



FINANCIAL REPORT

2017 / 2018

UK HEALTH FORUM

ANNUAL REPORT FOR THE YEAR ENDED 31 MARCH 2018

The trustees present their report and the audited financial statements for the year ended 31 March 2018.

Status	The organisation is a charitable company limited by guarantee, incorporated on 2 April 1990 and registered as a charity on 27 April 1990.	
Governing document	The company was established under a memorandum of association which established the objects and powers of the charitable company and is governed under its articles of association.	
Company number	02487644	
Charity number	803286	
Registered office and operational address	Fleetbank House 2-6 Salisbury Square London EC4Y 8JX	
Officers	Lord Nicolas Rea Dr Fiona Adshead Professor Alan Maryon-Davis Mr Dom Ahern Ms Katharine Boyd (nee Jenner) Professor Joy Townsend Professor Simon Capewell Mr Declan Cunnane Mr Robin Ireland Dr Karen Lock Mr Oliver Smith Ms Poppy Naylor	(Resigned July 2018) (Resigned November 2017) (Appointed November 2017) (Resigned November 2017) (Resigned November 2017) (Appointed January 2018 Resigned February 2018)
Chief Executive (and Company Secretary)	Mr Paul Lincoln Dr Alison Giles (interim)	(Resigned March 2018) (Appointed April 2018)
Bank	Santander UK Customer Service Centre Bootle L30 4GB	
Solicitors	Bates, Wells & Braithwaite 2-6 Cannon Street London EC4M 6YH	
Auditors	Begbies 9 Bonhill Street London EC2A 4DJ	

1. UK Health Forum's objectives and activities

Objects

The UK Health Forum (UKHF) is a charity and an alliance of professional and public interest organisations. Its members also include individual experts in public health and associated fields of research.

The UKHF's charitable objects are:

- To preserve and protect the health of the public
- To advance public education about all matters concerning linked avoidable chronic disease conditions and their prevention.

The UKHF's mission is to work with and through its members to prevent disability and death caused by avoidable coronary heart disease and related conditions that share the same determinants including stroke, diabetes, obesity, cancer, dementia, liver disease and respiratory diseases. The determinants of interest are nutrition, tobacco, alcohol, air pollution and the built environment, mental health, and the commercial determinants of health.

UKHF works to reduce substantially the burden of disease across the whole population, to eliminate health inequalities and ensure that future generations may enjoy lives free from avoidable NCDs. It does this by:

1. Keeping the primary prevention of non-communicable diseases high on the agenda in local, national, and global policy-making
2. Encouraging integrated policy approaches that link NCD prevention with sustainable development, climate stabilisation, human rights and the reduction of inequalities
3. Promoting effective international action to tackle cross-border determinants of disease
4. Forecasting trends in diseases, risk factors and their determinants and scrutinise policy action and inaction
5. Sharing innovation and best practice across sectors locally, nationally and internationally
6. Supporting competent local and national policy development and delivery

The UKHF has expertise in policy research and development, epidemiological and economic modelling of NCDs, and information provision. The UKHF's work contributes to public health policy thinking nationally, globally and locally.

Activities undertaken for public benefit in 2017-18

As set out in more detail in Section 2 below, UKHF is not in receipt of core funding. All UKHF's overheads, administration, membership, communications and advocacy activities are cross-subsidised

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by the grants and commissions it receives to deliver specific policy and modelling projects. The various projects and activities undertaken during 2017-18 have been grouped by NCD topic area.

Nutrition

- UKHF completed the nutrition governance casebook project, funded by the International Development Research Centre and the Canadian Institutes of Health Research in 2016-17.
- UKHF continued to work on the “Eating Well Within Our Means / Fresh Start” project that The Health Foundation & the British Liver Trust jointly funded from 2016-17.
- UKHF won a competitive tender from the Health and Wellbeing Alliance to explore the extent of junk food marketing in non-food stores, public perceptions of this marketing, and the feasibility of modelling its extent and impact at a national level. The project will complete in 2018-19.
- UKHF modelled the health and cost impact of the sugar sweetened beverage tax in Montenegro (2017-2018), funded by the World Health Organization.
- UKHF was an author on Hendriksen et al. Identification of differences in health impact modelling of salt reduction. PloS One, 2017.
- UKHF presented on “Policy options and advocacy for reducing sugar intakes” to the Irish Dental Association’s 2017 Congress, Kilkenny, Ireland
- UKHF presented on “The public health priorities for a future food and farming system” to a seminar at the University of Chester, Food Research Collaboration Food Thinkers Seminar, May 2017.
- UKHF presented on “UK Soft Drinks Industry Levy: Process & Politics” to the Global NCD Alliance Forum, Sharjah, 11 December 2017
- UKHF presented on nutrition labelling policy in the UK to the conference, “Nutrition information as a tool of consumer empowerment and public health protection?” University of Lausanne, Switzerland, 26 January 2018
- UKHF responded to the Scottish Government consultation - A Healthier Future – Action and Ambitions on Diet, Activity and Healthy Weight.

Air pollution, transport and the built environment

- UKHF won a competitive tender from the Health and Wellbeing Alliance for a project to explore ways of communicating air pollution risks to vulnerable groups. The project will complete in 2018-19.
- The UKHF won a competitive tender via Public Health England’s health economics framework to model the health and cost impact of air pollution

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<https://www.gov.uk/government/publications/air-pollution-a-tool-to-estimate-healthcare-costs>

<http://journals.plos.org/plosmedicine/article?id=10.1371/journal.pmed.1002602>

- The UKHF presented at the PHE conference on health inequalities, air pollution and modelling, and chaired the session on climate change communications. (September 2017)
- The UKHF spoke on air pollution at the northern region "Mind the Gap" conference in Leeds in December.
- UKHF responded to the draft Mayor of London Transport Strategy consultation.
- UKHF responded to the DEFRA consultation on additional measures to support individuals and businesses affected by local NO₂ plans.
- UKHF responded to the Scottish Government's consultation on Places, People and Planning - Position Statement & the Strategic Environment Assessment (SEA) Environmental Report.

Mental health and dementia

- UKHF won a competitive tender from the Health and Wellbeing Alliance to explore the feasibility of rolling out a brain-health tool to raise awareness of ways in which individuals can reduce their risk of dementia (included an exercise to map existing tools). The project will complete in 2018-19.
- UKHF responded to the Wales: Draft national dementia strategy

Alcohol

- UKHF presented a poster on alcohol and inequalities at the Estonian Presidency meeting on Cross-border alcohol control as part of the EC-funded health equity pilot project.
- UKHF responded to The Health, Social Care and Sport Committee's consultation on the Public Health (Minimum Price for Alcohol) (Wales) Bill.
- UKHF responded to the Office for National Statistics Alcohol mortality definition review.

