

**Dementia
Concern**

INFORMATION & SUPPORT SERVICES
IN THE LONDON BOROUGH OF EALING

Dementia Concern Annual Report

Report and Financial Statements

For the year ended 31 March 2024

Company number: 2748840

Charity number: 1014834

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Reference and Administrative Information

Governance structure Dementia Concern is a charitable company limited by guarantee, incorporated on 18 September 1992. It was Registered as a charity on 22 October 1992.

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 2748840

Country of incorporation United Kingdom

Charity number 1014834

Country of registration England and Wales

Registered office and operational address 223 Windmill Road
Ealing, LONDON W5 4DJ

Honorary officers

Peter Ryan	- Chair
Richard Anthony Blake	- Vice Chair
Judith Wilson	- Treasurer

Principal Staff

Maggie Tierney	-Chief Executive
Christine Giles	-Director of Services
Martyn Oliver	-Director of Finance and People

Bankers National Westminster Bank Plc
139 High Street
LONDON, W3 6LZ

Auditor Goldwins Limited Chartered Accountants and Statutory Auditors
75 Maygrove Road
London
NW6 2EG

Trustee's Annual Report

The Trustees present their annual report and accounts for the year ended 31 March 2024.

THIS YEAR...

ON AVERAGE, WE MADE
134.25 MONTHLY VISITS

6343 CALLS AND VISITS
WERE MADE BY OUR
DEMENTIA LINK WORKERS

1385 CALLS AND VISITS
WERE MADE BY OUR
DEMENTIA ADVISORS

548 CARERS RECEIVED
MONITORING CALLS

1392 CALLS AND VISITS
MADE BY OUR SAFE
AT HOME TEAM

360 NEW CLIENT ASSESSMENTS
MADE BY DEMENTIA ADVISORS AND
LINK WORKERS

IN TOTAL,
2446 INSTANCES OF SUPPORT WERE
PROVIDED THIS YEAR

50
STAFF
IN TOTAL

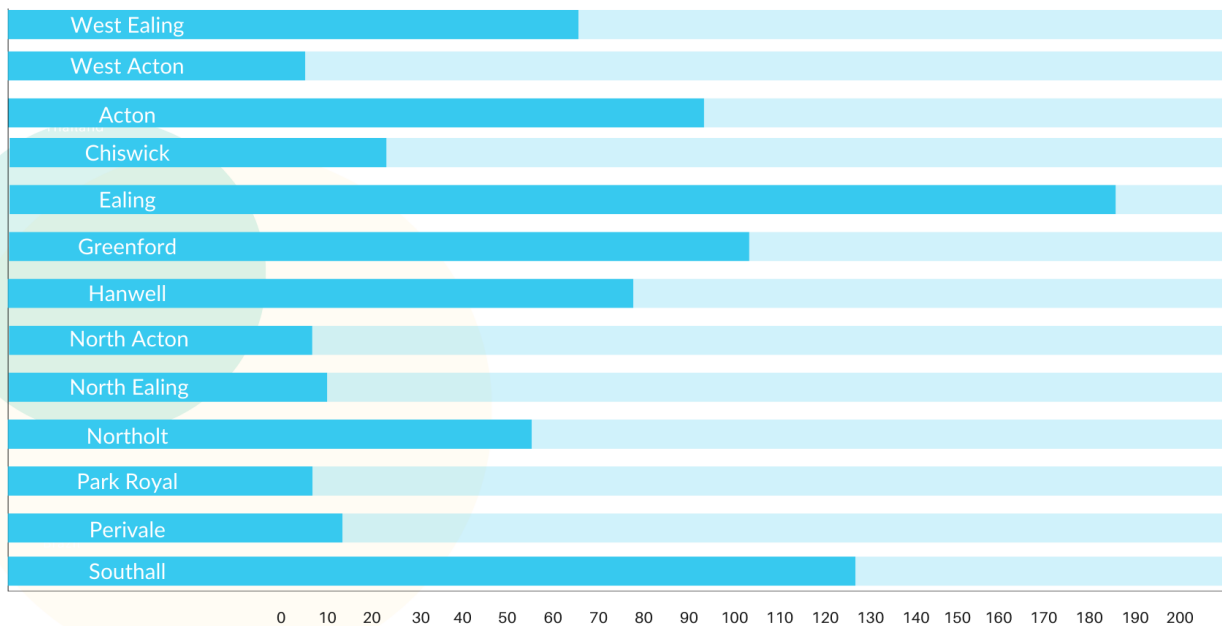
37
FRONTLINE
STAFF

OUR
STAFF...

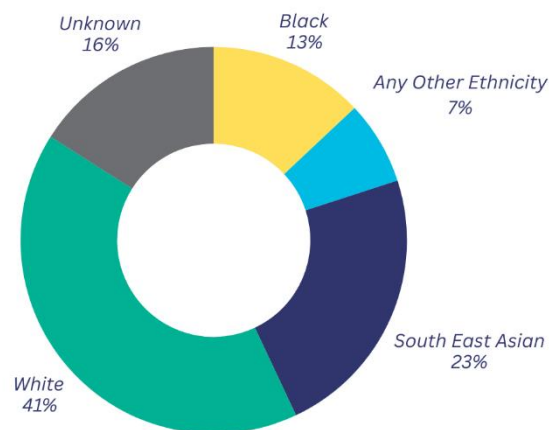
18
MEMBERS OF STAFF
WITH OVER
10 YEARS OF
SERVICE

13
OFFICE
BASED STAFF

Review of the charity's activities



Over the year, we have been pleased to have worked with 1,498 people with dementia: and a further 1,021 carers. This totals to 2,446 service users. At 31 March 2024, most of our clients (43%) were from Black, Asian or other minority ethnic communities, reflecting the borough's diversity (currently 50% of Ealing Borough population are from black, Asian and minority ethnic communities). Ealing (district of the borough), can be seen above as the place in the Borough where the largest group of our clients live. We directly supported 976 people and gave Advice & Information to 759 clients. This Advice and Information includes Advice & Information about dementia, support around the problems of caring and signposting or referring about the holistic services available internally or within the area.



Charitable activities

The charity's community health and social care activities in the year 2022/23 were as follows:

Dementia Advisors (DA)

Assessments carried out by the Dementia Advisors team once the client has a diagnosis which is done by a consultant.

Our assessments enable us to identify their needs physically, socially and psychologically, once this has been completed it enables us to support them through their illness. Our assessments are carried out face to face in their homes, and if at any point it's not convenient for a home visit the Dementia Advisors will arrange a telephone assessment instead.

The Dementia Advisors team provides advice and information to our clients, carers and other family members in regards to external organizations that we signpost them to who are also able to support them.

Dementia advisors offer support to carers and other family members to work through emotional stress and guide them through different stages of their illness. We also make referrals to specialists that work in different organisations that will be able to support and guide them in regards to welfare benefits, housing and other issues that they might have.

We liaise with different professionals e.g. GP, Occupational Therapies, Pharmacy, Care Agencies, Careers, Dietitians, Nurses, Hospitals. These are only few out of many that assisted us with our clients to enable us to provide support for our clients that are living with dementia.

Dementia Advisor - Case study 1

DA was allocated a referral via CIDS (Cognitive Impairment Dementia Service) based on the individual living with one of the rarer mixed type dementias where the individual was experiencing both cognitive decline and impairment. The aim of the scheduled home appointment was to discuss living with dementia and plan support after diagnosis.

Family preferred face to face home visit as the person living with diagnosis' English was a second language. The client is housebound and dependent on support and care from her son who had some flexibility to work from home in respect of his unique caring role for his mother.

Son was determined that his mother's diagnosis did not define their relationship. Family were guided on benefits they were entitled to. The DLW made a referral for the son to carers service, annual carers grant and respite opportunities. DA contacted social services regarding a care package mainly for night care as the son needed to rest in the night to prevent burnout in relation to his caring role for mother during the day.

Food bank assistance was offered but the family decided not needed at this time. The DA provides ongoing support and advice as changes occur to support both the person living with dementia and the carer

Dementia Advisor - Case study 2

RW is an 82-year-old lady that lives on her own and her husband had passed away many years ago. RW has never had any children. I have been supporting RW for over eight years and on one occasion when I spoke with her she informed me that she had problems with her roof on her house. She also said that she contacted a company and made an appointment for an assessment to be carried out.

When the assessment was completed she was given an estimate for the sum of ten thousand pounds. She paid the company the sum of five thousand pounds but they did not give her a date as to when the work would start. She said that she was feeling very stressed because she tried to contact the company and left messages and no one had returned her call. After having a discussion with her I asked her if she would like me to contact the company on her behalf which she agreed to. RW provided me with the contact details for the company. I contacted the company and they assured me that they will contact RW immediately which they did. A starting date was given to RW on the work was carried out as planned.

RW emphasised on how happy she was that I was able to chase the company up for her. With my input and my support, I was able to get the job done for her. RW was very happy and said that she knows that she can always rely on me if she finds herself in any other situation. She thanked me for my support and all my input into this matter.

Dementia Advisor - Case study 3

The client was a self-referral due to them being forgetful and distracted. The Dementia Adviser persuaded the client to have home visit for an initial assessment. The Dementia Adviser explained that others who support him such as a friend, GP, and Memory service were keen for me to discuss with him what is going on for him concerning his dementia diagnosis and his symptoms of the condition. The client described himself as an independent person who has managed his daily life and finances all by himself.

