



A Charitable Incorporated Organisation

**Trustees' Report and Unaudited
Financial Statements**

Year ended 31 March 2017

Charity Registration No. 1152552

HEALTHWATCH CAMDEN

REFERENCE AND ADMINISTRATIVE DETAILS

Status: Charity Registration No.: 1152552
The Charity's governing document is constitution dated 21 June 2013

Chief Executive Officer: Frances Hasler

Registered Office: 150 Ossulston Street
London
NW1 1EE

Trustees: Pamela Hibbs
Saloni Thakrar
Sanjay Ganvir (appointed 21 November 2016)
Dr Connie Smith (Chair)
Claire Barry (retired 21 November 2016)
Alison Lowton (retired 21 November 2016)
Elisa Alvares
Jessica Warne (appointed 21 November 2016)

Independent examiner: Shruti Soni ACCA
Shruti Soni Ltd
Chartered Certified Accountants
Chislehurst Business Centre
1 Bromley Lane BR7 6LH

HEALTHWATCH CAMDEN

Trustees' Report for the year ended 31 March 2017

The trustees present their report and the financial statements for the year ended 31 March 2017.

This Trustees Report and the associated Financial Statements have been prepared in accordance with guidance for preparing Charity Accounts and Reports presented in "Accounting and Reporting by Charities: Statement of Recommended Practice" and are therefore in accordance with the Financial Reporting Standard applicable in the UK and Republic of Ireland (effective 1 January 2015) - (Charities SORP FRS 102).

Objectives

Healthwatch Camden is an independent organisation, run by and for local people. Our role is to ensure that Camden people have a strong VOICE in local health and social care services; that they know about the CHOICES they can make in health and social care services; and that local people's views lead to positive CHANGE in health and social care services.

Our remit derives from the key functions and powers of a local Healthwatch organisation, as set out in the 2012 Health and Social Care Act. These are:

- to provide information and advice to the general public about local health and social care services;
- to make the views and experiences of members of the general public known to health and social care providers and commissioners;
- to enable local people to have a voice in the development, delivery, improvement and equality of access to local health and social care services and facilities;
- to support for our volunteers and the wider community in understanding and monitoring local health and social care services and facilities.

Activities - how we work

Our work is based on what people tell us. We network with the diverse voluntary and community organisations in the borough, so that we can reach as wide a range of people as possible. We go to community events and we collect feedback on services, face to face, via comment cards and via our website. We invite local people to help set our priorities, choosing which aspects of local health and care services need to be improved. We carry out enquiries in these priority areas, and write reports on what we find. We have powers to go into services to check on quality, and we also conduct surveys. Sometimes we carry out longer-term research, to explore a topic in more depth.

We share reports with service providers and with people in charge of planning services (commissioners). We have legal powers which mean that providers and commissioners must respond to our recommendations. Our legal powers also mean we can go into services to check on quality. We also share what we learn with the Care Quality Commission and with Healthwatch England.

We provide information to people about the choices they can make in services. We have compiled an online guide ([Start here](#)) to help people find the right service for them.

We take part in planning changes in local services, making sure that local citizens get a say. This includes being represented on key bodies such as the Health and Wellbeing Board and the Clinical Commissioning Group Board as well as taking part in programme boards for the Local Care Strategy and for Urgent and Emergency Care and contributing to consultation events run by the council and the CCG. We champion the views of local people.

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Achievements

In the year ending 31 March 2017 we worked in partnership with many local organisations. We worked with mental health service users on a unique project to chart the process of change in their service. We partnered with a national charity to take a fresh look at older people's residential care in the borough. We supported disabled people to plan new independent living services. We explored people's experience of dental services in Camden. We've made sure that the voice of local people is included in plans for future urgent and emergency care services. We will continue to provide information to help individuals find their way round the system. We supported patient participation in primary care, we contributed to commissioning plans, and also visited mental health inpatient wards.

Working for improvement

For older people

People told us they wanted to know more about the quality of Camden's residential care for older people. We worked in partnership with national charity, Independent Age, to develop new and user-friendly indicators of quality in care homes and field test these with visits to Camden's 7 care homes for older people. We published reports on each home. These led to some quick improvements in some of the care quality indicators for their assessment visits to local care homes. In addition, local councillors in Camden will use the 10 indicators to help them assess local care services (including sheltered housing) in their areas. The project has gained national recognition and is being replicated across England with support from MPs and local authorities

For Bangladeshi residents

Last year (2015-16) Healthwatch Camden worked in partnership with Camden's Health and Adult Social Care Scrutiny Committee to produce a wide-ranging report on wellbeing in Camden's Bangladeshi community. This year we have been following up to make sure its recommendations are acted on. One of our findings was about the lack of access to psychological therapies for Bangladeshi-origin residents.