Tobacco

- UKHF was invited by Cancer Research UK to model the flat-lining of smoking trends in England, Scotland, Wales, Northern Ireland (2016-2018)
- UKHF modelled the health and cost impact of increasing tobacco tax in Ukraine (2016-2017), funded by the World Bank. The policy was taken up by the Ukraine government.
<http://documents.worldbank.org/curated/en/559401490166268124/Modeling-the-long-term-health-and-cost-impacts-of-reducing-smoking-prevalence-through-tobacco-taxation-in-Ukraine>

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- UKHF modelled the health and cost impact of increasing tobacco tax in Trinidad and Tobago (2018), funded by the World Bank.
- UKHF modelled the health and cost impact of increasing tobacco tax in Montenegro (2017-2018), funded by the World Health Organization.
- UKHF was an author on Hunt et al, (2017). Modelling the implications of reducing smoking prevalence: the public health and economic benefits of achieving a 'tobacco-free' UK Tobacco Control
<https://tobaccocontrol.bmj.com/content/early/2017/04/20/tobaccocontrol-2016-053507>
- UKHF was an author on Knuchel-Takano et al (2017) Modelling the implications of reducing smoking prevalence: the benefits of increasing the UK tobacco duty escalator to public health and economic outcomes
<https://tobaccocontrol.bmj.com/content/early/2017/12/06/tobaccocontrol-2017-053860.info>
- UKHF was an author on Perez-Ferrer et al, Inequalities in smoking and obesity in Europe predicted to 2050: Findings from the EConDA project.
<https://www.ncbi.nlm.nih.gov/pubmed/29516788>
- UKHF responded to the EC: Consultation on excise duties applied to manufactured tobacco

Commercial determinants

- Mwatsama authored the paper Public health and the food and drinks industry: the governance and ethics of interaction <http://www.ukhealthforum.org.uk/who-we-are/our-work/ukhf-whats-new/?entryid70=58304>
- Mwatsama authored the paper Lessons from interactions between public health and the food and drinks industry <http://globalhealth.thelancet.com/2018/01/19/lessons-interactions-between-public-health-and-food-and-drinks-industry>
- Mwatsama submitted an open letter to WHO DG candidates: keep policy and priority setting free of commercial influence. [https://www.thelancet.com/journals/lancet/article/PIIS0140-6736\(17\)31146-7/fulltext](https://www.thelancet.com/journals/lancet/article/PIIS0140-6736(17)31146-7/fulltext)
- J Landon published an article on the UK rules on unhealthy food marketing to children in the European Journal of risk regulation. <https://www.cambridge.org/core/journals/european-journal-of-risk-regulation/article/uk-rules-on-unhealthy-food-marketing-to-children/2F42A4F958A7B472EA8B3CD1A24B77AD>
- Mwatsama featured in The Lancet. Offline: The tasks facing Dr Tedros [https://www.thelancet.com/journals/lancet/article/PIIS0140-6736\(17\)33137-9/fulltext?code=lancet-site](https://www.thelancet.com/journals/lancet/article/PIIS0140-6736(17)33137-9/fulltext?code=lancet-site)
- UKHF presented on "Food, alcohol and tobacco Industry positions and approaches to trade and investment agreements" at the UK Public Health Network healthy trade conference 23 March 2018

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- UKHF presented on "Public health and the food and drinks industry: The governance and ethics of interaction" at the meeting: Towards a global research agenda on governance, ethics and conflicts of interest from corporate interactions in public health research, practice & policy Beirut, 9-10 February 2018
- UKHF responded to the WHO consultation on the draft guidance on safeguarding against possible conflicts of interest in nutrition programmes.

Obesity and weight loss

- UKHF was subcontracted by the Institute of Public Health in Ireland to model the lifetime cost of childhood obesity as part of the European Commission-funded JANPA project (work package 4) (2016-2017)
- UKHF worked with Aberdeen University on an NIHR grant-funded project to model the impact of a range of weight loss interventions - REBALANCE project. (2017-2018)
- UKHF worked with Oxford University to model a brief intervention for weight management in primary care - BWeL (2016-2018) funded by a National Prevention Research Initiative grant.
- UKHF was an author on Perez-Ferrer et al, Inequalities in smoking and obesity in Europe predicted to 2050: Findings from the EConDA project.
<https://www.ncbi.nlm.nih.gov/pubmed/29516788>
- UKHF was an author on Ahern et al. Extended and standard duration weight-loss programme referrals for adults in primary care (WRAP): a randomised controlled trial. *The Lancet* 2017 DOI: [http://dx.doi.org/10.1016/S0140-6736\(17\)30647-5](http://dx.doi.org/10.1016/S0140-6736(17)30647-5)

Other disease areas

- UKHF was funded through a competitive tender by EASL to collate data on liver disease across Europe - HEPAHEALTH
<https://www.ncbi.nlm.nih.gov/pubmed/29777749>
Presented to the International liver conference, April 2018
- UKHF was funded by Oxford University to support a PhD student with some diabetes prevention modelling (2017)

Broader policy – public health, health inequalities

- UKHF continued to coordinate and lead the delivery of the European Commission-funded Health Equity Pilot Project. This is a very significant, multi-stranded project that commenced in 2016 and is due to complete in 2018-19.
- The Health Foundation commissioned UKHF to examine policies implemented by non-health sectors that aimed to improve health. The output will be a number of case studies that analyse

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the interplay between policy actors and windows of opportunity in the policy-making process, with lessons that can be drawn for the UK. The project will continue into 2018-19.

- Public Health England commissioned UK Health Forum to review the organisation of the health improvement functions of national public health agencies around the world. The project will complete in 2018-19.
- UKHF continued work on the development of a tool for Public Health England, won through a competitive tender under PHE's health economics framework, for assessing the impact of interventions on health inequalities (2016-2018)
- UKHF was commissioned through competitive tender via Public Health England's health economics framework to develop a framework for fiscal and pricing policies for health (2017-2018)
- UKHF successfully bid to become a member of the DH/PHE/NHSE Health & Wellbeing Alliance. The Alliance exists to develop links, capabilities and co-operation between the statutory bodies and the voluntary and community sector. The UKHF received a grant to participate in this alliance.
- UKHF was an author on S Hinde et al. The Cost-Effectiveness of Population Health Checks: have the NHS Health Checks been unfairly maligned? *Journal of Public Health* 2017 doi:10.1007/s10389-017-0801-8
- In 2017 UKHF was part of a WHO: PAHO group developing a social marketing approach to tackling NCD's (June 2017)
- UKHF helped with the organisation of and joint-badging of the Lancet: UCL: UKHF Public Health Sciences conference in November 2017. <http://www.ukpublichealthscience.org/>
- In January 2018 UKHF joined forces with other NGOs as part of a civil society working group to advocate to the UK government on the UN High-Level Meeting on NCDs in September 2018.
- UKHF has been an active member of over 20 national advisory groups across the Department of Health (DH), Public Health England (PHE), NHS England (NHSE), NICE and national research agencies
- UKHF provided a comprehensive range of NCD prevention information services to UKHF members, DH, other government departments, NHS, local authorities, academia, the media and global audiences
- UKHF provided a portal to link the voluntary and community sector to the DH:NHSE and PHE
- UKHF advised the European Commission on health inequalities and equity
- UKHF responded to the Office for National Statistics approach to measuring and reporting of the Sustainable Development Goals in the UK.

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- The UKHF presented at the FPH Board September meeting on public health developments over the next five years.
- The UKHF was involved with two national conferences on air pollution and on a public health law at the Healthy Cities conference, and inputting into a knowledge exchange event at the Health Foundation in October.
- Paul Lincoln presented at the Fabian Society in December on the UKHF policy manifesto. A version of the presentation has been published online.
- Lincoln Public Health Science conference: a call for abstracts [https://www.thelancet.com/journals/lancet/article/PIIS0140-6736\(17\)30945-5/abstract](https://www.thelancet.com/journals/lancet/article/PIIS0140-6736(17)30945-5/abstract)

Plus groups listed in the board papers / that we have recently compiled eg PHE groups, AHA, OHA, Sustain etc.