The client had the capacity and could make decisions about accessing Dementia Concern services. He declined adult day care opportunities and stated he had quite a lot of things to do in the week like planning trips to different local areas for walks and shopping. He spoke about his artworks all over the walls in his house. The client declined to be referred to the Department of Works and Pension Service for a home visit by the department to complete the Attendance

Allowance. But he agreed to a referral to the Dementia Concern CSW at home service. Who support individuals living alone with dementia to maximise their independence, assist with correspondence and paying bills, establish a process for medication reminders and identify other localised support groups. He was happy to engage with this service as saw it as a safety net for when in the future there will be changes in his condition and will have the support of someone he knows and trusts. We continue to give weekly support appropriate to the level of need and support he requires.

Advice

If someone needs advice about how to get a diagnosis. How to get respite. how to contact other agencies, etc. Social Services. General advice.

Signposting

We signpost people to other agencies, whether Voluntary or Statutory, depending on needs.

Emotional Support

We offer emotional support to carers, family and person living with dementia

Liaising with other professionals

We give information when needed to GP's, Social Workers, CPN's, etc. when needed, regarding the person living with dementia.

Our

Duty Call

Service breakdown

Referrals

Referrals are taken over the phone from various people, including self referrals, providing that the person has a diagnosis of dementia.

Information

Information is given about Dementia Concerns Services and Services within the Ealing Borough Council. Additional Information is given if needed i.e. benefits and contact numbers of services.

Dementia Link Workers

(DLWs)

The Dementia Link Worker service has a long-standing partnership with West London Health Trust. The team of 7 dementia link workers link between the GP networks and the mental health team to provide specialist dementia advice, support, advice, information, monitoring and to carry out clinical reviews for people with dementia receiving medication and some not on medication.

Dementia Link Teams take direct referrals from West London Health Trust CIDs team (Cognitive Impairment and dementia services). After diagnosis and initial assessment, they are discharged to Dementia Link Teams who will monitor any changes after medication is prescribed. Assessments are mainly carried out in the persons own home. Part of the assessment/ review, is to carry out a clinical cognition test known as RUDAS as well as discussing changes and management of situations. Legal matters such as Power of Attorney and benefits available are also discussed. If during the visit other intervention is needed such as social services or an occupational therapist the patient and carer are signposted and supported to make a referral to get further support. Patients and carers are empowered by the dementia link worker as much as possible. If there have been major changes in a patient and this is down to their health further checks have to be done by the GP to ensure there are no underlying issues such as infections that may be impacting on the patient. If there are infections, it is down to the GP to monitor and medicate where necessary. A dementia link worker will also look at all other factors that may cause changes in someone's dementia and if they feel more intervention is needed from CIDS, they are able to refer back to CIDS.

The Dementia Link Team have regular joint team meetings with CIDS and Social Services to discuss complex cases where our parties work together to get the best outcome. The link workers also take part in monthly academic sessions where they can gain further information and ongoing training through the NHS.

Dementia Link Worker - Case study 1

AD lives on her own, she has no family living close, she has a neighbour and friend who hold Lasting Power of Attorney (LPA) but she has challenges herself and finds it difficult to support her. AD had a fall in October and was hospitalised, after this her friend had concerns that she was not able to live on her own anymore, she was not herself, her mobility was affected, her mood was low, she was more confused. DLW started to monitor closely, referral was done to OT, to GP for blood and urine tests, which then prompt an OPRAC referral, and for CSW service. AD continued to have a lot of pain, in a visit by DLW, it was noticed that she had a wound in her buttock, GP was informed and she was hospitalised a 2nd time. Once AD was home, CSW started visiting, DLW was monitoring closely, supporting her friend with information, signposting, liaising with OT and other issues raised by CSW. She is now settled, her mobility has gone back to what it was before, and her mood has improved noticeably, she is happy to be at home and her friend is very thankful, our support, from DLW and CSW has help her support AD to stay at home as it's her wish.

Dementia Link Worker - Case study 2

(A patient with Lewy Body Dementia)

Mr X lives with his wife in Ealing and they have no carers coming in to support with anything - diagnosed with Lewy Body Dementia in May 22. Mr X was reviewed at home as stable but the following few months were very challenging for them both. Mrs X contacted the DLW and reported her husband to be more and more agitated, dizzy and experiencing acute confusion. He had lost his footing and stumbled in the kitchen but was able to get up but wife was concerned that his Dementia was becoming unmanageable. I explained that it seems something physical could be going on that is aggravating his Dementia and that we need to get him assessed. A few weeks prior to this, the DLW team had a meeting with the Manager of Rapid Response, an NHS service who can do clinical assessments at home to help ensure patients get the appropriate treatment fast – DLW's were now able to refer directly to this service. Given the acute symptoms of Mr X and his level of increased confusion I contacted Rapid Response to ask that he be assessed by them. The case was taken on and they visited the patient within 3 hours. They felt that he needed to be taken in for further assessment in hospital. It was discovered that he had broken a few bones in his foot and had a stomach bug. He was kept in until well enough for discharge.

Patient was discharged home and the wife was given details for the Lewy Body Dementia support group as she wanted to connect with people who have a similar experience.

Dementia Link Worker - Case study 3

ME is an 84-year-old lady who lives alone. Has a daughter and a son that live locally, both work full-time.

She was diagnosed with Alzheimer's Disease mixed type early stages by the CIDS Team at Sycamore Lodge and was prescribed Donepezil 10mg. She was referred to Dementia Link Worker Service in December 2023 and an initial call was made to both M E and her daughter. No concerns were raised at this time.

In January 2024 M E had a hospital admission with the doctor from Ealing Hospital referring her to the CIDS Team. Liaison took place between the CIDS Team, Maureen, her daughter and myself again at this time no concerns were raised. This was followed by another two hospital admissions and another referral to the CIDS Team and a telephone call and email received from the SPA with regards to M E low mood and being suicidal.

I therefore spoke with both M E and her daughter and arranged to follow up with a review visit in February 2024. I ascertained from this visit that ME was in pain due to poor health and her low mood was due to feeling lonely and isolated due to her poor mobility but she was not suicidal. Her hospital admissions were due to her poor health and there was some anxiety around this when she is in pain. M E was managing well with no carers and did not wish for carers. Also, she did not want to attend a daycentre due to a health concern.

Following review, I liaised back to the CIDS Team to inform them that there was no need for a referral back to the them. I also liaised with Social Prescriber to discuss ways to improve M E quality of life. A referral was made to our Safe at Home Service and an introduction with a Safe at Home Worker was carried out.

Example of Interventions:

- Advice and support given to M E and her daughter.
- M E referred to Dementia Concern's Safe at Home Service for monitoring due to her low mood and feeling lonely and isolated.
- Liaising with between with CIDS to provide the best possible care.
- Referral made to the Wheelchair Service due to her poor mobility and for daughter to be able to take her out in a wheelchair.
- Liaising with Social Prescriber to address any concerns – following discussion Social Prescriber made a referral made for a stair lift and OT assessment.
- Outcome has been good to help M E get the right services and adaptations needed in her home for her to continue to live independently but work is ongoing as she does have health concerns resulting in a number of hospital admission.

Community Support Workers

The Community Support Worker (CSW) team provide vital safeguarding support to people with dementia who live alone, including home visits. This support better enables people to live independently in their own homes and helps prevent admissions to long-stay care and hospital. This new name does not denote a change in service delivery, but aims to better reflect the safeguarding role of this team.

People with dementia who live alone are supported to have a higher quality of life, including taking part in their local communities. The service provides information, support and reassurance to carers and family members who are not in regular contact, as well as key professionals.

CSWs provide on-going emotional and practical support via phone calls and home visits. This better enables a person with dementia to remain living at home. We will regularly monitor the situation to ensure relevant and effective services are in place, as well as helping to ensure the person with dementia attends key appointments.

This service is unique in offering a range of support and interventions which address complex problems and plugs gaps in services. CSWs liaise with other services, carers, and health care professionals to advocate and support the person with dementia. This service is free of charge.

This service is available Monday to Friday from 09:00 to 17:00, with no service on bank holidays.

In the last year

Across 2023 Dementia Concern supported over 1,300 people living with dementia and 800 carers in 13,662 interactions which is an average of 6.5 interactions per person in the London Borough of Ealing. This included 159 people living alone with dementia who received our support from the Safe at Home team. We also hosted 2 dinner dances which was attended by nearly 200 people in total with the support of Zurich Community Trust and their staff.

Community Support Worker -Case study 1

Mr. X is 66 years old and lives alone with numerous health conditions, including a diagnosis of Dementia with Lewy Bodies. He has also spent most of his life coping with depression following an early childhood trauma. Last year, Mr. X. suffered a stroke during a friend's visit which has left him with extreme tiredness but fortunately few other deficits.

I was introduced to Mr. X. approximately 9 years ago and have been visiting him regularly ever since. He is an intensely private man and we have built a warm and trusting relationship over this time. With no family contact, Mr. X. relies on one friend who tries to visit weekly and the occasional help from

neighbours. During our time together, I have provided practical and emotional support, and helped with medication queries, hospital appointments and paperwork.

Occasionally, Mr. X. suffers from hallucinations and takes on a momentarily frozen appearance. When this has happened during my visits, he tells me my quiet reassurance has been of great comfort to him. Mr. X. manages to get out when he feels well and particularly enjoys gardening. He has some balance issues and sleep is problematic but when he feels okay, we are able to take advantage of local parks and his garden which bring him immense joy.

