

NON-EXECUTIVE DIRECTORS

- Peter Hay (Chair)
- Paul Picknett (Vice Chair)
- Christopher Parker
- Dr. Alison Hill
- Nicola Gilham

EXECUTIVE DIRECTORS

- Lord Victor Adebowale CBE (resigned from Chief Executive role 31 March 2020)
- Julie Bass (appointed as Chief Executive 1 April 2020)
- Helen Spice (resigned 30 June 2020)
- Amarjit Dhillon (appointed 1 April 2020)

All of the above are key management personnel of Turning Point Group and the Charity

SECRETARY

Lord Victor Adebowale CBE (resigned from Secretary role 14 May 2019)

REGISTERED OFFICE

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REGISTERED COMPANY NUMBER

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REGISTERED CHARITY NUMBER

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REGISTERED PROVIDER CODE

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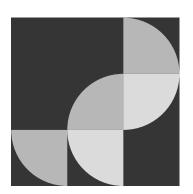
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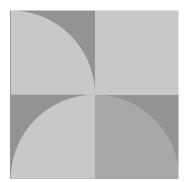
Turning Point Limited is a private company limited by guarantee without share capital, incorporated in England on 27 February 1964.

We are inspired by possibility. The possibility that every single one of us can change and grow, make choices, and live healthier and happier lives. With our expertise in working in the areas of substance misuse, mental health, sexual health, healthy lifestyles and learning disability, including with people with complex needs, we aim to continue to adapt to an ever changing external environment in order to extend our reach and support more people to improve their health and wellbeing.

NOTE: Please check page numbering is correct







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STRATEGIC REPORT

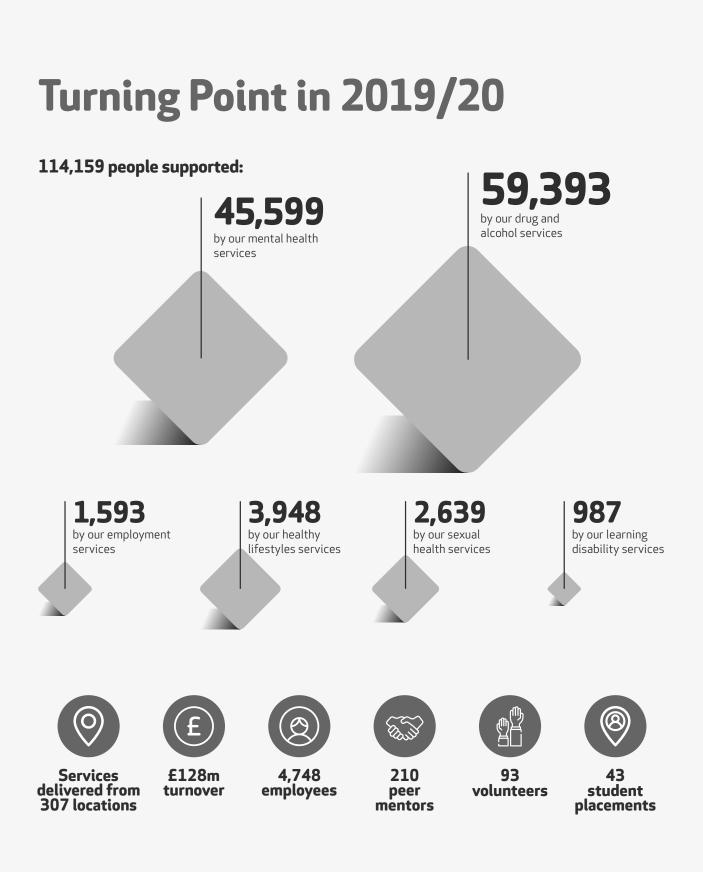
Who we are

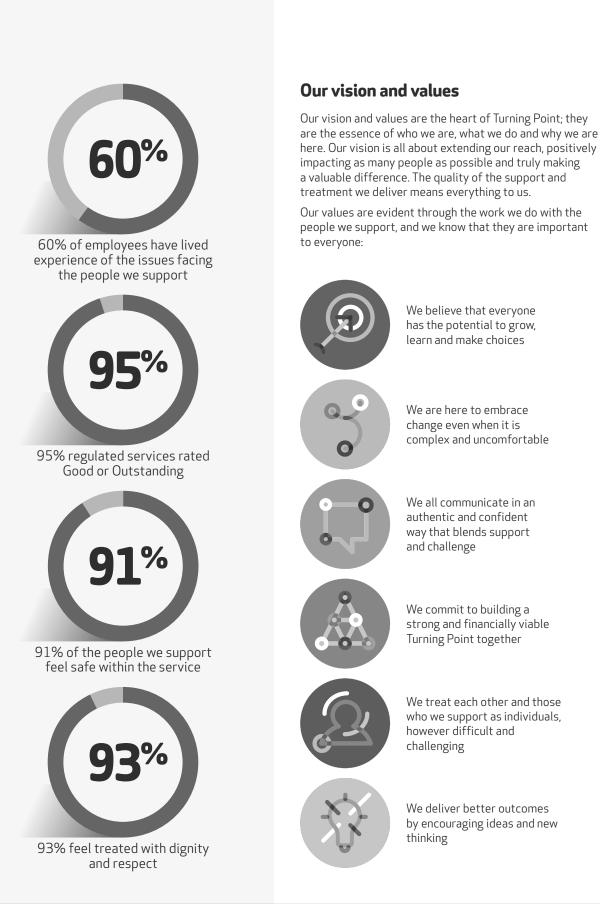
Turning Point is a leading social enterprise providing health and social care services across England supporting people to improve their health and wellbeing whether that is at home, within the workplace or through our specialist services.

In doing so we build upon 56 years of experience in the fields of substance misuse, mental health, learning disability, autism, acquired brain injury, sexual health, healthy lifestyles and employment support.

What we do

Our core business is delivering health and social care services for the public sector. Our mental health, sexual health, substance misuse, learning disability, healthy lifestyles and employment services are commissioned by local authority adult social care and public health teams and by NHS trusts and clinical commissioning groups, NHS England, Public Health England and the Ministry of Justice and the Department for Work and Pensions. Through our commercial ventures, we deliver upstream health and wellbeing services in the workplace. As a social enterprise any surplus is invested back into the business, ensuring that the value created is sustained over the longer term for the benefit of the people we support and for more people in the future.





Our specialisms

Turning Point is committed to delivering the very best mental health support, at all stages of the mental health pathway. In 2019/20 our mental health services supported 45,599 people. Of those, the majority (21,100 people) were supported by our talking therapies services which offer face-to-face, online and telephone-based support for people with depression, anxiety and other common mental health issues. Rightsteps supported 12,810 people in the workplace. 8,265 were supported via our mental health helplines. Our community services supported 1,331 people - working together with people to achieve goals for improving their mental health and wellbeing. A further 1,688 people accessed our crisis services which provide a community-based alternative to hospital admission when someone suffers a mental health crisis. 180 people were supported by our specialist and forensic services which work with people with enduring mental health issues and 225 received support in supported accommodation - safe places to stay where people who need extra support can receive assistance with daily tasks such as shopping and cooking.

Our substance misuse treatment services provide personcentred support to both adults and young people with drug and/or alcohol issues and their families. Bringing together clinical, social and psychological expertise we provide a recovery focused support at each stage of a person's recovery. In 2019/20 our substance misuse services supported 59,393 people. Of those, our integrated and other community drug and alcohol services supported 58,240 people, 556 people went through detox with us, 115 were supported by residential rehabilitation services, 324 were supported via the criminal justice system and we had 158 people living in supported accommodation.

Working in the community and in 23 prisons, Turning Point's specialist employment services work with people to help them overcome barriers to employment related to mental health issues, drug and alcohol use and involvement with criminal justice services. During 2019/20, we delivered employment focused support, vocational training and/or "in work support" to 1,593 individuals. Additionally, we have provided training and support to employers, Jobcentre plus and training providers to help them support employees or clients with mental health challenges or substance misuse issues to succeed in employment.

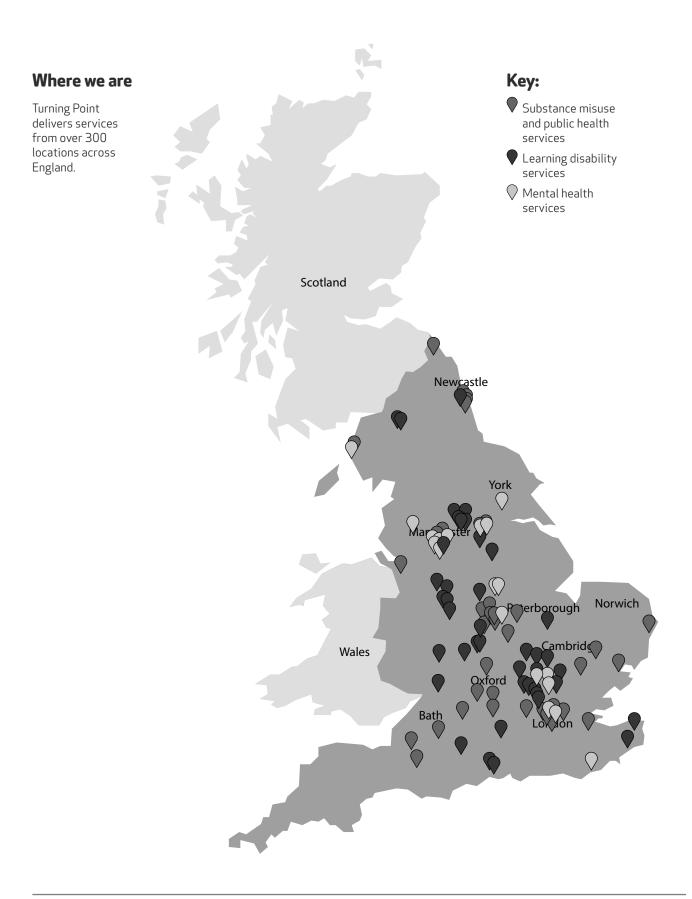
The improvement of health and wellbeing is at the core of what we do here at Turning Point, across all of our services. We know that individuals who are resilient, healthy and have a good sense of wellbeing will be better able to achieve their full potential, both for themselves and for those around them. In 2019/20 our healthy lifestyles services supported 2,593 people.

Turning Point's sexual health services provide accessible sexual health to all regardless of sexuality, gender identity, class, or ethnic background. We tailor our services to the needs of the local community - those living with HIV, people who are LGBT, sex workers, those from Black, Asian and Minority Ethnic (BAME) communities – as well as offering specialist help around emerging sexual health issues such as chemsex. During 2019/20 we provided 3,948 people with support or advice on issues related to sexual health and through our campaigning we break down stigma and celebrate good sexual health for all.

Turning Point has provided specialist support to people with a learning disability for over 25 years. During 2019/20 we supported 987 people with a learning disability across England, delivering high quality support for people with complex needs, including autism, behaviours that challenge, mental ill health and dementia. Our goal is to support people with a learning disability to have more choice and control over their daily lives. By asking the people we work with about their personal goals and ambitions, we have found opportunities to support their involvement in local volunteering and leisure activities. Through our supported living and outreach services, we support people as they develop independent skills, become active participants in their local community and gain training and employment to enable them to make a vital contribution to society. In our residential care services, we use technology and specialist aids to support people to maintain and increase their independence. We also specialise in delivering community-based support for people with a learning disability who have been detained under the Mental Health Act. We work with individuals providing specialist support and advice to help them improve their quality of life, have greater ambition for their lives and to reduce behaviours that challenge which enables them to do this.