UKHF's impact

Achieving change in public policy is challenging and often takes decades to show results in terms of improved public health. Further to this, in recent years it has been very difficult to source funding to pursue UKHF's own policy goals. The majority of UKHF's funding has been to deliver projects that serve other organisations' policy and advocacy needs, with UKHF's role becoming an evidence provider rather than a policy advocate. However, it remains important to monitor and report how well UKHF helps to create the necessary conditions for better, more effective policy making. UKHF will publish an assessment of its impact during 2018-19.

Public benefit statement

The trustees consider that the charitable company has complied with the duty in section 4 of the Charities Act 2006 to have due regard to public benefit guidance published by the Commission.

Involvement of volunteers

UKHF has not involved volunteers in its work during the accounting period and does not have in place a policy on volunteer involvement. Should the organisation decide that it will involve volunteers in the future, the board will put in place a policy that reflects the law and best practice.

2. Financial Review

The UKHF is funded to deliver project work through contracts and grants from charities, government and statutory agencies. It also receives very limited funding of £2.8K from membership subscriptions. The funding UKHF accepts is guided by a strict ethical framework.

The total income received in 2017-18 was £1.4M (compared with £1.8M in 2016-17). UKHF's expenditure remained constant at just over £1.7M. Consequently, the organisation made a loss in 2017-18 of £374K (compared with a surplus of £145K in 2016-17).

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The reduction in income in 2017-18 was due in part to the loss of £200K of core funding from Department of Health, which was only partially replaced in 2017-18 with a £60K grant from the Health and Wellbeing Alliance. There were also fewer opportunities to bid for funding for policy work and the competition for non-government grants and tenders has increased as public sector funding has diminished. UKHF also continues to be excluded from bidding for academic research money. Overall, UKHF secured £1.3M for projects in 2017-18, compared with £1.6M in 2016-17.

In order to use the going concern basis for the preparation of the accounts the trustees must consider the viability of the charity for at least twelve months after the date that the accounts are approved. Although the charity is expected to continue for the 2018-19 year end, as outlined in Section 3 below, the charity is anticipated to cease activity in 2019-20, within twelve months of the date of approval of the accounts. Accordingly, these accounts are not prepared on a going concern basis.

Reserves policy

Funds at the end of the reporting period totalled £46,950, all of which was unrestricted. Income in advance relating to restricted funds totalled £295,831.

The trustees have formulated a policy whereby the free reserves held by UKHF should be approximately six months of non-discretionary resources expensed, which equates to £500,000 (2017/18 staffing levels). This would enable current activities to continue in the short term should funding drop significantly. Both the policy and its implementation are under regular scrutiny.

At the year end, free reserves were £42,383. The trustees recognise that this position makes the UK Health Forum's short-term cashflow vulnerable. As outlined in Section 4 below, UKHF has commenced a re-structure to significantly reduce UKHF's overheads in the short-term.

Risk statement

The Board of Trustees has reviewed the risks faced by the organisation and put in place systems to mitigate risk. The UKHF has a comprehensive register of business risks. The UKHF Board's audit and impact sub-committee meets quarterly and assesses the risk register on a twice yearly basis and as and when necessary.

The principal risk for the charity is financial. The cuts to public funding available to support organisations like the UKHF mean competition for other income sources has increased, and there has been a knock on effect to funding from EU since the Brexit result. To mitigate these risks, the UKHF has continued to seek funding globally for projects. All projects are costed for an element of core funding to cover the administration costs of the organisation.

Investment policies

Where appropriate, UKHF endeavours to seek the highest rate of interest on its current account. For cash holdings in reserves for greater than one year, it would look to invest this in current bonds. At present, all UKHF's cash reserves are held in current accounts. UKHF holds a euro and dollar account to hedge against the risk of exchange rate fluctuations, so to easily transact between European funders and the World Bank.

Funds held as custodian trustee on behalf of others

During 2017-18, funds were held on behalf of ADPH with whom UKHF has a joint employability contract. At the year end, funds totalled £10,816, recorded in other creditors. On occasion, the UKHF receives upfront funds for a project to be paid out to beneficiaries on successful completion. It has a policy of recording these funds in creditors or deferred income where deemed appropriate.

3. Planned closure of UKHF, May 2019

Recognising the continued challenges that the charity will face and uncertainty around future funding streams, Trustees have agreed to undertake an orderly closure of the UKHF by May 2019.

4. Plans for financial year to March 2019

Overarching strategy

The downturn in income and the losses made during 2017-18 have led to a comprehensive review of UKHF's strengths and weaknesses, and of the opportunities and threats that are emerging.

The greatest weakness of UKHF has been its reliance on core funding in order to fulfil its convening and advocacy function and to deliver research and information services for members. The loss of core funding from Department of Health and Social Care at the end of March 2017 was significant and as a result trustees have taken the decision to close UKHF's research and information services, with the loss of two posts.

However, as well as being the victims of a challenging funding climate, the UKHF is also a victim of its own success, having helped to foster the Alcohol Health Alliance and the Obesity Health Alliance. Some of UKHF's members that may have once funded UKHF are now concentrating their policy and advocacy funding on these single issue organisations where it is easier to identify impact.

To reduce costs in 2018-19, trustees will restructure UKHF to focus on its microsimulation modelling capability and reduce the policy team down from four posts to one. The UKHF website will be refreshed to make clear the new strategy.

To further reduce the financial risk, during 2018-19 UKHF will move to a smaller office space. It will also transfer the employment contracts of the staff it employs on behalf of the Association of Directors of Public Health and the Obesity Health Alliance over to new host organisations (in the case of ADPH, the transfer will be over to their new charity).

Science and evidence to inform NCD prevention policy

During 2018-19, UKHF will continue to:

- Invest in the development of a multi-risk factor, multi-stage NCD model to assess trends, scenarios and interventions and compare the performance of health care and public health systems.

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- Publish in peer-reviewed academic journals to share new research findings.
- Develop work to determine the return on investment of NCD prevention measures.
- Complete the European Union pilot project on health equity (HEPP).

Coordination and advocacy

During 2018-19, UKHF will continue to:

- Support the wider engagement of the voluntary and not-for-profit sectors in the primary prevention of the linked avoidable NCDs through membership of the DH/NHSE/PHE Health and Wellbeing Alliance.
- Represent the UKHF members, alliances and networks on advisory groups and promote evidence-based consensus positions on the prevention of NCDs.
- Support the implementation and further development of the political declaration of the UN High Level Meeting on NCDs and the development of health within the proposed global UN sustainable development goals.
- Engage with the Obesity Health Alliance, Smoke Free Action coalition, the Alcohol Health Alliance and the UK Public Health Network to further public health prevention policy.

5. Structure, governance and management

Governance

The Articles of Association set out the rules governing UKHF's membership and the elections to the Board of Trustees. The UKHF holds an annual general meeting for all members during which the annual accounts are presented and the auditor is appointed for the following year.

Appointment of the Trustees

All members of the board of trustees hold office until the conclusion of the Annual General Meeting three years after their election and are eligible for re-election provided that no trustee shall hold the same office for more than nine consecutive years. Only full members of the company are eligible to serve as honorary officers or other board members. New members of the board of trustees need to be proposed by full members of the company.