Community Support Worker- Case study 2

Ms JM was referred to us in December 2022, after CSW initial 2-week call became apparent her memory was quite impaired, she lives on her own with no family around and she is very keen to stay at home, she would need all the support we could offer.

The CSW visited her a couple of times to make sure OT advice was followed, flat cleared and signs to advise her to stay home were in place, to avoid falls and wandering. The community support worker who is visiting every week is essential in supporting to remain at home safely. CSW informs the Dementia Adviser of any situation that need addressing. The Dementia Adviser gets in touch with her friend who supports to sort out different things for her, like the battery in her smoke alarm and her phone line.

We are supporting her to stay at home, where she wishes to stay. CSW ensures there is in date food in the home and Ms JM is taking her medication and all her needs are met.

Community Support Worker- Case study 3

Person living with dementia VM, who lives alone. Community Support Worker originally asked to visit as very isolated. Over the months of weekly visits, they have built trust and encouraged to go out and engage in the local community. Since CSW has been going into PLWD he has perked up and now looking forward to CSW visits.

After a referral to the physiotherapist PLWD has a new wheelchair and looking forward to be going out to the local café and to enjoy the warm sun in the summer. CSW is also supporting them to access dental care.

Community Support Worker- Case study 4

CR is a 77-year-old lady living in Ealing, whom I have been supporting for the past year.

At first CR was very reluctant about the visit and needed a lot of persuading from her daughter to give it a go. The initial visits were challenging, Mrs C would get so anxious, especially as she has difficulty getting her words out. (She says it makes her seem less capable than she is).

With reassurance and time Mrs C gained confidence and became comfortable about her speech and we now enjoy the visits, going on long leisurely walks around Ealing, being part of the community. She now speaks freely and no longer becomes embarrassed about getting her words out. Mrs C loves sports, and is especially fond of tennis. I am expecting her to say I don't want to go out today during Wimbledon.

Community Support Worker- Case Study 5

Mr. X is an 88-year-old ex-soldier, living alone with a diagnosis of Alzheimer's disease. His wife and family live abroad and visit occasionally. My first interaction with this gentleman was during lockdown and involved regular monitoring calls as his only support during this time was from a private cleaner. She has subsequently taken on the role as his main carer in the UK.

Mr. X was in relatively good health at this time but suffered from anxiety and impatience around his diagnosis. Our calls were often focused on new treatments and drug trials about which he was very keen. Once lockdown lifted, I was able to visit and offer reassurance in person, including encouraging him to concentrate on enjoying his life now, keeping active and socialising. Working in collaboration with his carer and allocated DLW, we were able to keep him relatively calm and stable as well as monitoring his alcohol consumption.

One of the main challenges faced by the DLW and myself has been managing the expectations of Mr. X's family. With a vastly differing healthcare system in their country, the family are in contact regularly to express their dismay and sometime dissatisfaction with the health service and its perceived lack of action. This has often included us championing the right for Mr. X to remain living independently and to not be moved to a care home prematurely.

Recently, Mr. X had a fall resulting in a broken hip. In consultation with the family, we have advocated for Mr. X to return to his own home with an appropriate package of care. As a self-funder, Mr. X is able to finance a solution which enables him to stay in his comfortable and familiar surroundings which, at this time, we believe to be in his best interests and more likely to encourage his recovery.

(Toward the end of the financial year, the Community Support Worker service was renamed to Safe at Home, to better reflect the work of the service)

Weekly Clubs

Receiving a diagnosis of dementia can be devastating and isolating – the Clubs service aims to alleviate some of this by creating a stimulating yet comfortable environment with the emphasis on creating a real sense of belonging for our members. We provide enjoyable therapeutic activities with a strength-based approach always focusing on the positive and on what people *can do* still and not on what they can't, whilst providing a vital break for the family/carer.

Last year the clubs have grown steadily – with an extra 88 attendances to our popular Thursday club. We continued to explore and enjoy the varied green spaces in the borough at our outdoor activities club and enjoyed some great picnics and nature walks. We have a particular tree we favour and were lucky enough to celebrate in its 300th birthday activity... At our other clubs we always include exercise/movement and entertained our members with fun quizzes, singing and dancing competitions and celebrated birthdays and festivals. The clubs provide a welcoming space for people living with dementia to come and express themselves freely with supportive staff, they are able to laugh and at times cry without judgement or consequence and some very honest and sometimes humorous discussions take place and real friendships blossom – peer support is important at the Clubs.

Humour is a huge component of what we do at the clubs and can have such a positive impact on wellbeing – a great deal of laughter goes on and we have a couple of truly talented comedians amongst our members who love to make the other members laugh.

Some wonderful trips were experienced including a guided sensory walk in a local park rounded off with our members picking herbs and sipping herbal tea in the pretty walled garden – being outdoors has such a positive and calming effect and adds to the sense of community for our members.

Music therapy is an important activity in dementia - we now have regular sessions at the clubs. We have a very experienced music therapist leading these - these sessions have become an important part of the activities as music therapy can reduce anxiety, prompt autobiographical memory and really connect the person to the present moment which is where a person with dementia thrives. Some of our members with hearing impairments respond so well to the drumming and percussion sections as they can experience the rhythms and feel connected and included in the group. There have been some magical moments during these sessions – it can encourage communication amongst members and is a very powerful connector made more special as they know each other well so feel comfortable and supported. Music in general is a very strong feature at the clubs and also prompts emotional memory which is what someone with dementia doesn't lose – they remember feelings. These sessions can be very powerful and very moving – members love the musical activities.

The Clubs have become a real source of support for families and members – some of whom attend 4 days a week and we receive some wonderful feedback - it is a big part of their life and we hope to continue to provide more enjoyable spaces for those with dementia and we receive some wonderful feedback

Dementia can be very misunderstood and at times people can get labelled, left out or patronised, the Clubs are very protective about preventing this and we focus on making the Clubs' days a really enjoyable experience whilst celebrating every member's uniqueness.

We hope to provide more enjoyable spaces by opening another club soon...

16,683 HOURS of
respite provided
for carers

Outreach across
11 districts of
Ealing

13902 HOURS of
respite provided
for people with
dementia

60 Attendees

Attendees from **9**
different ethnic
backgrounds

**422 TRANSPORT
PLACES** provided
for those who
would otherwise be
unable to attend
the weekend clubs

**WEEKLY*
SOCIAL CLUBS**

KEY ACHIEVEMENTS

***(THURSDAYS + WEEKENDS)**

Elm Lodge Club – Case Study

Mrs S is 84 years old lady has been known to Community Mental Health Team since 2017 after been referred by her GP and was given the diagnosis of Alzheimer's disease mixed type and treatment was initiated with Cholinesterase Inhibitor Therapy (CIT) Donepezil 5mg pod and was titrated to its maximum therapeutic dose to 10 mg. she was also referred to an Occupational therapist for assessment of her care needs in relation to safety aspects.

While Mrs S was on CIT medication she was regularly reviewed by medics and CPNs at Cognitive Impairment and dementia Service till 29th May 2019 and then she was transferred to Dementia Link Worker.

She has additional physical health problems that includes Mild Chronic Obstructive Pulmonary disease, Para-umbilical Hernia, Type 2 diabetes mellitus, Hyperlipidaemia, Essential Hypertension.

Mrs S was referred to Dementia Concern Weekend centre group and she started attending in 2023. Since Mrs S started attending the clubs she established good rapport with the staff and clients at Elm Lodge, she participated in group activities and discussions groups organised by Weekend staff at Elm Lodge. Her interaction with client and staff was appropriate and realistic. Her level of understanding conversation is always being fairly good, she is also helping other clients and she was very supportive towards them especially when it comes to practical help. She is alert and responsive and able to comprehend. She has never experienced any behavioural issues and her cognition seems to fluctuate. There are lapses in her short-term memory. Mrs S was able to follow the conversation, frequently returned to reminiscing about times and things that she is doing that keep her busy.

Mrs S is fully aware about her cognitive deficit and has full insight into her memory impairment. While at centre, she was observed to have good appetite. She enjoys and loves her food, and enjoys the lunches at the club.

Mrs S takes on board what is happening at the centre and her other interest is in music group. In the music group she maintains positive sense of engagement with other clients and facilitator, keeps positive focus and engagement throughout the session, participate actively and connect with others. Sometimes she was observed to be less focused.

Mrs S shows her keen interest in the interactive group where she comes up with answers. She thoroughly enjoys and participates well within the groups. She also encourages other clients and helps them to participate and interact. She likes to look after other members and the staff encourage this role.

Since she started at the club, there is no further decline in her cognitive and functional activities as she is actively involved in the activities and shows good interaction and participation. She is particularly good at quizzes and staff encourage her to take the lead in these.

Attending the day centre has definitely helped Mrs S to maintain independence and increase social skills. Also, her interaction and participation have great impact on other clients and her own well-being. She states she enjoys herself and her family say she looks forward to meeting up with her friends each week

Sycamore Lodge Case Study - Weekend Club.

Mrs T is a 68-year-old lady who was diagnosed with Alzheimer's Mixed Type in 2022. One of her more complex symptoms is Aphasia, a word finding disorder which affects language expression and comprehension. Mrs S also suffers from sundowning symptoms which can cause unsettling changes in mood and sleeping patterns.

She formally had a very successful career working in Administration for the BBC. She loves family life, travelling, gardening and a beloved cat. She also has a passion for music and dancing. Mrs S joined our Weekend Club in 2023 initially starting on Saturdays and then shortly after joining our Sunday Club too. Presently attending both days.