The CCG has commissioned a new psychological therapy service specifically for this user group. MIND in Camden has appointed a Bengali speaking outreach worker.

One of our findings was about loneliness, especially among older people in the Bangladeshi community.

Led by Age UK Camden, Ageing Better in Camden commissioned the Bangladeshi Community Action Project: An asset based community development project run by people over 50 from the Bangladeshi community, targeting people who are socially isolated, the vision is that older people from the Bangladeshi community participate as active citizens working together as a dynamic and changing group that work together to improve their own lives, those of others and tackle the issue of loneliness and social isolation.

One of our findings was that health promotion advice was not reaching the Bangladeshi community. We argued that Making Every Contact Count training should be made available to the voluntary sector within the Bangladeshi Community. As a result, Hopscotch Asian Womens Group have had 12 outreach/case workers complete MECC face to face training and local faith leaders (local imams/mosque presidents) will be signing up to be MECC Champions.

For mental health service users

Mental health service users said they were unhappy with proposed service changes. Healthwatch Camden offered to work with the service users at the Highgate Centre to co-design a research project that would seek to capture, in real time, their lived experiences of the service changes at the Centre. We worked with a group of service users on a 30 week audio diary project.

The audio diaries provide strong evidence that the changes to the service at The Highgate Centre were implemented in a way that had an overwhelmingly negative impact on the people using the service. The evidence of the audio diaries shows that the negative impact could have been reduced by better management of the change process.

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The report was published in July 2017. We made 6 recommendations for improving the management of service change in future and were also able to secure an unreserved public apology from both the provider and the commissioner. Service users told us they were immensely grateful for the recognition of their experience and for the public apology.

For people going to the dentist

We heard that some people were confused by dental charges. We carried out a survey to find out more, including talking to Somali residents and homeless people. We found that although most people were satisfied with the treatment they got, many were confused about the payments they were being asked to make and a few had been charged a lot of money for treatment that should have been available on the NHS. We shared our findings with the Local Dental Committee. They were very receptive and are working with their members to improve the information that is available at dental surgeries, so that everyone can be aware of what they are entitled to and how much they will have to pay before they agree to any treatment.

All of our reports are published on our website.

Other work includes

Improving access to information -we have worked with the CCG and Local Medical Committee to encourage GP practices to implement the NHS Accessible Information Standard.

Improving urgent and emergency care - leading work across five boroughs to gather views on how to make things better.

Developing local services

- partnering with the Somers Town and St Pancras Living Centre - developing a new information and support service for local people.
- facilitating co-design of a service for disabled people at the new Centre for Independent Living.

Further information on our activities can be found in our Healthwatch Annual Report which is published in June.

Structure, Governance and Management

Healthwatch Camden is a Charitable Incorporated Organisation, foundation model. We do not have a formal membership structure - anyone who lives in Camden or who uses health and social care services in the borough can get involved in our work.

Our board

Healthwatch Camden has a board of trustees who all live, work or use services in Camden. They guide our work and make sure that what we do is led by what matters to local people. Trustees are appointed via open advertising. All trustees must meet the requirements of our role description. They are appointed for a three year term and may be appointed for a second consecutive term. The Chair of the board is elected by the trustees. Trustees meet eight times a year. Four of these meetings are in public.

Staff

Healthwatch Camden has a small staff of six people (4.2 whole time equivalent) led by our Director. Staff are accountable to trustees via the Director. Trustees receive regular reports on work, and review reports before they are published.

Volunteers

Healthwatch Camden is supported by volunteers - over the past year we've gained around 40 volunteers from the local community. They have different backgrounds and range from youth to older people. Volunteers participated in our focus group with Independent Age; they also helped

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us to speak to residents staff and family in care homes and provided a valuable insight into evaluating the homes. Volunteers did PLACE visits at local hospitals to provide the patient perspective on whether the healthcare environment provides privacy and dignity. Students volunteered to help us gather views for our dental survey. They hit the streets of Camden and went into cafes and pubs to find out people's views on Camden's dental services. Volunteers also help us to give out information on what we do, and to get feedback via our 'Your voice counts' surveys.

