

A close-up photograph of a person's face, focusing on their mouth and eyes. They are brushing their teeth with a yellow toothbrush. The person has dark, curly hair and is looking directly at the camera with a slight smile. The background is a soft, out-of-focus blue.

Annual report &
financial accounts

2020-21

www.dentalhealth.org



**Oral Health
Foundation**
Better oral health for all

Reference and administrative details

Company number:	01027338
Charity number:	263198 (England & Wales)
Principal and registered office:	Smile House, 2 East Union Street, Rugby, Warwickshire, CV22 6AJ
Trustees:	Dr Ben Atkins BDS Sarah Balser Janet Clarke (appointed 7th December 2020) Mhari Coxon RDH Dr Emanuele Cotroneo Steven Hardiman (resigned 4th November 2021) Professor Elizabeth Kay MPH PhD FDSRCPS FDSRCS Professor Michael Lewis (resigned 24th August 2020) Professor Jonathon Timothy Newton (appointed 7th December 2020) Tracey Posner Juliette Reeves Dr Zahid Siddque BDS MPHARM
President:	Dr Ben Atkins BDS
Secretary & Chief Executive:	Dr Nigel Carter OBE BDS LDSRCS
Bankers:	HSBC Bank Plc, 15 Church Street, Rugby, CV21 3PN
Auditors:	Cooper Parry Group Limited, Chartered Accountants, Park View, One Central Boulevard Blythe Valley Park, Solihull, Birmingham, B90 8BG
Stockbrokers:	Rathbone Investment Management Ltd, 8 Finsbury Circus, London, EC2M 7AZ

Message from our President

Dr Ben Atkins

It is a privilege and an honour as President of the Oral Health Foundation, to introduce this annual review, as the charity enters its 50th year of improving oral health.

As we reflect on the last year, there is little doubt the pandemic continues to be the biggest challenge the world and the Oral Health Foundation has faced. A backlog in dental access because of covid-19 has left many people without the care they need. For some that have been left in pain, taking action into their own hands has been a measure of last resort. It is heart-breaking to see the devastation caused by untreated dental disease and it is vital that we secure more funding for the provision of NHS dentistry.



People should never have to suffer from dental disease and access to healthcare is one of the most basic and valuable rights we should have – not only for treating disease, but also preventing it.

Another incredibly difficult scenario over the last year has been the loss to our income, which is so important for us to be able to help address the inequalities which exist in oral health. Many of our much-loved fundraising events were cancelled, as were many community events. This had a devastating effect on the number of donations we received and on proceeds we collected through our educational resources shop. Pleasingly, we did see signs of recovery towards the end of the year and hope this continues as we make strides out of the pandemic.

A big thank you to everyone who offered us their financial support in such difficult times. Your kind donations have allowed us to create healthier communities by providing oral health information, running educational campaigns, and giving direct support to those who need it most.

Despite the problems faced over the last few years, the future looks extremely positive. Oral health status continues to improve around the world and fewer people are suffering because of an unhealthy mouth. People are more aware about the benefits of a healthy mouth and how to achieve it. One of the most important roles we have now is to make sure all people have the means and opportunity to eradicate dental disease from their lives.

We want to live in a world where everybody has a healthy mouth.

That's why I am so proud of our campaigns and programmes that helped some of the most vulnerable groups and people in need across the UK over the last year. From children's activities in nurseries and schools, to mouth cancer action.

We are determined to tackle the difficult issues and thrive in uncertain times, to make sure people have support and help when it comes to the health of their mouth. This year, more people have improved the quality of their life by having a healthier smile.... this is exactly why we are here.

One saddening moment came in October, with the tragic passing of our past President Janet Goodwin. Janet was a trustee for the best part of a decade and the first dental nurse to be elected President. During this time, she became a highly influential person helping steer the direction and future of the charity.

Janet spoke with positivity and kind words and was always there to support me. As a legacy to our dear friend, we created the Janet Goodwin Memorial Fund alongside the British Association of Dental Nurses, to provide dental nursing students and professionals with bursaries for the development of their careers. Over the last year, the appeal has raised thousands of pounds and will help protect the future of dental nursing.

Janet believed strongly in improving people's experiences, information and knowledge of oral health and best practices – the core values of our charity. Over five decades, the Oral Health Foundation has existed to support and help people achieve better oral health. But we could not have done this without your support.

Thank you to everybody who has support us – not only over the last year, but throughout our 50 years. Every one of you have helped shape who we are today and are the reason why we have been able to help so many people achieve a healthier smile.



Dr Ben Atkins
President of the Oral Health Foundation

Contents

	Page
Our mission	7
Improving oral health with strong values	8
A strategy for living in a world where everybody has a healthy smile	9
How did we do this year?	11
Healthier communities	
Lockdown and oral health	13
Removing inequalities to improve the quality of lives	14
National Smile Month	16
Mouth Cancer Action Month	18
A new campaign to reduce the harm caused by tooth decay	21
Support and advice	
Supporting people with their oral health through the Dental Helpline	23
Embracing online and digital tools	25
Education	
Educational resources	27
Children's oral health	28
Policy and influence	
Press and media	30
Influencing policy	31
Driving policy with the Platform for Better Oral Health in Europe	32
Excellence	
Accreditation	35
Treasuring our partnerships	36
A big thank you to our supporters	37
Income generation	
Financial summary	40
Report of the directors and trustees	41
Independent auditor's report	51
Annual accounts	55

Our mission - better oral health for all

The Oral Health Foundation is a charity that believes everybody deserves to have good oral health.

Perhaps more than ever before, the health of the population takes the upmost priority.

That's why our charity is determined to continue supporting people achieve healthier lives through better oral health.

Being in good oral health protects a person from a whole manner of diseases and conditions. It is why we take our responsibility extremely seriously, to improve people's quality of life, by helping them have and maintain a healthy smile.

Looking back at our work over the last year, we are particularly proud that our work has contributed towards a healthier society. Our community initiatives attempt to create multi-generational legacies that continue to drive up standards of oral health. At the same time, we want to lower the number of people suffering from pain and distress because of their mouth.

Over the last year, our work has seen us provide educational and motivational support for twice daily toothbrushing, low sugar diets and the importance of regular dental visits. We have continued to play a leading role in mouth cancer action while we have taken the first steps in community-focused projects around the prevention of dental diseases, fluoride and dental caries awareness.

The pandemic has also shifted our focus towards giving the very best oral health support to vulnerable people in disadvantaged communities and groups hit by covid-19. As coronavirus continues to have a devastating impact on lives, dental access, treatment, and hygiene supplies, we will continue to take significant steps help people in the same way we have done for the past 50 years.

During 2020-21, we have:

- Provided oral health information and support to communities at increased risk of oral disease.
- Donated oral health supplies to those affected by covid-19.
- Given direct and personal advice to thousands of people about the health of their mouth.
- Invested in raising more awareness about mouth cancer.
- Developed more partnerships with associations and organisations, to help extend the impact of our programmes.
- Reached millions of people with oral health information through press activity, public health awareness campaigns and social media activities.



Improving oral health with strong values

Removing all dental disease might be our dream but reducing it must be a reality. To help us along the way, we have pledged to uphold a series of core values.

These values will help support our vision, shape our culture and be a part of everything that we do:

Ambition and progression

We will be driven, evolve as an organisation and will never settle for anything other than our vision for a world where everybody has a healthy mouth.

Trust and compassion

Everybody's opinion, values and needs will be respected while our support and guidance shall remain impartial and fair.

Inclusivity and togetherness

Whether working on our own, or partnering with others, all our campaigns, resources and expertise will be available to all.

Accountability and responsibility

We will recognise and act on all social, economic and environmental challenges because it is the right thing to do.

Efficiency and effectiveness

From our day-to-day work, to our national campaigns, everything we do will be productive, cost effective and make a positive impact.

A strategy for living in a world where everybody has a healthy mouth

Our charity's strategy for oral health, titled 'Better oral health for all', addresses the world's growing oral health demands. It also sets out how we intend to tackle oral disease and help improve the quality of life for millions of people in the UK and around the world.

As part of this, we are pledging to help the most vulnerable members of society by reducing dental disease and the pain and suffering that comes along with it.

To help us achieve this, we have identified six key areas:

Healthier communities

We want to help create a healthier population by reducing the prevalence of oral diseases across all communities. We will do this by creating public health campaigns that champion better oral health. These campaigns will be aimed at families, the elderly, those with additional needs, the homeless, children, and people on low incomes.

Support and advice

Oral diseases often lead to feelings of anxiety and helplessness. We will compassionately support thousands of people, leaving them more informed and reassured. Everybody deserves free access to information, support and advice about their oral health. We will make sure our support services are impartial, trusted and accessible for everybody who needs them.

Education

All organisations should be armed with the right tools to educate their patients, public and staff about oral health. That's why we are dedicated to creating resources for dental practices, hospitals and pharmacies. It is also important for us to provide tools and information for schools, workplaces and other community groups. Making a positive difference for more groups by creating a diverse range of programmes and resources.

Policy & influence

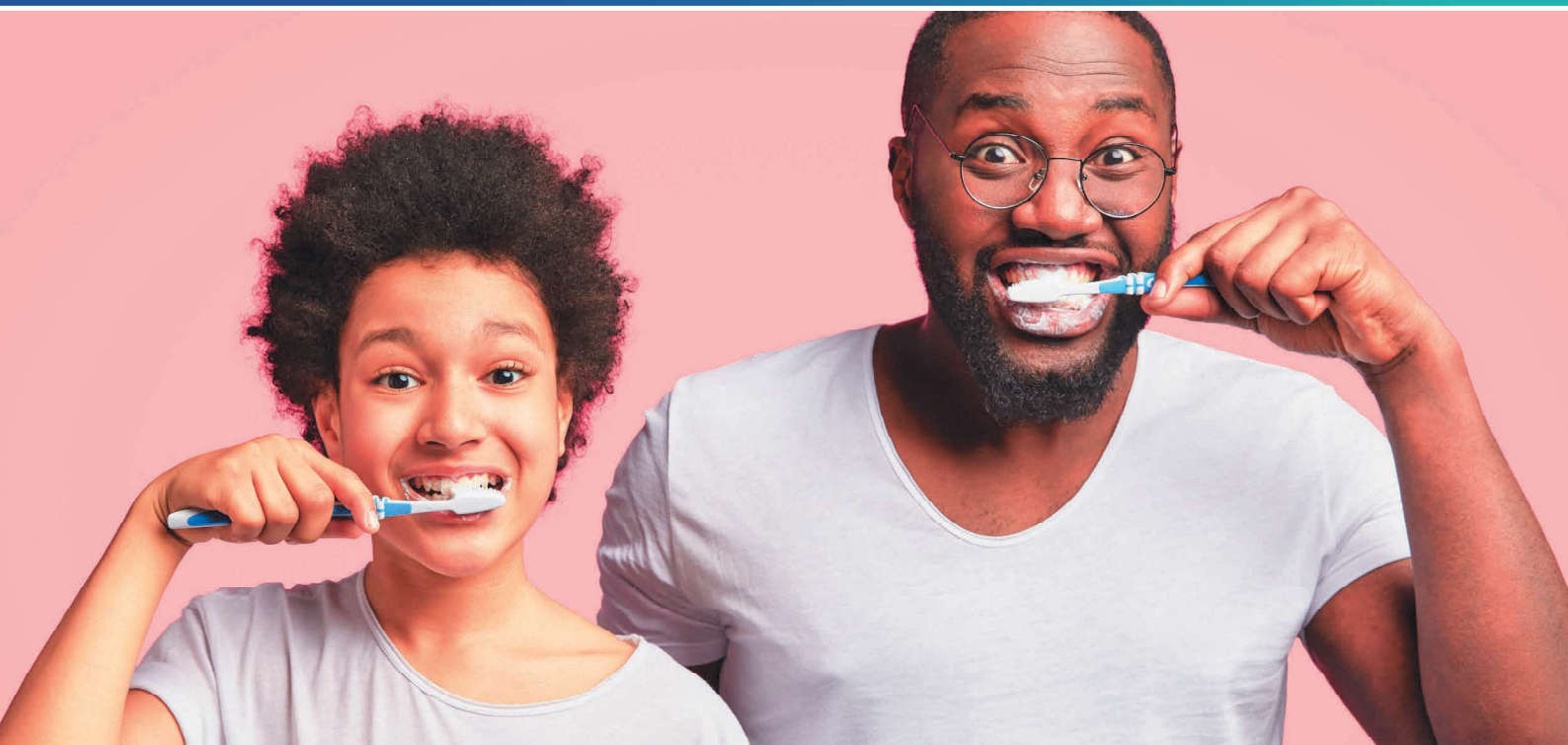
To create a healthier future, we will champion initiatives with policy makers, to raise their awareness of the changes required to bring about significant improvements to oral health. To do this most effectively, we are determined to form partnerships with like-minded professionals and organisations while making sure oral health plays a more prominent role in the media agenda. Influencing matters of policy will be at the cornerstone of our charity's work.