Trustee training

The obligations for board members are set out in the Articles of Association and in the accompanying board membership policy document, which each board member receives.

Most trustees are already familiar with the practical work of UKHF having been associated in some way with the organisation or having been informed at point of approach. New trustees are provided

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with an induction, designed to inform the trustee- and organisation-specific responses and expectations. It encompasses a copy of the current business plan, articles of association, and the latest financial statements. Every trustee spends time with the chief executive and the senior management team and is given the opportunity to visit the offices from which UKHF services are delivered. The UKHF also provides retreats and offers training to trustees. Often, trustees are also trustees of other charities and bring long and wide-ranging experience.

Trustee remuneration

On occasion a trustee has been paid on a consultancy basis where they are known to be the best in their field and can support the delivery of outcomes. This is always agreed by the Board and the relevant trustee abstains from key decision making during this period. No board member has been remunerated in 2017-18.

Management

During 2017-18 the senior management team consisted of

- chief executive officer – M P Lincoln (to March 2018) Dr A Giles (from April 2018)
- director of public health modelling – L Webber
- director of policy and global health – M Mwatsama
- director of international business development- C Brookes

The deputy chief executive officer was seconded to The Health Foundation during 2017-18 and was not actively engaged in the day to day management of UKHF.

The management team reported quarterly to the UKHF Board of trustees.

At the end of 2017-18 UKHF employed 20 members of staff who were 15.4FTE. This includes one member of staff who was on maternity leave during 2017-18 whose post was covered by an interim appointment.

Arrangements for setting pay and remuneration are linked to the NHS banding criteria. This is reviewed annually by the trustees and Chief Executive Officer.

Related parties and connected organisations

The UKHF employs and hosts the staff of the Association of Directors of Public Health (ADPH) and the Obesity Health Alliance. The UKHF also hosts The Staff College and the UK Public Health Network. UKHF owns the subsidiary Micro Health Simulations Ltd (MHS), which remained dormant during 2017-18.

6. Statement of responsibilities of the trustees

The trustees are responsible for preparing the Annual Report and the financial statements in accordance with applicable law and regulations.

Company law requires the trustees to prepare financial statements for each financial year which give a true and fair view of the state of affairs of the charitable company and of the incoming resources and application of resources, for that period. In preparing these financial statements, the trustees are required to:

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

The trustees are responsible for keeping adequate accounting records that 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.

In so far as the trustees are aware:

- there is no relevant audit information of which the charitable company's auditors are unaware; and
- the trustees have taken all steps that they ought to have taken to make themselves aware of any relevant audit information and to establish that the auditors are aware of that information.

Auditors

Begbies has been appointed as the charitable company's auditors and has expressed its willingness to continue in that capacity.

Approved by the trustees on 20 December 2018 and signed on their behalf by



Dr Fiona Adshead – Chair

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INDEPENDENT AUDITORS' REPORT TO THE MEMBERS OF UK HEALTH FORUM

Opinion

We have audited the financial statements of UK Health Forum (the "Charitable Company") for the year ended 31st March 2018 which comprise the Statement of Financial Activities, the Balance Sheet, the Cash Flow Statement and notes to the financial statements, including a summary of significant accounting policies. The financial reporting framework that has been applied in their preparation is applicable law and United Kingdom Accounting Standards, including Financial Reporting Standard 102: The Financial Reporting Standard applicable in the UK and Republic of Ireland (United Kingdom Generally Accepted Accounting Practice).

In our opinion, the financial statements:

- give a true and fair view of the state of the Charitable Company's affairs as at 31st March 2018 and of its income and expenditure for the year then ended;
- have been properly prepared in accordance with United Kingdom Generally Accepted Accounting Practice;
- have been prepared in accordance with the requirements of the 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 Auditor's 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 UK, including the FRC's Ethical Standard, and we have fulfilled our other ethical responsibilities in accordance with these requirements. We believe that the audit evidence we have obtained is sufficient and appropriate to provide a basis for our opinion.

Emphasis of matter

We draw your attention to Note 2 to the financial statements which explains that the trustees currently intend to cease activity within twelve months of the approval of these financial statements, and to close by the end of May 2019. On this basis the trustees have not considered it appropriate to adopt the going concern basis of accounting. Accordingly, the financial statements have been prepared on a basis other than going concern as described in note 2. Our opinion is not modified in this respect of this matter.

Other information

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

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

We have nothing to report in this regard.

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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 (incorporating the directors' report) for the financial year for which the financial statements are prepared is consistent with the financial statements; and
- the trustees' report (incorporating the strategic report and the directors' report) have been prepared in accordance with applicable legal requirements.

Matters on which we are required to report by exception

In the light of the 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' Annual Report.

We have nothing to report in respect of the following matters in relation to which the 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;
- the financial statements are not in agreement with the accounting records and returns;
- certain disclosures of trustees' remuneration specified by law are not made; or
- we have not obtained all the information and explanations necessary for the purposes of our audit.
- the trustees were not entitled to prepare the financial statements in accordance with the small companies regime and take advantage of the small companies exemption in preparing the directors' strategic report.

Responsibilities of the trustees

As explained more fully in the trustees' responsibilities statement set out on page 14, the trustees are responsible for the preparation of the financial statements and for being satisfied that they give a true and fair view, and for such internal control as they determine is necessary to enable the preparation of financial statements that are free from material misstatement, whether due to fraud or error.

In preparing the financial statements, the trustees are responsible for assessing the 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.

Our responsibilities for the audit of the financial statements

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

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

UK HEALTH FORUM**ANNUAL REPORT FOR THE YEAR ENDED 31 MARCH 2018**

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.



Katherine Dee FCA (Senior Statutory Auditor)

For and on behalf of Begbies Chartered Accountants, Statutory Auditor

9 Bonhill Street

London

EC2A 4DJ

Date: 26.2.18

STATEMENT OF FINANCIAL ACTIVITIES
(Incorporating an Income and Expenditure Account)
FOR THE YEAR ENDED 31 MARCH 2018

	Notes	Unrestricted Funds £	Restricted Funds £	2018 £	2017 £
Income					
Membership subscriptions		2,840	-	2,840	5,160
Income from charitable activities:					
Policy development	3	150,729	187,854	338,583	256,865
Obesity and nutrition including toolkits & modelling	3	218,040	218,172	436,212	937,808
International fund	3	481,639	-	481,639	402,945
UKHF meetings, activities, members liaison & support costs	3	-	60,000	60,000	200,000
Income from trading activities:					
Rental income	18	65,301	-	65,301	46,351
Investment income		987	-	987	2,086
Other Income		14,630	-	14,630	16,306
Total income		934,166	466,026	1,400,192	1,867,522
Expenditure					
Costs of raising funds:					
Fundraising and publicity		4,004	-	4,004	3,017
Total cost of raising funds		4,004	-	4,004	3,017
Expenditure on charitable activities:					
Policy development		291,216	170,272	461,488	250,399
Obesity and nutrition including toolkits & modelling		447,449	360,191	807,640	755,704
Research & Information services		71,471	-	71,471	184,526
International Fund		318,310	-	318,310	293,847
UKHF meetings, activities, members liaison & support		51,227	60,000	111,227	234,835
Total charitable expenditure		1,179,673	590,463	1,770,136	1,719,311
Total expenditure	5	1,183,677	590,463	1,774,140	1,722,328
Net income for the year	4	(249,511)	(124,437)	(373,948)	145,194
Transfers between funds	15	(124,437)	124,437	-	-
Net movement in funds for the year		(373,948)	-	(373,948)	145,194
Reconciliation of funds					
Total Funds brought forward		420,898	-	420,898	275,704
Total Funds carried forward	14,15	46,950	-	46,950	420,898

All incoming and outgoing resources derived from continuing activities. There were no other recognised gains and losses other than those stated above.