Setting our priorities

Everything we do is based on what matters to local people.

We gather views on what matters to local people, through outreach. We conduct surveys, face to face and online. We hold community forum events to identify potential topics and to find out which topics matter most to people. We also pick up topics from enquiries, from issues raised in local newspapers and from discussions in local forums such as the Health and Adult Social Care Scrutiny Committee. We prioritise which topics to work on based both on feedback from local people and on our judgement about where we can make the most positive difference. We use a priority setting framework to help us do this. In the past year, we have done new work (on older people, mental health and dentistry) and followed up previous work (on wellbeing in the Bangladeshi community and on communication barriers at GP surgeries. We want to make sure that what people tell us makes a difference, so we monitor services to check that they are implementing our recommendations.

This year we went to 13 community events and spoke to residents about general health and social care issues by providing a list of options for them to vote on. Residents were given up to three votes each, and over 600 votes were cast.

The most popular topic that people wanted us to take action on is "help for older and disabled people" which received 27% of the vote share. This was followed by "cancer screening" (16%) and "local plans for the NHS" (15%). The next most popular options were "Ways of getting health advice" (13%) and "Help to find and use services" (12%) "Services being right for my age, background and culture" (9%) and "Eye health and opticians" (8%).

People also spoke to us in more detail about specific concerns or opinions they had. We heard over 200 additional comments about GPs, mental health, air pollution, help to get healthy, patient voice and choice, oral health, pharmacies, lack of accessible services for disabled people - and of course, lots of positive comments about how happy and appreciative people were of a range of NHS and social care services.

Plans for the future

Healthwatch Camden is developing a new 5 year strategic plan.

As outlined above, there is a list of current concerns, some of which will become priorities for our work. In the short term, our work priorities are:

Health and Housing - a mixed methods research project to gather evidence from local residents on barriers to accessing support services for private rental tenants and social housing tenants and possible solutions.

Community Centres - visits with disabled residents to assess access to Camden's community centres - and relate this to the Council's strategy to develop new approaches to adult social care.

Urgent and Emergency Care

Working with neighbouring local Healthwatch to do engagement work across the North London area, to ensure local people have a say in the re-design of urgent care services. Work includes

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gathering evidence on what is working well or not so well, and supporting a Citizens' Reference Group to influence the UEC programme.

Working with local people in Camden to find out more about what they expect from Emergency Departments.

Disabled people - working with Camden Disability Action and Camden Council to develop a new "model of engagement" which will give disabled citizens a stronger voice in the council's work.

Young people - social media campaign and film making project with local schools exploring the health and wellbeing priorities of Camden's teenagers.

Mental health - surveying service users and local residents about proposed changes to local mental health services, and supporting them to co-design new mental health community services.

Our five year strategy will seek first to maintain our excellent track record of amplifying the voice of Camden people in local health and social care services; ensuring they know about the choices they can make in health and social care services; and promoting local people's views lead to produce positive change in health and social care services.

In addition, we will seek to expand our role as a focal point for engagement in the borough. We will champion the role of citizens and service users in designing, monitoring and (in some cases) running local services. We will create new partnerships with local organisations.

To achieve these things we will expand our communication, particularly our use of digital media, and we will consolidate our financial position through further income generating activity.

Our finances

The main source of income is a core grant from London Borough of Camden. The amount of this grant was reduced for the financial year ending 31 March 2017. We were not able to make up all the difference through income generation. However, we were able to use some of the money brought forward from last year. This, together with prudent spending, means we ended the year with a positive balance and our main reserve funds intact. We have been successful in generating new income in 2017/18, chiefly through a contract to support engagement activities for the North Central London Urgent and Emergency Care programme.

We don't yet know what our grant arrangements with London Borough of Camden will be beyond March 2018; we have received verbal assurances of continuing support but at the time of writing the amount and duration of future core funding is not confirmed.

At their meeting on 23 October 2017 trustees reviewed our reserves policy. They agreed to maintain the current approach to reserves, and to increase the amount of the designated reserve to £57,500. They also agreed to open a savings account.

Risks to the charity

At their meeting on 23 October 2017 trustees reviewed current risks. They noted that the principal risks to the charity are:

Loss or reduction of grant - they concluded that loss of grant is a very low risk, but that we should plan for the contingency of reduction of grant.

Lack of capacity to develop new work - trustees asked for an action plan to overcome this difficulty.