Commercial ventures

All commercial ventures activity is primary purpose trading and aligns with the charitable objects of Turning Point. The Rightsteps team works with organisations to transform the health and wellbeing of employees to help create a work environment where people thrive. Rightsteps deliver industry-leading employee health and wellbeing programmes that are holistic, strategic and focused on prioritising mental health and wellbeing within company culture. In 2019/20 Rightsteps supported 12,810 people in the workplace.



George's Story¹

Now in his late 30's, George had been a "revolving door prisoner" since his late teens. Affected by Bipolar disorder and severe ADHD he'd been excluded from mainstream education in his early teens and had no formal qualifications or work experience. George considered that he'd "completely blown his chances in life".

Turning Point supported George, initially by CBT based counselling and subsequently with one to one mentoring, vocational training and employment support. After more than five months of intensive job search, George was offered work in a warehouse. He has now been out of prison for almost eighteen months and in work for almost four months.

Our stakeholders

Section 172 (1) Statement

The board has a duty to act in the best interests of the organisation and also in the best interests of the people we serve, as recognised beneficiaries under charity law. The board fulfils this duty taking into account the long term factors affecting the company and its wider relationship with stakeholders which include the people we support, local communities, our employees, the purchasers of our services (public sector commissioners, businesses and private pay clients), our regulators and our suppliers. The strategic intent and business model drive our activity and ensures that stakeholder engagement informs the board decision making both at the main board and operating board level. We engage with our stakeholders in a range of ways:

The people we support: Our service user involvement toolkit supports services to gather feedback and involve service users in decisions about how local services are managed. All services have service user forums and our regional people's parliaments bring together the people with a learning disability that we support to provide feedback, raise concerns or make suggestions about the support we provide. Services routinely analyse compliments, suggestions, concerns and complaints, learning from these in order to identify areas for improvement. At a national level we undertake a national

¹Not his real name.

service user survey each year and there is a national service user involvement network which brings together leads from each service to share feedback and learning. Paid and volunteer peer support roles within our substance misuse and mental health services bring lived experience into the staff team which ensures services are responsive to local need. Within our substance misuse services, part of the role of peer mentors is to undertake expert by experience quality audits and a number of people with a learning disability that we support have received training to work as quality reviewers to support our internal quality assurance processes. Our directors visit services each year as a key means to engage directly with the people supported by Turning Point and the employees delivering that support.

Communities and local partners: Each of our services has an Equality, Diversity and Human Rights (EDHR) action plan which reviews feedback from local stakeholder engagement e.g. with local charities, community and faith organisations as well as the local health and social care system and sets out how the service is going to respond to any issues raised. Local EDHR Action Plans cover how services work positively and collaboratively with partners in local systems and communities in order to meet the needs of their local population, improve access for underrepresented groups and involve service users in improving services.

Employees: We undertake an annual employee engagement survey and this year we established a national employee voice forum. The forum, comprising a strong mix of representatives from across our organisation, was created to help grow our employee voice, encouraging a two-way dialogue that deepens understanding, respect and innovation, ultimately to strengthen operational performance across our many services and central locations. More information can be found on page 21.

Purchasers: We engage with our public sector commissioners at all stages of the commissioning cycle e.g. through market engagement exercises, competitive dialogue, contract monitoring and the re-tender process. We work closely with commissioners to transform services so they better meet people's needs and provide better value for money. For example, this year we completed a 3 year transformation project in Bradford which saw 5 registered care homes transform into supported living with support from a reconfigured district nursing team resulting in greater autonomy, choice and control and better healthcare for the 56 individuals supported. Within our commercial ventures, feedback via our account management processes drives the development of new products and content. **Care Quality Commission:** As a provider of regulated services, our relationship with the Care Quality Commission is materially important to the people we support and their families as well as to us as a values-based social enterprise. A board member and the head of risk and assurance meet with the CQC corporate provider relationship manager around three times per year and we have developed a strong and productive relationship over the years. We also have nominated people across the organisation, one for each type of regulated activity we provide, to liaise with the CQC on specific details regarding that type of regulated activity.

Suppliers: Our business model has a material reliance upon key suppliers for the delivery of agency staff, technology, facilities management and infection control/ harm reduction products and services. Appropriate risk-based relationships are maintained with these suppliers to ensure the business model and value-chain is secure to meet the needs of our beneficiaries. This year we have introduced social value into our contract award decision-making processes in order to further extend our social impact.

Ensuring good governance

The board is committed to the principles of good governance and subscribes to the Wates Principles as its governance code. The board conducts annual effectiveness reviews with an externally facilitated review every third year. The company has robust policies on risk management, anti-fraud, bribery and corruption, procurement, information governance and clinical governance.

Acting fairly between members of the company

Turning Point has a trading subsidiary Turning Point (Services) Limited with which it has entered into an inter-company agreement to deliver health and social care services as a sub-contractor. The company is committed to ensuring it fully meets all contractual obligations for the delivery of health and social care services whether delivered directly or indirectly.

Dilesh Community Recovery Worker

"I've been working in substance misuse for around four years and have been a Community Recovery Worker in Leicester with Turning Point for just over a year. My main objective is to increase referrals and engage people from BAME communities, where there are very low levels of entry into treatment despite the fact that only 45% of the population in Leicester is White British.

My role involves lots of community events and working with other agencies from within the communities we're targeting. Most ethnic groups in Leicester are segregated, so I spend a lot of time trying to find the communities and then build a relationship with them.

Spinney Hill Recovery is a centre run by local volunteers that I work with, in an area where 60% of the population have an Indian ethnic identify and 18% cannot speak English well (ESRC Centre on Dynamics of Ethnicity, 2013). At first they just had a 12 week spiritual plan with no other additional support. But after meeting and discussing how Turning Point works, we now work in partnership with them, reducing drug and alcohol misuse and encouraging service users to engage more with family and friends. I run an outreach session in their centre every Monday to inform the local community on support we can offer and change that into referrals.

We work alongside local commissioners and the NHS, using information they provide us with to target different events. I recently did a talk in front of 200 people which resulted in 12 interventions. I helped establish a Sikh recovery network which provides a bilingual group in Punjab and English.

There are always challenges approaching very closed off communities, where little English is spoken and drug and alcohol problems are stigmatised but I always do as much research as possible and keep knocking on doors until I find that one person who is willing to accept us into the community."

Chair's statement

The theme of our annual report this year is change; which is fitting given that it saw a significant change with the departure of Victor Adebowale as chief executive and our new chief executive, Julie Bass, stepping into the role.



Victor's twenty years at the helm of Turning Point have shaped it into the organisation it is today. His clarity about its character as a social enterprise has been matched by the way our values are lived out in the work we do with over 100,000 people every year. There are many people

who owe much to having been inspired by the possibilities that have emerged from working with Turning Point in all kinds of ways.

I would like to take this opportunity to thank Victor for his unstinting commitment to Turning Point and the people they support. We know he will continue to be an advocate for the people we serve. Victor is one of the most dynamic figures in health and social care today. He's led the way in defending the rights of the many people affected by gaping health inequalities that are still prevalent in society and his work with the NHS Confederation is now taking this further. Victor gave his decision a lot of thought and time. In doing so he helped the board give proper attention to the transition and our future sustainability.

The challenges we face are considerable. We are continuing to reckon with the impact of 10 years of austerity in the face of growing demand and the economic consequences of the COVID-19 pandemic have yet to be fully realised. Brexit may yet have a major destabilising effect on the health and social care labour market. There are opportunities open to us too. We are operating within a changing market; the NHS is in the process of re-orienting along regional lines in order to drive integration which will change the way services operate. Prevention is a major public health challenge and one we are well positioned to contribute to. The social impact of the coronavirus pandemic will endure but at the same time, in response to the crisis we have developed new ways of working, many of which are here to stay.

In Julie Bass we have a chief executive who knows the organisation inside out and who will lead Turning Point from strength to strength with an un-wavering focus on inclusion, innovation, quality, outcomes and financial sustainability. In the midst of so much change, the board is delighted to see that our values and mission matter and that by continuing to apply these to new situation we continue to make a positive difference to so many lives.

Peter Hay Chair of the Turning Point Board

Karen's story

Karen is supported by Turning Point's learning disability team in Rotherham. She lives in one of 16 purpose-built, self-contained apartments with a communal lounge. Residents have a wide range of support needs and receive different levels of support from two hours a day to one to one at all times.

Karen is 62 and has autism and epilepsy. She previously lived in a shared house and thought she would struggle to settle into her own home and be able to live in supported accommodation. However, Karen has thrived in her own secure environment and has grown to trust and appreciate her support staff in little and subtle ways.

She is naturally very anxious about new things which includes making changes to her routines and possessions, this will always be very difficult for her but she has learnt to trust her support staff and is comfortable showing them what her tastes are, and with support be able to make her own choices known and carry out tasks she would have severely struggled with 6 months ago. Karen has grown in confidence which has shown in her positive behaviours and her general happy demeanour. Over the last 6 months, Karen has made exceptional progress in her personal development, with appropriate support she has been able to choose, purchase and refit her kitchen, lounge and bedroom areas of her flat. This sounds very general but for someone with her anxieties, we are all so very proud of her for the way she has been able to embrace the changes and enjoy the outcomes.

Karen has made so much amazing progress that we have been able to make several trips to various theatres which, considering crowds cause her anxiety, she has really managed to shine and let her true personality be seen, thoroughly enjoying the experiences. We have recently progressed to an overnight stay in Sheffield which consisted of a busy restaurant meal, theatre trip and then an overnight hotel stay rounding the visit off with a trip to a Christmas market. Karen was settled throughout with steady reassurance from her support staff, for example hand holding. This demonstrates the trust she has in her support team. Karen is now in the process of choosing more special outings and continues to thrive within her own home and within the community with support from Oaks Close staff.

For all the fantastic progress she has made Karen was deservedly named as Turning Point's 'Extraordinary Person of the Month'.



Chief Executive's statement

When I was appointed to the position of Chief Executive, I could never have anticipated that this would commence at a time when the world would be immersed in a global pandemic; a time when the need to adapt and change was never more important with lives depending on it.



It brought into sharp focus the role that Turning Point as an organisation plays within society. We are driven by ensuring that those that require support receive it, when they need it, and that includes individuals who find themselves the furthest away

from accessing support. Their health and wellbeing needs should never be compromised.

Turning Point is used to operating in an ever-changing external environment. Constant innovation in response to changing needs is part of the well-honed skill set we deploy as we maintain a clear focus on our purpose and the quality of the support we provide. The COVID-19 pandemic has certainly challenged our pace and agility, as it has many others, and we have risen with great success to that challenge with energy, focus and a real "can do" attitude.

When it began, we swiftly operationalised our business continuity plans, refining our response to a rapidly changing situation. Governance, always at the forefront of our minds, was never more so than when so many lives were at stake. Hot on the heels of safe and appropriate service redesign was our approach to communication. We knew that a rapid flow of information and open two-way dialogue with a dispersed management team was vital and so we tailor made a new approach fully utilising our robust, flexible digital capability within days, hours in some cases. Our frontline teams and what they needed to keep those we support and those we employ safe was, and continues to be, our top priority. Importantly we also stood firm and advocated for the people we support and our employees.