The referral to our Weekend Club was fast tracked by our advisor's team who had responded immediately to Mr S when he had openly discussed his struggles caring for his wife and the changes the illness was presenting on the home front.

How glad we were this took place as Mrs S has brought something quite special to our club. Her outgoing, friendly, enthusiastic, uplifting, energetic personality has been warmly received by everyone at the club. The passion for music and dancing help to ease the symptoms of dementia and allows her personality to thrive in the group setting. Our regular feedback to the family on how well Mrs S has been doing at the club has brought much comfort and with attending both days this allows the family to have more freedom with the respite - which is greatly needed. Also valuable to us at Dementia Concern is Mrs S positive, happy, uplifting energy which has a wonderful impact on the ambience and atmosphere at the club - sometimes this happy energy encourages others to get up and dance in the music therapy sessions.

Mrs T continues to show and prove that the benefits of social club interaction and engagement with others in the community, can and does make a difference in the way we support those people living with dementia. We are fortunate to have services that can also support loved ones with our Advisors and Dementia Link Teams. Mr T has often said that our flexible and wrap around support is so very much appreciated by all the family.

Mrs T is a joy to care for and well-liked by everyone and certainly keeps us all on our toes with some fantastic dancing every week.

This weekend when Mrs T arrived her first words spoken were "It's so nice to be here" at our Sycamore Lodge Club

OUR CLUBS OUTREACH

MAPPED

12 attendees from
GREENFORD

8 attendees from
NORTHOLT

3 attendees
from
PERIVALE

7 attendees from
**NORTH ACTON &
ACTON**

3 attendees from
PARK ROYAL

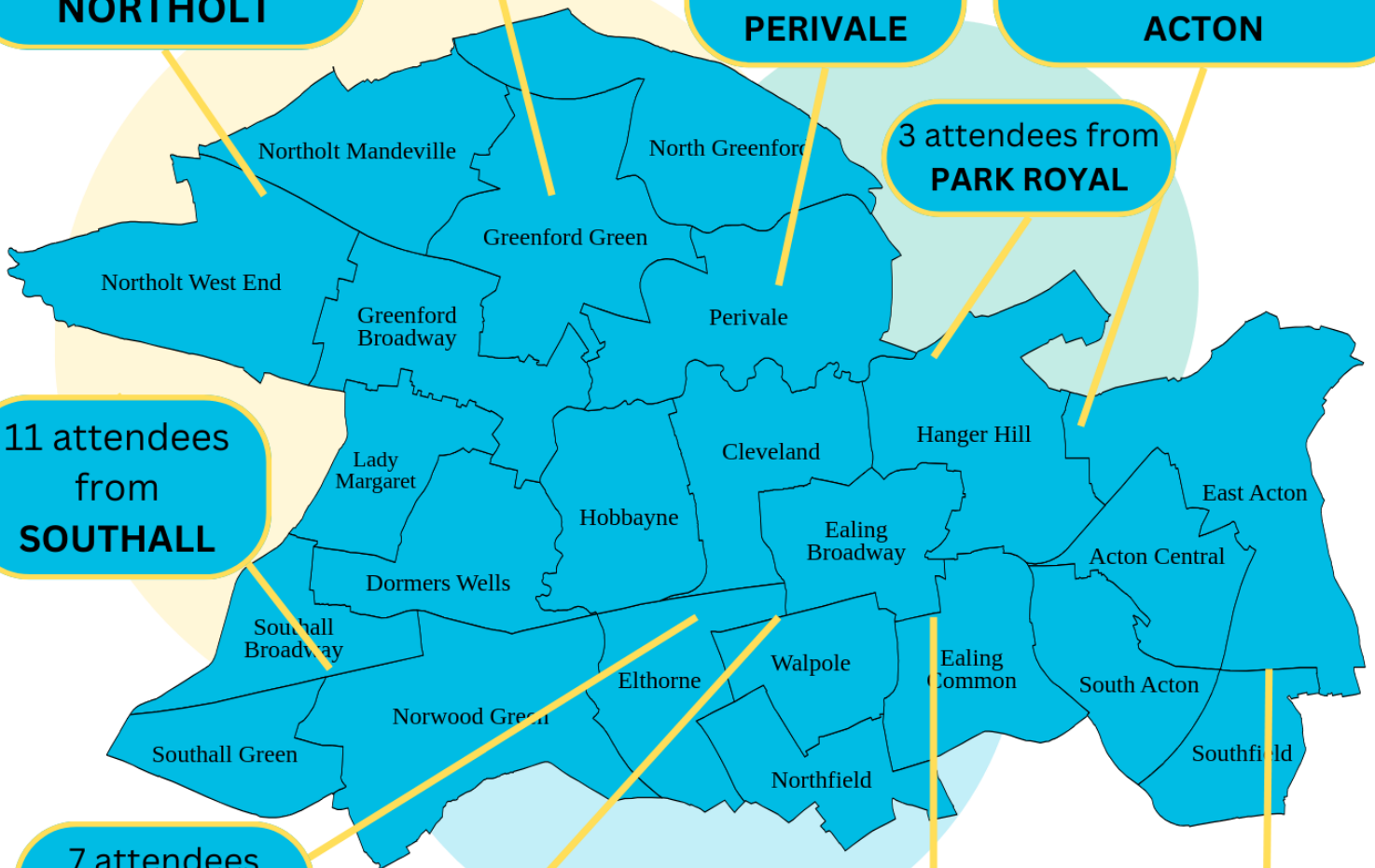
11 attendees
from
SOUTHALL

7 attendees
from **HANWELL**

9 attendees from
WEST EALING

11 attendees from
EALING

2 attendees
from
CHISWICK



Music Therapy

Music therapy on a Friday is a weekly feature at the Dementia Concern building. The sessions are open to both people with dementia and their carers, who use this opportunity as a chance to connect with their loved one.

Our fantastic music therapist from West London NHS brings his saxophone, and lays out tables sprawling with percussive and melodic instruments for our attendees to pick from. After a welcome chat and a cup of tea, our attendees are immediately excited to get stuck in. Throughout the session he plays a number of tunes our attendees love, often pitching in with their own requests, playing along and joining in with the music therapist's joyful singing. Music for a person with dementia can act as a prompt for reminiscing, help them express their emotions and encourage important social interaction, (And when our attendees are up dancing, it's good for exercise also!).

The music therapy sessions are a chance for carers and people with dementia to enjoy themselves together. Dementia can turn the relationships of people with dementia and their loved ones upside-down, with many carers being sons and daughters, they find that the one who once cared for them is now the one they are caring for, and that their relationship is almost redefined. Music therapy allows carers and the person with dementia to have fun together, and take valuable time to connect with each other as family away from their caring responsibilities.

But equally for those who attend our sessions it's simply about having fun. They find enjoyment in immersing themselves in music.

'To see M sit in and enjoy the session was a remarkable shift - this is a lady who generally does not like noise. To see that smile come through was one of my favorite moments of the day. She came to join in because she now feels at home.'

We're pleased to be running two music therapy sessions, weekly on Friday afternoons with a number of regular attendees.



Volunteers

Our wonderful regular volunteers (10) have once again supported the organisation in many different ways. From March to September 2023 they were involved in various projects delivered through the Carers Short Break (CBS) funding received from LBE.

These projects included a weekly Exercise Class and a weekly Music Therapy Group. Both these groups were followed by a light lunch and activities. During the time the person with dementia attended (3hrs approx.) our volunteers supported people individually with encouragement and their own involvement. During lunch conversation was encouraged and many people made new friends and shared their memories together. Both groups often ended their stay with us that day with a song and a smile

The time attending the groups was much appreciated by Carers and often Carers would form a friendship with other Carers and exchange contact details etc. It was also a time when Carers had the opportunity to share their concerns with trained staff and be directed to the appropriate person within the organisation for advice etc.

Unfortunately, CSB funding came to an end in Sept 2023 and only the music group continued into 2024 in a shorter format without lunch.

Another Music Therapy Group meet on a Friday morning and afternoon, this group is attended by Carers and the person they care for. A volunteer provides a welcome and refreshments before each group.

We also were able to provide a Carers Support Group every 2wks for 2hrs from March to Sept 2023. This group was reduced to monthly from October 23 and is well attended by Carers. Carers are able to bring along with them the person they care for and there is a respite facility available for the person with dementia. This is provided by 2 volunteers and a member of our dementia trained staff. This enables Carers to participate in the group and share information freely.

We also arrange for professionals to attend to provide information and advice on varying subjects of interest to the group. During the year we had representation from LBE Social Services Team, a Clinical Psychologist attached to the Dementia Team at Elm Lodge, a solicitor from M2M community solicitors, a social provider for GPs in Ealing plus our own Dementia Link Team and Dementia Advisor Team.

A volunteer provided support with our Digital Inclusion Group which was held weekly up until Sept 23 and continued to support other digital training to staff. We have a regular volunteer supporting our Thursday Club in their adventures and a regular volunteer who looks after our garden, keeping it looking refreshed and tidy.

Volunteers also continue to support administration tasks if required and one-off events held at the office to support team events.

Dementia Action Week (May 2023)

Monday 15th May 2023 - Coffee and cake morning. 11.30am - 2pm. Around 40 attendees. Suzan – Donna DLW, other DLW dropped in, held throughout all of the rooms downstairs including the use of the garden. Answered question about what services are available, advice on dementia.