They also considered the potential for loss through fraud; the likelihood of this is low, however trustees wanted to assure themselves that our control systems are as strong as possible.

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Statement of Trustees' Responsibilities

The trustees are responsible for preparing the Trustees' Annual Report and the financial statements in accordance with applicable law and United Kingdom Accounting Standards (United Kingdom Generally Accepted Accounting Practice).

In preparing these financial statements, the trustees are required to:

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

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

This report was approved by the Trustees on November 20th 2017..... and signed on their behalf by:

Signed SSThakar
Trustee

Name SALONI THAKAR

Independent Examiner's Report to the Trustees of Healthwatch Camden

I report on the financial statements of the charity for the year ended 31 March 2017 as set out on pages 10 to 20.

This report is made solely to the charity's trustees, as a body, in accordance with Section 145 of the Charities Act 2011. My work has been undertaken so that I might state to the charity's trustees those matters I am required to state to them in this report and for no other purpose. To the fullest extent permitted by law, I do not accept or assume responsibility to anyone other than the charity and the charity's trustees as a body, for my work, for this report, or for the opinions I have formed.

Respective responsibilities of trustees and examiner

The charity's trustees (who are also the directors of the company for the purposes of company law) are responsible for the preparation of financial statements. The trustees consider that an audit is not required for this year under Section 144(2) of the Charities Act 2011 (the '2011 Act') and that an independent examination is needed. The charity's gross income exceeded £250,000 and I am qualified to undertake the examination by being a qualified member of the Association of Chartered Certified Accountants.

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

- examine the financial statements under Section 145 of the 2011 Act;
- to follow the procedures laid down in the General Directions given by the Charity Commission under section 145(5) of the 2011 Act; and
- to state where particular matters have come to my attention.

Basis of independent examiner's report

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

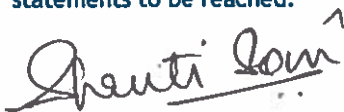
Independent examiner's statement

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

- 1) which gives me reasonable cause to believe that in any material respect the requirements:
 - to keep accounting records in accordance with section 130 of the 2011 Act; and
 - to prepare financial statements which accord with the accounting records and comply with the accounting requirements the 2011 Act and with the methods and principles of the Statement of Recommended Practice: Accounting and Reporting by Charities;

have not been met; or

- 2) to which, in my opinion, attention should be drawn in order to enable a proper understanding of the financial statements to be reached.



Shruti Soni ACCA
Shruti Soni Ltd • Chartered Certified Accountants
Chislhurst Business Centre, 1 Bromley Lane BR7 6LH

Date: 20/11/2017

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Statement of financial activities (incorporating an income and expenditure account)

For the year ended 31 March 2017

	Note	Unrestricted £	Restricted £	2017 Total £	Unrestricted £	Restricted £	2016 Total £
Income from:							
Donations and legacies	2	-	218,815	218,815	3,325	264,559	267,884
Charitable activities							
Health advice, information and research	3	2,654	-	2,654	-	-	-
Investments		-	-	-	1	-	1
Total income		2,654	218,815	221,469	3,326	264,559	267,885
Expenditure on:							
Raising funds	4	-	2,174	2,174	-	-	-
Charitable activities							
Health advice, information and research	4	-	225,870	225,870	-	261,154	261,154
Total expenditure		-	228,044	228,044	-	261,154	261,154
Net income / (expenditure) for the year		2,654	(9,229)	(6,575)	3,326	3,405	6,731
Transfers between funds		-	-	-	50,136	(50,136)	-
Net movement in funds		2,654	(9,229)	(6,575)	53,462	(46,731)	6,731
Reconciliation of funds:							
Total funds brought forward		53,462	21,709	75,171	-	68,440	68,440
Total funds carried forward	13	56,116	12,480	68,596	53,462	21,709	75,171

All of the above results are derived from continuing activities. There were no other recognised gains or losses other than those stated above. Movements in funds are disclosed in Note 13 to the financial statements.