I would like to take this opportunity to recognise and thank all of our employees including peer mentors and volunteers for their incredible commitment and the flexibility of our bank staff in such difficult and unprecedented times. There could not have been a greater individual and team response. Knowing how demanding jobs can be in health and social care, we have tried to bring the great breadth of our health and wellbeing experience together in an accessible form for everyone internally to support them individually. We will continue also to seek ways to invest in learning and development, to recruit the best people as needed and to focus on building a real diversity of experience, driven by our values and inspired by possibility.



This year of change saw the organisation say farewell to my predecessor Lord Victor Adebowale and I wish him well as he takes on new challenges. We have had a successful year in reaching more people and supporting them to make positive change while retaining our focus on delivering high quality, efficient services. We have innovated in response to shifting health and social care policy, new and emerging unmet need, diverse and changing communities.

I would like to thank Victor for his work and commitment over so many years. Our vision is clear, and we will continue to adapt and change as circumstances and the needs of society change, whether that is in response to COVID-19 or to some as yet unknown new requirement. We look forward to a future where social care and health systems are united in their efforts in full recognition that this is the only way to ensure that individuals of all backgrounds and characteristics are placed in the epicentre of service delivery, where they must be.

Julie Bass Chief Executive

Rachel Peer worker

"I hadn't worked as a peer support worker before I joined Turning Point last October, but I had previously set up a women only mental health support group which ignited a passion for mental health awareness. I have my own experiences of mental health issues since I was young so to be able to make a difference feels fantastic. I also did a course on peer support then got my group counselling level 2 certificate, but I was still going through a lot and it was only last summer that I felt ready to go back to work.

Working at Crisis Point in Manchester, no two days are ever the same. I draw a lot on my own experiences to help our guests, it makes a real difference being able to say, "I get it, I understand, I was where you are five years ago, it can get better". Particularly with assessments, I always offer to sit in with the guests, as they can be really intrusive and ask a lot of personal questions. I help our guests with coping techniques and accompany them to 'back on track', a local charity aimed at getting vulnerable people back into employment.

My own mental health has improved since I started working with Turning Point; being able to turn my own negative experiences to good use is a real positive. I've taken advantage of every opportunity since I joined, recently I sat on an interview panel for a graduate scheme – something I would never have been able to do a few years ago! I honestly just love my job, applying was the best decision I ever made."

The health and social care landscape

The health and social care system continues to face growing demand born of a growing population, an ageing population and growing visibility and concern about areas of longstanding unmet health need such as mental health problems. Following the 2008 financial crash the public sector has experienced year on year real term cuts in funding as a result of the ensuing austerity measures. Brexit may yet have a major destabilising effect on the sector – 7% of the adult social care workforce are from other EU nations and this is substantially higher in some parts of the country.¹

During 2019/20 a decade of austerity came to an end and considerable additional funding for the NHS was announced, linked to the Long-Term Plan.² However, across the public sector, funding levels remain significantly below pre-crash levels. On top of this the economic consequences of the COVID pandemic are likely to be severe. Funding pressures are therefore likely to continue and with the long-term impact of the pandemic on the nation's health yet to be seen, the system is likely to continue to face serious challenges for the foreseeable future.

The NHS Long Term Plan sets out key ambitions for the next 10 years and has set the framework for changes in health and social care policy during 2019/20. The structures that will deliver these changes are Sustainability and Transformation Partnerships and eventually Integrated Care Systems (ICSs) which will coordinate services on a regional basis, driving integration, with every area in the country now expected to be covered by an ICS by 2021.

Substance misuse and mental health are key drivers for demand on the health and social care system and also key areas of unmet need. Alcohol is the underlying cause for a large proportion of hospital admissions. A study at King's College London published in 2019 found that one in five patients admitted to hospital used alcohol in a harmful way, with one in ten physically dependent.³ It is clear that more could be done to prevent this, since only one in five dependant drinkers are engaged in treatment.⁴ Two in five GP appointments are related to mental health⁵ and the NHS Long Term Plan references the fact that many mental health inpatient units are operating 'beyond capacity' resulting in out of area placements and an inability to provide good quality inpatient care.

The Long-Term Plan sets the future direction of mental health services. The plan made a renewed commitment to grow investment in mental health services faster than the NHS budget overall for each of the next five years. Priorities include reducing inpatient admissions through better preventive services, improving the quality of inpatient provision, reducing length of stay and reducing out of area placements. The plan made commitments to expand access to Improving Access to Psychological Therapies (IAPT) services for adults with common mental health problems, with a focus on those with long term conditions. A lot of these changes will be delivered through Integrated Care Systems although workforce remains a key challenge in expanding the capacity of mental health services.

In July 2019, the Department for Health and Social Care published the Prevention Green Paper.⁶ The scope of the green paper is broad and covers proposals to reduce obesity, smoking, mental health problems and problem drinking. Guided by the principle that prevention is better than cure it aims to reduce demand for acute services and ensure that people can enjoy at least five extra healthy, independent years of life by 2035, while narrowing the gap between the experience of the richest and poorest. The direction of travel provides a positive policy environment for Rightsteps – emphasising as it does the role of employees. However, the paper has little to say on the role of community drug and alcohol treatment services and despite the Green Paper's ambitions around tackling alcohol related ill health, investment in public health services is yet to follow. The 2019 spending round provided a 0.9% real-terms increase for local authority public health funding in 2020/21 which did little to redress the downward trend over the past 10 years.⁷ The financial picture has resulted in the continued trend for larger integrated contracts for the delivery of substance misuse services which provide opportunities for greater efficiencies.

There are around 1.5 million people in the UK that have a learning disability – approximately 2.25 % of the general population. It's thought up to 350,000 people have a severe learning disability- approximately 0.5% of the general population - and that this figure is increasing as a result of people living longer due to medical advances.⁸ Following concerns about a growing funding gap in social care, government announced several measures in the 2019 Spending Round:

- an increase of 3.4% in the NHS contribution to adult social care via the Better Care Fund;
- an increase in local government core spending power of £2.9bn in total in 2020-21 which represents a 12.4% increase; and
- an additional one off £1bn grant for adult and children's social care.⁹

Reduced budgets have resulted in some providers withdrawing from contracts where they feel it is impossible to provide quality services at the contract price which has created some instability in the market. In 2019 the government committed to reform adult social care in England. Securing the sustainable future of adult social care is one of the major issues facing society and yet to date it has not been addressed. The COVID pandemic has shone a light on the sector's vital work, the fragmentation of social care services which are primarily delivered by independent providers and the interrelationship between health and care and so this may yet provide a lever for action.

In many parts of the country there has been a strategic policy shift away from residential care towards supported living and transformation of these services is key part of Turning Point's skill set. In addition, we have considerable expertise in supporting people with complex needs including learning disability and mental health issues moving out of long stay hospitals into community settings. Following the Winterbourne View scandal, the most significant shift in learning disability policy, in recent times, has come from NHS England and the Transforming Care agenda. This has resulted in a reduction in the total number of people in inpatient units and the closure of some inpatient beds, although progress has been slow. In 2019, the government announced that all 2,250 adults with a learning disability and autism who are inpatients in a mental health hospital will have their care reviewed. As part of the review, the government committed to providing each person with a date for discharge, or where this is not appropriate, a clear explanation of why and a plan to move them closer towards being ready for discharge into the community. This policy provides a significant opportunity for Turning Point to increase the number of people supported in this area.

Uncertainty and change are the watchwords for the current health and social care market. The fall-out from the coronavirus pandemic in terms of unemployment, poverty, substance misuse and mental health are yet to be seen and the legacy impact of COVID-19 on health and social care funding and delivery models is likely to be substantial.

⁶ UK Government. (2019). Advancing our health: prevention in the 2020s – consultation document. from https://www.gov.uk/government/consultations/advancing-our-health-prevention-in-the-2020s/advancing-our-health-prevention-in-the-2020s-consultation-document

 ⁷ UK Government. (2020). 2020-21 Ring Fenced Public Health Grant to Local Authorities: Written statement - HCWS163. from https:// www.parliament.uk/business/publications/written-questions-answersstatements/written-statement/Commons/2020-03-17/HCWS163/
 ⁸ NHS England. (2018). Learning disabilities. from https://www.nhs.uk/

conditions/learning-disabilities/ • HM Treasury. (2019). Spending Round 2019. Retrieved 29 May 2020,

¹ National Audit Office. (2018). The adult social care workforce in England. from https://www.nao.org.uk/wp-content/uploads/2018/02/The-adultsocial-care-workforce-in-England.pdf

² NHS England. (2019). NHS England » NHS Long Term Plan, from https:// www.england.nhs.uk/long-term-plan/

³ Study of Addiction (SSA) at King's College London, 2019

⁴ Public Health England. (2018). Inquiry into the fall in numbers of people in alcohol treatment: findings, from https://www.gov.uk/government/ publications/alcohol-treatment-inquiry-summary-of-findings/phe-inquiryinto-the-fall-in-numbers-of-people-in-alcohol-treatment-findings

⁵ Mind. (2018). 40 per cent of all GP appointments about mental health. from https://www.mind.org.uk/news-campaigns/news/40-per-cent-of-allgp-appointments-about-mental-health/

from https://www.gov.uk/government/publications/spending-round-2019document/spending-round-2019



Our strategic intent

Our strategic period runs from April 2017 through to March 2022 and stakeholder engagement in our new strategy commencing on 1st April 2022 is already beginning.

The current strategy will continue to see Turning Point forging a new era of health and social care delivery drawing upon 56 years of experience as we seek opportunities to integrate health and social care while extending our reach and effectiveness through the opportunities presented by technology.

Our current strategic priorities are:

People

To recruit, retain and develop high performing individuals and teams who are driven by our values, passionate about delivering innovative, high quality services and who inspire possibility in each other and in the people we support.

Quality

To ensure that we deliver on our promises to our clients, customers and the people we support, meeting or exceeding their expectations in terms of both quality and cost.

Diversification and Integration

To extend our reach into services which improve health and wellbeing in the population. Working closely together as one Turning Point, sharing our knowledge and expertise, we will provide integrated services to the people who need them to simplify and improve their support.

Growth

To realise our vision through responsible growth and by retaining and increasing our market share for our existing products, delivering on expectations in terms of both quality and cost.

Innovation

To innovate in the way we operate, finding new ways of supporting people, embracing digital technology thereby offering greater choice and flexibility.

Financially Secure

To ensure that we are financially secure for the future and that we can continue to reinvest in our services, in innovation and improvement and in our people.

Our people

Our people are the lifeblood of our organisation. The service that our people deliver every day makes a real difference to the lives of those we support and to their wider communities.

For this reason, we seek to employ individuals who are inspired by possibility and who truly understand that our values must always be at the heart of both our thinking and our actions. When we find and employ these individuals, we strive to fully engage them; to offer opportunities to learn and grow personally and to provide them with health and wellbeing support that spans the breadth of our considerable capability in this field.