New gentleman and son stayed and chatted for more than 2 hours, son thought he would not engage and would want to leave straight away. Well timed to see 3 chinook helicopters fly over, which was a good talking point. Below a husband and wife enjoying the event in our garden room.

Tuesday 16th May- Victor a Dementia Adviser, Maggie, CEO, with a Dementia Lead Nurse at Ealing hospital manned a stall at the entrance to Ealing Hospital. This was part of dementia awareness event at Ealing hospital focusing on the theme which was timely diagnosis and talking about what dementia concern does to improve the lives of people living with dementia and their carers we probably spoke to about hundred people or so.

Tuesday 16th May– Theatre Night with Playwright, Linda B and Maggie - Carers Support Evening Dementia Concern offices 5pm– 8pm. A chance to relax with other local people who care for someone living with dementia. Screening a beautiful play 'Mum Thumb' with Q and A afterwards, in person with the playwright Judith Silver. Light buffet and a time for carers to talk and support each other.

Wednesday 17th May – Julie k Julie D Dementia Link Workers did a talk with Southall Alliance group.

Wednesday 17th May- Dementia good practice celebration event arranged by WLHT Dementia and Older Adults Mental Health group, that we are part of. Taking Positive Action for dementia care Join professionals across health and social care to share innovative approaches and good practice, via Microsoft Teams; Register to join: dementia-action-week.eventbrite.co.uk This event is free and open to all health and social care professionals across all sectors. The conference brought together those involved in dementia care from across West London and beyond, to share innovative approaches and best practices. Maggie and Christine presented our wrap around approach to services. We also had David who is living with Dementia and his wife and carer Tina, who spoke about their Journey, the support from DC, and where more support is needed.

A total of 164 people attended including the organisers and speakers. There was a maximum of 74 attendees at any one time.

Thursday 18th May- for Dementia Action week we were lucky to team up with the Nature Parks Manager from the Boston Manor Park team whom we had met during a

previous walk on one of our outings. We joined her for a sensory walk experience in the walled garden area of the newly refurbished park.

Sensory activities work so well with dementia as they bring us immediately into the present moment which is calming and stabilising. Vanessa, who was our guide, began by doing a short relaxation breathing exercise with the group.

We then explored the senses – looking at all the lovely shades of green and the varied colours of the flowers - smelling and touching different herbs – which some of the group really enjoyed whilst others preferred to sit and observe. There was a particular plant called lambs' ears which was a firm favourite as so soft to touch. Some of the members recognised the different herbs – one person remembered cooking with them in the family restaurant so it was a chance for some therapeutic reminiscing.

The group then got to choose the herbs they preferred and make some herbal tea, there were flasks of hot water on hand so they then got to taste the herbs they had picked in the tea. We then had some fun exploring sound through using garden tools to make some music – an old garden bucket as a drum and a trowel as the drumsticks plus a seed tray used as a shaker. It was quite a noisy session! The group always enjoys being outside and it was a beneficial addition to team up with Vanessa for the sensory session – we look forward to working with the park staff again. It was an enjoyable way for the club to celebrate Dementia Action week.

Friday 19th May - Hanwell day centre. Donna Dementia Link Worker arranged a stall at Hanwell Health Centre, it was an all-day slot and 3 staff attended to cover the day. Maggie, CEO did pop in as well. We had a stall set up by the main entrance and took along lots of resources for people to take away with them. We had good interest from patients and we were able to reach out to approximately 15 -20 people over the course of the day and also took a referral to the DAs. Staff at the Surgery were happy to have us there and were accommodating.

We had one patient who spoke for a long time about her cognitive difficulty following a diagnosis of small vessel disease and her worries over the future. This lady was an OT and working with a local council at present. She clearly had anxiety over what may be next if she gets a full Dementia diagnosis and told us that she found it so helpful to have people who understand to talk to about it. The event went very well and the people we spoke with were so grateful to have us as an outlet/source of info. The demographic of people we spoke to was also varied. The most common question was what people can do to avoid getting dementia. Another question was about the higher number of people getting diagnosed now in comparison with the past.

Feedback from the week

Coffee Morning - Everyone enjoyed it and said there should be more of them as they found it quite relaxed and got them out of the house.

Another lady said that she was not going to come as it takes her mother a long time to get ready but is so glad she put the effort in.

A carer said that she has made a new friend and they have exchanged numbers and felt it was nice to have another person who is in the same boat. Most requested more regular coffee mornings.

Spread the events out over more than 1-week, next year we will do events throughout the month.

WLHT event cover H&F, Hounslow Ealing etc. will be held the week before at Dementia Concerns request, this will to launch Dementia Week the next week.

More events across the borough. Plan earlier to be able to advertise for enough time for people to plan to attend join in.

As well as all of the events, with some moving around we still ran the 5 social clubs, 2 digital skills workshops, an exercise and activities group, with hot lunch and 1 music therapy group with people living with dementia and 2 music therapy groups for people with dementia/carers or family.

Fundraising

Fundraising 2023-24

In total fundraising brought in £279,399 of non-statutory funds across the financial year.

Dementia Concern had 8 runners for the 2024 TCS London Marathon who collectively raised £28,000. In the 2025 TCS London Marathon Dementia Concern has been allocated 5 places who will all have a target of £3,000 each. Ealing was the chosen charity from donations in the 2023 Ealing Beer Festival which raised £1,500 for Dementia Concern. Website donations totalled £4,500 which came from some in-memory pages and one-off donations. Dementia Concern is developing a new website which will hopefully attract more people and have better fundraising information so that we can increase income across fundraising. In March 2024 we received £12,000 from Pierre Thomas who has supported Dementia Concern with some high-level donations in recent years as well as being the former Chair of the board.



Zurich Community Trust partnership

September 2023 Dementia Concern received the second part of a 2-year partnership with Zurich Community Trust. We received £40,000 as part of this as well as access to support and advice from their partnerships team. In March 2024 Zurich Community Trust announced Dementia Concern will receive a 2-year extension to the partnership with a slight reduction in payment amount (£36,000 per year). As part of the partnership Dementia Concern hosted 2 dinner dances across the year in September and January. These were paid for as part of the partnership and supported by volunteers from Zurich's Legal teams. They were a great success with over 150 people attending across the 2 events. The dances are a great opportunity to have an evening which is not about the person's dementia and is just an evening of music, food and fun for all involved. In 2024/25 Dementia Concern will be hosting another 2 dances in May and November to continue this popular partnership and event.

Our Fundraising Manager also joined the Zurich Community Trust Partnership Forum which meet to discuss, adapt and improve their work with charity partners especially with their 'More Than Money' initiative. The Fundraising Manager has also signed up to the Chartered Institute of Fundraising for the upcoming year to get support and advice from other fundraisers as well as attending the Institutes Fundraising convention to learn more about the industry standards.

Achievements and Performance

The charity's achievements and performance for 2023-24 are set out above.

Board of Trustees

The directors of the charitable company are its Trustees for the purpose of charity law. The directors of the company who served during the year ended 31 March 2024 and to date were:

Trustee	Appointed	Resigned	Position
Richard Blake			Vice Chair. Interim Chair from 17 April 2024 to 13 November 2024
James Lazarus		17 April 2024	Chair – to 17 April 2024
Peter Ryan	13 November 2024		Chair – from 13 November 2024
Steve Barnes		13 November 2024	Chair of Quality Committee
Gail Bridgeman			
Pauline Davies		30 July 2024	
Sim Downes		5 September 2024	
Raphael Kassin		13 November 2024	
Asheet Vinodrai Patel	26 July 2023		Treasurer and Chair of Finance Committee
Judith Wilson	26 July 2023		
Jayita Biswas	13 November 2024		
Dr. Anita Kulatilake	13 November 2024		
Joshua Larkin	13 November 2024		
Dr. Olawale Olanrewaju	13 November 2024		
Kate Wright	13 November 2024		
Martin Tyler	13 November 2024		

The Board of Trustees is collectively responsible for setting the organisation's strategic objectives, overseeing business planning, providing effective leadership, setting an effective framework of internal controls to enable risk within the business to be managed, and reviewing the performance of the organisation on an ongoing basis.

The Board meets six times a year and has established two advisory sub-committees which meet three or four times a year to focus on Finance and Quality. An appointments committee meets as needed. The Board is supported by its part-time Clerk, appointed from January 2024 to strengthen governance processes and compliance with the Charity Governance Code.

All Trustees give their time voluntarily and received no benefits from the charity. Expenses for reasonable travel and subsistence expenses may be reclaimed.

Trustee appointments are made following the Board's careful consideration of the collective skills and attributes required for effective governance. New Trustees meet with the Chair and senior management as part of their initial induction, as a result of which further training and induction needs are individually identified.

Public Benefit Declaration

The charity is a Public Benefit Entity and we have referred to Section 4 of the Charities Act 2011 which requires charities to have due regard to public benefit guidance published by the Charity Commission when reviewing our aims and objectives and in planning our future activities.

Fundraising

We have developed a fundraising strategy for the next 3 years (2024-27). This strategy builds on previous work and focuses on the growth and diversification of Dementia Concern's fundraising and community awareness. We have started to improve our social media presence as well as developing and standardising our marketing materials.

Fundraising practice: the charity is registered with the Fundraising Regulator and adheres to the Fundraising Code of Practice in all income generation activities. Dementia Concern raises funds to do our work from individuals, companies, grant-making trusts and statutory agencies. We received no complaints about fundraising during the year. We did not undertake any fundraising appeals in the year and did not use any third parties. However, in the future if we start to ask for funds from the public we will take steps to protect vulnerable people. If we receive donations from people with dementia, we always carry out checks to ensure that they have the capacity to do so.