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Balance sheet As at 31 March 2017

	Note	£	2017 £	£	2016 £
Fixed assets:					
Tangible assets	10		3,419		-
			3,419		-
Current assets:					
Cash at bank and in hand		76,220		87,270	
		76,220		87,270	
Liabilities:					
Creditors: amounts falling due within one year	11	11,043		12,099	
Net current assets / (liabilities)			65,177		75,171
Total assets less current liabilities			68,596		75,171
Total net assets / (liabilities)			68,596		75,171
The funds of the charity:	12				
Restricted income funds			12,480		21,709
Unrestricted income funds:					
Designated funds		51,000		50,136	
General funds		5,116		3,326	
			56,116		53,462
Total unrestricted funds			56,116		53,462
Total charity funds			68,596		75,171

These financial statements were approved by the board on November 20th 2017 and signed by its behalf by:

SS Thakar SALONI THAKAR

 Trustee
 Name

HEALTHWATCH CAMDEN

Statement of cash flows

For the year ended 31 March 2017

	Note	2017 £	£	2016 £	£
Cash flows from operating activities	14				
Net cash provided by / (used in) operating activities			(5,921)		12,182
Cash flows from investing activities:					
Dividends, interest and rents from investments		-		1	
Purchase of fixed assets		(5,129)		-	
Net cash provided by / (used in) investing activities			(5,129)		1
Change in cash and cash equivalents in the year			(11,050)		12,183
Cash and cash equivalents at the beginning of the year			87,270		75,087
Cash and cash equivalents at the end of the year	15		76,220		87,270

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Notes to the financial statements

For the year ended 31 March 2017

1 Accounting policies

a) Basis of preparation

The financial statements have been prepared in accordance with Accounting and Reporting by Charities: Statement of Recommended Practice applicable to charities preparing their accounts in accordance with the Financial Reporting Standard applicable in the UK and Republic of Ireland (FRS 102) (effective 1 January 2015) - (Charities SORP FRS 102), the Financial Reporting Standard applicable in the UK and Republic of Ireland (FRS 102) and the Companies Act 2006. Healthwatch Camden is a charitable incorporated organisation registered with Charity Commission with registration number 1152552. Its registered office address is 150 Ossulston Street, NW1 1EE. The accounts are presented in GBP rounded to £1.

Assets and liabilities are initially recognised at historical cost or transaction value unless otherwise stated in the relevant accounting policy or note.

The financial statements have been prepared to give a 'true and fair' view and have departed from the Charities (Accounts and Reports) Regulations 2008 only to the extent required to provide a 'true and fair view'. The departure has involved following the Accounting and Reporting by Charities: Statement of Recommended Practice applicable to charities preparing their accounts in accordance with the Financial Reporting Standard applicable in the UK and Republic of Ireland (FRS 102) issued on 16 July 2014 rather than the Accounting and Reporting by Charities: Statement of Recommended Practice effective from 1 April 2005 which has since been withdrawn.

b) Public benefit entity

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

c) Going concern

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

Key judgements (excluding those involving estimates) that the charitable company has made which have a significant effect on the accounts include Depreciation rates for tangible Fixed Assets.

The trustees do not consider that there are any sources of estimation uncertainty at the reporting date that have a significant risk of causing a material adjustment to the carrying amounts of assets and liabilities within the next reporting period.

d) Income

Income is recognised when the charity has entitlement to the funds, any performance conditions attached to the income have been met, it is probable that the income will be received and that the amount can be measured reliably.

Income from government and other grants, whether 'capital' grants or 'revenue' grants, is recognised when the charity has entitlement to the funds, any performance conditions attached to the grants have been met, it is probable that the income will be received and the amount can be measured reliably and is not deferred.

Income received in advance of the provision of a specified service is deferred until the criteria for income recognition are met.

e) Interest receivable

Interest on funds held on deposit is included when receivable and the amount can be measured reliably by the charity; this is normally upon notification of the interest paid or payable by the bank.

f) Fund accounting

Restricted funds are to be used for specific purposes as laid down by the donor. Expenditure which meets these criteria is charged to the fund.

Unrestricted funds are donations and other incoming resources received or generated for the charitable purposes. Designated funds are unrestricted funds earmarked by the trustees for particular purposes.

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Notes to the financial statements

For the year ended 31 March 2017

1 Accounting policies (continued)

g) Expenditure

Expenditure is recognised once there is a legal or constructive obligation to make a payment to a third party, it is probable that settlement will be required and the amount of the obligation can be measured reliably. Expenditure is classified under the following activity headings:

- Costs of raising funds relate to the costs incurred by the charitable company in inducing third parties to make voluntary contributions to it, as well as the cost of any activities with a fundraising purpose
- Expenditure on charitable activities includes the costs of performances and choral singing activities undertaken to further the purposes of the charity and their associated support costs
- Other expenditure represents those items not falling into any other heading

h) Allocation of support costs

Resources expended are allocated to the particular activity where the cost relates directly to that activity. However, support costs, being cost of overall direction and administration of each activity, comprising the salary and overhead costs of the central function, is apportioned on the basis of estimated staff time attributable to each activity.