Excellence

To continue to survive as a charity and help people with their oral health problems, it is important we work efficiently and cost-effectively. This will make sure our campaigns maximise their potential and have a truly worthy impact. We will also be entirely ethical and transparent about how we invest our money. We pledge to run our organisation with excellence while being adaptable to changes and challenging environments.

Income

Our campaigns, programmes and charitable work are not possible without the generous financial support of others. Over the next five years, we plan to create more opportunities for supporters to help us financially. In return, we will invest our resources in helping people achieve good oral health. The more money we can raise, the more we can do to help people to achieve better oral health.



The activities contained within this report have helped us towards achieving our goals and living in a world where everybody has a healthy mouth.

Our 'Strategy to 2024' in full can be downloaded in full at www.dentalhealth.org/strategy2024

2020-21



Our year in numbers



Healthier communities

£858,911 invested in improving oral health.

Two new campaigns launched.

100,000 tubes of toothpaste donated.



Education

30,462 accessed Dental Buddy.

3,409 dental packs distributed.

615 organisations we supplied with products.



Support and advice

1.6m visitors to the website.

7,700 Dental Helpline enquires.

104,580 leaflets sold.



Policy and influence

3.5 billion press audience.

1,019 press articles.

29 million social media reach.



Excellence

1,075 accredited products.

New range of bamboo brushes available.



Income

£32,432 in donations.

Thanks to the generosity and hard work of you, our supporters, we have been able to reach families, children, the elderly, those on lower incomes and the most vulnerable people in society.



Healthier communities

We want to help create a healthier population by reducing the prevalence of oral diseases across all communities. We will do this by creating public health campaigns that champion better oral health. These campaigns will be aimed at families, the elderly, those with additional needs, the homeless, children, and people on low incomes.

Lockdown and oral health

Covid-19 has had a severe impact on the UK's oral health. More than 20 million dental appointments have been delayed or cancelled since the start of the pandemic, leaving many without the care they need and deserve.

Access to NHS dentistry continues to suffer and we are extremely concerned that the nation is sleepwalking into an oral health crisis.

NHS dentistry has been severely underfunded for many years and services have suffered greatly during the pandemic. To address the backlog caused by COVID-19 restrictions, and to ensure dentistry does not fall behind other crucial health services, now is the time for government to provide more funding and invest in the nation's oral health.

Regular dental visits are key for maintaining good oral health. Dentists can spot oral health problems in the early stages and provide patients with advice and care that can save them from both invasive and expensive treatments later down the line.

While we work with government and other health associations to find a solution to access problems in the UK, the ability, means and knowledge for self-care at home become critical.

Sadly, an investigation we conducted earlier this year shows that over half (55%) of UK adults feel they have neglected their teeth during lockdown.

Around one-in-six (15%) admit to not brushing their teeth as much as before the pandemic while almost one-in-five (19%) say they haven't been brushing their teeth twice a day.

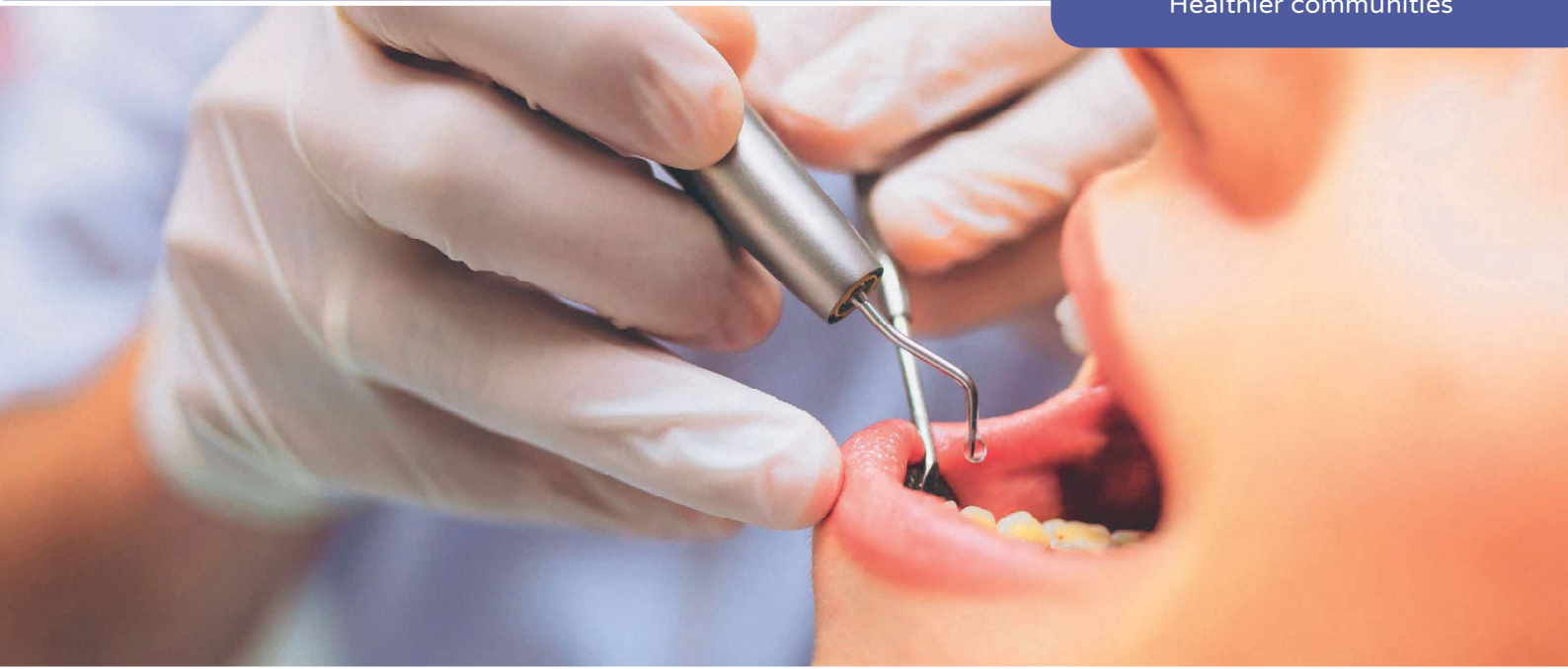
Lockdown has also fuelled unhealthy eating and drinking habits. One-in-five (20%) adults



are now eating unhealthier foods, and more than one-in-ten (11%) have been drinking more alcohol.

It is important to remember that good oral health is completely in everyone's own hands. All it takes is the correct care. By adopting a few simple habits, most people can prevent oral diseases like tooth decay and gum disease, that sadly remain far too common.

During the year, the Oral Health Foundation has helped more people take proactive steps to improve the health of their mouth and reduce dental disease. Our charity is committed and determined to help people take control of their oral health while continuously lobbying to improve provisions in NHS dentistry.



Reducing inequalities to improve the quality of lives

As inequalities in oral health continue to grow, and with incidences of mouth cancer on the rise, we realise and understand the importance of our role as a leader in oral health education and driving preventive changes.


During covid-19, more people in the UK have become geographically isolated while those suffering from reduced mobility are finding it even more difficult to access the care they need. Over the course of the year, we have worked to provide these groups with direct advice, trusted information and much needed support.

Improving a person's health and wellbeing is what drives our work. In turn, we know this is incredibly important for the development of mental health too.

Throughout the last year, our aim has been to give as many people as possible reassurance and peace of mind, while helping to reduce anxiety and concerns they have about the health of their mouth.

In addition to helping the most vulnerable members of our society, we are also here for everybody else. Last year, we were able to continue our work with families, providing education to multi-generations, and give them what they need in order to not only be able to care for their own health but also know how to look after the wellbeing of the people closest to them.

Your support is helping us reduce inequalities in oral health and over the last year we have been able to provide more information and support for children, the elderly and vulnerable, people with disabilities and those living in deprivation around the UK, than ever before.



This year, we joined forces with the British Society of Dental Hygiene and Therapy and GSK to provide over 100,000 tubes of toothpaste to vulnerable people across Greater Manchester.

This mammoth community effort, facilitated by Greater Manchester Health & Social Care Partnership and Community 4X4 Response, saw toothpaste sent to the homeless, residents in care homes, people who use foodbanks and those who don't have easy access to dental products or whom may have limited financial resources.

Greater Manchester has some of the highest levels of tooth decay in the country and this is one of the many initiatives being undertaken to address this.

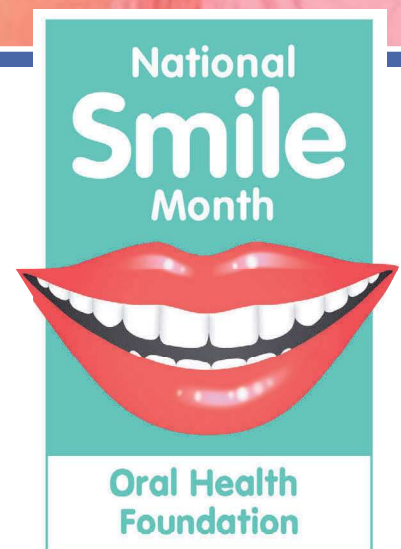
Twice daily toothbrushing is extremely important to maintain oral health and prevent tooth decay and this small donation went a small way to help protect and boost the oral health of those in Manchester who otherwise might be struggling during this difficult time.

www.dentalhealth.org



National Smile Month

Championing the benefits of having good oral health and promoting the value of a healthy smile is right at the heart of National Smile Month. The month-long campaign is all about educating and engaging people about the importance of a healthy mouth.



Every year, our goal is to reach millions of people by delivering education and resources in disadvantaged areas and regions of known poor oral health.

Taking place between May and June, National Smile Month gave people the chance to look at their oral health, learn more about why a healthy smile is so important and share tips on how to improve and maintain it.

National Smile Month is a major part of our charity's calendar. For over 40 years, the campaign has been an effective vehicle for promoting the physical and mental health benefits of a healthy mouth, and this year was no exception.

Thousands of organisations and people

supported National Smile Month and helped to deliver messages, tools and support to people in need of some extra help with the health of their mouth.

Like most charity campaigns, National Smile Month continued to experience challenges in 2021 due to the on-going restrictions caused by covid-19.

Social distancing and gathering rules forced our community events in dental practices, hospitals, schools, workplaces, community centres to be cancelled. For a second year running, National Smile Month was re-positioned as a digital campaign with the aim of helping more people to take control of their oral health.

Online videos, competitions, quizzes and guides



were just a few of the digital assets that were accessed and shared by an incredible number of people.

During the campaign, we also released around 20 podcasts, covering wide range of oral health issues. These podcasts, for both public and health professional audiences, featured some of dentistry's leading figures and were listened to by thousands of people.

We were once again delighted by the response the campaign has received and are confident that, in these difficult times, it made a positive difference to the oral health of millions of people throughout the UK.

A huge thank you to all of you who made National Smile Month so special. Whether you did something in your practice or hospital, visited a school or went out into your local community – taking the time to deliver oral

health education through National Smile Month has made such a positive difference.

We were also thrilled to have support from some of the UK biggest and best-known household oral care brands. A big thank you to Align Technology, Oral-B, Johnson & Johnson, GSK, Wrigley Oral Healthcare Programme, Philips, TePe and Thumbsie.

If in doubt, get checked out - beating mouth cancer together

Over the last year, 8,337 people in the UK were given the life-changing news that they have mouth cancer. These numbers continue to rise while the disease claims more lives than cervical and testicular cancer combined.

The more we know about mouth cancer, the better chance we have of beating it. This means knowing how to spot mouth cancer early and knowing where to go when we see something out of the ordinary. It also means reducing our risk by cutting down on the things that cause mouth cancer.

That's why, throughout November, we run Mouth Cancer Action Month.

The campaign spreads the message 'if in doubt, get checked out' and is an influential springboard in educating the public about mouth cancer.

Continuing to raise awareness of mouth cancer is vital, particularly among those groups who are most at risk. Last year, our team used the campaign as an opportunity to work closely with oral health educators, health professionals, schools and workplaces, to

Mouth Cancer Action Month
November 2020
Get ready to get checked out

20 YEARS BREAKING OUT ABOUT MOUTH CANCER

“There’s a lot of things out there to enjoy and now I feel I have a second chance at doing exactly that.”

Karen Liesching-Schroder
Wife, mother and mouth cancer survivor

A simple check can save your life.

A quick self-check for mouth cancer takes less than 1 minute.

Look for any signs in the mouth, tongue, lips, head or neck.