The statement of financial activities also complies with the requirements for an income and expenditure account under the Companies Act.

Notes 1 to 19 form part of these accounts.

BALANCE SHEET

31 MARCH 2018

	Notes	2018 £	2017 £
Fixed assets			
Tangible fixed assets	9	4,565	10,473
Investments	10	2	2
		<u>4,567</u>	<u>10,475</u>
Current assets			
Debtors	11	663,383	166,468
Cash at bank and in hand		<u>198,957</u>	<u>849,345</u>
		862,340	1,015,813
Creditors - amounts falling due in less than one year	12	(819,957)	(605,390)
Net current assets		<u>42,383</u>	<u>410,423</u>
Net assets		<u>46,950</u>	<u>420,898</u>
Represented by:			
Restricted Funds	14	-	-
Unrestricted funds	15	46,950	420,898
		<u>46,950</u>	<u>420,898</u>

These accounts have been prepared in accordance with the provisions applicable to companies subject to the small companies' regime.

These accounts were approved by the trustees on 20 December 2018 and signed on their behalf.



Dr Fiona Adshead
Chair

Notes 1 to 19 form part of these accounts.
Company number 02487644

STATEMENT OF CASH FLOWS

31 MARCH 2018

	Note	2018 £	2017 £
Cash flows from operating activities	19	(649,531)	(780,422)
Cash flows from investing activities			
Interest income		987	2,086
Purchase of tangible fixed assets		(1,844)	(10,006)
Net cash provided by/ (used in) investing activities		(857)	(7,920)
Net cash used in financing activities		-	-
Net increase/ (decrease) in cash and cash equivalents in the year		(650,388)	(788,342)
Cash and cash equivalents at the beginning of the year		849,345	1,637,687
Cash and cash equivalents at the end of the year		198,957	849,345

Notes 1 to 19 form part of these accounts.

UK HEALTH FORUM

NOTES TO THE ACCOUNTS FOR THE YEAR ENDED 31 MARCH 2018

1. ACCOUNTING POLICIES

Basis of Accounting

The accounts have been prepared in accordance with applicable accounting standards under the historical cost convention. In preparing the accounts the charitable company has followed best practice 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) (as amended for accounting periods commencing from 1 January 2016) and the Companies Act 2006.

UK Health Forum meets the definition of a public benefit entity under FRS 102. The charity is a private company limited by guarantee incorporated in England and Wales. The registered office is Fleetbank House, 2-6 Salisbury Square, London, EC4Y 8JX.

The charitable company has not prepared group accounts as its sole subsidiary was dormant throughout the current and previous accounting period and its net assets are immaterial to the charity. Further details can be found in note 10.

Incoming Resources

Voluntary Income

Voluntary income is received by way of donations, legacies and gifts and is included in full in the statement of financial activities when receivable. In respect of legacy income, where the amount receivable cannot be accurately quantified income is recognised as it is received.

Grants and other income

Grants and other income are recognised in full in the statement of financial activities in the year in which they are receivable, unless they relate to a specific future period or project, in which case they are deferred. Income from projects received in advance which overlap the year end are deferred to the extent that the contracted work is still outstanding at the year end. The estimate of the project completed so far is based on key deliverables met at the balance sheet date.

Restricted Funds

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 together with a fair allocation of management and support costs.

Unrestricted Funds

Unrestricted funds are donations and other incoming resources receivable or generated for the objects of the charity.

Designated Funds

Designated funds are funds set aside by the trustees for a specific future purpose.

Cost Apportionment

Resources expended are recognised in the period in which they are incurred. Resources expended include attributable VAT which cannot be recovered. Resources expended are allocated to a particular activity where the cost relates directly to that activity. This includes 100% of relevant project staff's salaries. However, the cost of overall direction and administration of each activity, comprising the salary and overhead costs of the central function, is apportioned on estimated staff time.

Governance costs include the management of the charitable company's assets, organisational management and compliance with constitutional and statutory requirements.

Allocation of Support Costs

Support costs are those administrative costs not directly associated with a charitable activity. These include finance, IT, administration, personnel, payroll, governance and office costs. The basis on which they have been allocated are shown in note 6.

Costs of Generating Funds

The cost of generating funds relate to the costs incurred by the charitable company in raising funds for the charitable work.

Foreign Currency Translation

The accounts are presented in Sterling (£). Transactions in currencies other than sterling are translated at the spot rate on the date of the transaction. At the end of each reporting period, monetary items denominated in foreign currencies are retranslated at the rate prevailing at that date. Exchange differences are recognised in the SOFA in the period in which they arise.

Depreciation

Tangible fixed assets costing more than £250 are capitalised and carried at cost.

Depreciation is calculated to write down the cost, less estimated residual value, of all tangible fixed assets over their expected useful lives at the following rates:

- Furniture & equipment

3-5 years.

Items of equipment are capitalised where the purchase price exceeds £250. Assets are reviewed for impairment if circumstances indicate that their carrying value may exceed their net realisable value and value in use. The fixed assets are used in direct furtherance of the charity's objects.

UK HEALTH FORUM

NOTES TO THE ACCOUNTS FOR THE YEAR ENDED 31 MARCH 2018

Taxation

The charitable company is exempt from corporation tax on its charitable activities.

Rental Obligations

Rentals payable under operating leases, where substantially all the risks and rewards of ownership remain with the lessor, are charged to the statement of financial activities in the year in which they fall due. Details of commitments under these leases can be seen in note 17.

Investment Income

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.

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.

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 3 months or less from the date of acquisition or opening of the deposit or similar account.

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.

Financial Instruments

The charity only have financial instruments 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.

Pension Scheme

The NHS pension scheme detailed below is for the defined benefit member only. For defined contribution members, the amounts are recognised as they fall due.

Past and present employees are covered by the provisions of the two NHS Pensions Schemes. Details of the benefits payable and rules of the Schemes can be found on the NHS Pensions website at www.nhsbsa.nhs.uk/pensions. Both are unfunded, defined benefit schemes that cover NHS employers, GP practices and other bodies, allowed under the direction of the Secretary of State, in England and Wales. They are not designed to be run in a way that would enable NHS bodies to identify their share of the underlying scheme assets and liabilities. Therefore, each scheme is accounted for as if it were a defined contribution scheme; the cost to the NHS Body of participating in each scheme is taken as equal to the contributions payable to that scheme for the accounting period.