Our People Goals

- A more flexible, cost effective and high performing workforce, who are clear on their responsibilities and driven by our values
- Inspiring and accountable leaders, who champion, promote and support transformation that leads to ever improving outcomes for those we employ
- A continuous learning environment where the curiosity to always ask 'why?' provides an opportunity for self-development and further learning
- An agile, faster paced organisation with creativity and innovation at its core
- A workplace supporting the healthiest version of you and creating the journey to greater wellbeing
- Employer of choice

Our core strength is our people, because they are what we do. This year we've continued to bring our people goals to life by investing in new ways to recruit, retain and develop high performing individuals and teams who are driven by our values, passionate about delivering innovative, high quality services, and who inspire possibility in each other and in the people we support.

Engagement

We know when our people are happy, healthy and engaged this leads to better and greater client experiences and outcomes. We have therefore worked hard at creating the platforms, opportunities and conditions to drive engagement which in turn will support our ambition to support more people to discover new possibilities in their lives, including everyone in our workforce of employees, peer mentors and volunteers.

Employee Engagement Survey

We amplify our employee voice through a range of opportunities including our annual employee engagement survey, which this year highlighted the strong individual role alignment to our organisational outcomes, high trust and respect of line managers, and the discretionary effort our team are willing to make to support Turning Point.

The new survey process saw a 14% increase in responses rates from across all parts of the organisation with plans to drive this further increasing the opportunity to respond in the coming year. The results were cascaded face to face by senior managers with local action planning including organisation wide activities that aim to improve the employee experience we provide. Further focus groups across locations and services looked more deeply into the results and built further insights to take forward into action planning.

Employee Voice National Forum

Following the survey, we launched our National Employee Voice Forum chaired by our Chief Executive and supported by our Chief People Officer. The forum, comprising a strong mix of 20 representatives from across our organisation, was created to help grow our employee voice, encouraging a two-way dialogue that deepens understanding, respect and innovation, ultimately to strengthen operational performance across our many services and central locations. A critical first action of the new forum was to support the action planning from the survey which is now being taken forward in business plans for 2020/21 as well as shaped plans for the direction of future surveys.

The forum is also involved in a wide range of topics that are important to our people, including working together to further develop health & wellbeing support.

Investors in People

In 2019 we were thrilled to retain our Investors in People (IiP) Silver Accreditation which we first secured back in 2016 - only 15% of assessed organisations achieve this level of rating. This is a strong result and we have significantly improved our score in 4 of the 9 indicators. We have also seen notable improvements across 15 of the 27 detailed themes.

Whilst retaining Silver Status and the improvements reported by liP are really positive, we remain committed to improving in each of the areas liP set out in their framework. The liP framework is built on high performance and we strive for high performance in all areas to ensure we deliver a great experience to the people we support and to the people we employ.

Health and Wellbeing

We provide quality wellbeing services in our communities and it is really important that this support is also available to our people should they need it. So, this year we have further increased our breadth of the offer of health and wellbeing support for our people.

Our Rightsteps service provides an opportunity for people to access support and interventions through their employer and this expertise is available to our own people. Rightsteps continues to expand with a range of quality psychological support options to support our people's health and happiness both at work and at home.

We've also launched our Mental Wellbeing Deal: an agreement between us all at Turning Point to ensure greater focus on our wellbeing. The deal considers what Turning Point can do for its people, what they can do for themselves, and what we can all do for each other. We have increased our levels of support through individual and team wellbeing plans, conversations, one-to-ones and training programmes. As a mental health provider, this is very important to us and something we want to continually develop.

To support our people through the challenges of the COVID-19 pandemic we have utilised our expertise to develop at pace additional dedicated health & wellbeing support. We have also increased the frequency and pace of our communications with our people to ensure they have all the information and most importantly they feel supported with what they need. We are working with our people to do everything we can to ensure the comfort, safety and security of our people and the people we support.

We are proud of the way we leverage our expertise for the benefit of our people as well as our clients and the people we support.

Recognition and Appreciation

We understand the importance of showing gratitude to and shining a light on those who have demonstrated our values in action and who provide inspiration to those around them.

Our Inspired by Possibility awards had a record number of nominations this year. The awards allow us to showcase and celebrate a number of our people, all of whom have made substantial contributions to our services and the people we support.

Mesorina, Operations Manager for mental health services in the Royal Borough of Kensington and Chelsea in London, inspired colleagues with her passion and willingness to embrace change. She played a key role in the service transformation that took place across the borough. Mesorina was able to swiftly deal with issues that arose during the process and facilitate the change throughout services.

Ivana, Support Worker in Peterborough, was recognised for her hard work and positive attitude. In particular, Ivana was able to gradually build trust with an individual with a learning disability for whom engagement had proved very difficult in the past. Ivana is dedicated to the idea that everyone has the potential to grow, learn and make choices and her tenacity enabled this person to flourish for the first time in a decade. The nominations noted that Ivana is committed to doing her very best for the people we support, and that her incredible work is an inspiration to her colleagues.

Maria, Peer Mentor and Volunteer Coordinator at our substance misuse recovery network in Suffolk and a long-standing member of the Turning Point family, was nominated for demonstrating passion, commitment and a readiness to problem-solve with new ideas and thinking. Maria's work in developing the peer mentoring and volunteering service across Suffolk has been invaluable. In particular, her work on the local "Recovery's Got Talent" event supported by local agencies, housing providers and Public Health Suffolk, and attended by one hundred and fifty people. As somebody who truly believes in positive outcomes for the people we support, Maria's supportive approach and diligence demonstrates the values of our organisation. Hardik, an administrator at our drug and alcohol service in London, received several nominations - many of which highlighted his commitment and the extent to which his colleagues could depend on him. Hardik was referred to as "a great team member" and "a valuable Turning Point employee", with his colleagues insisting he deserves the recognition for his positivity, friendliness, attention to detail and encouraging ideas and new thinking to get things done.

Leadership Development

This year saw the start of our new Inspiring Management Possibility programme for managers of managers. This programme is designed to provide a holistic, pragmatic and comprehensive view of managing and leading in the Turning Point context. It builds upon the fundamentals in the Skills for Care and NHS Frameworks and is designed to develop the knowledge, skills, competence and confidence in leading and managing self, team and the organisation. The topics covered include:

- The self-aware leader
- Accountable and integral leader
- Why workplace health and wellbeing matters
- Power of engagement
- Building financial and business acumen
- The skills of decision making

As part of the programme, we have continued to encourage reflective self-led learning, peer to peer support, and one-to-one coaching to develop our managers' leadership practice.

Alongside the Inspiring Management Possibility programme, we continue to support the development of our leaders through coaching, mentoring and action inquiry groups – with the aim to create an environment where individuals can learn from each-other.

Managers' Foundation Programme

Our Manager's Foundation Programme has been live for over a year now, linking Skills for Care Managers Induction Standards with our vision and values.

This programme takes a blended learning approach, mixing e-learning, workshops and competencies, enabling new and current managers to understand what is required of them and ensuring they have the knowledge, skills and competencies to be a great manager.

There are approximately 550 managers on the programme and through talent mapping we also identify who would benefit from undertaking the programme to enable development into management roles.

The programme continues to get great feedback, with many managers commenting that it has helped them to understand the fundamentals of management, their role, what is required of them and what they need to be doing in a clear way.

Management Apprenticeships

We've also been sponsoring managers to undertake management qualifications as an apprenticeship so they can gain the skills needed to become Senior Managers. Management apprentices engage in an 18-month programme of learning which includes:

- Monthly workshops on a series of topics relating to leadership and management.
- Online study using reflective practice from the workshops.
- Direct coach sessions for one to one feedback, support and coaching.

Feedback from the workshops have centred around how it allows time away from day to day activity to focus the thinking on what good leadership and management looks like and how to apply it in the context of their own service.

We are nearing completion of the first cohort of learners on the Level 5 Apprenticeship Standard, with a further group due to start, combined with also launching a Level 3 Apprenticeship Standard aimed at Team Leaders, which will also be an 18-month programme of learning.

Steph

Steph joined Turning Point as Commercial Finance Manager in 2016 supporting the learning disability operations team. A year later in 2017 she took on additional responsibilities as Commercial Finance Manager working across our learning disability and mental health services, stretching her learning and development. Steph has continued to develop her career at Turning Point, progressing into the new role of Strategic Business Manager in November 2019 now supporting the operational strategy working alongside Clare Taylor our Director of Operations.

Alongside her career journey, Steph also commenced a master's degree in Management Practice through the Senior Leader Master's Degree Apprenticeship in July 2019. Supported by the business and studying part time as well as delivering in her busy role, she is due to complete this in October 2021. Steph is mentored by our Chief Executive and she has really valued the opportunities she has been given for progression and development, with "no door being closed to her". She has felt truly supported throughout her time with Turning Point to achieve her leadership career goals.

Career Development

Aligned to our values we believe everyone has the potential to grow and make choices, so we want to provide opportunities for personal development and career progression, both lateral and vertical. We deliver an approach to formal and informal learning that is aligned to our strategic, business and social objectives.

Our foundation skills development programmes, compliance training and refreshers focus on core skills. Further development extends through career pathways, using internal and external coaching, change management skills, leadership and manager development, and talent and succession management.

Other opportunities to develop are created through formal acting up and additional duty assignments which provide an opportunity for experiential learning in a very practical way. These prove to be very effective in developing our people with many permanently confirmed in new roles.

Regular and robust continuing professional development takes place. For example, within our clinical teams, development is supported through one to one's, professional supervision, and a routine of reflective practice.

Mel

Having joined us in 2016 as a project worker, Mel quickly wanted a more challenging role and the chance to build on her existing skills.

With a strong commitment to her own development, Mel soon became a team leader, undertaking a Management Foundation Programme to progress her leadership skills. And now, she's a service manager looking to enhance her skills with an NVQ Level 5 Management course.

Mel is really pleased to have "the opportunity to build and enhance my own learning, but also to coach and develop my team members to be where they want to be with their own aspirations."

Sheidah

Sheidah has been with us since 2006, starting as a receptionist at our substance misuse service in Wakefield and becoming a clinical administrator after six months.

With a keen desire to progress within the organisation, Sheidah volunteered to support her colleagues and the people we support in the community drug team. This experience helped her secure a project worker role within six months, and then progress to senior recovery worker within the next two years.

Sheidah then took the chance to act up as team manager – not once but twice, and eventually took this as a permanent position in December 2016.

lona

Iona started as a support worker with us in 2018, and soon proved to be a very proactive and positive as a member of the team. We enrolled her onto an apprenticeship to complete her Level 3 Health and Social Care Award, which she is currently part-way through.

lona was recently successful in her application for a senior support worker post. She has shown strong development since joining us, and says she is keen to progress through her training and to learn more.

Natalie

Natalie has worked with us for more than seven years – joined us as a recovery worker for the first two and then progressing to a team leader role, leading group work.

Following this, Natalie quickly progressed to an operations manager covering four different services: Young Peoples Criminal Justice, Partnership and Innovations, Starting Over (criminal justice) and more recently, SASH (sexual health service). Natalie's work in developing a number of our teams across the London boroughs of Hammersmith & Fulham, the Royal Borough of Kensington and Chelsea and City of Westminster has been inspiring; listening to feedback, engaging local the community and driving creative and innovative responses.

Natalie loves the role at SASH, saying "the variety of supporting many cohorts of clients – from sex workers to youth engagement on sexual health – keeps me fulfilled and interested in delivering new ideas and quality service.

The role has further developed my abilities, and although it's been challenging at times it's extremely rewarding, and has enabled me to share my own skills and knowledge and also learn from others. My team are very knowledgeable and so enthusiastic in wanting to help our clients, which is so good to see."