If you spot anything out of the ordinary, visit your dentist.

Help us raise awareness of mouth cancer and let's beat this disease for good.

The signs of mouth cancer

- Mouth ulcers that last more than 3 weeks.
- Red or white patches in the mouth.
- Unusual lumps or swellings.

Find out more about mouth cancer by following the Oral Health Foundation

www.mouthcancer.org

Registered charity no. 263198

increase their important work of delivering oral health education, especially in disadvantaged communities and regions of known poor oral health, to deliver better awareness of mouth cancer.

The pandemic has presented many challenges in mouth cancer awareness. Many of the grassroots activities like oral health checks and free mouth cancer examinations, talks, sponsored events, roadshows, displays and open sessions – were all cancelled. These events are crucial in helping to bring mouth cancer to the forefront of people's minds and we relish the opportunity to resume them once it is safe to do so.

Despite these difficulties, our campaigning for mouth cancer action takes place all year round,



with the ultimate goal of engaging people in the importance of being Mouthaware.

Although there are risk factors heavily linked to the disease – tobacco use, drinking alcohol to excess, the human papillomavirus (HPV) and poor diet – mouth cancer can affect anybody. That's why it's so important that we encourage everybody to know what to look out for.

Be aware of changes in the mouth; ulcers which do not heal within three weeks, red and white patches in the mouth, and unusual lumps or swellings, which can all be early warning signs of mouth cancer. We also promote regular visits to the dentist to ensure everyone is checked for signs of mouth cancer.

In 2020, we were delighted mark 20 years of Mouth Cancer Action Month are are thrilled that support for the campaign continues to grow.

The campaign was backed by more than 4,000 health organisations. More than three million patients were educated about mouth cancer


while exposure through the media reached more than 100 million people.

A joint webinar series alongside Denplan, part of Simplyhealth Professionals, Oralieve, Oral-B and Dental Update attracted more than 12,000 registrations and help drive mouth cancer awareness amongst dental professionals.

We would like to say a huge thank you to everybody who helped us raise awareness of mouth cancer, not only throughout Mouth Cancer Action Month but all year round.

Your participation no matter how big or small, was warmly received and made a positive difference to the campaign's success.

Our thanks also go to our sponsors Denplan, part of Simplyhealth Professionals, supporters Oralieve, Zendium and the Mouth Cancer Foundation, whose contributions ensured we were able to reach the maximum number of people with our messages of education, prevention and early detection.



Over the last year,
2,702 people in the
United Kingdom
tragically lost their life
to mouth cancer.

The number of people beating the disease has barely improved in the last 20 years and this is because most cases are caught far too late.

By being aware of what puts us at risk, knowing how to identify the disease early, and understanding where to go if we notice anything unusual, we have the best chance of surviving mouth cancer and living a normal life.

www.mouthcancer.org

A new campaign to reduce the harm caused by tooth decay

One-in-three adults and millions of children in the UK suffer from tooth decay. It remains one of the most common diseases in the country and often leaves people in either discomfort or horrible pain.

To combat the prevalence of tooth decay and reduce the harm caused by the disease, the Oral Health Foundation launched a new public health awareness campaign earlier this year.

The Truth About Tooth Decay provided information for people and families so they could learn more about the disease, lower their risk, and spot the disease in its early stages.

The campaign, which was sponsored by Colgate, provided people with easy and practical tips to avoid the condition, or how to manage their existing decay.



As well as a wealth of digital resources for people to download, we also worked with dental professionals to reach out to more vulnerable groups.

The initiative helped dental practices identify patients with tooth decay or who are at high risk of decay. It also provided advice for managing a reduced patient capacity with a preventive approach, until the patient can be seen.

As a simple proactive action to halt the progression of tooth decay, the campaign encouraged more dentists to prescribe high fluoride toothpaste as a method of early intervention.

The campaign promoted remote risk assessments by telephone or video call, followed by prescription for high fluoride toothpaste, as one of the most progressive ways that patients could be helped while access to NHS dentistry remained difficult.

The campaign achieved national media coverage and was seen by millions of people in print press. It also received attention from dozens of radio stations up and down the UK. Thousands of digital resources were downloaded while even more shared campaign information on social media.



Support and advice

Oral diseases often lead to feelings of anxiety and helplessness. We will compassionately support thousands of people, leaving them more informed and reassured. Everybody deserves free access to information, support and advice about their oral health. We will make sure our support services are impartial, trusted and accessible for everybody who needs them.

Supporting people with their oral health through the Dental Helpline

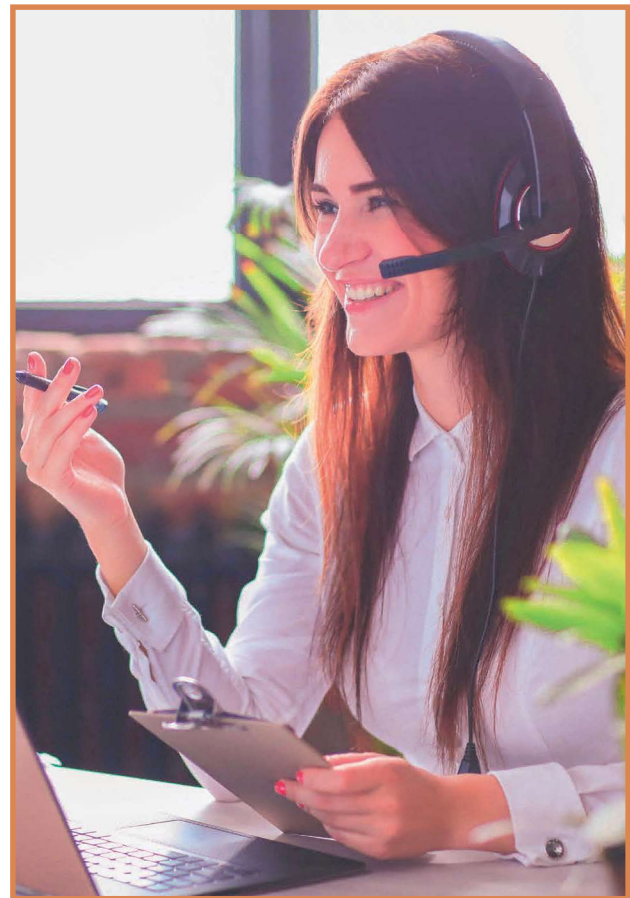
Oral Health Foundation's Dental Helpline continues to help members of the public with free and impartial advice on a range of oral health problems.

It has been a truly charitable service that we have provided for more than 25 years. Today, the crucial work by our experts continues to make a positive difference to the public and professionals alike, providing an invaluable resource in educating thousands on a range of dental and oral health related matters.

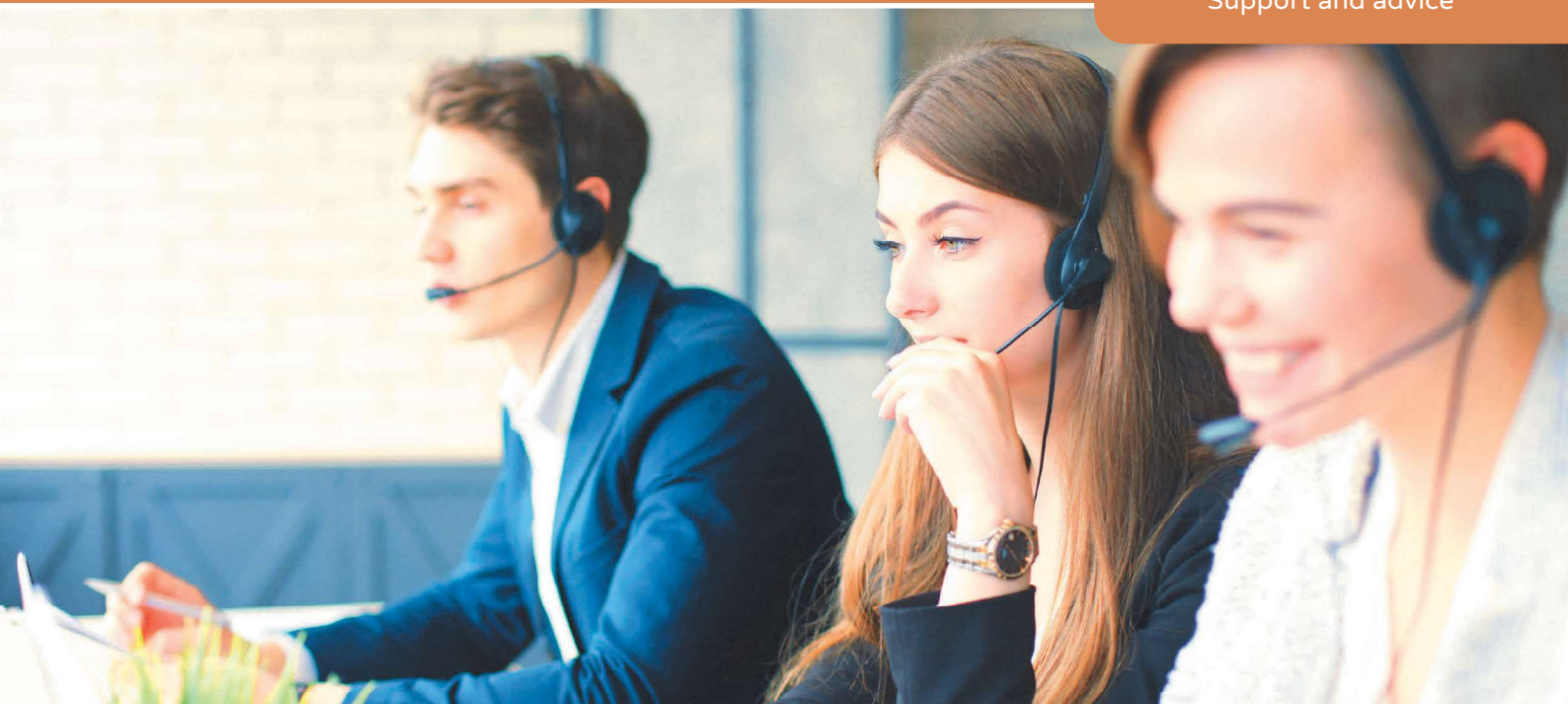
Over the past year, our qualified dental nurses and oral health educators were inundated with people who were struggling to find treatment, even for small problems. Many of those who came to us were unable to book dental appointments due to a backlog in access caused by the pandemic. Both the three-month closure of practices in 2020, and then the fallow time between patients, meant fewer appointments have been available.

The people who reach out to us are often in distress and feel like there's nowhere else to turn. Our team provides reassurance and support to all of those who call us looking for help about their oral health and has a long-standing record of delivering calm and comforting counsel.

Across a variety of formats, including email, telephone and online information, our dedicated team have provided help and support for 7,700 people.



The number of people seeking support and advice from the Oral Health Foundation either via social media, email, or telephone has increased by 10% compared to the same period last year. We expect this to increase further when we launch an online chat facility in October 2021.



	2017-18	2018-19	2019-20	2020-21	Variance on previous yr
Phone	5,094	4,685	4,581	5,157	+12.6 %
Email	2,056	2,284	2,399	2,529	+5.42%
Postal	40	25	16	14	-12.5%
Total	7,190	6,994	6,996	7,700	+10.1%

Most of the support we have given this year has been about finding access to dental treatment; issues with dentures, implants and crowns; understanding NHS dental regulations and patients' rights were also high on the list, as was managing pain and general oral health advice.

The Dental Helpline continues to offer its support to the British Dental Association. The people who make up the Dental Helpline also provide invaluable support for other parts of the Oral Health Foundation, including educational resource sales, product

accreditation and sponsorship. They also act as spokespeople for press and media.

The Dental Helpline relies on donations and income from our supporters. If you would like to support the Dental Helpline, please think about making a donation to the Oral Health Foundation.

If you have any questions about your oral health, please give the Dental Helpline a call on 01788 539780, or get your question answered by email at helpline@dentalhealth.org.

Learning about oral health online

As part of our new strategy, we want to provide a trusted online space where people can learn about their oral health and wellbeing.

