8,797	-	8,797
Open Door	15,600	-	15,600	-	-	-
School for Social Entrepreneurs	-	-	-	4,500	-	4,500
Other	354	-	354	-	-	-
	<hr/>	<hr/>	<hr/>	<hr/>	<hr/>	<hr/>
	122,183	1,059,933	1,182,116	126,101	1,054,591	1,180,692
	<hr/>	<hr/>	<hr/>	<hr/>	<hr/>	<hr/>

**Dorset Mental Health Forum**

**Notes to the Financial Statements**  
**For the year ended 31 March 2021**

**4. Expenditure on charitable activities**

	<b>Activities undertaken directly £</b>	<b>Support Costs £</b>	<b>Total 2021 £</b>	<b>Activities undertaken directly £</b>	<b>Support Costs £</b>	<b>Total 2020 £</b>
Advocacy	107,538	49,200	156,738	117,066	46,853	163,919
WaRP Projects	342,554	155,579	498,133	406,591	190,867	597,458
WaRP Core	77,087	-	77,087	71,368	-	71,368
Sports and Social	2,740	1,642	4,382	21,769	9,081	30,850
National Lottery Community Fund	114,686	44,580	159,266	25,169	3,000	28,169
DMH Carers Project	1,670	-	1,670	-	5,000	5,000
Dorset CCG	44,190	-	44,190	-	-	-
	<hr/>	<hr/>	<hr/>	<hr/>	<hr/>	<hr/>
	690,465	251,001	941,466	641,963	254,801	896,764
	<hr/>	<hr/>	<hr/>	<hr/>	<hr/>	<hr/>

**5. Analysis of support costs**

	<b>Advocacy £</b>	<b>National Lottery £</b>	<b>WaRP Projects £</b>	<b>Sports and Social £</b>	<b>Total £</b>
Central Services					
- HR	5,320	4,933	16,575	249	27,077
- Finance	5,593	5,157	17,852	205	28,807
- IT	7,069	6,385	22,080	225	35,759
Senior Leadership Team	16,684	15,078	53,568	547	85,877
Premises & Office	7,416	6,652	23,593	233	37,894
Governance & Strategic Costs	5,653	5,026	16,823	145	27,647
PR & Marketing	1,465	1,349	5,088	38	7,940
	<hr/>	<hr/>	<hr/>	<hr/>	<hr/>
	49,200	44,580	155,579	1,642	251,001
	<hr/>	<hr/>	<hr/>	<hr/>	<hr/>

Support costs have been apportioned based on actual delivery hours.

## **Dorset Mental Health Forum**

### **Notes to the Financial Statements** **For the year ended 31 March 2021**

#### **6. Auditors' remuneration**

	<b>2021</b>	<b>2020</b>
	<b>£</b>	<b>£</b>
Audit fee	5,700	4,794
Accountancy fees	4,410	4,200
Payroll services	4,596	2,449
	<hr/>	<hr/>
	14,706	11,443
	<hr/>	<hr/>

#### **7. Trustees expenses and remuneration**

No remuneration has been paid to or on behalf of the Trustees (2020: Nil).

Expenses totalling £Nil (2020: £432) were reimbursed to Nil (2020: two) Trustees for travel and subsistence during the year.

#### **8. Employees and employment costs**

	<b>2021</b>	<b>2020</b>
	<b>£</b>	<b>£</b>
Wages and salaries	682,005	634,484
Social security costs	47,199	42,798
Pension costs	20,662	11,497
	<hr/>	<hr/>
	749,866	688,779
	<hr/>	<hr/>

No individual employee was paid over £60,000 (2020: none).

The average monthly headcount (number of staff employed) during the year was:

	<b>2021</b>	<b>2020</b>
	<b>No</b>	<b>No</b>
All Staff	72	69
	<hr/>	<hr/>

The key management personnel of the Charity are considered to be the Chief Executive Officer, Director of Operations and Head of Impact and Quality. The total employee benefits for key management personnel were £120,871 (2020: £87,718).

The Charity operates defined contribution pension schemes. The pension cost charged to the Statement of Financial Activities for the period represents contributions payable by the Charity to the schemes and amounted to £20,662 (2020: £11,497).

Volunteers contribute unpaid time to the services provided by the Charity. The estimated volunteer time for the period amounted to approximately 3,200 hours (2020: 3,850 hours), totalling an estimated £51,200 (2020: £61,600), which has not been reflected in the Statement of Financial Activities in accordance with the Charities SORP (FRS 102).