In order that the defined benefit obligations recognised in the financial statements do not differ materially from those that would be determined at the reporting date by a formal actuarial valuation, the FReM requires that "the period between formal valuations shall be four years, with approximate assessments in intervening years". An outline of these follows:

a) Accounting valuation

A valuation of the scheme liability is carried out annually by the scheme actuary (currently the Government Actuary's Department) as at the end of the reporting period. This utilises an actuarial assessment for the previous accounting period in conjunction with updated membership and financial data for the current reporting period, and are accepted as providing suitably robust figures for financial reporting purposes. The valuation of the scheme liability as at 31 March 2018, is based on valuation data as 31 March 2017, updated to 31 March 2018 with summary global member and accounting data. In undertaking this actuarial assessment, the methodology prescribed in IAS 19, relevant FReM interpretations, and the discount rate prescribed by HM Treasury have also been used.

The latest assessment of the liabilities of the scheme is contained in the scheme actuary report, which forms part of the annual NHS Pension Scheme (England and Wales) Pension Accounts. These accounts can be viewed on the NHS Pensions website and are published annually. Copies can also be obtained from The Stationery Office.

b) Full actuarial (funding) valuation

The purpose of this valuation is to assess the level of liability in respect of the benefits due under the schemes (taking into account their recent demographic experience), and to recommend contribution rates payable by employees and employers. The last published actuarial valuation undertaken for the NHS Pension Scheme was completed for the year ending 31 March 2012. The Scheme Regulations allow for the level of contribution rates to be changed by the Secretary of State for Health, with the consent of HM Treasury, and consideration of the advice of the Scheme Actuary and appropriate employee and employer representatives as deemed appropriate.

The next actuarial valuation is to be carried out as at 31 March 2016. This will set the employer contribution rate payable from April 2019 and will consider the cost of the Scheme relative to the employer cost cap. There are provisions in the Public Service Pension Act 2013 to adjust member benefits or contribution rates if the cost of the Scheme changes by more than 2% of pay. Subject to this 'employer cost cap' assessment, any required revisions to member benefits or contribution rates will be determined by the Secretary of State for Health after consultation with the relevant stakeholders.

Comparatives

Prior year comparatives have been restated where necessary to achieve consistence and comparability with the current year's charitable activities.

UK HEALTH FORUM

NOTES TO THE ACCOUNTS
FOR THE YEAR ENDED 31 MARCH 2018**2. GOING CONCERN AND POST BALANCE SHEET EVENTS**

Considering the period of twelve months from the date of approving these accounts, the trustees have made the decision not to prepare the accounts on a going concern basis. Trustees have instead made plans for an orderly closure of the charity by early May 2019. Since the year end, a substantial restructuring has taken place leading to redundancies in the Policy and Research Information Services teams. This has reduced the charity's overheads and cashflow forecasts suggest it provides liquidity to the end of April 2019. During 2018-19, other revenue streams will continuously be sought in order to further stabilise the position.

The accounting standards do not indicate the changes in accounting policies which need to be made to prepare accounts on a non going concern basis. The underlying principal that the financial statements should reflect transactions during the period under review and events in existence at the balance sheet precludes the use of a 'break up' accounting basis. In accordance with this, liabilities incurred after the balance sheet date, such as restructuring costs, have not been recorded in these accounts and the fixed assets in use have not been restated at resale value. All material sums shown in these accounts as due to the charity as debtors at the balance sheet date have been received by the charity by the date the accounts were approved and material unreceived balances fully impaired.

3. INCOME FROM CHARITABLE ACTIVITIES

Income analysed by activity:	Unrestricted Funds £	Restricted Funds £	2018 £	2017 £
UKHF meetings, activities, members liaison & support costs				
Department of Health (DH): Strategic Partnership Funding	-	-	-	200,000
Department of Health (DH): Health & Wellbeing Alliance	-	60,000	60,000	-
	-	60,000	60,000	200,000
Policy development				
International Case Studies	53,675	-	53,675	-
DH Obesity Review	-	41,429	41,429	-
The Health Foundation	-	46,210	46,210	53,000
The Health Foundation	93,054	-	93,054	88,214
IDRC	-	1,178	1,178	34,106
Obesity Health Alliance	-	99,037	99,037	81,545
Uk Public Health Coalition	4,000	-	4,000	-
	150,728	187,654	338,683	256,865
Obesity and nutrition including toolkits and modelling				
WRAP	-	-	-	13,406
World Bank	2,373	-	2,373	35,887
WHO	14,090	-	14,090	-
University of Aberdeen	32,848	-	32,848	-
Friends, Families & Travellers	500	-	500	-
PHE Dementia	-	-	-	30,000
PHE Fiscal & Pricing Policies Review	-	46,666	46,666	-
PHE Air Pollution	-	41,117	41,117	89,920
PHE Health Inequalities	-	49,502	49,502	81,872
PHE Alcohol Model Review	-	-	-	300
DH Brain Health	-	34,507	34,507	-
DH Air Pollution Dissemination	-	35,714	35,714	-
Foresight Obesity	4,871	-	4,871	-
JANPA	-	10,666	10,666	14,172
LIMIT trial	-	-	-	950
University of Oxford	30,000	-	30,000	5,000
EConDA	-	-	-	(1,716)
EASL Liver Disease modelling	103,432	-	103,432	8,019
Public Health England	-	-	-	680,000
Cancer Research UK	29,926	-	29,926	-
	218,040	218,172	436,212	937,808
International fund				
European Commission	481,639	-	481,639	388,295
Global Alcohol Marketing Agreement	-	-	-	1,650
Caricoms	-	-	-	3,000
	481,639	-	481,639	402,945
	850,408	486,026	1,316,434	1,797,619
For the year ended 31 March 2017				
Unrestricted funds				1,203,438
Restricted funds				594,183
				<u>1,797,619</u>

Funding from statutory bodies including the Department of Health and Public Health England totalled £308,935 (2017: £1,031,791). £225,725 was brought forward as income in advance to the year ended 31 March 2019. All projects have since been completed with no underspend. £522,950 income from European Commission for the HEPP project was recognised in the year; (2017: 371,660). There is another year to fulfill on this contract with further income expected in 2019. £41,311 was credited back to the European Commission from the Equity Action project.

UK HEALTH FORUM

NOTES TO THE ACCOUNTS
FOR THE YEAR ENDED 31 MARCH 2018

4. NET INCOME FOR THE YEAR

	2018	2017
	£	£
Net income for the year is stated after charging:		
Auditors remuneration - audit work	6,600	6,600
Operating lease rentals	201,855	143,032
Depreciation	7,752	9,367
Trustees' expenses	949	2,180

Trustees' reimbursed expenses represents the reimbursement of travel and subsistence costs to 2 members (2017: 6) relating to attendance at meetings of the trustees and conferences.