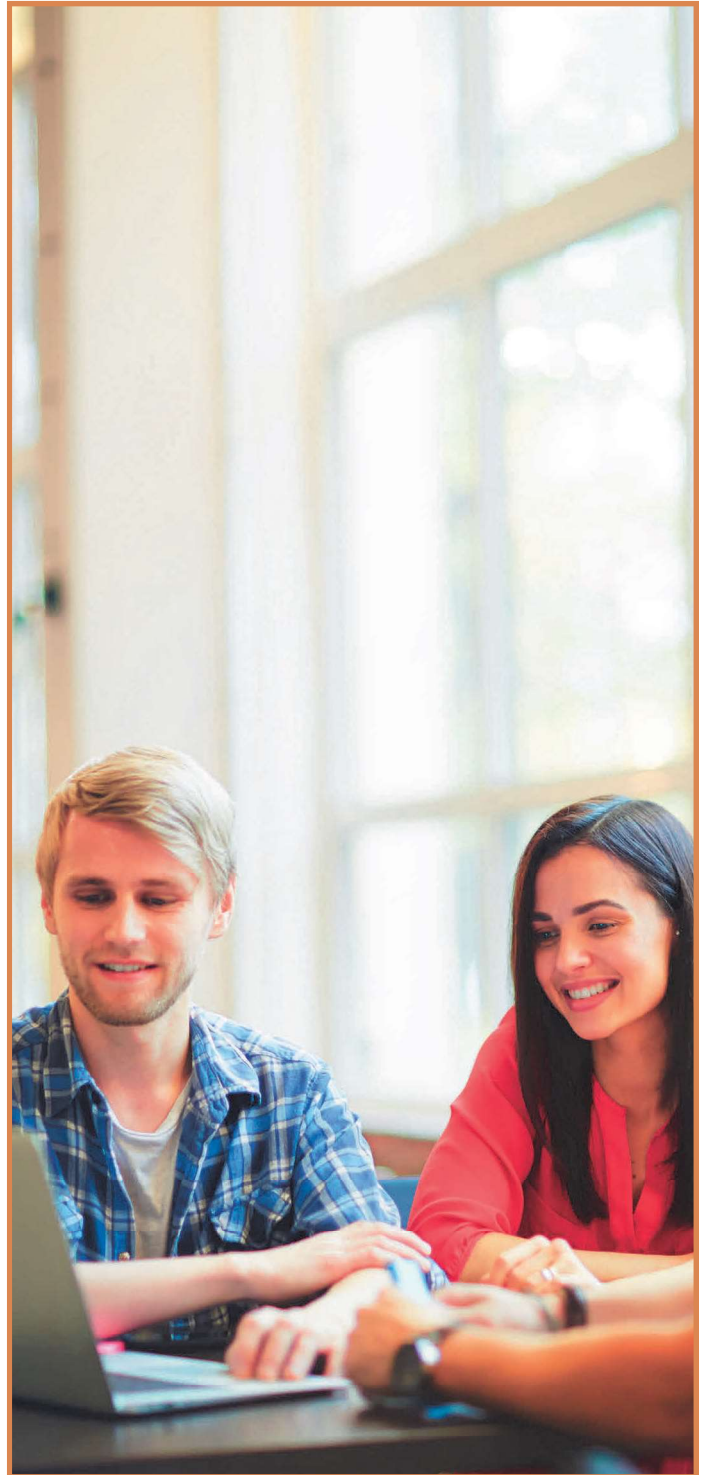
Over the last year, more than 1.6 million people came to our website looking for help and advice about their oral health.

We know just how important it is for people to receive reliable and trustworthy advice, especially in a digital space. Continuing to take pride in investing heavily in online platforms gives us the opportunity to deliver engaging and comprehensive oral health materials to millions of people across hundreds of countries.

We supply oral health education online in Mandarin, Arabic, Hindi, Spanish, German, Russian, French, Polish and Portuguese – reflecting our ambition to share valuable knowledge and information with a wider audience.

Our digital e-magazine Word of Mouth now has more than 16,000 subscribers while almost 20,000 people keep up to date with our charity activities by email.

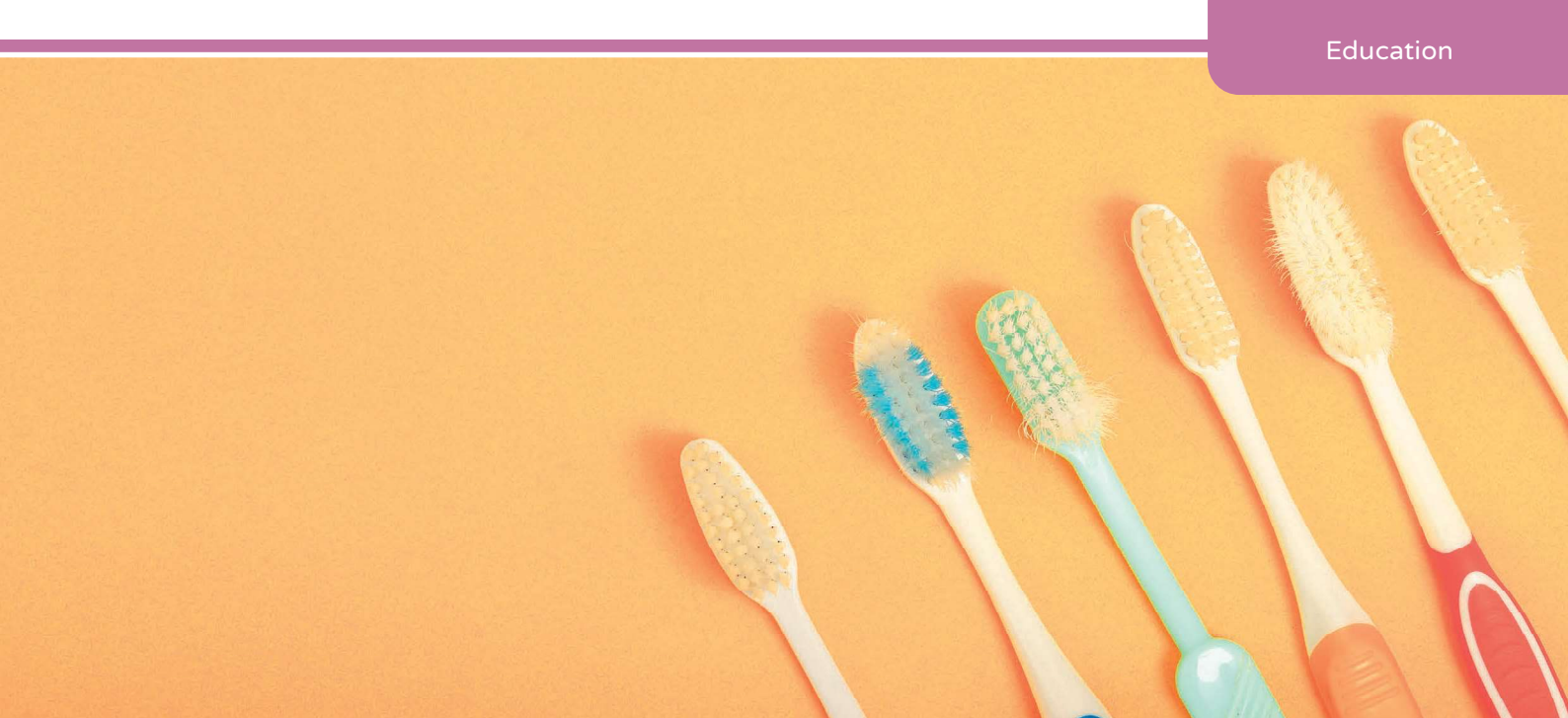
More than 100,000 people follow us across social media. More than 29 million people saw our posts last year and we are seeing strong growth in audiences on Instagram and YouTube. All these platforms are important for our charity, not only to let you know about what we're doing and why, but also to help us engage and share positive messages with those people who might not be able to access healthcare.





Education

All organisations should be armed with the right tools to educate their patients, public and staff about oral health. That's why we are dedicated to creating a diverse range of programmes and resources for dental practices, hospitals, pharmacies, schools, workplaces and other community groups.



Educational Resources

By driving up standards of education and working towards positive learning experiences, we can help inspire changes in behaviour that will improve the health of the mouth.

This year, the Oral Health Foundation has worked harder than ever to provide high quality information, resources and other oral health education products to help health professionals all across the UK directly improve oral health.

Dental practice products continue to be an integral part of our work, and with 50 years' experience of advising members of the public on how to improve their oral health, we have a wealth of knowledge on the dentist-patient communication process and offer constant support to our customers.

Over the last year, we supplied hundreds of dental surgeries, health centres, hospitals and schools, with the tools and resources they need to engage and educate people about the importance of a healthy mouth.

The Oral Health Foundation sent out more than 600 orders last year and we are proud to be one of the leading suppliers of oral health educational material to health departments and bodies, not only in the UK, but in many other territories around the world.

Alongside our successful patient leaflet range (Tell Me About) which now has 52 titles, our dental goody bags have proved particularly popular this year. These dental goody bags group a selection of our very best-selling individual resources and are perfect for patients to use at home or while on the run.



Improving childhood oral health

From brushing their first tooth, to their first trip to the dentist, a child's oral health plays a key part in their early year's wellbeing.

It is a staggering thought, but in primary schools across the UK, around eight or nine children in every class will have already developed tooth decay. That's approaching a quarter of a million children in each primary school year and around 3.3 million young people aged 0-14 years.

This year, we provided young children, parents, and schools with several learning programmes for either the home or classroom.

One of these programmes is Dental Buddy – designed to provide specific educational packages for non-healthcare establishments. This year, we were delighted to release a major update of Dental Buddy, thanks to a grant from the Wrigley Oral Healthcare Programme. Free materials for 'Early Years', 'Key Stage One' and 'Key Stage Two', include lesson plans, activity

sheets and interactive white board software.

Over the course of the year, more than 30,000 Dental Buddy resources were downloaded.

We have also been delighted by the response of our other school-based programmes – Brush Time and Tooth Time. These focus on practical, activity and play to develop a child's understanding of basic oral health and hygiene.

Since tooth decay is the most common non-communicable disease in children and one that is easily prevented, action needs to be taken across multiple environments.

That's why we have also been working hard to deliver our programmes into schools across the country.



Policy and influence

To create a healthier future, we will champion initiatives with policy makers, to raise their awareness of the changes required to bring about significant improvements to oral health. To do this most effectively, we are determined to form partnerships with like-minded professionals and organisations while making sure oral health plays a more prominent role in the media agenda.



Oral health in the media

The media is an increasingly powerful tool for our charity to communicate important messages about oral health while giving audiences added opportunities to follow and support our altruistic activities. In 2020-21, the Oral Health Foundation became a more influential voice for oral health in the press.

Our press team has spent the last year in constant communication with journalists, newspapers and broadcasters all across the country. We have put great importance on building and developing these relationships, firstly, so that we can drive oral health up the media agenda but most importantly, to ensure only independent, unbiased, and correct information is printed.

With increasing inequalities, multiculturalism and divisions within our society, we realise that getting our messages out to different audiences is crucial. We want to be a leader when it comes to oral health in the media and with many myths in circulation, we strongly believe that our role as an impartial and expert source of information is key for increasing knowledge about improving oral health and wellbeing.

In addition to more than 1,000 articles published in print press, we also took part in over 70 radio interviews and television broadcasts. More than four hours of live interviews were recorded that engaged listeners and viewers into learning more about the health of their mouth.

Extraordinarily, our messages positively promoting oral health in the press had a combined global readership in excess of three billion – almost half the world's population!

The ways we are influencing policy

As a charity looking to make a positive impact in the public arena, lobbying and influencing policy on all matters relating to oral health remains essential. In the past year, we have been working to affect the direction and decision making on issues so that we can achieve a higher level of care and health.

Over the last year we have spent a great deal of time lending our support and joining forces with like-minded organisations who are petitioning on the behalf of the public, raising important issues with MPs, Lords and government agencies.

One of the biggest successes in 2020 came when the government confirmed plans for radical NHS reforms which include proposals to remove the barriers to water fluoridation schemes in the UK. Our charity has lobbied for water fluoridation to be extended for many years and if implemented, it will help ease the process of water fluoridation for local communities. This will lead to a significant reduction in tooth decay and could be the single most important measure for improving the oral health status of the population.

There was also a triumph in the battle on when junk food advertisements are allowed to air on television. The new pre-watershed ban is a big step in the right direction, and we will continue to do everything we can to influence new measures that limit the harm caused by sugar.

During the year we also campaigned for greater investment in NHS dentistry. We believe it has been severely underfunded for many years and



services have suffered greatly, especially during the pandemic. We will continue to fight for more funding and support for NHS dentistry.

We are also proud to continue our membership of the Platform for Better Oral Health in Europe, which puts us in a key position to promote oral health and the cost-effective prevention of oral diseases in Europe.



Driving policy with the Platform for Better Oral Health in Europe

The Oral Health Foundation is proud to be a founding and active member of the Platform for Better Oral Health in Europe. The Platform, a consortium of leading bodies involved in dental health, research and education aims to influence European institutions inclosing the European Commission and European Parliament to mainstream the position of oral health as an essential element of general health.

Post COVID, there is a heightened interest in and funding for health within the European Agenda. During the year, the Platform has contributed to the EU4Health consultation and has been actively engaged with the Beating Cancer Plan, including parliamentary questions from MEP Deidre Clune.