In line with Charity Commission guidance, *Charity Fundraising: a guide to trustee duties (CC20)*, we have a framework in place to ensure there is effective governance around our fundraising activities. We set monetary fundraising targets each year within our budget and longer-term forecasts. Reports are made to our Finance Committee and our Board of Trustees on fundraising performance and our trustees understand and are fully sighted on our activities.

Financial review

Financial performance 2023-24

The financial performance for the year is reported in the Statement of Financial Activity and shows total income of £1,103k and total expenditure of £1,133k giving an overall deficit of £30k comprising:

	£000
Result from activities funded by unrestricted reserves	41
Result from activities funded by restricted reserves	(71)
Overall result	<u>(30)</u>

The overall deficit of £30k reflected a slightly better performance than the budgeted deficit of c.£38k.

Restricted-funded activities are covered, as planned, from relevant restricted reserves brought forward where projects run across more than one financial year. The surplus on unrestricted activities has strengthened the charity's financial position.

The balance sheet as at 31 March 2024 reported net assets of £286k including cash of £112k, with closing reserves as follows:

	£000
Restricted reserves	8.6
General unrestricted reserves	<u>277.1</u>
Total reserves	<u>285.7</u>

General unrestricted reserves of £52k can only be realised by disposing of fixed assets. Unrestricted free reserves at 31 March 2024 stand at £234,000 after taking this into account.

Dementia Concern has a long-term debt at the balance sheet date, being in receipt of a loan due to the COVID-19 pandemic. Current cash-flow forecasts confirm that the planned repayments of this loan are achievable. The trustees do not intend to take on any additional long-term debt in any form at the time of writing.

The reduction in the cash balance between March 2023 and March 2024 is primarily due to an increase in debtors relating to legacies receivable.

Assessment of Going Concern

The Trustees and the Executive Team have reviewed the latest financial position together with forecasts and projections to beyond October 2025. The budget and forecasts continue to be actively monitored with updates reported based on actual performance and any new information.

It is notable that the charity has a significant source of funds in its contract with West London Health Trust and that the current commission extends to at least 31 March 2027 (i.e. well beyond the review period). This removes a key risk for the charity. For this reason, coupled with a growing income stream from our dementia clubs, a number of key supporters, and a renewed focus on fundraising, the trustees consider it appropriate to prepare the financial statements on a going concern basis.

Other issues and risks were considered in relation to the going concern assessment as follows:

a. Outlook for major contracts and other funding

Dementia Concern's major contractual relationship is with the West London Health NHS Trust (WLHT), from whom it receives a substantial portion of its income. In 2023-24 the Trust's commission was about £612,000 of the total revenue of £1.1 m. The current commission ends on 31 March 2027 and the charity has realistic expectations of some inflationary uplift over the course of the contract. The current contract has a provision to be rolled over for a further two years from 2027.

The charity received approximately £600,000 in other funding during 2023-24, including £225,000 in bequests and about £120,000 from social clubs. The charity continues to invest in its fundraising, impact measurement and awareness capacity. The charity has commissioned an additional club, which opened in July 2024, and has reviewed its prices across the portfolio of clubs. The charity expects club income to strengthen considerably in 2024-25 as a result of these measures.

The trustees consider the income streams are sufficiently secure for the review period to support the preparation of the 2023-24 financial statements on a going concern basis.

The management accounts to September 2024 record a deficit although the charity is expecting a significant strengthening of fundraising income as the year progresses. Liquidity is satisfactory at the balance

b. External environment

The post-pandemic environment continues to be challenging for the third sector. Dementia Concern has not been able to secure a meaningful inflationary uplift in the value of its contract with West London Health Trust due to constricted public sector finances, and the change in government in July 2024 is not expected to change this outlook in the review period. The charity is pleased that the WLHT contract is in place for a further three to five years and is working with partners to make this source of income work better for the charity. The charity will seek to develop a portfolio of workable statutory contracts as a strategic aim but is not confident that this will happen over the review period. The charity's other income sources are fees from attenders at our suite of clubs, and from a portfolio of fundraising sources. The charity has successfully launched a new club which is expected to yield a modest surplus, and has increased prices and other measures to maximise income from this source. Fundraising from individuals is expected to be difficult to improve markedly (although work has been completed in our donation platforms to make this easier for donors). However, we will expand our fundraising presence to cover more events across London and locally, as well as exploring wider asset-creation to enlarge our corporate and individual donor base, including improving access to grants and similar funds. Income from bequests is expected to become more frequent after implementing a better search and find capability, and creating a will-writing service designed to increase awareness of the charity.

The external environment is also resulting in expenditure pressures, particularly on pay expectations for staff. The charity will try to resource its front line appropriately by prioritising this over strategic resource deployment. The management team are therefore working on more efficient ways to deliver the charity's strategy by re-considering the scope of some of the projects that underpin strategic delivery. Looking further into the review period, the charity is aware that the government wish to end zero-hours contracts and generally change employment terms. We await concrete news of these policies but are starting work on how we may respond to these developments.

c. Strategy 2024-27

The charity has agreed a service and financial strategy for the 2024-27 period. The strategy concentrates on investments in impact measurement and incremental service enhancements. The delivery of the strategy is dependent on the charity securing an increase in baseline funding. These growth assumptions have been stress-tested in the trading and cash flow forecasts on which the liquidity assessment is based.

Financial Management Policies

Reserves Policy

The definition of reserves used follows the guidance given by the Charity Commission. These are funds available to be used in furtherance of the charitable objects which have not yet been spent, committed or designated. They therefore exclude restricted funds (where donors impose criteria for their use), fixed assets (which are in current use to support the ongoing work of the charity) and any funds designated for specific purposes.

The Board of Trustees has reviewed the reserves policy and the reserves position. Reserves are held to cover unforeseen costs and to avoid cuts to services which may have lost funding while alternative finance is found. The policy is to hold a minimum of 10 weeks and a maximum of 17 weeks' expenditure in reserve. With Income of £1,103,031 and Expenditure of £1,133,421 and total unrestricted reserves of £285,713 the charity had achieved the equivalent of just over 12 weeks at 31 March 2024 (11 weeks after taking account of reserves represented by fixed assets (unrestricted free reserves).

Investment Policy

The investment policy is to invest cash balances, which are not immediately required, subject to risk being minimised and access being rapid, within institutions that are members of the Financial Services Compensation Scheme (FSCS).

During the year, funds were invested in bank deposits in accordance with the policy.

The Trustees are aware of the statutory power for charities to make social investments (introduced in 2016) and keep the option under review.

Financial Reporting

There is a comprehensive system of business planning which includes an annual budget that is reviewed and approved by the Board. This represents the resourcing envelope for delivery of the corporate delivery plan. The budget is comprehensively reviewed and reforecast from the mid-year onwards to reflect any changes and inform any action needed to ensure performance. Monthly results are reported against the budget. Financial planning for future years is an integral part of our strategic and business planning.

Auditors

Goldwins Limited are appointed as auditors and have indicated their willingness to continue in office.

Statement as to Disclosure of Information to Auditors

The Trustees have taken all the steps that they ought to have taken to make themselves aware of any information needed by the company's auditors for the purpose of their audit and to establish that the auditors are aware of that information. The directors are not aware of any relevant information of which the auditors are not aware.

Plans for Future Periods

The charity has a strategy in place for the current and following two financial years. This will deliver greater reach for people living with dementia in Ealing, and more support for their carers. Moreover, we will seek to increase the extent of our social activities for our clients in the short-term. We are actively seeking partners to help us fund this work.

In the current financial year, the charity will make changes to our governance with the appointment of a new chair and trustees, and the strengthening of our committee structure to bring a better focus on our key asset, our staff. The charity will also invest in our ability to strengthen and deepen our fundraising capability.

Statement of Trustees' responsibilities

The Trustees (who are also directors of Dementia Concern for the purposes of company law) are responsible for preparing the report of the Trustees and the financial statements in accordance with applicable law and United Kingdom Accounting Standards (United Kingdom Generally Accepted Accounting Practice).

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, including the income and expenditure, of the charitable company 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 judgements and estimates that are reasonable and prudent;
- State whether applicable UK Accounting Standards have been followed, subject to any material departures disclosed and explained in the financial statements; and
- Prepare the financial statements on the going concern basis unless it is inappropriate to presume that the charitable company will continue in operation.

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're 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 auditor is 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 auditor is aware of that information.

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

Approval

The Trustees' Report, which incorporates the Directors' Report, was approved by the Board on 13 November 2024 and signed on its behalf by:



Richard Blake
Trustee and Interim Chair

Date: 13 November 2024

Independent Auditor's Report To the trustees of Dementia Concern

Opinion

We have audited the financial statements of Dementia Concern for the year ended 31 March 2024 which comprise the Statement of Financial Activities, the Balance Sheet, statement of cash flows and the related notes. 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).

Opinion on financial statements

In our opinion the financial statements:

- give a true and fair view of the state of the charitable company's affairs as at 31 March 2024 and of its income and expenditure for the year then ended;
- have been properly prepared in accordance with United Kingdom Generally Accepted Accounting Practice; and
- have been prepared in accordance with the requirements of the Companies Act 2006.

Basis for opinion

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

Conclusions relating to going concern

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

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

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

Other information

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

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.