IN 2019 WE RETAINED OUR INVESTORS IN PEOPLE SILVER ACCREDITATION - ONLY 15% OF ASSESSED ORGANISATIONS ACHIEVE THIS RATING

Responding to the COVID-19 pandemic

The national response to the COVID pandemic is likely to have far reaching impact across the health and social care sector for years to come. At Turning Point, we responded quickly following the announcement of a global pandemic by the World Health Organisation on 11th March 2020. Across the organisation, our people rose to the challenge with agility, creativity and a real "can do" attitude in a rapidly changing situation.

A COVID-19 response team was put together early on, in order to coordinate our approach. The team met daily to monitor government guidance as well as receiving daily updates from a number of sub-groups focussed on priority areas. To keep staff informed, we set up a COVID-19 microsite supported by daily cascades to managers, informing them what they needed to do and to ensure that their teams were fully up to date and supported in their work. Our technology team, in liaison with the response team, developed an app to monitor PPE stock nationally and centralised daily monitoring of staff absence and infection hotspots. We established an internal volunteer scheme to mobilise the workforce to provide mutual support across services.

During the early stages of the pandemic, the impact was most acutely felt within our residential and accommodation-based services where had to help protect some of the most vulnerable people while also keeping our workforce safe. The creativity and commitment of staff in extremely challenging circumstances was exceptional.

In March 2020 we suspended all non-essential face to face services including group work, social activities, drop-ins, outreach etc., moving to remote counselling and coaching either via phone or video calls in order to protect both those we employ, those we support and the wider community. However, despite the challenges of

working more remotely, our substance misuse services continued to take on new clients, providing telephone and online support wherever possible and providing continuity of care for high risk clients. Smithfield, our residential detox facility in Manchester remained open throughout the pandemic when many others closed. Our talking therapies services continued to provide telephone and online support for large numbers of people and introduced video calling for their one to one work with people with more severe mental health problems. A rolling programme of workshops was converted into a series of webinars to help people manage their mental health. We produced and launched a range of tailored information for example for young people, for people with a history of alcohol problems and also for the general population around staying safe and well during lock down. Food parcels were delivered to our more vulnerable clients.

Our national contact centre quickly became a focal point for in-bound calls, referrals, appointment booking and screening, ensuring that those people we support continued to receive a quick, effective response as and when needed. Video discussions replaced face to face meetings avoiding unnecessary travel or exposure to Coronavirus for both staff and the people we support and enabling us to keep in contact, check people are safe and sustain relationships.

Every single part of the nation has been affected by Coronavirus and we fully appreciate that everyone has a part to play to combat this new threat in our lives. Our Rightsteps team has brought their expertise to the table developing a programme of webinars for businesses to enable them to support their staff to manage the impact of the new reality on their emotional wellbeing. During the lock down, we shared our Rightsteps online wellbeing tools and webinars with our partner local authorities and NHS Trusts free of charge as we are aware of the high levels of stress and anxiety being felt by frontline key workers and we know these tools can help.

Many of these new ways of working were already in development when the pandemic hit but teams across Turning Point have responded to the crisis with pace, agility and creativity. The fact that there will be more options, more flexibility and more accessibility to support for those that need it post this pandemic is at least one positive outcome from this challenging time.

Helping free up hospital beds during the COVID-19 pandemic

During the COVID-19 outbreak the health service mobilised to free up acute beds in order to protect the NHS from being overwhelmed at the peak of the pandemic.

As part of this national effort, Turning Point worked with South London and Maudsley NHS Foundation Trust (SLaM) to develop a new step-down accommodation for people with mental health issues who are clinically ready to be discharged from hospital but may not be in a position to return home straight away. The new transition service provides a shortstay residential and therapeutic service for up to six people at any one time. The team supports residents to sustain their recovery, achieve positive mental health and wellbeing outcomes and explore move-on housing options. The service has helped free up beds at the Trust's Denmark Hill site which was used for COVID-19 patients.

Our progress and impact

Reaching more people, having more impact

Our aim is to extend our reach to as many people as possible that can benefit from our support; whether that be support to make positive behaviour changes or support to live as independently as possible. We believe everyone has the potential to grow, learn and make choices. This is what Inspired by Possibility means to us and in 2019/20 we reached over 112,000 people.

During 2019/20 we have extended our reach into communities, creating new partnerships with GPs, faithbased organisations, children's centres, schools and community organisations. We have gathered community intelligence to inform our ways of working and tailored the support offered to local needs. We have scaled up evidence-based interventions e.g. through the widespread distribution of naloxone - a life-saving drug that reverses the effect of a heroin overdose and can be administered by anyone. We have ensured that services are welcoming, non-judgemental and that they offer a range of different types of support tailored to the individual's needs. We have identified hidden populations that aren't getting the support they need and developed new ways of working to reach them. We have expanded the range and availability of support provided digitally in order to make support more accessible to people with busy lives or those who may find it difficult to get out of the house because of mobility issues or childcare.

SASH

Giving more people the opportunity to make a change by tackling stigma and making support more accessible

SASH is a partnership, led by Turning Point, alongside NAZ, London Friend, METRO Charity, and Marie Stopes UK. Each organisation brings their own specialisms and expertise, ensuring that anyone who uses the service gets care that is tailored to their needs - providing free, non-judgemental support to improve your sexual health, your relationships, and your mental health. We work across Hammersmith and Fulham, the Royal Borough of Kensington and Chelsea and the City of Westminster to improve residents' sexual health. The service achieves fantastic outcomes:

- 77% individuals supported report improvements in their wellbeing
- 100% of individuals, have successfully met their goals and report sustained wellbeing outcomes three months post the intervention

The partnership works to support all local residents' sexual health and wellbeing, covering relationships, contraception and STI diagnoses with targeted programmes for high risk groups e.g. people engaging in chemsex, people with an HIV diagnosis and sex workers.

Our sex worker outreach programme includes attending sex working sites across the three boroughs on a regular basis to talk and supply condoms and lube and drop-ins for sex workers only in conjunction with clinical services. The drop-ins are well-known and well-attended, and people can get a full STI test, contraception and information, advice and support.

SASH runs a monthly 'Sunday Session', a semi structured drop-in for clients who are currently dealing with chemsex issues. There was a steady increase in clients during the coronavirus lockdown which prompted the service to introduce weekly sessions.

Raf's Story¹²

When Raf came to SASH, he and his boyfriend had been on the chemsex scene for almost two years. His drug use was impacting on his job and he had begun to feel shaky and paranoid. Raf did 12 sessions of coaching. His goal was to manage his use of drugs and to stop using crystal meth altogether. In the sessions we covered harm reduction techniques and supported him to manage his cravings and avoid relapses. We had 14 sessions in total, during which time Raf had one relapse, but by the end of his coaching he was much more in control of his drug use. Raf then went on to have counselling at SASH, where he was able to open up about his lack of self-esteem. He started to feel more empowered making life choices and decided to leave his partner and to embark on a difficult but rewarding journey to re-kindle his relationship with his family.

SASH work towards informing the local community and raising awareness of HIV, as well as offering support to those who are diagnosed. Highlights include attending World AIDS Day at West London Synagogue (WLS), lighting a candle alongside the other represents of WLS's nominated charities and the Israeli Ambassador. After the service, SASH staff addressed the congregation and spoke about SASH and the services we offer.

Peer mentors are an important part of the service, providing local ex-service users with an opportunity to continue their recovery with us by supporting current service users. Highlights include a peer mentor graduation event, a peer delivered workshop (Basic Science of HIV), peer mentors becoming integrated into SASH and supporting events and socials.

12 Not his real name

Total Wellbeing Luton

Giving more people the opportunity to make a change by creating strong links with primary care

Total Wellbeing Luton launched in April 2018. This ground-breaking partnership between Turning Point and Active Luton, a local community wellbeing trust, was commissioned by Luton Borough Council and Luton Clinical Commissioning Group. Luton is the first of its kind in the UK and aims to provide the people of Luton with an integrated service to support individuals wanting to improve their physical and emotional health.

Total Wellbeing has supported over 16,000 Luton residents to improve their physical and emotional wellbeing. Almost 2,000 people have been assisted through accessing both Talking Therapies and a Healthy Lifestyles Programme.

Total Wellbeing is creating strong local links with Primary Care services with a large proportion of referrals coming through GPs. Social Prescription services are supported by Link workers based at GP practices. Twenty-two practices are now engaging with Total Wellbeing services.

In the nine months from January to September 2019, 66% of people receiving talking therapies showed a marked improvement in their symptoms.

Total Wellbeing Luton will look to build on the evidence base for integrated health and wellbeing services in order to move this pioneering project forward. Areas for focus are: current service offering, working with local people, partners, volunteers and mentors, and marketing and social media.

"Now I feel amazing, I have transformed into someone I don't recognise and to be honest, I love the new me. I feel better than I have done in over a decade! I eat well, feel well, sleep better and rarely feel anxious."

Healthy Lifestyles Service User

ROAR

Giving more people the opportunity to make a change with a welcoming, approachable service

Rochdale and Oldham Active Recovery (ROAR) is a fully integrated substance misuse service commissioned jointly by Rochdale and Oldham Borough Councils. The service provides drug and alcohol and criminal justice services to the community across a number of hubs.

ROAR has 65 staff across the service and within an average quarter will have 2,000 people in treatment. Turning Point took over the service in 2018 bringing together staff from 8 different organisations. Key successes for the service during 2019/20 have included significant improvements in numbers engaging in psychosocial interventions (PSI) groups and a significant increase in the number of brief one to one naloxone and overdose management training sessions provided and the provision of naloxone. Peer led interventions are a crucial part of the service. ROAR has 21 active peer mentors who support co-facilitated groups, lead peer support recovery groups, art groups and SMART mutual aid groups as well as providing 'navigator' type support e.g. with form filling and accompanying people to appointments.

The service is a leader in terms of involvement in innovative new projects. This includes taking part in a Foetal Alcohol Syndrome pilot through a Greater Manchester Health and Social Care Partnership programme, and being part of the Greater Manchester Population Health Plan initiative. In addition, they have been successful in joint working with North Manchester General Hospital Infectious Diseases Department, working closely with Hepatitis C Specialists to increase dried blood spot testing and provision of Hepatitis C treatment at both service hubs every month.

In July 2019 ROAR was rated 'good' by the Care Quality Commission regarding the quality of the service. This was for a number of reasons including: the range of psychosocial interventions that were offered, the skills and qualifications of the staff and a client base who felt they were supported with dignity and respect. Notably, the service was rated outstanding for being 'well led' because of the leadership, vision and culture created by the managers and senior managers at the service.

My Turning Point

Using technology to reach more people and make support more accessible

My Turning Point provides high quality, evidence-based information and support that people can access online at a time and place that suits them. Over the last year 3,671 people have accessed My Turning Point across our mental health and substance misuse services.