The Platform welcomed the WHO World Health Assembly resolution on oral health and is actively working to influence the proposed strategy for oral health.

The EU Cosmetics Committee is considering a ban on SAS silica nano-particles in cosmetics. This will have a dramatic impact on the availability of effective fluoride toothpaste. To address this, the Platform has successfully lobbied the committee to include an assessment of the dental public health impact of its proposals in its considerations. The Platform is working with multiple partners to make a strong case for silica in toothpastes.

The pandemic has delayed plans to roll out Mouth Cancer Action Month across Europe in conjunction with other European NGO partners and we hope to resurrect this project in the coming year.



Equality and fairness
is at the heart of the
Oral Health Foundation
and we will continue
to endeavour to be a
charity whose values
and actions have a
positive effect on all
corners of society.

This year we have helped countless people improve the health of their mouth through providing education materials and resources, advice and information and by organising campaigns and events.



Excellence

To continue to survive as a charity and help people with their oral health problems, it is important we work efficiently and cost-effectively. We also be entirely ethical and transparent about how we invest our money. We also pledge to run our organisation with excellence while being adaptable to changes and challenging environments.



Evaluating the claims of oral health products with Accreditation

For over 25 years we have been proud to help both consumers and health professionals make informed choices about the dental products they buy.

It is important for people to know that the oral care products they are buying perform effectively and safely. The Oral Health Foundation's Accreditation programme gives consumers and groups the information, protection and education they need to be reassured and make informed choices about which oral care products are best for their own needs.

There are so many oral health products on the market and many claims as to their effectiveness being made. We believe that our independent accreditation programme is an extremely helpful tool for both consumer and retailer when it comes to choosing oral healthcare accessories.

We're delighted to report that it was another successful year for our Accreditation programme, both domestically and internationally. We have now 'Accredited' over 1,075 products across 60 territories, making it one of the largest accreditation-based schemes in the world.

The scheme covers both major global brands and (supermarket) 'own brands' and the market for both these two areas remains strong, as dental care and oral hygiene continue to become part of mainstream consumer care.

Over the past 12 months, we have been delighted to see new products approved for a range of oral care products for Morrisons, Lidl and Aldi. Accreditation activity continues to be buoyant, providing a stable income stream in challenging times.



Treasuring our partnerships

As an entirely independent charity, which does not receive government grants nor backing from wealthy donors, we heavily rely on the generosity and goodwill of our supporters to help us fulfil our mission of improving oral health.

As inequalities in oral health continue to grow, and with the incidence of mouth cancer on the rise, our role as a leader in oral health education and preventive action becomes ever more crucial. At its heart, the Oral Health Foundation is an inclusive organisation that provides opportunities for everyone interested in oral health to participate.

Our supporters continue to reflect the diverse range of people and organisations involved, including dentists, oral health professionals, surgeries, companies, huge multi-nationals, and members of the public.

Despite the difficult economic times we're facing, we have been moved by the kindness and support that continues to be shown. Financial support by individuals and groups through fundraising, donations and corporate

sponsorship of our oral health campaigns means that we have been able to provide important information and support for children, the elderly and vulnerable, people with special needs and those living in deprivation all around the UK.

That's why we truly value all the generosity and hard work of you, our supporters. Thank you for all the help you have given us over the past year, and we look forward to all the possibilities that lie ahead.

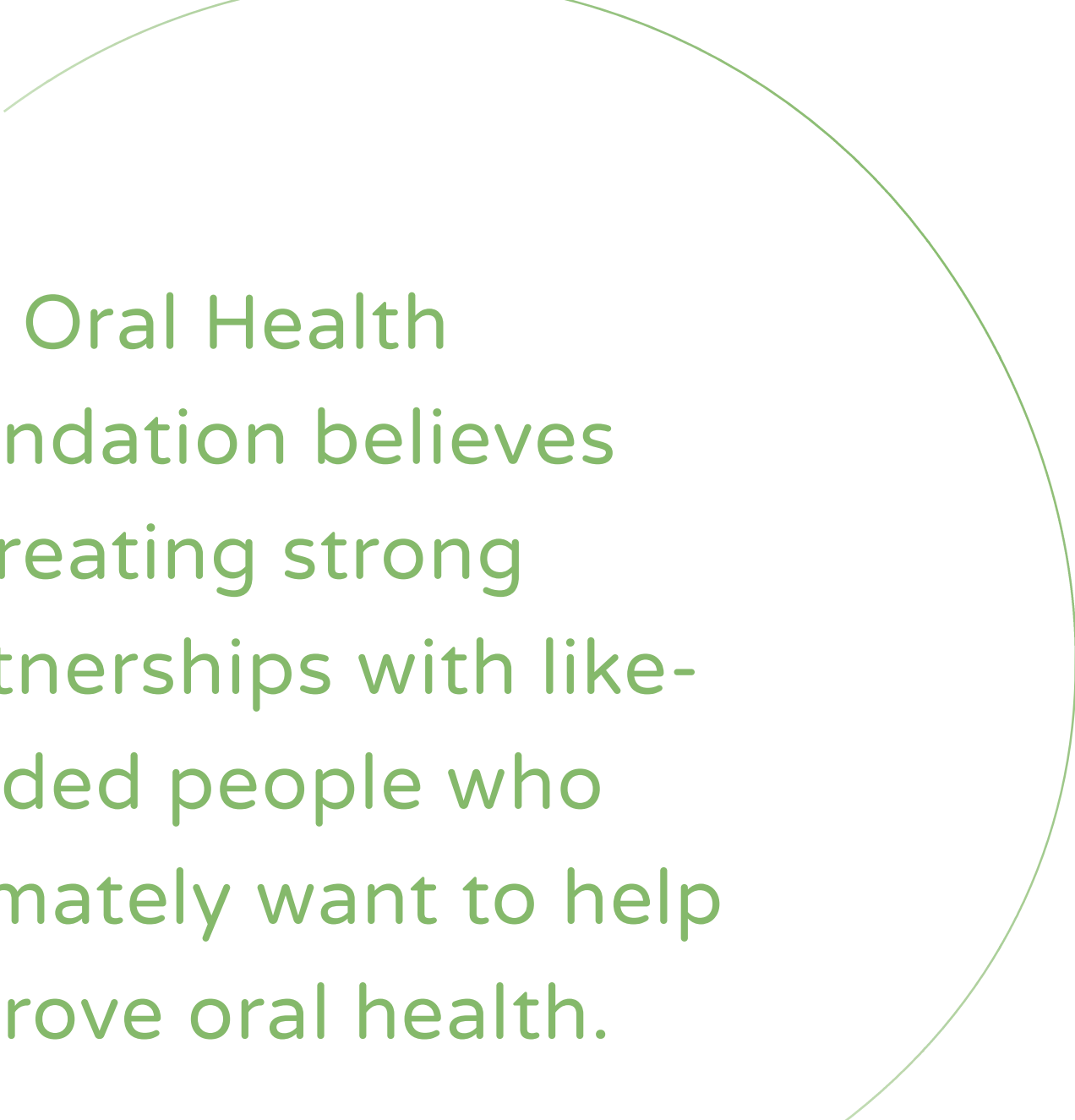
A big thank you to our supporters

What we are able to do wouldn't be possible without the invaluable support of so many companies from all over the world. We would like to say a huge thank you to the below, all of who have helped shape the our activities over the last year.

A-Dec Dental UK | ASP Promotions
 | Associated Dental Products |
 Babycup | BioMin | Blue Horizons |
 British Association of Dental Nurses
 | British Dental Association | British
 Dental Industry Association | British
 Orthodontic Society | British Society
 of Dental Hygiene & Therapy |
 Carr | Centre for Dentistry | Circle
 2014 | Closer Still Media | Dental
 Health Spa | Dental Laboratories
 | Dental Update | DentalEZ Great
 Britain | Dentists' Provident
 Society | Dentsply | Department of
 Health | Faculty of General Dental
 Practitioners (UK) | FMC | GC UK
 | General Dental Council | General
 Medical Council | George Warman



Publications | GlaxoSmithKline | Henry Schein | HPV Action | Irwin Mitchell Solicitors | Ivoclar Vivadent | J
 & S Davis | Joint Medical Group (Armed Forces) | Kulzer | Mark Allen Group | Mccann Health | Medivance
 Instruments | MEDiVision Systems | Medway | Natural Source Waters Association | NSK UK Ltd | Oasis - The
 Dental People | Oralieve | PKF Cooper Parry Group | Platform for Better Oral Health in Europe | Procter &
 Gamble UK | Purple Media | Royal College of Surgeons | Royal Society for Public Health | Scottish Water |
 Setform | Simplyhealth Professionals | Takara Belmont UK | The Dental Defence Union | The Royal Society
 of Medicine | Unilever Oral Care | W&H (UK) | Waterpik | Word Centre | Wrigley Oral Healthcare | Zendium



The Oral Health
Foundation believes
in creating strong
partnerships with like-
minded people who
ultimately want to help
improve oral health.

If your company would like to get involved and support us in any of our activities, we want to hear from you. Please call us on 01788 546 365 or email mail@dentalhealth.org



Income generation

Our campaigns, programmes and charitable work are not possible without the generous financial support of others. Over the next five years, we plan to create more opportunities for supporters to help us financially. In return, we will invest our resources in helping people achieve good oral health. The more money we can raise, the more we can do to help people to achieve better oral health.

Financial summary

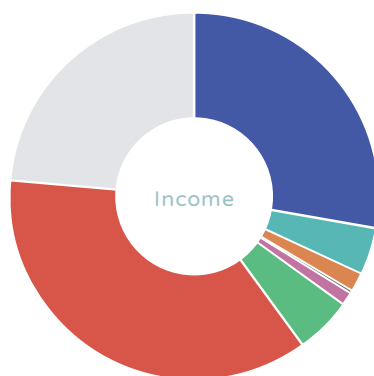
Overall income for the charity remained stable in the financial year, sitting at just over £900,000. This means we were able to continue investing in charitable activities, oral health awareness and education programmes and initiatives, particularly among vulnerable groups.

We have been committed in our investment on producing information and awareness (£249,425), funding the Dental Helpline (£81,679), and mouth cancer action (£88,522). In total, £858,911 was used to fulfil our charitable activities and promote good oral health in the last year.

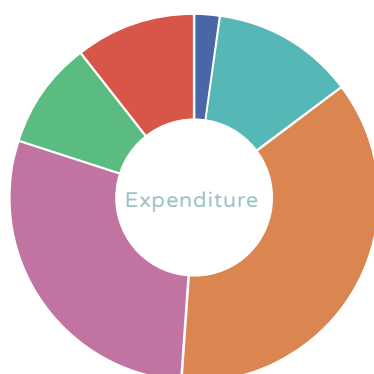
It has been a particularly difficult financial environment for public and private sector spending on oral health educational resources. The charity's income from sales fell by 24% of the last year, to £212,609.

The Oral Health Foundation's Accreditation programme also continues to bring in a substantial and sustained amount of income. Over the last year, Accreditation has brought in £328,751 while revenue generated from donations and sponsorship remained strong at £252,532.

By the end of the reporting period, the Oral Health Foundation had achieved an operating surplus, before gains and losses of approximately £45,651.



Income 2020-21	%
Donations, sponsorship and legacies	27.9%
Furlough grant	4.3%
Investment	1.5%
Rental	0.2%
Council grant	1.1%
Supporter subscriptions	5.2%
Accreditation income	36.3%
Education resource sales and related income	23.5%



Expenditure 2020-21	%
Supporter	2.4%
Accreditation	12.4%
Education resource sales	36.3%
Information & awareness	29.0%
Dental Helpline	9.5%
Mouth cancer campaign	10.3%

Auditors: PKF Cooper Parry Group Limited. Full Copies of the audited report are available on request to the Oral Health Foundation. Please write to mail@dentalhealth.org

Report of the directors and trustees

The Directors present their report together with the financial statements for the year ended 31 July 2021.

Structure, governance and management

The company is registered as a charity under the number 263198 and is governed by the memorandum and articles of association of the Oral Health Foundation as amended by special resolution on 14 December 2011 and written special resolution in March 2012 whose registration number is 01027338. The company is limited by guarantee to the extent of £1 per member and has no share capital.

Directors and trustees

The Directors of the company act as the Trustees and the Directors who served during the year are listed below.