**Dorset Mental Health Forum**

**Notes to the Financial Statements**  
**For the year ended 31 March 2021**

9. **Tangible fixed assets**

	<b>Office Equipment And Furniture £</b>	<b>Total £</b>
<b>Cost</b>		
As at 01.04.20	6,032	6,032
Additions	-	-
	<hr/>	<hr/>
As at 31.03.21	6,032	6,032
	<hr/>	<hr/>
<b>Depreciation</b>		
As at 01.04.20	759	759
Charge for year	1,508	1,508
	<hr/>	<hr/>
As at 31.03.21	2,267	2,267
	<hr/>	<hr/>
<b>Net book value</b>		
As at 31.03.21	3,765	3,765
	<hr/>	<hr/>
As at 31.03.20	5,273	5,273
	<hr/>	<hr/>

10. **Debtors**

	<b>2021 £</b>	<b>2020 £</b>
Debtors	172,719	317,595
Prepayments	-	3,258
	<hr/>	<hr/>
	172,719	320,853
	<hr/>	<hr/>

**Dorset Mental Health Forum**

**Notes to the Financial Statements**  
**For the year ended 31 March 2021**

11.	<b>Creditors: Amounts falling due within one year</b>	<b>2021</b>	<b>2020</b>
		<b>£</b>	<b>£</b>
	Creditors	402	239
	Accruals and deferred income	514,256	396,101
		<hr/>	<hr/>
		514,658	396,340
		<hr/>	<hr/>
12.	<b>Related party transactions</b>		
	There were no related party transactions during the year. (2020: None.)		
	Remuneration paid to key management personnel is disclosed in note 8.		
13.	<b>Reconciliation of net income/(expenditure) to net cashflow from operating activities</b>		
		<b>2021</b>	<b>2020</b>
		<b>£</b>	<b>£</b>
	<b>Net income/(expenditure) for the period as per the Statement of Financial Activities</b>	244,681	289,488
	Adjustments for:		
	Depreciation charges	1,508	262
	Decrease/(Increase) in debtors	148,134	(256,225)
	Increase in creditors	118,318	180,957
	Interest from investments	(878)	(1,037)
		<hr/>	<hr/>
	<b>Net cash generated from operating activities</b>	511,763	213,445
		<hr/>	<hr/>

## **Dorset Mental Health Forum**

### **Notes to the Financial Statements** **For the year ended 31 March 2021**

#### **14. Statement of funds**

	<b>Balance 01.04.20 £</b>	<b>Income £</b>	<b>Expenditure £</b>	<b>Transfer £</b>	<b>Balance 31.03.21 £</b>
<b>Unrestricted funds</b>					
General funds	123,663	126,214	(77,087)	6,307	179,097
<b>Designated funds</b>					
REC	12,000	-	-	(12,000)	-
Sports and Social	7,000	-	-	(7,000)	-
Charity development	20,000	-	-	5,000	25,000
Digital development	20,000	-	-	(5,000)	15,000
Evaluation activities	-	-	-	25,000	25,000
<b>Total unrestricted funds</b>	<b>182,663</b>	<b>126,214</b>	<b>(77,087)</b>	<b>12,307</b>	<b>244,097</b>
<b>Restricted funds</b>					
Advocacy	10,140	174,059	(156,738)	-	27,461
Employment	39,775	-	-	-	39,775
Community development	64,630	-	-	-	64,630
WaRP	98,628	696,804	(487,797)	-	307,635
Sports and Social	248	5,980	(4,382)	-	1,846
National Lottery 1	139,831	105,500	(128,866)	(12,307)	104,158
National Lottery 2	-	30,400	(30,400)	-	-
Lloyds Bank Foundation	14,500	-	(10,336)	-	4,164
DMH Carers Project income	1,958	3,000	(1,670)	-	3,288
Dorset CCG	-	44,190	(44,190)	-	-
<b>Total restricted funds</b>	<b>369,710</b>	<b>1,059,933</b>	<b>(864,379)</b>	<b>(12,307)</b>	<b>552,957</b>
<b>Total funds</b>	<b>552,373</b>	<b>1,186,147</b>	<b>(941,466)</b>	<b>-</b>	<b>797,054</b>

#### **Restricted Funds**

- Advocacy funding was provided by Dorset County Council, Bournemouth Borough Council, BCP Council and Dorset HealthCare University NHS Foundation Trust (DHC) for the provision of Advocacy services for people subject to the Mental Health Act 1983 and people experiencing mental health problems in Dorset.
- Employment funds are held to provide employment related activities to individuals and local employers in Dorset.
- Community development funds (previously named Social Inclusion) are held for projects to be started in the future.