5. TOTAL RESOURCES EXPENDED

DIRECT COSTS	Fundraising and publicity £	Policy development £	Obesity and nutrition including toolkits & modelling £	Research & Information services £	carry down £
Staff costs (note 7)	-	313,336	488,642	20,150	822,128
Consultancy fees	-	61,660	136,043	-	197,703
Office costs	-	-	172	-	172
Communications	-	13,279	360	-	13,639
Reference information, publications & website	-	2,558	292	6,807	9,657
Conferences, seminars & symposiums	-	3,227	5,052	-	8,279
Equipment & maintenance	-	300	1,014	30	1,344
Audit, accounting and legal fees	-	-	30	-	30
Other expenditure including recruitment, training and membership fees	-	(125)	1,446	-	1,321
Funding to project partners	-	11,000	15,000	-	26,000
	-	405,235	648,051	26,987	1,080,273
For the year ended 31 March 2017	-	208,009	635,443	151,006	994,458

	brought down £	International fund £	UKHF meetings, activities, members liaison & support costs £	2018 £	2017 £
Staff costs (note 7)	822,128	153,645	56,500	1,032,273	1,059,275
Consultancy fees	197,703	67,332	-	265,035	252,444
Office costs	172	-	3,000	3,172	30,000
Communications	13,639	255	500	14,394	8,276
Reference information, publications & website	9,657	-	2,000	11,657	45,215
Conferences, seminars & symposiums	8,279	5,871	1,000	15,150	47,572
Equipment & maintenance	1,344	-	2,000	3,344	5,309
Audit, accounting and legal fees	30	-	-	30	4,115
Other expenditure including recruitment, training and membership fees	1,321	6,844	-	7,965	18,225
Funding to project partners	26,000	52,944	-	78,944	(5,952)
	1,080,273	286,691	65,000	1,431,964	1,464,479
For the year ended 31 March 2017	994,458	270,021	200,000		1,464,479

UK HEALTH FORUM

NOTES TO THE ACCOUNTS
FOR THE YEAR ENDED 31 MARCH 2018

5. TOTAL RESOURCES EXPENDED (continued)

SUPPORT AND GOVERNANCE COSTS	Fundraising and publicity £	Policy development £	Obesity and nutrition including toolkits & modelling £	Research & information services £	carry down £
Staff costs (note 7)	300	4,211	11,945	3,330	19,786
Consultancy fees	42	592	1,679	468	2,781
Office costs	2,552	35,856	101,723	28,353	168,484
Communications	92	1,298	3,683	1,027	6,100
Reference information, publications & website	175	2,456	6,967	1,942	11,540
Conferences, seminars & symposiums	51	714	2,027	585	3,357
Equipment & maintenance	259	3,633	10,307	2,873	17,072
Depreciation	91	1,272	3,608	1,006	5,977
Audit, accounting and legal fees	375	5,273	14,960	4,170	24,778
Other expenditure including recruitment, training and membership fees	67	948	2,690	750	4,455
	<u>4,004</u>	<u>58,253</u>	<u>159,589</u>	<u>44,484</u>	<u>284,330</u>
Total Resources Expended	<u>4,004</u>	<u>461,488</u>	<u>807,840</u>	<u>71,471</u>	<u>1,344,603</u>
For the year ended 31 March 2017	<u>3,017</u>	<u>250,399</u>	<u>755,704</u>	<u>184,526</u>	<u>1,193,646</u>

	brought down £	International Fund £	UKHF meetings, activities, members liaison & support costs £	2017 £
Staff costs (note 7)	19,786	2,367	3,460	25,613
Consultancy fees	2,781	333	468	3,600
Office costs	168,484	20,153	29,466	218,103
Communications	6,100	730	1,067	7,897
Reference information, publications & website	11,540	1,380	2,018	14,938
Conferences, seminars & symposiums	3,357	402	587	4,346
Equipment & maintenance	17,072	2,042	2,986	22,100
Depreciation	5,977	715	1,045	7,737
Audit, accounting and legal fees	24,778	2,964	4,333	32,076
Other expenditure including recruitment, training and membership fees	4,455	533	779	5,767
	<u>284,330</u>	<u>31,819</u>	<u>46,227</u>	<u>342,176</u>
Total Resources Expended	<u>1,344,603</u>	<u>318,310</u>	<u>111,227</u>	<u>1,774,140</u>
For the year ended 31 March 2017	<u>1,193,646</u>	<u>293,847</u>	<u>234,835</u>	<u>1,722,328</u>

6. ANALYSIS OF GOVERNANCE AND SUPPORT COSTS

Support and governance costs are first identified under a corporate cost centre. All costs are allocated based on a survey of time spent by each employee on the specific projects split between the charitable activities.

UK Health Forum received funding from the Health & Well Being Alliance of the Department of Health to cover specific support costs. £80,000 of this funding is allocated directly to UKHF meetings, activities, members liaison & support costs.

All support costs are funded by unrestricted funds with the exception of modelling charitable activities whose proportion of support costs are met by PHE.

The breakdown of support costs and their allocation is shown in the table below:

	General Support £	Governance £	Total Basis of apportionment £	
Staff costs (note 6)	25,612		25,612	Staff time
Consultancy fees	3,601		3,601	Staff time
Office costs	218,104		218,104	Staff time
Communications	7,897		7,897	Staff time
Reference information, publications & website	14,938		14,938	Staff time
Conferences, seminars & symposiums	2,124	2,222	4,346	Staff time
Equipment & maintenance	22,100		22,100	Staff time
Depreciation	7,735		7,735	Staff time
Audit, accounting and legal fee	25,476	6,600	32,076	Staff time
Other Expenditure inc recruitment, training & membership fees	5,768		5,768	Staff time
	<u>333,354</u>	<u>8,822</u>	<u>342,176</u>	
For the year ended 31 March 2017	<u>250,044</u>	<u>7,805</u>	<u>257,849</u>	

UK HEALTH FORUM

NOTES TO THE ACCOUNTS
FOR THE YEAR ENDED 31 MARCH 2018

7. STAFF COSTS

	2018 £	2017 £
Salaries and wages	818,280	780,832
Social security costs	88,248	81,641
Pension contributions (20 staff)	151,367	197,388
	<u>1,057,885</u>	<u>1,059,861</u>

Employees earning between £60,001 and £70,000: 3
 Employees earning between £70,001 and £80,000: 2
 Employees earning between £90,001 and £100,000: 1

Pension contributions of £19,315 were outstanding at the year end (2017: £18,009)

The entire pension cost relates to a defined contribution scheme and all the costs of the defined benefit scheme were borne by ADPH.

No trustee was paid a salary in the current or previous year.

Chief Executive's earnings for the year totalled £105,131; (2017: 105,172) including employers' pension and national insurance contributions.

No redundancy payments were made during the year; (2017: 14,370).

8. STAFF NUMBERS

The average monthly number of employees was 20 (2017: 18)
 This is shown per cost centre as follows:

	2018	2017
Policy development	5	3
Obesity and nutrition including toolkits & modelling	9	8
Research & Information services	1	3
Other service contracts	3	1
UKHF meetings, activities, members liaison & support costs	2	3
	<u>20</u>	<u>18</u>

In March 2015, an employee was contractually seconded to UKHF from Public Health England (PHE) for one year, extended for three years, with all employment liabilities remaining with PHE. Their role is to develop the foundations of a strong and sustainable network of UK public health organisations.

9. TANGIBLE FIXED ASSETS

	Furniture & Equipment £
Cost:	
1 April 2017	98,845
Additions	1,844
Disposals	(19,879)
31 March 2018	<u>78,910</u>
Depreciation:	
1 April 2017	88,472
Charge for the year	7,752
Disposals	(19,879)
31 March 2018	<u>74,345</u>
Net Book Value:	
31 March 2018	<u>4,565</u>
1 April 2017	<u>10,473</u>

UK HEALTH FORUM

NOTES TO THE ACCOUNTS
FOR THE YEAR ENDED 31 MARCH 2018

10. INVESTMENTS

The dormant subsidiary at the balance sheet date was Micro Health Simulations Limited, of which UK Health Forum owned 100% of the ordinary share capital valued at £2, being the nominal value. The capital and reserves of the subsidiary as at 31st March 2018 amounted to £(7,294), (2017: £(7,294)). During the year, total funds due to UK Health Forum by the subsidiary was written off, (2017: £7,713).