Dr Ben Atkins BDS

Sarah Balser

Janet Clarke (appointed 7th December 2020)

Mhari Coxon RDH

Dr Emanuele Cotroneo

Steven Hardiman (resigned 4th November 2021)

Professor Elizabeth Kay MPH PhD FDSRCPS FDSRCS

Professor Michael Lewis (resigned 24th August 2020)

Professor Jonathon Timothy Newton (appointed 7th December 2020)

Tracey Posner

Juliette Reeves

Dr Zahid Siddique BDS MPHARM

Recruitment and appointment of trustees

As set out in the articles of association, the Trustees are appointed by the members at the annual general meeting. The Trustees are the only members of the charity. Trustees are elected for a period of three years, as determined by the articles they may be re-elected for a further period of three years after which one year must elapse before any re-election except in the case of the President and President-Elect. The Immediate Past President may serve for a further period of two years after retirement as President.

The Trustee Board has the power to co-opt members between annual general meetings. The

Trustees acknowledge their risk management responsibilities and have endorsed the risk register assessment and review it on a regular basis at least biannually.

The Trustees acknowledge that the management of Risk is high on their priorities of good governance. A risk assurance group, consisting of the Director of Operations, the Director of Finance, and two Trustees regularly review the register before it is presented to the Trustees for their review and approval. That way, the Trustees can have confidence that the changes have been scrutinised by their peers ahead of being presented with a summary of changes.

Going forward, managing risk and risk assurance reporting will fall under our 5th Strategic Objective: Excellence.

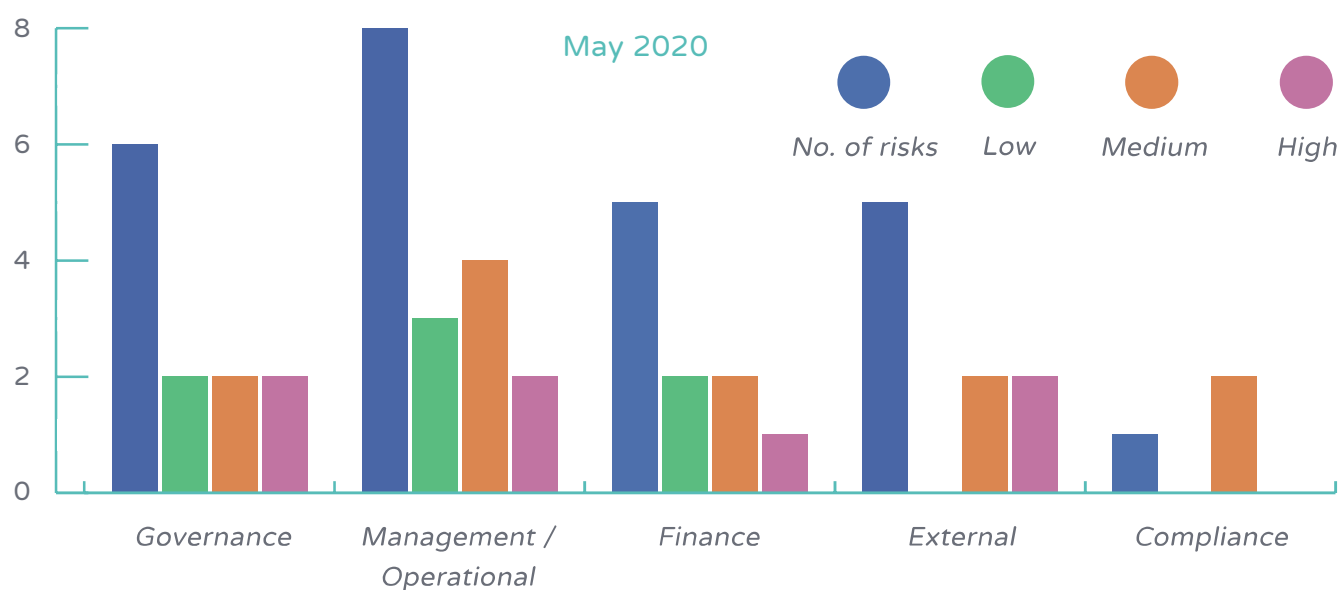
Five key risk areas are identified as:

1. Governance and Management e.g. inappropriate organisational structure, difficulties recruiting trustees with relevant skills, conflicts of interest.
2. Operational Risks e.g., IT and asset security, Structure and infrastructure disaster recovery plan, service quality and development, contract pricing, employment issues, health and safety issues, fraud and misappropriation.
3. Financial Risks e.g. accuracy and timeliness of financial information, adequacy of reserves and cash flow, diversity of income sources, investment management.
4. Environmental and External Factors e.g. public perception and adverse publicity, demographic changes, government policy, adverse social and environmental events.
5. Compliance Risk e.g. breach of trust law, employment law and regulatory requirements of activities, such as fund raising.

In this year our register was updated in February 2020 to include the new External risks of global recession and global pandemic. A global pandemic was declared on March 11th and mitigation measures to move all staff to home working, were implemented by 20th March.

The impacts to our organisation from the risks posed by Covid-19 were identified in February 2020 and mitigation plans actioned very quickly. As a result, the Charity has seen the level of risk against all of its activities reduce over the previous 12 months. This is illustrated below:

Following the Board sub-committee review of the Risk Register in May 2021, two graphs have been added to the summary to provide a clear and easy illustration of how risk has decreased over a 12 month period to May 2021. At the end of the 12 month period, all 'high risk' had been reduced and no areas were considered to be 'high-risk'.



Summary of changes

Addition of 'Risk date of Entry on Register': For each risk area identified post April 2017, the date of entry to the register has been added to the first column. For risk areas which were already on the in April 2017, when the new Director of Operations took on management of the register these risks have been marked as 'inherent risk' in the first column.

Section 1: Governance – LOW The mitigation measures implemented have been effective resulting in the downgrading of perceived in this area to be classed as LOW overall, with 4 of the 6 risks identified, now deemed as low, and two out of 6 as medium.

Section 2: Managerial and Operational – This section is split into 8 individual areas of risks with a new set of identified risk elements withing 2.6 – high staff turnover. Staffing in general needs reviewing in light of current recruitment challenges, the transition to a hybrid flexible working arrangement,

and planning to ensure the Foundation has effective resource to deliver on new opportunities such as the prevention campaign.

2.5 Loss of key personnel **LOW** The main change here was the lowering of risk 2.5 'loss of key personnel' from **HIGH** to **MEDIUM** risk. Mitigation measures to remove the risk of staff contracting and becoming seriously ill with Covid, was mitigated in March 2020 by ensuring all staff could work from home – reducing the risk of contact with other households. These measures meant the risk between March 2020 and May 2021 was **LOW** in terms of contracting the virus from the workplace. A flexible return to a hybrid model of working, will increase the risk of transmission, however, all staff are double vaccinated, and measures have been implemented to make reduce transmission in the work place. (see section 4) So this remains **LOW**.

2.6 High Staff Turnover – **MEDIUM** This section had been low risk, however, with recruitment difficulties over the summer, the loss of a member of the PR team and with the need to recruit 3 staff in the autumn period 2021, this has been upgraded to medium. The mitigation areas will be updated in October 2021 when we will review staff benefits, such as the health scheme. Another review will be required to assess the resource needs (both internal and external) to deliver the Prevention Campaign. This will be carried out once we have got the some funding commitment from Corporate Sponsors. **MEDIUM** risk.

Section 3: Financial – The finance Director has reviewed this section and confirms that there is no change to levels of risk. Mitigation measures have been updated to reflect the following:

3.1 Budget management - **LOW** This section currently remains a relatively low risk area as mitigation measures in place are proving effective. We have reduced cash flow from high to medium. Currently there are no cash-flow issues and mitigation measures and controls in place are working well (furlough/expenditure cuts). However, the financial risk in the longer term, remains unpredictable, so a close eye on cash-flow is being maintained.

Section 4: External – **MEDIUM** The economic, health and social implications of the virus will have a long-term impact for the charity sector, however, with the success of vaccination programme in UK the economic outlook has improved. Until global vaccination programmes improve, the threat from variants remains a risk but mitigation will remain in place to manage this. – External factors remain medium.

4.1 Brexit – **LOW** A trade deal was reached between the EU and UK. However, it remains difficult to assess the impact of this on the economy or the Charity. So far, the impact on the income from Educational Resources sales is negligible. Uncertainty in terms of regulations relating to employment, trade, import and export remains. However, the risk from Brexit is assessed as **LOW**.

4.2 Global Recession – **LOW** The initial dramatic shock to the global financial markets from the arrival of Covid-19 has now subsided. Growth has been better than projected. Growth and economic recovery has been faster than anticipated. The investment portfolio has grown 19% over the past 12 months which is ahead of benchmark of circa 17%. The risk of global recession remains.

4.3 Pandemic / Covid-19 – This hit the dental profession and industry hard in 2020, with the closure of dental practices. This also led to a reduction of income from the sale of educational resources.

The charity was swift to adapt to new ways of working and will continue to put the safety and wellbeing of its staff at the heart of planning. By May 2021 the threat of staff illness had not materialised and, thanks to quickly transitioning staff to home working, our team have managed to avoid infection from the virus. Mitigation measures have been adopted at the office to allow a transitional return to office working with a hybrid model of both home and office working. Social distancing, sanitising and mask wearing measure have been put in for office working and all staff are double vaccinated. However, with the lifting of legal restrictions in relation to social distancing requirements and mask wearing outside of work, the risk of transmission will increase for those working in the office, if the virus is still circulating in the community. Covid continues negatively impact the sales of the Charity's educational resources, which is why this remains a medium level risk.

MEDIUM.

Section 5: Compliance – no change to this section **LOW.**

Risk Area	Risk Identified	Mitigating Controls
Governance & Management	Ineffective Strategic Planning	Activities regularly reviewed to ensure alignment with strategic objectives.
	Trustee Conflicts of interest	Conflicts of interest item on the Board – updated every quarter. Conflict of interest register updated regularly.
Operational Risk	Structure, asset and infrastructure security	System disaster recovery plan and insurance in place.
	System Failures	Remote access & Comms. in place. IT back-up system renewed 2018.
	Assets Security	Insurances reviewed and renewed.
	Data Security	GDPR Policy in place.
	HR Issues /Loss of key staff	Employee handbook sets out HR policies. Flexible approach to home working now in place. Risk assessment and staff feedback carried out with changes implemented to safeguard staff from Covid.

Risk Area	Risk Identified	Mitigating Controls
Financial Risks	Income Reduction through loss of Sales, sponsors and activities	Exploring digitalisation of educational resource offering. Redesigned existing campaigns to digitally. Designing new campaigns.
	Cash flow	Daily bank reconciliation. Reserves management. Cash flow monitoring and projections.
Environment & External Factors	Brexit	Supply chain review.
	Global Recession	Cost saving measures and realistic budget planning.
	Pandemic	Mitigation measures implemented. Staff working flexibly between office and home
Compliance Risk	Non-compliance with legislation and regulations	Trustee sign-off on key documents.

Trustee induction, training and evaluation

All Trustees receive appropriate induction to the Board. They are provided with a comprehensive induction pack prior to election or co-option. This includes relevant charity commission documentation and good practice documentation. Trustees are also expected to visit the charity head office to meet the team, within the first year of their post.

Organisational structure

The full Trustee Board which consists of between 8-12 members meets at least four times a year. The Board is responsible for the governance, strategic direction and policies of the charity. The Chief Executive and other members of the senior management team attend and advise the Trustees as appropriate but are not voting members of the Board.

The Board delegates some powers relating to staff remuneration and other related issues to a Core Team consisting of the President, President-Elect and Trustee responsible for finance.

The Chief Executive, supported by the senior management team, is responsible for the day to day running of the charity and delivery of the annual business plan objectives to a budget agreed by the Board.

Pay policy for senior staff

The key personnel of the Foundation consist of the board of directors (trustees) and the senior management team in charge of directing, controlling and running the day to day operations. All directors are unpaid and give up their time freely. Details of directors' expenses and related party transactions are disclosed in notes 12 & 25.

The pay of the senior staff is reviewed annually by the Core Team, CPI and wage inflation are used as benchmarks for this review.

Public Benefit

Good oral health forms an essential part of general health and wellbeing. Since the Oral Health Foundation was established in 1971, it has played its part in transforming the nation's oral health.

Today, the collective push to improve oral health in the UK has resulted in:

- 11 million more adults having 21 or more of their natural teeth compared to 1978.
- Over 9 million more adults having their own teeth compared to 30 years ago.
- 30% more adults visiting their dentist regularly compared to 1978.
- 10 million fewer adults smoking compared to 30 years ago.
- 61% increase in 12-year-olds free of decay since 1973.