▫ Cost of raising funds	1%
▫ Health advice, information and research	97%
▫ Governance costs	2%

i) Operating leases

Rental charges are charged on a straight line basis over the term of the lease.

j) Tangible fixed assets

Items of equipment are capitalised where the purchase price exceeds £500. Depreciation costs are allocated to activities on the basis of the use of the related assets in those activities. Assets are reviewed for impairment if circumstances indicate their carrying value may exceed their net realisable value and value in use.

Where fixed assets have been revalued, any excess between the revalued amount and the historic cost of the asset will be shown as a revaluation reserve in the balance sheet.

Depreciation is provided at rates calculated to write down the cost of each asset to its estimated residual value over its expected useful life. The depreciation rates in use are as follows:

▫ Office Equipment	2 years
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k) Debtors

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

l) Cash at bank and in hand

Cash at bank and cash in hand includes cash and short term highly liquid investments with a short maturity of three months or less from the date of acquisition or opening of the deposit or similar account. Cash balances exclude any funds held on behalf of service users.

m) 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. Creditors and provisions are normally recognised at their settlement amount after allowing for any trade discounts due.

The charity only has financial assets and financial liabilities of a kind that qualify as basic financial instruments. Basic financial instruments are initially recognised at transaction value and subsequently measured at their settlement value with the exception of bank loans which are subsequently measured at amortised cost using the effective interest method.

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Notes to the financial statements

For the year ended 31 March 2017

1 Accounting policies (continued)

n) Tax

The charity is an exempt charity within the meaning of schedule 3 of the Charities Act 2011 and is considered to pass the tests set out in Paragraph 1 Schedule 6 Finance Act 2010 and therefore it meets the definition of a charitable company for UK corporation tax purposes.

2 Income from donations and legacies

	Unrestricted £	Restricted £	2017 total Total £	2016 Total £
London Borough of Camden	-	218,815	218,815	244,559
Other grants	-	-	-	23,325
	-	218,815	218,815	267,884

3 Income from charitable activities

	Unrestricted £	Restricted £	2017 Total £	2016 Total £
Health advice, information and research Verve Communications	2,654	-	2,654	-
Total income from charitable activities	2,654	-	2,654	-

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Notes to the financial statements

For the year ended 31 March 2017

4 Analysis of expenditure

	Charitable activity				2017 Total £	2016 Total £
	Cost of raising funds £	Health advice, Information and research £	Governance costs £	Support costs £		
Staff costs (Note 6)	1,715	157,761	3,430	8,574	171,479	186,723
Recruitment	-	-	-	906	906	-
Accountancy and payroll fees	-	-	-	-	-	2,648
Board members training	-	-	-	288	288	1,533
Trustee recruitment	-	-	500	-	500	-
Independent examination	-	-	1,500	-	1,500	2,520
Insurance	-	-	-	404	404	450
Internships	-	-	-	-	-	621
Marketing and design	-	9,971	-	1,044	11,015	16,391
Meetings and events	-	-	5,360	375	5,735	10,039
Office equipment	-	-	-	594	594	1,781
Other staff costs	-	-	-	1,230	1,230	1,432
Print, stationery and post	-	-	-	407	407	750
Rent	-	-	-	17,750	17,750	23,873
Research	-	13,385	-	-	13,385	12,073
Professional fees	-	-	-	600	600	-
Telephone	-	-	-	230	230	120
Bank charges and sundry	-	-	-	311	311	-
Depreciation	-	-	-	1,710	1,710	-
	1,715	181,117	10,790	34,423	228,044	261,154
Support costs	344	33,390	688	(34,423)	-	-
Governance costs	115	11,363	(11,478)	-	-	-
Total expenditure 2017	2,174	225,870	-	-	228,044	261,154
Total expenditure 2016	-	261,154	-	-	261,154	-

All expenditure during the year was restricted (2016: £261,154).