2,363 people supported by our talking therapies services registered with My Turning Point during 2019/20. My Turning Point offers fully IAPT compliant and evidenced CBT programs covering over 20 modules which can be tailored to the requirements of each individual we support. Our modules cover:

- Mental health anxiety, depression, phobias, OCD etc.
- Chronic health COPD, diabetes, chronic pain management etc.
- Wellbeing sleep, stress, resilience and body image
- 1,308 people supported within our drug and alcohol services have registered on the My Turning Point platform to access one of 3 digital interventions depending on their need:
- Understanding My Drinking (alcohol)
- Reclaim (drugs)
- Mindfulness Based Relapse Prevention

The "Find Out More" guides provide the latest information and advice about a wide range of health and wellbeing topics. Last year 3,364 "Find Out More" sessions were accessed. They have hints and tips and enable people to find out what they might need to do next. A number of new guides were developed in response to the COVID pandemic. The guides are split into three categories: **Mind, Body and Behaviour:**

- Mind: 5 Ways to Wellbeing, Anxiety, Stress at Work, Low Mood
- **Body:** Healthy Eating, Physical Activity, Sleep, Menopause, Stop Smoking
- **Behaviour:** Alcohol, Amphetamines, Benzodiazepines, Cannabis, Cocaine, Ecstasy, GHB/GBL, Ketamine, LSD, Mephedrone, Spice, Steroids

Smithfield

Continuing to support people to make a life change during the COVID-19 pandemic

Smithfield Detox, our residential detox clinic in Manchester, was one of the only facilities of its kind to remain open during the Coronavirus pandemic. It was vital the Smithfield team adapted quickly as clients are some of the most at risk, but the decision was taken early on that this lifesaving clinic should remain open, despite the fact that many similar services took the decision to close.

The service had to adapt to the challenges posed by COVID-19. Moving support online was one of the first changes. AA meetings were moved online, and preparatory and follow-up support was provided over the telephone rather than face to face. The team asked all incoming clients not to check-in if they had experienced COVID symptoms, even if they hadn't had a diagnosis, in order to protect other residents.

The number of bed spaces was reduced from 22 to 7, to ensure that there was enough room for all clients to stay socially distanced from each other, and as a precaution if they needed to self-isolate due to an outbreak. PPE was ordered in advance in preparation for a potential outbreak of coronavirus, ensuring they could still provide care to incoming clients.

Deputy Operations Manager at Smithfield, Louise Ford, said that whilst it wasn't without its challenges, the huge amount of preparation meant that they felt confident they could continue to deliver this vital service despite the pandemic. She voiced concern that it was a challenging time for people with addiction problems if they couldn't get into treatment and expected there to be a surge in demand as the lockdown was eased.

Dry

Giving more people the opportunity to make a change by reaching out through the arts

In January 2020 Turning Point commissioned a national tour of Dry - a play about middle-age, middle class drinking, written and performed by Human Story Theatre. Dry was targeted at the general public, aiming to raise awareness of alcohol harm and the early signs someone might have a problem. Each 1-hour play was followed by a Q&A with guest professionals from Turning Point and other organisations.

In the play, DRY, James and Ellen Wilson find themselves indulging in one dinner party - and one bottle of wine - too many. When supper talk turns from light and amusing to barbed and accusatory is it time for them to think about their alcohol intake. Observing all is Chloe, their teenage daughter, whose cello playing provides a live musical emotional barometer of the household.

The performances took place in local theatres, cafes and community centres across the country. The highlight of the 24 venues played was performing in the House of Lords for an invitation only audience. It was hugely successful with engaging Q&A's and strong attendance. A short segment of the play was aired on BBC Radio 4's Broadcasting House, followed by an interview with the director and writer, as well as an interview with Lord Victor Adebowale.

Adrian Chiles, a campaigner for greater awareness of alcohol harm, said: "DRY, both the play and the Q&As after it, is a brilliant way of getting people to engage in the issues around drinking. All credit to everyone involved, and whoever it was in the NHS who had the imagination to commission it in the first place, and to Turning Point for supporting a national tour. It works as a wake-up call to those who may be more dependent on alcohol than they thought. But, importantly, it's less of a health warning than a positive pointer in the direction of all the help that is available out there."



Oliver Senior Recovery Worker and Dry Q&A panel member

"I've worked for Turning Point Oxfordshire Roads to Recovery as a recovery worker since 2016 when I was TUPE'd across from the previous provider. I've worked for three different substance misuse providers in Oxfordshire and I've found Turning Point are the most inventive, willing to explore new ways of working and always put the client first in a safe, secure way.

Dry was fun to do and quite different to my primary focus which is working with safeguarding and high-level child protection cases. Integrated in the safe guarding hubs across Oxfordshire, we work directly with social workers and families, to directly identify the need and risks that need to be addressed to support families with their current issues. It's a great way of working because we can see the children and families, and really influence change which is incredibly positive.

Some good news I recently had was that a family I have been working with has had their child protection case closed. I was working with the family for nearly a year but now all the professionals (schoolteachers, social workers, police, health visitors and mental health worker) have agreed they are no longer involved with social service, a year ago the children were about to be taken away. The family were grateful and now the children are happy, it's a great example of partnership working to support vulnerable clients.

My favourite part of my job is helping people with things they love, it might be helping someone get onto an English writing course or finding guitar lessons, whatever the individual needs support with. Every road has speed bumps, it's never smooth sailing, but as long as we're safe and going in the right direction, that is what counts".

IN 2019/20 WE REACHED OVER 112,000 PEOPLE

Delivering high quality, efficient services

Striking the balance of efficiency and quality is arguably, one of the most essential challenges of any business. We believe that we've got this balance right with our smart use of technology, clinical governance and quality processes that have been cited as a model for the sector and services that are rated highly by our regulators.

Quality

Focus on quality in a constantly changing external environment

An enduring value, in the face of a complex and changing external environment, is our focus on quality. The quality of our services means everything to us, and we are delighted that Turning Point's Care Quality Commission (CQC) ratings continue to be overwhelmingly positive.

Our CQC regulated services are rated 95% good or better¹¹, compared to an adult social care average of 85% good or better, and 8% outstanding, compared to an adult social care average of 4% outstanding (both averages from CQC State of Care report 2018/19).

Here is some of the feedback from CQC inspections which took place over the last year:

"The service was tailored to meet the needs of individual people and was delivered in a way to ensure flexibility, choice and continuity of care. The service was flexible, provided informed choice and ensured continuity of care post discharge with the group that ran on a Sunday for past clients. The service had created strong links with the local community. This offered clients choice not only around which abstinence meetings they wanted to attend but also hobbies and interests they could take up to aid their own sobriety in the future. The service was easy to access, and clients never waited for a bed."

"One client commented to the inspection team 'Smithfield never shuts the door on you'."

CQC inspection report for Turning Point Smithfield Detox Unit in Manchester, March 2020, p. 8-9

"We observed people being treated with kindness and respect by staff. Staff took time to talk with people, which people enjoyed. People who used the service indicated they liked the staff and got along well with them. One person said, "I like living here, the staff help me." People were supported and treated with dignity and respect; they were involved in making decisions about their support."

CQC inspection report for Sybden – a 6 bed residential care home for people with a learning disability and autistic spectrum disorders in Hertfordshire, April 2019, p. 11

"Relatives told us staff were really caring about their family member. One relative said, "I am really impressed with the whole staff team, they are all fabulous and communicate so well with [family member]." Another relative said, "We are all part of a family now, it's great." Other relatives all said the staff were compassionate towards their family members. Staff demonstrated sensitivity and consideration about issues around equality, diversity and human rights when discussing people they supported. They were passionate about ensuring the people they supported had a voice when they needed it for example, when needing representing in a health setting."

CQC inspection report for Turning Point's learning disability supported living service in Worcestershire, July 2019, p.11

"One relative said, "It's a very good place for [Name] to be. They are safe but also supported to remain as independent as possible." The atmosphere in the service was calm, compassionate and inclusive. We saw warm and meaningful interactions throughout the day between staff and people which were gentle, respectful and kind. People's body language and facial expressions showed that they were fond of the staff members as they interacted, smiled and communicated with them."

CQC inspection report for Timberlea, a 12-bed supported living service in Hertfordshire, November 2019, p.12

"A strong recovery ethos ran throughout service delivery and all staff shared a clear definition of recovery. Staff were hard working, caring and committed to delivering a good quality service. They spoke with overwhelming passion about their work and were proud to work for Turning Point."

CQC inspection report for IMPACT – Turning's Point community drug and alcohol service in Wiltshire and Swindon, April 2019, p. 2

"Staff treated clients with compassion and kindness and understood the individual needs of clients. They actively involved clients and families and carers in care decisions. Clients were supported to take responsibility for their own recovery and staff supported them in a non-judgmental way to achieve this."

CQC inspection report for Leigh Bank – Turning's Point residential drug and alcohol rehab service in Oldham, June 2019, p. 2



Our clinical governance and quality assurance structures and processes play an essential role in our ability to deliver high quality services and we are constantly seeking to build on our strengths and improve our approach. Work over the past year includes improvements to our quality governance structures including the establishment of a People Risk Group; improved governance for our digital platform and our contact centre and publication of a Nursing Strategy. A highlight was receiving commendation for our quality assurance processes following a higherlevel Responsible Officer quality review visit. In addition, we have evaluated and refined our processes around support for people with complex needs and our mortality and morbidity review process and developed a set young people's substance misuse service quality standards.

Higher-level Responsible Officer quality review visit

Our higher-level Responsible Officer at NHSE undertook a quality review in November 2019. The purpose of the review is to:

- establish that there are robust systems in place to underpin the statutory responsibilities of the organisation's Responsible Officer (our Medical Director);
- assess compliance with the Responsible Officer regulations;
- identify any areas of challenge and provide support and guidance; and
- identify good practice that could be shared more widely.

Feedback from the review team was extremely positive. The review report details a number of good practice examples including 'an excellent internal database developed to track appraisal and revalidation' and our Medical Director has been invited to present Turning Point's approach to other third sector substance misuse treatment providers as an example of good practice.

Support for people with complex needs

There has been considerable resource allocated to how we respond to and support individuals with complex needs. Referral, assessment and organisational preparedness have been reviewed. Training needs and resource have been extended to develop capacity and additional competence across operational and central teams to manage more complex individuals. Our approach to assessment, risk assessments and Positive Behaviour Support (PBS) training have all been reviewed.

Mortality and morbidity review process

Work has continued to embed the new mortality and morbidity process. This has focussed on improving oversight and compliance with the key milestones in our process (reporting 24hrs, 72hrs and 60 days following the death of someone we support), improvements in management information reporting and follow-up in order to improve learning and reduce risk. Case reviews of deaths of people we support within our learning disability and mental health services have increased and the quality of reviews has improved as a result of greater involvement of frontline staff.

Development of a young people's substance misuse services quality standard

Our young people's services deliver drug and alcohol treatment and interventions that are informed by 'Practice Standards for Young People with drug and alcohol problems' (The Royal College of Psychiatry, 2012). In 2019 we developed a quality assessment tool and assessed all of our young people's services against the following standards:

- Effective engagement of the young person, and their family where possible, through outreach if necessary.
- Skilled initial analysis of their difficulties, including mental disorders and developmental problems such as learning disability, and life circumstances.
- Working in an integrated way across wider children's services provision.
- Coordinated, well-led interventions that mobilise the resources of local communities as required, including safeguarding, education, training, mental health and accommodation.
- Active follow-up to detect the need for further episodes of support or intervention.
- Prioritising and delivering the training and support of staff.

Managers and staff undertake their own annual assessment, which is reviewed by the risk and assurance team. An action plan is drawn up for each service identifying any areas to improve upon. Through our young people's services manager's forum, managers work together to share and develop good practice and ways of working across their services ensuring that we are delivering high quality services that make a difference to young people's lives.