Education and information has helped to underpin this transformation and the Oral Health Foundation has made the following unique contribution in 2020/2021:

- Launching two new campaigns to help people achieve better oral health.
- Providing important oral health resources and materials to over 600 organisations.
- Sending out more than 3,500 dental packs and giving hundreds of schools and nurseries access to our children's oral health programmes.
- Distributing in excess of 100,000 Tell Me About leaflets to communicate and educate patients about good oral health.
- Giving personal advice to more than 7,700 people contacting our free Dental Helpline, staffed by a team of dental care professionals.
- Providing information to more than 1.5 million people seeking trusted dental advice from our websites.
- Continuing to independently assess dental health products to help inform consumers. More than 1,000 dental products across 60 territories have been approved since the product accreditation scheme was established 25 years ago.
- Raising oral health awareness in the media with more than 1,000 news stories being read by more than 3.5 billion people, worth a value of £32 million.

When planning charitable activities, reviewing our aims and objectives and at meetings with the Board of Trustees, our Trustees have paid attention to the Charity Commission's guidance regarding public benefit.

Financial Review

It has been a a challenging year for the Oral Health Foundation, due to the continuing health crisis.

In 2020-21, a surplus of £45.6k (2020: £47.9k deficit) was generated from the charity's day to day activities before investment gains and losses.

Investment Policy

The charity policy for the investment of available funds is that they should be held in investments that can be realised in the medium to short term. The investments should be of low to medium risk as a safeguard to hedge against the reduction in purchasing power by inflation.

Rathbone Investment Management oversees the investment portfolio. The Trustees monitor investment performance against standard policies and meet with the portfolio managers when appropriate during the year.

Reserves Policy

The management has examined the charity's requirements and has established a policy where the reserves not committed or invested in tangible assets held by the Oral Health Foundation should be at least 6 months operating costs plus a contingency for unplanned repairs to the building. This equates to a reserve policy of £600,000. Levels are reviewed annually and are based on working capital requirements, future capital spending, allowance for unexpected contingencies and the financing of appropriate projects in line with the company's aims and objectives.

The company's free reserves (being unrestricted reserves excluding tangible fixed assets) amounted to £995,581 at July 2021 (2020: £847,324).

The company's unrestricted reserves amounted to £1,226,780 at 31 July 2021 (2020: £1,080,951).

Responsibilities of the Directors and Trustees

The Trustees (who are also Directors for the purposes of company law) are responsible for preparing the Directors' and Trustees' Report and the financial statements in accordance with applicable law and United Kingdom Accounting Standards (United Kingdom Generally Accepting Accounting Practice).

Company law requires the Directors to prepare financial statements for each financial year which

give a true and fair view of the of the charitable company and of the incoming resources and application of resources, including the income and expenditure, of the charitable company for that period. In preparing these financial statements, the Directors are required to:

- Select suitable accounting policies and then apply them consistently.
- Observe the methods and principles in the Charities SORP 2019 (FRS102).
- Make judgements and estimates that are reasonable and prudent.
- State whether applicable UK accounting standards have been followed, subject to any material departures disclosed and explained in the financial statements.
- Prepare the financial statements on the going concern basis unless it is inappropriate to presume that the charitable company will continue in business.

The Directors are responsible for maintaining adequate accounting records which disclose with reasonable accuracy at any time the financial position of the charitable company and enable them to ensure that the financial statements comply with the Companies Act 2006. They are also responsible for safeguarding the assets of the charitable company and hence for taking reasonable steps for the prevention and detection of fraud and other irregularities.

Provision of information to auditors

In so far as the Directors are aware:

- There is no relevant audit information of which the charitable company's auditor is unaware.
- The Directors have taken all steps that we ought to have taken to make ourselves aware of any relevant audit information and to establish that the charity's auditor is aware of that information.

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

Auditor

The auditor, Cooper Parry Group Limited, will be proposed for re-appointment in accordance with section 485 of the Companies Act 2006.

On behalf of the Board



Dr Ben Atkins BDS

Smile House, 2 East Union Street, Rugby, Warwickshire, CV22 6AJ
6 December 2021

Independent auditor's report

Opinion

We have audited the financial statements of Oral Health Foundation (the 'charity') for the year ended 31 July 2021 which comprise the Statement of financial activities, the Income and expenditure account, the balance sheet, the statement of cash flows and the related notes, 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 charitable company's affairs as at 31 July 2021 and of its incoming resources and application of resources, including its income and expenditure for the year then ended;
- have been properly prepared in accordance with United Kingdom Generally Accepted Accounting Practice; and
- have been prepared in accordance with the requirements of the Companies Act 2006.

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 Auditors' responsibilities for the audit of the financial statements section of our report. We are independent of the charitable company in accordance with the ethical requirements that are relevant to our audit of the financial statements in the United Kingdom, including the Financial Reporting Council'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 charitable company'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 other information comprises the information included in the annual report other than the financial statements and our auditors' report thereon. The Trustees are responsible for the other information contained within the annual report. 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.

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 course of 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 this gives rise to a material misstatement in the financial statements themselves.

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.

Opinions on other matters prescribed by the Companies Act 2006

In our opinion, based on the work undertaken in the course of the audit:

- the information given in the Trustees' report for the financial year for which the financial statements are prepared is consistent with the financial statements.
- the Trustees' report has been prepared in accordance with applicable legal requirements.

Matters on which we are required to report by exception

In the light of our knowledge and understanding of the charitable company and its environment obtained in the course of the audit, we have not identified material misstatements in the Trustees' report.

We have nothing to report in respect of the following matters in relation to which Companies Act 2006 requires us to report to you if, in our opinion:

- adequate accounting records have not been kept, or returns adequate for our audit have not been received from branches not visited by us; or
- the financial statements are not in agreement with the accounting records and returns; or
- certain disclosures of Trustees' remuneration specified by law are not made; or
- we have not received all the information and explanations we require for our audit; or
- the Trustees were not entitled to prepare the financial statements in accordance with the small companies regime and take advantage of the small companies' exemptions in preparing the Trustees' report and from the requirement to prepare a Strategic report.

Responsibilities of directors

As explained more fully in the trustees' responsibilities statement, the Trustees (who are also the directors of the charitable company for the purposes of company law) 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 the Trustees 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 charitable company'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 charitable company or to cease operations, or have no realistic alternative but to do so.

Auditor's 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 auditors' 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.

Irregularities, including fraud, are instances of non-compliance with laws and regulations. We design procedures in line with our responsibilities, outlined above, to detect material misstatements in respect of irregularities, including fraud. The extent to which our procedures are capable of detecting irregularities, including fraud is detailed below:

Our assessment focussed on key laws and regulations the charitable company has to comply with and areas of the financial statements we assessed as being more susceptible to misstatement. These key laws and regulations included but were not limited to compliance with the Companies Act 2006, Charities Act 2011, Charities (Protection and Social Investment) Act 2016, taxation legislation, data protection, anti-bribery and employment legislation.

We are not responsible for preventing irregularities. Our approach to detecting irregularities included, but was not limited to, the following:

- obtaining an understanding of the legal and regulatory framework applicable to the charitable company and how the charitable company is complying with that framework, including agreement of financial statement disclosures to underlying documentation and other evidence;
- obtaining an understanding of the charitable company's control environment and how the charitable company has applied relevant control procedures, through discussions with Trustees and other management and by performing walkthrough testing over key areas;

- obtaining an understanding of the charitable company's risk assessment process, including the risk of fraud;
- reviewing meeting minutes of those charged with governance throughout the year; and
- performing audit testing to address the risk of management override of controls, including testing journal entries and other adjustments for appropriateness, evaluating the business rationale of significant transactions outside the normal course of business and reviewing accounting estimates for bias.

Whilst considering how our audit work addressed the detection of irregularities, we also considered the likelihood of detection based on our approach. Irregularities arising from fraud are inherently more difficult to detect than those arising from error.

Because of the inherent limitations of an audit, there is a risk that we will not detect all irregularities, including those leading to a material misstatement in the financial statements or non-compliance with regulation. This risk increases the more that compliance with a law or regulation is removed from the events and transactions reflected in the financial statements, as we will be less likely to become aware of instances of non-compliance. The risk is also greater regarding irregularities occurring due to fraud rather than error, as fraud involves intentional concealment, forgery, collusion, omission or misrepresentation.

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. This description forms part of our auditors' report.

Use of our report

This report is made solely to the charitable company's members, as a body, in accordance with Chapter 3 of Part 16 of the Companies Act 2006. Our audit work has been undertaken so that we might state to the charitable company's members 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 charitable company and the charitable company's members as a body, for our audit work, for this report, or for the opinions we have formed.



Glen Bott FCA

Senior Statutory Auditor for and on behalf of:

Cooper Parry Group Limited

Chartered Accountants and Statutory Auditor

One Central Boulevard, Blythe Valley Park, Solihull, West Midlands B90 8BG

6 December 2021

Statement of Financial Activities

Including Income and Expenditure Account - for the year ended 31 July 2021

	Note	2021	2020
		£	£
Income from			
Donations, sponsorship and legacies		252,532	236,870
Furlough grant		38,759	27,806
Investment		13,246	15,266
Rental		2,000	9,000
Council grant		10,000	-----
Supporter subscriptions		46,665	55,974
Accreditation income	3	328,751	358,955
Education resource sales and related income		212,609	279,373
Total income		904,562	983,244
Expenditure on			
Supporter	4	20,514	20,989
Accreditation	5	106,629	119,485
Education resource sales	6	312,142	385,332
Information & awareness	7	249,425	310,070
Dental Helpline	8	81,679	82,650
Mouth cancer campaign	9	88,522	112,664
Total expenditure		858,911	1,031,190
Net income / (expenditure) for the year before other recognised gains and losses	14	45,651	(47,946)
Other recognised (losses) / gains			
Realised gains on investment assets	16	13,226	17,596
Unrealised gains / (losses) on investment assets	16	<u>86,952</u>	<u>(72,518)</u>
Net Movement in Funds	19	145,829	(102,868)
Fund balances brought forward		1,080,951	1,183,819
Fund balances carried forward	19	<u>1,226,780</u>	<u>1,180,951</u>

All of the charitable company's activities are continuing and relate to unrestricted funds.

Balance Sheet

at 31 July 2021

	Note	2021		2020	
		£	£	£	£
Fixed Assets					
Tangible fixed assets	15	231,199		233,627	
Investments	16	<u>737,964</u>		<u>580,080</u>	
		<u>969,163</u>		<u>813,707</u>	
Current Assets					
Stocks		74,412		95,816	
Debtors	17	182,779		128,882	
Cash at bank and in hand		<u>177,323</u>		<u>169,631</u>	
		<u>434,514</u>		<u>394,329</u>	
Creditors: amounts falling due within one year	18	<u>(176,897)</u>		<u>(127,085)</u>	
Net Current Assets		<u>257,617</u>		<u>267,244</u>	
Net Assets		<u>1,226,780</u>		<u>1,080,951</u>	
Represented by					
Unrestricted Funds	20	<u>1,226,780</u>		<u>1,080,951</u>	

The notes on pages 58 to 68 form part of the financial statements. Approved and authorised for issue by the Board of Directors on 6 December 2021.



Dr Ben Atkins BDS
– President, Oral Health Foundation

Statement of Cash Flow

For the year ended 31 July 2021

	Note	2021	2020
		£	£
Cash flow from operating activities	26	<u>60,387</u>	<u>31,455</u>
Cash flow from investing activities			
Payments to acquire tangible fixed assets	15	(8,235)	(5,998)
Purchase of investments	16	(174,790)	(80,025)
Proceeds from sale of investments	16	66,466	114,273
Net Cash movement on investments	16	50,618	(44,346)
Interest & Dividends received on listed investments		13,238	15,126
Interest Income		8	140
Net cash flow from investing activities		<u>(52,695)</u>	<u>(830)</u>
Net increase in cash and cash equivalents		<u>7,692</u>	<u>30,625</u>
Cash and cash equivalents at start date 2020		169,631	139,006
Cash and cash equivalents at end date 2021		<u>177,323</u>	<u>169,631</u>

Notes to the Financial Statements

1 Company Status

The company is registered as a charity. It is limited by guarantee to the extent of £1 per member and has no share capital.

2 Principal Accounting Policies

The principal accounting policies of the company are set out below:

Basis of preparation of financial statements

The financial statements have been prepared under the historical cost convention apart from investments which are stated at market value. The financial statements have been prepared in accordance with applicable accounting standards, the Companies Act 2006 and the Statement of Recommended Practice “Accounting and Reporting by Charities” issued in October 2019 (SORP (FRS102)). The Charity meets the definition of a public benefit entity under FRS102.

Cash flow statement

The charity’s cash flow statement reflects the presentation requirements of FRS102.

Incoming resources

Voluntary income including donations, sponsorship and legacies are recognised when there is an entitlement, certainty of receipt and the amount can be recognised with sufficient reliability.

Investment income is recognised on a receivable basis.

Income from charitable activities includes the accreditation of dental products, sales of educational resources and website licensing income and is recognised as earned.