Opinion on other matter 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 directors' report) has 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 Charity 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 where 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; or
- the financial statements are not in agreement with the accounting records and returns; or
- certain disclosures of trustees' remuneration specified by law are not made; or we have not received all the information and explanations we require for our audit.

Responsibilities of the trustees

As explained more fully in the Trustees' Responsibilities Statement, the trustees (who are also the directors of the charitable company for the purposes of company law) are responsible for the preparation of the financial statements and for being satisfied that they give a true and fair view and for such internal control as they determine is necessary to enable the preparation of financial statements that are free from material misstatement, whether due to fraud or error.

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

Our responsibilities for the audit of the financial statements

Our objectives are to obtain reasonable assurance about whether the financial statements as a whole are free from material misstatement, whether due to fraud or error, and to issue an auditor's report that includes our opinion. Reasonable assurance is a high level of assurance, but is not a guarantee that an audit conducted in accordance with ISAs (UK) will always detect a material misstatement when it exists.

Misstatements can arise from fraud or error and are considered material if, individually or in the aggregate, they could reasonably

be expected to influence the economic decisions of users taken on the basis of these financial statements.

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

In identifying and assessing risks of material misstatement in respect of irregularities, including fraud and non-compliance with laws and regulations, our procedures included the following:

- We enquired of management, which included obtaining and reviewing supporting documentation, concerning the charity's policies and procedures relating to:
 - identifying, evaluating, and complying with laws and regulations and whether they were aware of any instances of non-compliance;
 - Detecting and responding to the risks of fraud and whether they have knowledge of any actual, suspected, or alleged fraud;
 - The internal controls established to mitigate risks related to fraud or noncompliance with laws and regulations.

- We inspected the minutes of meetings of those charged with governance.
- We obtained an understanding of the legal and regulatory framework that the charity operates in, focusing on those laws and regulations that had a material effect on the financial statements or that had a fundamental effect on the operations of the charity from our professional and sector experience.
- We reviewed the financial statement disclosures and tested these to supporting documentation to assess compliance with applicable laws and regulations.
- We performed analytical procedures to identify any unusual or unexpected relationships that may indicate risks of material misstatement due to fraud.
- In addressing the risk of fraud through management override of controls, we tested the appropriateness of journal entries and other adjustments, assessed whether the judgements made in making accounting estimates are indicative of a potential bias and tested significant transactions that are unusual or those outside the normal course of business.

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.

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 charity'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 charity and the charity's members as a body, for our audit work, for this report, or for the opinions we have formed.

Anthony Epton

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Anthony Epton (Senior Statutory Auditor)
for and on behalf of
Independent Auditor's Report
To the trustees of Dementia Concern

Goldwins Limited
Statutory Auditor
Chartered Accountants
75 Maygrove Road
West Hampstead
London NW6 2EG

28 January 2025

Financial Statements

Dementia Concern

Statement of Financial Activities (incorporating an income and expenditure account)

For the year ended 31 March 2024

	Note	2024			2023		
		Unrestricted £	Restricted £	2024 Total £	Unrestricted £	Restricted £	2023 £
Income from							
Donations and legacies	2	279,399	0	279,399	377,376	0	377,376
Charitable activities							
Advice, support and advocacy	3	470,107	40,000	510,107	459,271	45,500	504,771
Weekend day care	3	213,727	2,500	216,227	206,522	3,700	210,222
Other services	3	0	47,153	47,153	31,433	100,290	131,723
Weekday Centre Service	3	46,938	0	46,938	43,973	0	43,973
Other income and interest	4	3,207	0	3,207	1,447	0	1,447
Total Income		1,013,378	89,653	1,103,031	1,120,022	149,490	1,269,512
Expenditure on							
Cost of generating voluntary income	5a, 5b	65,848	0	65,848	39,210	0	39,210
Charitable activities							
Advice, support and advocacy	5a, 5b	588,930	61,951	650,882	498,861	21,559	520,420
Weekend day care	5a, 5b	255,312	24,463	279,775	281,604	3,648	285,252
Other services	5a, 5b	(22)	62,890	62,867	204,290	100,290	304,580
Weekday Centre Service	5a, 5b	62,744	11,305	74,049	43,966	0	43,966
Total expenditure		972,812	160,609	1,133,421	1,067,931	125,497	1,193,428
Net (expenditure)/Income and net movement in funds		40,566	(70,956)	(30,390)	52,091	23,993	76,084
Transfer		(8,736)	8,736	0	0	0	0
Reconciliation of funds							
Total funds brought forward		245,312	70,791	316,103	193,223	46,798	240,020
Total funds carried forward		277,142	8,571	285,713	245,312	70,791	316,103

Balance Sheet

Company No: 2748840

Dementia Concern

Balance Sheet as at 31 March 2024

	Note	2024		2023	
		£	£	£	£
Fixed assets					
Tangible assets			51,764		67,657
			51,764		67,657
Current assets					
Accounts receivable and prepayments		204,439		33,309	
Cash in hand and at bank		112,300		334,383	
		316,739		367,692	
Liabilities					
Accounts payable and accruals		54,180		80,701	
		54,180		80,701	
Net current assets			262,559		286,991
Total assets less current liabilities			314,323		354,648
Creditors over 1 year			28,610		38,545
Total net assets			285,713		316,103
The funds of the charity					
Surplus/(deficit)			(30,390)		76,084
Funds			316,103		240,020
Total charity funds			285,713		316,103

Approved by:



Richard Blake
Trustee and Interim Chair
13 November 2024

Statement of Cash Flows

Statement of Cash Flows
for the year ended 31 March 2024

	2024		2023	
	£	£	£	£
Cash flows from operating activities				
Net income (expenditure) from operating activities		(30,390)		76,084
Depreciation		15,893		21,882
Interest received		(3,207)		(1,447)
Decrease/(increase) in debtors		(171,130)		(6,163)
Increase/(decrease) in creditors		(26,521)		41,175
Net cash from operating activities		(215,355)		131,531
Interest received		3,207		1,447
Fixed assets		0		(10,998)
Loan repayment and other changes to long term liabilities		(9,935)		(9,692)
Net cash from other activities		(6,728)		(19,243)
Change in cash for the year		(222,083)		112,288
Cash at the beginning of the year		334,383		222,096
Cash at the end of the year		112,300		334,383
Analysis of cash and cash equivalents				
	At 1 April 2023	Cash Flows	Other changes	At 31 March 2024
	£	£	£	£
Cash in hand at at bank	334,383	(222,083)	-	112,300
Total Cash and cash equivalents	334,383	(222,083)	-	112,300

Dementia Concern

Notes to the Financial Statements

For the year ended 31 March 2024

1 Accounting policies

Statutory information: Dementia Concern is a charitable company limited by guarantee and is incorporated in England and Wales. The registered office address is 223 Windmill Road, Ealing, London, W5 4DJ.

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.

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

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

Going concern: Dementia Concern has reported a modest deficit for the 23/24 financial year, as per the budget, and has budgeted for a small surplus in the 24/25 financial year. After thorough consideration, the Trustees believe the charity to be a going concern. A multi-year funding contract is in place with our major funder, West London Health Trust, and this extends to at least three years from April 2023. However, Trustees are keen to ease the charity's reliance on statutory funding. Whilst the financial reserves area satisfactory at the balance sheet date, we are moving forward cautiously to capture new opportunities for income and partnerships. We are implementing a measured increase in the fees we charge for some of our services to improve our overall performance.

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. For legacies, entitlement is taken as the earlier of the date on which either: the charity is aware that probate has been granted, the estate has been finalised and notification has been made by the executor(s) to the charity that a distribution will be made, or when a distribution is received from the estate. Receipt of a legacy, in whole or in part, is only considered probable when the amount can be measured reliably and the charity has been notified of the executor's intention to make a distribution. Where legacies have been notified to the charity, or the charity is aware of the granting of probate, and the criteria for income recognition have not been met, then the legacy is treated as a contingent asset and disclosed if material. Income received in advance of the provision of a specified service is deferred until the criteria for income recognition are met.

Donations of gifts, services and facilities: On receipt, donated gifts, professional services and donated facilities are recognised on the basis of the value of the gift to the charity which is the amount the charity would have been willing to pay to obtain services or facilities of equivalent economic benefit on the open market; a corresponding amount is then recognised in expenditure in the period of receipt.

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.

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

Expenditure and irrecoverable VAT: 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 delivering services undertaken to further the purposes of the charity and their associated support costs.

Irrecoverable VAT is charged as a cost against the activity for which the expenditure was incurred.

Allocation of support costs: Resources expended are allocated to the particular activity where the cost relates directly to that activity. However, the cost of overall direction and administration of each activity, comprising the salary and overhead costs of the central function, is apportioned based on staff time. Where information about the aims, objectives and projects of the charity is provided to potential beneficiaries, the costs associated with this publicity are allocated to charitable expenditure. Where such information about the aims, objectives and projects of the charity is also provided to potential donors, activity costs are apportioned between fundraising and charitable activities on the basis of area of staff time.

Operating leases: Rental charges are charged on a straight-line basis over the term of the lease.

Tangible fixed assets: Items of equipment are capitalised where the purchase price exceeds £1,200. 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: Computers & related equipment Long-term assets 4 years 10 years

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 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.

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. Pensions 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.

Dementia Concern has a defined contribution pension scheme.