Jayden's Story¹³

"I lost my mum suddenly about 2 years ago. It was a difficult time for both me and my family. I had bereavement counselling at the time, but was still struggling with how I was feeling.

I started to drink, and smoke weed, and I did this daily. I was also self-harming, and my relationships with family and friends were starting to deteriorate. I realised that I was using drugs and alcohol because it made me forget about how I was feeling. However, it was also making me feel worse and increasing my levels of anxiety.

I was 15 and decided to contact Turning Point for support. At my request they met me in school, and we formed a good relationship. We spoke about some of the reasons that I was drinking, and it felt good to get things off my chest.

We looked at reducing and controlling my drug and alcohol use, and learnt ways to help manage cravings and triggers. I have now totally stopped using, have been engaging with other services around my mental health, and also have support for me and my family.

Coming off the alcohol has been difficult, and I sometimes still think of it when things are bad, but I have done well and have noticed that I feel better and am also doing better at school. I know that I can contact my worker again if I need support in the future."

Efficiency

Changing ways of working at both local and systems levels

Striving for ever greater efficiently is vitally important not only because we need to demonstrate that we are delivering value for money to our commissioners but because it means we are able to reach more people. Over the last year we have made considerable progress in developing a target operating model and been recognised for our ability to deliver large scale change projects that deliver enhanced outcomes and savings.

Developing a target operating model

During 2019/20, there has been a major focus on developing more efficient ways of working including: standardised treatment pathways, centralised call handling, introduction of video conferencing for clinical appointments, greater use of digital documents and system integration.

Non-standard ways of working make it hard for us to understand how to improve services and what are the best and most effective models to support recovery for our clients. Standardisation and better administrative processes can bring many benefits to our clients e.g. ensuring all services are operating in line with best practice and that staff are able to spend more of their time supporting our clients and responding to unmet need.

Working with our substance misuse service in Croydon, we've started to develop what we're calling our target operating model; this includes all the different pathways our teams use on a daily basis to support our clients and how these interventions link together. We've also been looking at what technology is available to us to improve how we deliver services. To date we have:

- Introduced Contact Point (our central call centre) to take telephone enquiries and manage referrals.
- Rolled out My Turning Point an online option for lower risk clients to access treatment wherever and whenever they chose.
- Introduced video conferencing to support clients accessing a nurse or doctor remotely.
- Introduced digital versions of assessment, recovery plans and risk assessment forms.
- Introduced auto-booking for client appointments including includes the option for clients to 'choose and book' appointments.

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Another feature of the project has been the introduction of a digital activity planner. This piece of technology enables team members to plan the day's activities and allows the target operating model to be monitored, ensuring we're working efficiently and effectively. Importantly, it also ensures that casework is allocated to the right people with the right skills, ultimately ensuring the best quality support for the people using our services.

Recognition for a major change project

Over the past few years, community drug and alcohol services have increasingly been commissioned over larger geographical areas, integrating services over a number of local authorities, bringing together clinical and psycho-social services for both drugs and alcohol and services for adults and young people under a single management structure. Our substance misuse services in Leicester, Leicestershire and Rutland are a good example of the scale of change involved in such a project.

Turning Point's Leicester, Leicestershire and Rutland Substance misuse service (LLR) crosses three local authorities, providing all aspects of drug and alcohol treatment for all age groups working with around 2,500 individuals at any one time. Uniquely, the service also provides a fully integrated criminal justice treatment pathway, integrating all aspects of substance misuse treatment within the local prison HMP Leicester and the community service. In 2019 LLR were finalists for the Community or Primary Care Service Redesign - North/ Midlands/East Award at the Health Service Journal Awards. This was a prestigious honour and was made all the more impressive, as we were the only third sector provider in the shortlist.

The new contract began in July 2016 and brought together eight separate providers into one of the largest fully integrated substance misuse services in the country. The transformation was extensive involving the cultural alignment of 155 staff from different organisational backgrounds supported by Turning Point's dedicated change facilitator. The ambition was to deliver an 'Outstanding' service focusing on CQC's key focus areas -safe, effective, responsive, caring, well-led that delivered improved outcomes. Specifically, the service ambition included:

- To improve successful completions for those engaged in treatment
- To increase numbers accessing alcohol treatment
- To capitalise on the delivery of treatment both in and out of prison to deliver improved continuity of care

Partnership working has been a key priority throughout this process, investing in a dedicated Partnerships Team and Partnership Manager. The strength of this was recognised by CQC who said, "the service had exemplary partnership working arrangements". The transformation of the service culminated in the service receiving an 'Outstanding' rating. As well as this successful completion rates are above the average for all substance categories with 6 of 8 substance groupings having hit the top quartile at some point within the 12 months.

Lee's Story

Lee, who uses the Leicester, Leicestershire and Rutland substance misuse service, achieved third place in the national Recovery Street Film Festival in 2019. The film festival is held annually for amateur filmmakers who have a lived experience of drug or alcohol addiction. Lee is an avid reader and always has been. His short film centred around how books can help the homeless. Lee is the founder of a book club at his local library to help the local community get into reading, in particular the homeless community.

Book club takes place at the library on the last Thursday of the month. Lee picks a book and everyone that wants to attend gets a copy of the book from the library. If people can't read they can borrow an audio book and listen to it in the library.

Lee's book club has resulted in more and more people who are living on the streets, reading and encouraged a group of people who might not usually use the library to come in. Turning Point provides refreshments for the book club meetings and a member of the team attends to provide harm reduction advice and answer any questions people might have about services.



Inclusion and involvement

We are committed to making sure that people who may be excluded and marginalised for reasons of health, education, gender, poverty, race, disability, faith, sexuality or geography are able to access support, participate in community life and have their voices heard. We are also committed to tackling the differential health outcomes that result from the fact that some people are excluded and marginalised.

Inclusion and involvement are fundamentally about valuing and respecting people's contributions; empowering people with the skills and confidence to try new things and take new directions in their lives. This is about listening, involving people in decision making and creating opportunities for people to make a contribution, as well as receive support. Our annual satisfaction survey, service user forums and People's Parliaments give the people we support the opportunity to feedback and get involved in decision making; paid and volunteer peer support roles across our services are an opportunity for people with lived experience to play a role in service delivery.

Feeling listened to and involved can be an important part of an individual's process of change and development. Giving a voice to marginalised communities inevitably shines a light on the relationship between socio-economic inequalities and health outcomes. There is strong evidence that social exclusion has a marked negative impact on health. At Turning Point, we believe avoidable inequality of health is unacceptable. This is why last year we focused on Hepatitis C, suicide prevention and loneliness – issues which disproportionately affect the people we support, and we will continue to focus on tackling health inequalities as a part of our inclusion agenda.

Listening to the people we support

Using feedback to drive change

Our annual service user satisfaction survey and our family survey are key measures of inclusion and involvement. These surveys provide an opportunity for the people we support and family members to provide feedback and give us an indication of levels of satisfaction with the services that we provide. An easy read version of the service user survey tool was developed for people with a learning disability to ensure that everyone could have their say. Highlights are the numbers of people using our drug and alcohol services who feel they are treated with dignity and respect (96%), the numbers of people using our mental health services who feel that they are involved in the services they receive (92%) and the numbers of family members of people with a learning disability we support who feel satisfied with the support their family member receives (94%). The results also provide a focus for service development during 2020/21: involvement of people with a learning disability in how services are run, ensuring everyone who is supported by our mental health services feels safe and improving communication with the people supported by our drug and alcohol services.

Across all service types (914 responses)

- 89% feel communicated with.
- 91% feel safe within the service.
- 93% feel treated with dignity and respect.
- 88% feel involved in the services they receive.

People who use our drug and alcohol services (568 responses)

- 90% feel communicated with.
- 94% feel safe within the service.
- 96% feel treated with dignity and respect.
- 90% feel involved in the services they receive.

People who use our mental health services (100 responses)

- 90% feel communicated with.
- 86% feel safe within the service.
- 91% feel treated with dignity and respect.
- 92% feel involved in the services they receive.

People we support with a learning disability (248 responses)

- 83% feel communicated with.
- 82% feel safe within the service.
- 83% feel that are treated with dignity and respect.
- 75% feel involved in the services they receive.

Family members of people we support with a learning disability (83 responses)

- 95% feel supported by Turning Point to have access to and spend quality time with their family member.
- 94% feel satisfied with the support their family member receives.
- 90% feel that their views and wishes as a parent or family carer are taken into account.
- 92% feel that the support their family member receives is safe and has made a positive difference to their life.
- 86% feel that their family member has choice and control over the support they receive.
- 85% know who to contact with compliments, complaints, comments or queries and feel they are dealt with in a timely matter.
- 86% feel there's been improvement since the last survey.
- 88% would recommend Turning Point to others.

Our service user involvement toolkit provides a framework for local services to gather feedback and involve service users in decisions about how local services are managed. At a national level there is a national service user involvement network which brings together leads from each service to share feedback and learning. All services have service user forums and our regional people's parliaments bring together people with a learning disability that we support to provide feedback, raise concerns or make suggestions about the support we provide.

People's Parliament

The local People's Parliaments aim to maximise the involvement of people we support, driving change within services and in the wider community. They have been set up to ensure that all individuals supported by Turning Point are empowered to influence what the organisation does at a local and national level, as well as taking a more active role in their communities. The National People's Parliament is an annual event which brings representatives from each Regional People's Parliament together in one place.

The National People's Parliament 2019 was celebrated at the Village Hotel in Coventry and was attended by over 100 people, this included the people we support, employees, members of the leadership team and members of the governing board. This year's theme, which all local parliaments worked on throughout the year was 'working towards co-production' to promote and demonstrate an even higher level of involvement for the people we support.

The day was based around presentations from:

- Tameside Learning Disability Service, who introduced the concept of co-production, explaining that it is about problem solving so that people are being meaningfully involved throughout every part of a project, promoting even greater control for people with disabilities.
- Northumberland Learning Disability Service, who worked together to co-produce a presentation which gave us an insight into challenges faced by the people we support, and the positive solutions people use to combat those challenges and thrive.
- Peterborough Learning Disability Service, who demonstrated how they adopted a new approach called 'working together for change' so that all of the people we support in Peterborough, staff and family members co-produced a regional action plan using a person-centred approach.
- Kent Learning Disability Service, who showcased how their people's parliament had worked together to raise disability awareness in their communities and combat negative attitudes.

"To me, co-production means shared power. It means being involved in something from start to finish."

Geoffrey who sits on one of the regional people's parliaments.

Lou's Story

This year the wonderful work done by Lou was recognised at the Diverse Cumbria Awards. Lou is supported by Turning Point's learning disability service in Carlisle.

She has been an inspiration to many and has been recognised for her 25 years of contributions to People First, an advocacy organisation in Cumbria, supporting thousands of people every year to have their voices heard and helping them to live their best lives. She has shaped this organisation with her input on equality, diversity and inclusion in Cumbria. This year celebrated the 4th Diverse Cumbria Awards, and People First nominated Lou Townsend in the category of 'Role Model'.

Some of Lou's achievements recognised at the awards ceremony include:

- Her contribution as a trustee for People First.
- Co-delivering training sessions to advocacy groups.
- Her work as a reviewer for an independent enquiry into an untimely death of a person who does not communicate with words. Lou's outstanding contributions to this investigation have resulted in her being offered training to become a professional reviewer for investigations into untimely deaths of disabled people.
- Her role as a quality reviewer at Turning Point, where she reviews the quality of the support that other people receive and to ensure they have as much choice and control of their lives as people who don't have a disability.