Any part of the income received, which relates to a period beyond the balance sheet date, is carried into the following year as “unexpired proportion of subscriptions and website licensing received.”

Accreditation, subscriptions and intellectual property licensing once received are non-refundable.

Resources expended

All expenditure is accounted for on an accruals basis and has been classified under headings that aggregate all costs related to the category.

Costs of generating funds are those costs associated with attracting voluntary income and those incurred in trading activities that raise funds.

Charitable expenditure includes those costs incurred in the delivery of the charity's activities and services to its beneficiaries. It includes both the direct costs and the indirect support costs.

Governance costs include those costs associated with meeting the constitutional and statutory requirements of the charity and include audit fees and costs relating to strategic management.

Governance costs are now apportioned on the same basis as other support costs.

Support costs include general overheads and administration and have been allocated to activities on a basis consistent with staff time and estimated usage.

Investments

Investments are stated at market value as valued by the Company's investment advisers. Income arising on investments is accounted for as it accrues. Movements in the valuation of investments are shown as realised and unrealised gains and losses in the statement of financial activities.

Tangible fixed assets

Expenditure on fixed assets over £1,000 is capitalised.

Depreciation is calculated by the straight-line method and aims to write down the cost of both intangible and tangible fixed assets over their expected useful economic lives.

The rates applicable are: Computer equipment	1 year
Equipment, fixtures & fittings	5 years
Freehold buildings	50 years

Stocks for resale

Stock is stated at the lower of cost and net realisable value.

Debtors

Trade debtors are recognised at the settlement amount due after any trade discounts offered. Prepayments are valued at the amount prepaid net of any trade discounts due.

Cash at bank and in hand

Cash in bank and cash in hand includes cash only.

Creditors and provisions

Creditors and provisions are recognised where the charity has a present obligation resulting from a past event that will probably result in the transfer of funds to a third party and the amount due to settle the obligation can be measured or estimated reliably.

Taxation

The company has been granted exemption from corporation taxes under sections 486 and 487 of the Corporation Taxes Act 2010.

Leased assets

All leases are regarded as operating leases and the total payments made under them are charged to the statement of financial activities on a straight-line basis over the lease term.

Defined contribution pension scheme

Contributions are charged to the statement of financial activities as they become payable in accordance with the rules of the scheme.

Funds

Funds held by the charity are either:

Unrestricted general funds – these are funds which can be used in accordance with the charitable objects at the discretion of the Directors.

Designated funds – these are funds set aside by the Directors out of unrestricted general funds for specific future purposes or projects.

Restricted funds – these are funds which must be used in accordance with the restrictions placed on them by the funder.

Transactions in foreign currencies are recorded using the rate of exchange ruling at the date of the transaction. Monetary assets and liabilities denominated in foreign currencies are translated using the rate of exchange ruling at the balance sheet date and unrealised and realised gains and losses in translation are included in the Statement of Financial Activities.

3 Incoming Resources

Accreditation income is derived from the following geographical markets:

	2021	2020
	£	£
UK	287,191	316,105
Europe	20,945	23,895
Rest of the World	20,615	18,955
	<u>328,751</u>	<u>358,955</u>

4	Supporters	2021	2020
		£	£
	Supporters direct costs	245	490
	Salaries	13,846	13,494
	Overheads & support costs	6,423	7,005
		<u>20,514</u>	<u>20,989</u>

5	Accreditation	2021	2020
		£	£
	Accreditation of dental products	598	14,108
	Salaries	76,360	74,748
	Overheads & support costs	29,671	30,629
		<u>106,629</u>	<u>119,485</u>

6	Educational Resource Sales	2021	2020
		£	£
	Cost of sales	109,875	141,097
	Direct costs	48,372	82,150
	Salaries	126,074	128,872
	Overheads & support costs	27,821	33,213
		<u>312,142</u>	<u>385,332</u>

7	Information and Awareness Campaign Costs	2021	2020
		£	£
	Projects	27,639	28,072
	Publicity	28,039	66,858
	Salaries	162,120	181,958
	Overheads & support costs	31,627	33,182
		<u>249,425</u>	<u>310,070</u>

8	Dental Helpline Costs	2021	2020
		£	£
	Publicity	473	890
	Salaries	75,917	75,197
	Overheads & support costs	5,289	6,563
		<u>81,679</u>	<u>82,650</u>

9	Mouth Cancer Awareness	2021	2020
		£	£
	Publicity	11,452	20,685
	Salaries	69,579	84,741
	Overheads & support costs	7,491	7,238
		<u>88,522</u>	<u>112,664</u>

10	Governance Costs (allocated under support costs)	2021	2020
		£	£
	Overheads & support costs	1,367	1,904
	Salaries	34,096	33,116
	Other support costs	6,749	11,066
	Audit, consultancy & professional fees	13,658	9,061
		<u>55,870</u>	<u>55,147</u>

11 Allocation of Support Costs

The Foundation allocates its support costs as shown in the table below. Support costs are allocated on a basis consistent with the use of resources and staff time.

Support Cost	Supporters	Accreditation	Educational Resources	Info & Aware	Dental Helpline	Mouth Cancer	Governance	Total
Overheads	1,687	3,920	6,529	9,145	2,613	2,090	593	26,577
Depreciation	533	1,599	2,666	3,732	1,066	853	213	10,662
General Office	691	2,074	3,471	4,838	1,383	1,106	452	14,015
Finance	410	227	1,023	262	227	307	109	2,565
Governance (note 10)	3,102	21,851	14,132	13,650	0	3,135	-----	55,870
Governance (overhead)	-----	-----	-----	-----	-----	-----	(1,367)	(1,367)
	<u>6,423</u>	<u>29,671</u>	<u>27,821</u>	<u>31,627</u>	<u>5,289</u>	<u>7,491</u>	<u>0</u>	<u>108,322</u>

12 Staff Costs

	2021	2020
	£	£
Wages and salaries	452,421	483,023
Social security costs	72,125	72,862
Other pension costs	33,446	36,241
	<u>557,992</u>	<u>592,126</u>

The Directors were reimbursed a total of £nil for expenses incurred during the year ended 31 July 2021 (2020: £5,049).

The Directors received no other remuneration or emoluments during the year.

	2021 Number	2020 Number
Employees earning £60,000 per annum or more:		
£130,000 - £139,999	1	1

Pension contributions in the year for these employees amounted to £12,496 (2020: £12,496).

The key management personnel of the Foundation comprise the trustees, the Chief Executive and members of the senior management team. The total employee benefits of the key management personnel of the Foundation were £318,027 (2020: £309,743).

The average number of employees analysed by function was:

	2021	2020
Direct charitable activities	7	8
Income producing activities	2	3
Administration	3	4
	12	15

13 Defined Contribution pension scheme

The company pays contributions to a personal pension fund which is available to all employees. The pension cost charge represents contributions payable by the company to the fund and amounted to £33,446 (2020: £36,241). No contributions were payable to the fund at the year end. No Directors qualified for benefits and no contributions were paid to Directors.

14 Net outgoing resources

	2021	2020
	£	£
Net outgoing resources are stated after charging/ (crediting):		
Depreciation and amortisation	10,663	15,353
Auditors' remuneration	6,500	6,500
Operating lease rentals:		
- plant and machinery	1,316	1,316
Rental income	(2,000)	(9,000)

15 Fixed Assets

	Freehold land & buildings	Fixtures & fittings	Computer equipment	Office equipment	Total
	£	£	£	£	£
Cost					
At 1 August 2020	348,065	22,379	39,328	33,802	443,574
Additions	-	-	<u>5,240</u>	<u>2,995</u>	<u>8,235</u>
At 31 July 2021	<u>348,065</u>	<u>22,379</u>	<u>44,568</u>	<u>36,797</u>	451,809
Depreciation					
At 1 August 2020	119,411	22,379	37,689	30,468	209,947
Charge for the year	6,241	-	2,318	2,102	10,662
At 31 July 2021	<u>125,652</u>	<u>22,379</u>	<u>40,007</u>	<u>32,570</u>	<u>220,609</u>
Net book value					
At 31 July 2021	<u>222,413</u>	-	<u>4,561</u>	<u>4,227</u>	<u>231,200</u>
At 31 July 2020	<u>228,654</u>	-	<u>1,639</u>	<u>3,334</u>	<u>233,627</u>

16 Fixed Asset Investments

	2021	2020
	£	£
Market Value		
At 1 August 2020	£580,080	624,904
Additions	£174,790	80,025
Disposals	(£66,466)	(114,273)
Realised investment gains	£13,226	17,596
Unrealised investment gains	£86,952	(72,518)
Net cash movement	(£50,618)	44,346
At 31 July 2021	<u>£737,964</u>	<u>580,080</u>

The investments consist of a share portfolio managed by stockbrokers Rathbones, primarily held to provide an investment return for the charity. All investment assets were held in the UK. All shareholdings are of listed companies. The historic cost at 31 July 2021 was £590,053 (2020: £525,123).

Investments held at market value comprised:

	2021	2020
Equities	593,218	411,738
Fixed interest securities	120,057	93,035
Cash held within investment portfolio	<u>24,689</u>	<u>75,307</u>
	<u>737,964</u>	<u>580,080</u>

17 Debtors

	2021	2020
	£	£
Amounts falling due within one year		
Trade debtors	144,758	96,359
Prepayments and other debtors	<u>38,021</u>	<u>32,523</u>
	<u>182,779</u>	<u>128,882</u>

18 Creditors: amounts falling due within one year

	2021	2020
	£	£
Trade creditors	36,388	24,279
Social security and other taxes	57,177	55,056
Accruals and deferred income	65,012	25,677
Unexpired proportion of supporter income received	17,691	21,298
Unexpired proportion of intellectual property licensing	629	775
	<u>176,897</u>	<u>127,085</u>

Deferred Income

	Website	Supporter Income	Total
	£	£	£
Balance at 1 August 2020	£775	£21,298	£22,073
Amount released to incoming resources	(£775)	(£21,298)	(£22,073)
Amount deferred in the year	£629	£17,691	£18,320
Balance at 31 July 2021	<u>£629</u>	<u>£17,691</u>	<u>£18,320</u>

19 Reconciliation of movement in funds

	2021	2020
	£	£
Balance at 1 August	1,080,951	1,183,819
Income	904,562	983,244
Expenditure	(858,911)	(1,031,190)
(Losses) / gains	<u>100,178</u>	<u>(54,922)</u>
Balance at 31 July	<u>1,226,780</u>	<u>1,080,951</u>

20 Analysis of net assets between funds

	2021	2020
	£	£
Unrestricted funds		
Tangible fixed assets	231,199	233,627
Investments	737,964	580,080
Net current assets	<u>257,617</u>	<u>267,244</u>
Total	<u>1,226,780</u>	<u>1,080,951</u>

21 Guarantee

The company is limited by guarantees of £1 per member.

22 Other financial commitments

There were no financial commitments at 31 July 2021 (2020: NIL).

23 Contingent liabilities

At the year end, there were no contingent liabilities.

24 Commitments under operating leases

Total future minimum lease payments under non-cancellable operating leases are as follows:

	2021	2020
	£	£
Rent of plant and machinery:		
Due within one year	-----	1,316
Due 2-5 years	-----	-----

25 Related party transactions

The Oral Health Foundation made sales to Ben Atkins director. The value of the sales was £152.25 (2020: £430.00). At 31 July 2021, the balance owed was £nil (2021: £nil).

The Oral Health Foundation made sales to Positive Communications Global Ltd, a company in which one of the Directors of the Oral Health Foundation, Tracey Posner, is also a director. The value of the sales was £102,000 (2020: £51,840). At 31 July 2021, the balance owed by Positive Communications was £nil (2021: £nil).

The Oral Health Foundation made purchases from Purple Media, a company in which one of the Directors of Oral Health Foundation, Steve Hardiman is a director. The value of the purchases was £5,160 (2020: £11,424). At 31 July 2021, the balance owed by Oral Health Foundation was £nil (2020: £nil).

26 Reconciliation of net movement in funds to net cash flow from operating activities

	2021	2020
	£	£
Net Movement in funds	145,829	(102,868)
Adjustment for:		
Depreciation & Amortisation	10,663	15,353
Investment income	(13,246)	(15,266)
(Gains) / losses on investments	(100,178)	54,922
Decrease in stock	21,404	25,501
(Increase) / Decrease in debtors	(53,897)	65,635
Increase / (Decrease) in creditors	49,812	(11,822)
Net Cash generated by activities	<u>60,387</u>	<u>31,455</u>

The Oral Health Foundation campaigns to address the inequalities in oral health. We're a registered UK charity which relies on donations from the public, as well as the dental and health profession. Become a supporter. Your donation will be warmly received and will allow us to continue our important mission of providing independent and impartial information, education and advice to those who need it most.