2. Income from Donations and Legacies

	2024			2023		
	Unrestricted	Restricted	Total	Unrestricted	Restricted	Total
Gifts and legacies	279,399	-	279,399	377,376	-	377,376
	279,399	-	279,399	377,376	-	377,376

3. Income from Charitable Activities

	2024			2023		
	Unrestricted	Restricted	Total	Unrestricted	Restricted	Total
Advice, Support and Advocacy						
West London Health Trust - dementia support	470,107	-	470,107	459,271	-	459,271
West London Health Trust - digital skills	-	-	-	-	3,750	3,750
Education Skill	-	-	-	-	1,750	1,750
Zurich	-	40,000	40,000	-	40,000	40,000
Sub-total for Advice, Support and Advocacy	470,107	40,000	510,107	459,271	45,500	504,771
Weekend Day Care						
Client fees	96,015	-	96,015	88,810	-	88,810
West London Health Trust	117,712	-	117,712	117,712	-	117,712
William Hobbayne	-	2,500	2,500	-	3,700	3,700
Sub-total for weekend day care	213,727	2,500	216,227	-	3,700	210,227
Other Services						
Income	-	47,153	47,153	31,433	100,290	131,723
Sub-total for Other services	-	47,153	47,153	77,082	113,484	131,723
Weekday Centre Service						
Client fees	21,940	-	21,940	18,975	-	18,975
West London Health Trust	24,998	-	24,998	24,998	-	24,998
Sub-total for weekend centre service	46,938	-	46,938	50,436	-	43,973
Total Income from charitable activities	730,772	89,653	820,425	586,789	162,684	890,689

4. Other Income and investments

	2024			2023		
	Unrestricted	Restricted	Total	Unrestricted	Restricted	Total
Interest	3,207	-	3,207	1,447	-	1,447
	3,207	-	3,207	1,447	-	1,447

5a. Analysis of expenditure (Current Year)

Costs of generating voluntary income	Charitable activities						Support Costs	2024 Total	2023 Total
	Advice, support and advocacy	Weekend Day Care	Other services	Weekday Centre Service	Governance Costs				
Staff Costs	41,367	410,756	157,690	36,310	39,422	62,803	118,340	866,689	925,320
Other Direct Costs	86	858	30,375	582	11,694	131	247	43,974	53,081
Premises	2,319	23,027	8,840	2,036	2,210	3,521	6,634	48,586	71,800
Other Costs	7,555	75,014	28,798	6,631	7,200	11,469	21,612	158,279	121,343
Depreciation	0	0	0	0	0	0	15,893	15,893	21,882
	51,327	509,655	225,703	45,559	60,526	77,925	162,727	1,133,421	1,193,428
Support Costs	8,995	86,354	33,006	12,459	8,257	13,657	(162,727)	0	0
Governance Costs	5,526	54,873	21,066	4,851	5,266	(91,581)	0	0	0
Total expenditure 2024	65,848	650,881	279,775	62,868	74,049	0	0	1,133,421	0
Total expenditure 2023	39,210	520,420	285,252	304,580	43,966	0	0		1,193,428

5b. Analysis of expenditure (Previous Year)

Costs of generating voluntary income	Charitable activities							2023 Total
	Advice, support and advocacy	Weekend Day Care	Other Services	Weekday Centre Service	Governance Costs	Support Costs		
Staff Costs	6,855	324,043	199,552	232,423	15,797	10,186	136,464	925,320
Care Costs	188	5,224	3,806	6,285	16,820	181	20,577	53,081
Premises	667	29,574	15,101	15,101	1,888	629	8,840	71,800
Office Costs	746	32,987	16,827	16,634	2,132	704	8,143	78,173
Other Costs	56	2,428	1,239	1,239	156	22,963	15,089	43,170
Depreciation	0						21,882	21,882
	8,512	394,256	236,525	271,682	36,793	34,663	210,995	1,193,428
Support Costs	28,792	102,740	39,731	23,003	6,273	10,455	(210,995)	0
Governance Costs	1,906	23,423	8,995	9,895	900	(45,119)	0	0
Total expenditure 2022	39,210	520,420	285,252	304,580	43,966	(0)	0	1,193,428

6. Net incoming resources for the year

This is stated after charging:

	2024 (£)	2023 (£)
Depreciation	15,893	21,862
Rent	30,374	29,000
Audit fee	9,440	10,000

7. Analysis of staff costs

Staff costs were as follows

	2024 (£)	2023 (£)
Salaries and wages	787,762	810,367
Social Security Costs	50,575	62,026
Employers contribution to defined contribution pensions	28,351	16,173
Training and recruitment	17,028	36,755
	883,718	925,321

8. Staff Numbers

The average number of employees during the year was

	2024 (number)	2023 (number)
Costs of generating voluntary income	1.5	0.40
Advice, support and advocacy	17	17.00
Weekend day care	14.8	18.00
Other Services	0.5	12.00
Weekday Centre Service	3.7	1.00
Support	8.5	8.00
Governance	0.5	0.50
	46.5	56.90

One employee earned more than £60,000 during the year (2023: nil). The total employee benefits, including the national insurance contributions of the key management personnel were £150,012 (2023: £115,440).

Charity trustees claimed £nil in expenses with the charity in the year (2023: £nil).

9. Related Party Transactions

Aggregate donations from related parties were £nil (2023: £80).

10. Legal Status of the Charity

The charity is a company limited by guarantee and has no share capital. The liability of each member in the event of winding up is limited to £1.

11. Taxation

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

12. Tangible Fixed Assets

	Leasehold Improvement	Office Equipment	Furniture and fittings	Photocopier	Telephone system	Server	Total
	£	£	£	£	£	£	£
Cost							
At the start of the year	63,120	34,464	5,155	6,379	7,680	6,115	122,913
Additions in year	0	0	0	0	0	0	0
At the end of the year	63,120	34,464	5,155	6,379	7,680	6,115	122,913
Depreciation							
At the start of the year	14,327	16,566	4,190	6,379	7,680	6,115	55,257
Charge for the year	6,312	8,616	965	0	0	0	15,893
At the end of the year	20,639	25,182	5,155	6,379	7,680	6,115	71,150
Net Book Value							
At the end of the year	42,482	9,282	0	0	0	0	51,764
At the start of the year	48,793	17,898	965	0	0	0	67,657

All of the above assets are used for charitable purposes

13. Accounts Receivable

	2024	2023
	£	£
Other debtors	70,917	25,837
Prepayments	12,248	7,472
Accrued Income	121,274	0
	204,439	33,309

14. Accounts Payable (within one year)

	2024	2023
	£	£
Taxation and social security	16,801	48,616
Other creditors	16,022	6,258
Accruals	21,357	25,827
	54,180	80,701

15. Accounts Payable (over one year)

	2024	2023
	£	£
Bank Loan: one to five years	28,610	38,545
	28,610	38,545

16a. Analysis of net assets between funds (current year)

	General		Total funds
	unrestricted	Restricted	
	£	£	£
Tangible fixed assets	51,764	0	51,764
Net current assets	253,988	8,571	262,559
Long term liabilities	(28,610)	0	(28,610)
	277,142	8,571	285,713

16b. Analysis of net assets between funds (prior year)

	General		Total funds
	unrestricted	Restricted	
	£	£	£
Tangible fixed assets	67,657	0	67,657
Net current assets	216,200	70,791	286,991
Long term liabilities	(38,545)	0	(38,545)
	245,312	70,791	316,103

17a Movements in funds (current year)

	At 1 April 2023	Income & gains	Expenditure & Losses	Transfers	At 31 March 2024
Restricted funds:					
Advice, Support & Advocacy	23,941	40,000	(61,951)	6,581	8,571
Weekend Day Care	19,808	2,500	(24,463)	2,155	0
Other Services	15,737	47,153	(62,890)	0	0
Weekday Centre Service	11,305	0	(11,305)	0	0
Total restricted funds	<u>70,791</u>	<u>89,653</u>	<u>(160,609)</u>	<u>8,736</u>	<u>8,571</u>
Unrestricted funds: General funds	<u>245,312</u>	<u>1,013,378</u>	<u>(972,812)</u>	<u>(8,736)</u>	<u>277,142</u>
Total unrestricted funds	<u>245,312</u>	<u>1,013,378</u>	<u>(972,812)</u>	<u>(8,736)</u>	<u>277,142</u>
Total funds	<u>316,103</u>	<u>1,103,031</u>	<u>(1,133,421)</u>	<u>0</u>	<u>285,713</u>

17b. Movements in funds (prior year)

	At 1 April 2022	Income & gains	Expenditure & Losses	Transfers	At 31 March 2023
Restricted funds					
Advice, Support & Advocacy	0	45,500	(21,559)	0	23,941
Weekend Day Care	19,756	3,700	(3,648)	0	19,808
Other Services	15,737	100,290	(100,290)	0	15,737
Weekday Centre Service	11,305	0	0	0	11,305
Total restricted funds	<u>46,798</u>	<u>149,490</u>	<u>(125,497)</u>	<u>0</u>	<u>70,791</u>
Unrestricted funds: General funds	<u>193,222</u>	<u>1,120,022</u>	<u>(1,067,931)</u>	<u>0</u>	<u>245,313</u>
Total unrestricted funds	<u>193,222</u>	<u>1,120,022</u>	<u>(1,067,931)</u>	<u>0</u>	<u>245,313</u>
Total funds	<u>240,020</u>	<u>1,269,512</u>	<u>(1,193,428)</u>	<u>0</u>	<u>316,103</u>

18. Operating Lease Commitments

	Property	
	2024	2023
	£	£
Less than one year	<u>34,500</u>	29,000
	<u>34,500</u>	29,000