## **Dorset Mental Health Forum**

### **Notes to the Financial Statements** **For the year ended 31 March 2021**

#### **14. Statement of funds (continued)**

- The Dorset Wellbeing and Recovery Partnership (WaRP) is a nationally recognised partnership between Dorset Mental Health Forum and Dorset HealthCare University NHS Foundation Trust which puts lived experience expertise at the heart of service design and delivery, to transform services and affect culture change. Funding supported over 35 different partnership projects and work streams during the year. The Recovery Education Centre (REC), Dorset Work Matters, the Discovery Project and the Retreats were four of these projects.
- Active Dorset grant received for set up and delivery of DMHF Climbing Satellite Club as part of the Forum's Sports and Social Programme.
- Dorset Community Foundation grant received from the Dorset Coronavirus Community Fund to support delivery of the Sports and Social Programme during the pandemic period.
- National Lottery Community Fund (National Lottery 1) grant received to influence and facilitate culture change around mental health across the whole of Dorset, by building capacity within communities.
- National Lottery Community Fund (National Lottery 2) grant received to provide outreach support and digital engagement activities during the pandemic period.
- Lloyds Bank Foundation grant received towards salary costs for interim senior transformation post to develop capacity within the organisation.
- Funds received and administered for the independent Dorset Mental Health Carers Project, supported by the Dorset Mental Health Forum.
- Dorset CCG funds received for innovation activities around mental health and wellbeing. Funds were transferred to Bournemouth University during the year to fund activities there.

#### **Designated Funds**

- Designated REC funds held for the specific purpose of meeting Recovery Education Centre (REC) related expenditure were not required during 2020/21.
- Designated Sports and Social Programme funds are held for the specific purpose of meeting project related expenditure were not required during 2020/21.
- Designated Charity development funds are held for the specific purpose of meeting expenditure directly related to the development of the Charity.
- Designated Digital development funds are held for the specific purpose of meeting expenditure directly related to digital transformation work within the Charity.
- Designated Evaluation activities funds are held for the specific purpose of meeting expenditure directly related to evaluation activities within the Charity.



**Dorset Mental Health Forum**

**Notes to the Financial Statements**  
**For the year ended 31 March 2021**

15. **Analysis of net assets between funds**

	Unrestricted Funds	Restricted Funds	Total Funds 2021	Unrestricted Funds	Restricted Funds	Total Funds 2020
	£	£	£	£	£	£
Tangible fixed assets	3,765	-	3,765	5,273	-	5,273
Current assets	255,061	1,052,886	1,307,947	190,793	752,647	943,440
Creditors due within one year	(14,729)	(499,929)	(514,658)	(13,403)	(382,937)	(396,340)
	<u>244,097</u>	<u>552,957</u>	<u>797,054</u>	<u>182,663</u>	<u>369,710</u>	<u>552,373</u>

16. **Statement of funds for the year ended 31 March 2020**

	Balance 30.03.19 £	Income £	Expenditure £	Transfer £	Balance 31.03.20 £
<b>Unrestricted funds</b>					
General funds	90,351	131,661	(100,986)	2,637	123,663
<b>Designated funds</b>					
REC	24,962	-	-	(12,962)	12,000
Sport and Social	15,625	-	-	(8,625)	7,000
Charity Development	16,050	-	-	3,950	20,000
Premises	5,000	-	-	(5,000)	-
Digital Development	-	-	-	20,000	20,000
<b>Total unrestricted funds</b>	<u>151,988</u>	<u>131,661</u>	<u>(100,986)</u>	<u>-</u>	<u>182,663</u>
<b>Restricted funds</b>					
Advocacy	-	174,059	(163,919)	-	10,140
Employment	39,775	-	-	-	39,775
Community development	64,630	-	-	-	64,630
WaRP	-	693,552	(594,924)	-	98,628
Sports and Social	-	1,480	(1,232)	-	248
National Lottery Community Fund	-	168,000	(28,169)	-	139,831
Lloyds Bank Foundation	-	14,500	-	-	14,500
DMH Carers Project income	1,492	3,000	(2,534)	-	1,958
Screwfix donation	5,000	-	(5,000)	-	-
<b>Total restricted funds</b>	<u>110,897</u>	<u>1,054,591</u>	<u>(795,778)</u>	<u>-</u>	<u>369,710</u>
<b>Total funds</b>	<u>262,885</u>	<u>1,186,252</u>	<u>(896,764)</u>	<u>-</u>	<u>552,373</u>