HEALTHWATCH CAMDEN

Notes to the financial statements

For the year ended 31 March 2017

5 Net incoming resources for the year

This is stated after charging / crediting:

	2017	2016
	£	£
Depreciation	1,710	-
Operating lease rentals:		
Property	17,750	23,873
	17,750	23,873

6 Staff cost, Trustee remuneration and expenses

Staff costs were as follows:

	2017	2016
	£	£
Salaries and wages	159,058	171,584
Social security costs	12,421	15,139
	171,479	186,723

No employee earned more than £60,000 during the year (2015: nil).

The total employee benefits including pension contributions of the key management personnel were £36,000 (2015: £51,000). The Charity considers its key management personnel comprise the Trustees and the Director.

The charity trustees were not paid or received any other benefits from employment with the charity in the year (2016: Enil). No charity trustee received payment for professional or other services supplied to the charity (2016: Enil).

No trustees' expenses representing any payment or reimbursement of travel and subsistence costs were paid during the year (2016: £129 were reimbursed to one trustee relating to attendance at meetings of the trustees).

No trustees were reimbursed any expenses incurred in relation to their duties as trustees.

7 Staff numbers

The average number of employees (head count based on number of staff employed) during the year was as follows:

	2017	2016
	No.	No.
Health advice, information and research	6.0	6.0
	6.0	6.0

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8 Related party transactions

During the year, Spectrum CIL, an organisation which employs the partner of Frances Hasler, CEO of Healthwatch Camden, provided consultancy research services to Healthwatch Camden for £5,250. This amount was outstanding at year end and has subsequently been paid.

There are no related party transactions to disclose for 2016 (2015: none).

There are no donations from related parties which are outside the normal course of business and no restricted donations from related parties. Some trustees donate back out of pocket expenses incurred.

9 Taxation

The charitable company is exempt from corporation tax as all its income is charitable and is applied for charitable purposes.

10 Tangible fixed assets

	IT Equipment £	Total £
Cost or valuation		
At the start of the year		-
Additions in year	5,129	5,129
At the end of the year	5,129	5,129
Depreciation		
Charge for the year	1,710	1,710
At the end of the year	1,710	1,710
Net book value		
At the end of the year	3,419	3,419
At the start of the year	-	-

All of the above assets are used for charitable purposes.

11 Creditors: amounts falling due within one year

	2017 £	2016 £
Taxation and social security	4,293	6,580
Accruals	6,750	5,519
	11,043	12,099

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12 Analysis of net assets between funds

	General unrestricted £	Designated £	Restricted £	Total funds £
Tangible fixed assets	3,419	-	-	3,419
Net current assets	1,697	51,000	12,480	65,177
Net assets at the end of the year	5,116	51,000	12,480	68,596

13 Movements in funds

	At the start of the year £	Incoming resources & gains £	Outgoing resources & losses £	Transfers £	At the end of the year £
Restricted funds:					
London Borough of Camden	21,709	218,815	(228,044)	-	12,480
Total restricted funds	21,709	218,815	(228,044)	-	12,480
Unrestricted funds:					
Designated funds:					
Contingency reserve	50,136	-	-	864	51,000
Total designated funds	50,136	-	-	864	51,000
General funds	3,326	2,654	-	(864)	5,116
Total unrestricted funds	53,462	2,654	-	-	56,116
Total funds	75,171	221,469	(228,044)	-	68,596

Purposes of restricted funds

Grant from London Borough of Camden is to cover costs of core services provided by the charity which are: Information, Policy and insight and Community engagement.

14 Reconciliation of net income / (expenditure) to net cash flow from operating activities

	2017 £	2016 £
Net income / (expenditure) for the reporting period (as per the statement of financial activities)	(6,575)	6,731
Depreciation charges	1,710	-
Dividends, interest and rent from investments	-	(1)
(Decrease)/Increase in creditors	(1,056)	5,452
Net cash provided by operating activities	(5,921)	12,182

HEALTHWATCH CAMDEN

Notes to the financial statements

For the year ended 31 March 2017

15 Analysis of cash and cash equivalents

	At 1 April 2016	Cash flows	Other changes	At 31 March 2017
	£	£	£	£
Cash in hand	87,270	(11,050)	-	76,220
Total cash and cash equivalents	87,270	(11,050)	-	76,220

16 Operating lease commitments

The charity's total future minimum lease payments under non-cancellable operating leases is as follows for each of the following periods

	Property 2017	2016	Equipment 2017	2016
	£	£	£	£
Less than one year	15,000	-	-	-
	15,000	-	-	-

17 Legal status of the charity

The charity is a Charitable Incorporated Organisation and has no share capital.