11. DEBTORS

	2018	2017
	£	£
Fees & grant debtors		
Balance due from subsidiary company	377,816	128,813
Other debtors	-	7,713
Prepaid expenses	278,680	17,354
	6,887	12,588
	<u>663,383</u>	<u>186,468</u>

12. CREDITORS - amounts falling due in less than one year

	2018	2017
	£	£
Trade creditors		
Accruals	21,009	43,884
Other creditors	385,323	304,796
Taxation and social security	33,717	41,931
Deferred income - unrestricted funds	78,947	67,396
Deferred income - restricted funds	5,130	2,630
	<u>295,831</u>	<u>144,753</u>
	<u>819,957</u>	<u>605,390</u>

13. DEFERRED INCOME

	£
1 April 2017	
Income deferred during the year	147,383
Income released to the statement of financial activities during the year	301,171
31 March 2018	<u>(147,593)</u>
	<u>300,961</u>

UK HEALTH FORUM

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FOR THE YEAR ENDED 31 MARCH 2018

14. RESTRICTED FUNDS

	1 April 2017 £	Incoming £	Outgoings £	Transfer £	31 March 2018 £
Department of Health (DH): Health & Wellbeing Alliance	-	60,000	(60,000)	-	-
DH Brain Health	-	34,507	(36,223)	1,716	-
DH Air Pollution	-	35,714	(68,385)	32,671	-
DH Obesity Review	-	41,429	(55,563)	14,134	-
Obesity Health Alliance	-	99,037	(67,902)	(31,135)	-
The Health Foundation	-	46,210	(46,807)	597	-
IDRC	-	1,178	(21,449)	20,271	-
PHE Air Pollution	-	41,117	(72,523)	31,406	-
PHE Health Inequalities	-	49,502	(67,777)	18,275	-
Fiscal & Pricing Policies Review	-	46,666	(78,721)	32,055	-
JANPA	-	10,666	(15,113)	4,447	-
	-	466,026	(590,463)	124,437	-

	1 April 2016 £	Incoming £	Outgoings £	Transfer £	31 March 2017 £
Department of Health (DH) Strategic Partnership Funding	-	200,000	(200,000)	-	-
EConDA	-	(1,716)	5,884	(4,178)	-
PHE Dementia	-	30,000	(28,519)	(1,481)	-
European Commission	-	28,635	(2,503)	(24,132)	-
DH UK OTs Caricom	-	3,000	(11,471)	8,471	-
Obesity Health Alliance	-	81,545	(64,503)	(17,042)	-
The Health Foundation	-	53,000	(50,974)	(2,026)	-
IDRC	-	34,105	(29,333)	(4,772)	-
PHE Air Pollution	-	89,920	(101,630)	11,711	-
PHE Health Inequalities	-	61,872	(67,831)	5,960	-
Global Alcohol Marketing Agreement	-	1,650	(4,239)	2,589	-
JANPA	-	14,173	(14,838)	665	-
PHE China obesity workshop	-	-	(720)	720	-
	-	594,183	(570,667)	(23,516)	-

The restricted funds represent income funds expendable at the discretion of the trustees in furtherance of the charity's pursuits in accordance with the conditions imposed by the donor. The purpose of each fund is set out below.

Name of Restricted Fund

Purpose of Fund

DH Strategic Partnership Funding
DH Health & Wellbeing Alliance
DH Brain Health
DH Air Pollution
DH Obesity Review
EConDA
PHE Dementia
European Commission
DH UK OTs Caricom

Department of Health funding to support the strategic partnership arrangement and Health & Wellbeing Alliance
Feasibility study on a brain health tool
Communicating air pollution episodes to vulnerable populations
High street food placement project
Economics of chronic disease prevention
Reducing the risk of dementia- scientific and policy review
Equity Action
Technical assistance for Overseas Territories for Caribbean public health developments
UK wide public health network by key public health organisations
A collaboration of key stakeholders promoting obesity strategy
Eating Well Within Our Means
Nutrition governance casebook
Developing the air pollution model
Developing a model for health inequalities
A report on fiscal and pricing policies to improve public health
Publication of a supplement of addiction on alcohol marketing
Quantifying the costs of childhood obesity
Prevention of NCD's In China

Transfers between funds represent surpluses on commercial contracts taken to unrestricted funds, allowable management charges or allocation of allowable overheads to projects

UK HEALTH FORUM

NOTES TO THE ACCOUNTS
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15. UNRESTRICTED FUNDS

	1 April 2017 £	Incoming £	Outgoings £	Transfer £	31 March 2018 £
General funds	420,898	934,166	(1,183,677)	(124,437)	46,951
	<u>420,898</u>	<u>934,166</u>	<u>(1,183,677)</u>	<u>(124,437)</u>	<u>46,951</u>
For the year ended 31 March 2017	275,704	1,273,339	(1,151,661)	23,516	420,898

16. ANALYSIS OF NET ASSETS BETWEEN FUNDS

	Unrestricted £	Restricted £	31 March 2018 £	31 March 2017 £
Tangible fixed assets	4,567	-	4,567	10,475
Current assets	568,509	295,831	862,340	1,015,813
Current liabilities	(524,126)	(295,831)	(819,957)	(605,390)
	<u>46,950</u>	<u>-</u>	<u>46,950</u>	<u>420,898</u>
For the year ended 31 March 2017	<u>420,898</u>	<u>-</u>	<u>-</u>	<u>420,898</u>

17. OPERATING LEASE COMMITMENTS

At the year end the charity had total commitments under operating leases in respect of property expiring after 6 months of £84,326, (2017: £71,516)

18. RELATED PARTY TRANSACTIONS

Paul Lincoln, the Chief Executive of UK Health Forum resigned from the PHE Board in April 2018. He currently maintains an honorary advisory role to Public Health England (PHE). In addition to the contracted income received listed in note 14, UKHF received £3,285 for advisory work in 2017. Staff College, a charity funded by PHE, rented two desks at UKHF premises. A total rent of £8,000 was received during the year. In addition, £11,000 was granted to Staff College for their work in leadership.

During the year, UK Health Forum cleared its intercompany balance with a dormant company, Mikro Health Simulations Limited, of £7,713 (note 11 and detailed in note 10) 2017.

The UK Health Forum has a joint employability arrangement with ADPH in order to host 1 of their employees under the governments GAD status. All other risks and liabilities are held with ADPH. However, the UKHF covers the joint employability risk by holding 2 months salaries and closing down costs in a separate bank account included in the balance sheet. This year, rent of £57,280; (2017: £41,812) was paid to UKHF for rental of office space.

£800 was paid to Medact, a charity of which Alan Maryon-Davis is a trustee and was a trustee of the UKHF at the time of the transaction.

19. NET MOVEMENT IN FUNDS

	2018 £	2017 £
(Deficit) for the year	(373,948)	145,194
Adjustments for:		
Investment income recognised in statement of financial activities	(987)	(2,086)
Depreciation of tangible fixed assets	7,762	9,367
Movements in working capital:		
Decrease/ (increase) in debtors	(496,915)	102,149
(Decrease)/ increase in creditors	214,667	(1,035,046)
Cash (absorbed by)/ generated from operations	<u>(649,531)</u>	<u>(780,422)</u>