In addition to her nomination in the role model category, the highlight of the awards came when she received a Lifetime Achievement award. Lou gave an inspiring speech on accepting the award and received a standing ovation from the award ceremony audience.

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Tackling health inequalities

Working to change health outcomes for the most disadvantaged

At Turning Point, we know that a range of factors impact on individual health and wellbeing, such as our gender, ethnicity, education, social connections, where we live and whether we have a job. These factors result in inequalities in health outcomes across different groups of people, for example experience of illness or disease, life expectancy and time spent with a disability or long-term condition.

Many people we support experience stark inequalities in health and wellbeing outcomes, for example, on average, adults with a learning disability die 16 years earlier than the general population. 14

Health inequalities are something we've begun to explore further in 2019/20, increasing our organisational awareness and considering our role in tackling them. This included the publication of a strategy to tackle Hepatitis C, a Suicide Prevention Strategy and a media campaign to highlight the fact that people with mental health or drug and alcohol problems and people with a learning disability are more likely to experience loneliness.

Hepatitis C

To mark World Hepatitis Day on 28th July 2019, we launched our Hepatitis C Strategy to share our plans for supporting the government's aim of eliminating hepatitis C as a major public health threat by 2030.

Around 90% of individuals in the UK who become infected with hepatitis C do so by sharing drug injecting paraphernalia such as needles. With 59,393 people accessing Turning Point's substance misuse service last year, hepatitis C has a substantial impact on the people Turning Point supports.

Currently, approximately 2 in 5 of Turning Point's clients who have ever injected will be infected with hepatitis C and many will be unaware that they are infected with the virus. Over 95% of the people we support who have injected drugs in the past have been offered Dry Blood Spot Testing. The new strategy aims to bring this figure to 100%.

Working nationwide with Public Health teams and the Hep C Trust, our aim is to eliminate the virus through staff training, sharing effective harm-reduction information with service users, providing hepatitis C testing and specialist treatment, and embracing innovative practice to support service users and clinicians in the prevention, testing and treatment of hepatitis C. As an organisation we have excellent reach into the populations most affected by this devastating, but entirely treatable illness. By providing access to testing and treatment in all of our substance misuse services across the country, we are playing a crucial role in eliminating Hep C.

The launch event took place in July at Turning Point's Central London Drug and Alcohol Wellbeing Service (DAWS) which provides services to people living within City of Westminster, the Royal Borough of Kensington and Chelsea and Hammersmith & Fulham.

In 2019/20, we carried out 2,843 Dry Blood Spot Tests for hepatitis C with our drug and alcohol services across the country. 443 of these tests (16%) were antibody positive. Of these antibody positive tests, 134 (30%) were PCR positive, indicating chronic hepatitis C infection.

Oxfordshire Roads to Recovery

In 2019/20 the service focussed on supporting hard to reach rough sleepers to access Hepatitis C treatment. Rough sleepers are our main cohort of clients who are carriers of the Hepatitis C virus because, due to their circumstances, they often find themselves sharing injecting equipment. The required routine of Hep C treatment may also be hard to achieve during the chaos of city rough sleeping, often with nowhere to store their medication safely.

The Turning Point Outreach Worker has been working closely with the Hep C nurse and St Mungo's Outreach Team to identify some of these individuals with the ambition to make starting Hep C treatment possible. They also explored the option of obtaining safe storage of their medication using the pharmacy that they visit daily to collect their Opiate Substitute Medication, and placed a locker cabinet at O'Hanlon House Night Shelter that can be available for any rough sleeper. Over a 3-month period they have treated 6 entrenched rough sleepers, 5 of which have engaged with our partner services and secured supported accommodation.

¹⁴ NHS. (2019). The NHS Long Term Plan

Suicide Prevention Strategy Launch

In November 2019 we launched our National Suicide Prevention Strategy at our substance misuse service in Leicester, Leicestershire and Rutland. We chose Leicester because we provide both crisis mental health and substance services locally and there is a strong culture of partnership working between statutory services and the third sector across the mental health pathway.

The idea that every suicide is a preventable death is the core theme of Turning Point's strategy and yet suicide is the leading cause of death in England in adults below the age of 50. People living in deprived communities, in poor housing, who are out of work or in precarious employment, are more likely to suffer from poor physical and mental health and also to die from suicide. A key risk factor is a history of substance misuse and as a large national organisation with expertise in both mental health and addiction, and good line of sight on how suicide prevention strategies are developing across the country, we are well placed to drive forward effective suicide prevention in the areas where we work.

In 2018 there were 6,507 deaths in the UK where the cause was identified as suicide. This is a significant increase on previous years, and is the highest rate recorded since 2002. Moreover, the suicide rate is highest for those aged between 40 and 54 and the rate among 45 to 49-year olds is around 50% higher than the overall average. At Turning Point we want to be part of turning those figures around. Our strategy focuses on improving access to help, recognising the complexity of people's lives and the terrible impact of suicide on family and friends who lose a loved one in this way. We know that having the right mental health support is a major protective factor which is why we are focused on making sure anyone in deep distress, whether or not they have drug or alcohol problems, gets the mental health support they need.

Nick's Story¹⁵

"I was facing death before Turning Point", says Nick who was supported by Turning Point out of his cocaine addiction. Nick had been using some form of stimulant from the age of 16 and started using cocaine when he was 31. Initially it was only socially but over the next 8 years that grew to 8-10 grams a day, 7 days a week.

Nick was secretly spending both his and his soon to be ex-wife's money, as well as taking money from his parents. It was his lowest ever point. Eventually Nick lost his job, soul mate and was in real danger of losing his house and his family.

After reaching rock bottom, Nick's parents took him to Turning Point, "They laid down the law and offered me tough love, but supported me. At first, I was disengaged. I just wanted to cut down, not stop, but slowly during the support groups I was attending twice a week, things started to sink in. I joined the gym, went to every group at Turning Point that I could, and started to gain strength in my own mind."

Nick says the Reclaim course (a Turning Point group work programme designed to help someone develop skills and commitment to making positive changes to their drug use) and connecting with people in workshops helped him the most. The team made him feel accepted for who he was. A non-judgemental approach coupled with empathy and straighttalking-no-nonsense delivery of their interventions helped him to find his own route to recovery.

"I'm doing great now. I'm back in work progressing forwards in life again, continuing with my recovery and abstinence. What I have learned is – don't be afraid to ask for help. There is no weakness in that."

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Loneliness campaign

In February 2020 the Turning Point Loneliness Campaign was launched. Looking into the extent of feelings of loneliness, its effects, and drug and alcohol use, Turning Point commissioned YouGov to conduct a national survey. 2,026 British adults were surveyed in January 2020.

The survey showed more than one in ten (12%) Britons who experience loneliness are drinking to cope, highlighting how Britain's loneliness epidemic is to blame for an estimated 3.1m men and women drinking to handle their lack of meaningful relationships with friends or family. The poll found that almost a third (30%) of Britons overall feel lonely all, often or some of the time. Women (35%) are more likely than men (26%) to admit to being affected, but the proportion (12%) finding comfort in alcohol to manage isolation is similar (11%).

The research was picked up by national and regional press. The total audience reach for the campaign was over 195 million, with highlights of media coverage including the Daily Mail, ITV and the Sunday Times. Many of the news pieces included interviews with Turning Point experts and case studies to build a more engaging story.

The research has been used again since the COVID-19 outbreak to highlight the dangers and causes of loneliness, and how they could be exacerbated during the pandemic with the lockdown and potentially more people drinking alone.

Innovation

Innovation takes many different forms here at Turning Point. Changes to the way we deliver services may be driven by the opportunities afforded by technology, entry into new markets, the application of behavioural insights in a new context or a national crisis such as the COVID-19 pandemic.

Examples of innovation that have enabled us to reach more people and support them to make a change over the past year include: shifting our focus to a new client group, delivering upstream prevention by working with employers; adapting our talking therapies model in response to ongoing national workforce challenges; innovating at pace in response to the COVID-19 pandemic; harnessing technology to reduce stress and anxiety for people with a learning disability; piloting new approaches to tackle youth violence by reaching out to stabbing victims while they are in hospital; using innovative techniques such as segmentation to improve targeting and developing integrated service models to engage high risk groups.

Rightsteps

Helping people make a change in the workplace

Rightsteps is part of Turning Point and provides employers with access to expert health and wellbeing support for their workforce. Rightsteps enables us to reach more people, delivering upstream prevention, by working with employers. The team is able to provide support and advice for people struggling at work as a result of stress, anxiety, low mood or drug and alcohol issues. Support can be provided via telephone-based CBT counselling or via our Rightsteps Wellbeing online platform which includes a host of materials, information and interactive sessions. By blending the expertise of our practitioners, subject matter experts and the skills of our digital team, we've been able to offer psychosocial support in new ways; providing health and wellbeing interventions that people can access online or through their smartphones.

Rightsteps clients include the Retail Trust, Ageas, Coop, Arriva, Center Parcs, Electricity North West, Johnson & Johnson and The Bradford Group. During 2019/20:

- 8,293 people were supported by Rightsteps Counselling.
- 4,028 Find Out More interactive information sessions were accessed.
- 489 people registered on the Rightsteps Wellbeing platform.

Ageas UK

Ageas UK is a leading insurance provider employing around 5,000 people with offices across the UK. Rightsteps provides Ageas with CBT for employees with depression, stress and anxiety, who were either on long term sick or in work but would benefit from additional support, on a non-contractual, pay as you refer basis. With consent from the employee, employers are given progress reports to ensure that the employee's needs are being met and steps are taken to provide the skills to self-manage if similar problems arise in the future.

Talking therapies

Adapting our model in response to national workforce challenges

We currently deliver Talking Therapies services in Wakefield and Luton.

Wakefield Talking Therapies Services is more in line with a traditional Improving Access to Psychological Therapies (IAPT) service where we provide free talking therapies to anyone in the Wakefield District aged 16 and over who is experiencing low mood and depression, anxiety and/or stress. We also provide a range of evidence-based treatments recommended by the National Institute of Clinical Excellence (NICE) through workshops, groups, face to face, telephone and online computerised cognitive behavioural therapy (cCBT).

In Luton our talking therapies is one part of the Total Wellbeing service which offers support with emotional and physical health including weight management, social prescribing, smoking cessation, exercise on prescription and NHS health checks.

At a national level, the NHS Long Term Plan set a target for IAPT services across the country to see 1.9 million people per year by 2024 which requires a significant expansion of services. As a result recruitment is a significant challenge with qualified therapists highly sought across the country.

The model is designed to ensure that all clients receive the right treatment at the right time using the stepped care model. It also identifies how many remote workers

Laura's Story

Laura suffered from depression after having a miscarriage. She talks about the anxiety she experienced and how she got help from Turning Point Talking Therapies.

"I had a miscarriage in October last year. I was getting anxious, getting upset about it and just needed someone to talk to, really. I went online and found Turning Point in December. I filled out a form and they rang me. I got an appointment in January, so it was pretty quick.

I experienced severe anxiety and constant worrying. I was worried that I wouldn't get pregnant again, worrying that I would have another miscarriage. I was anxious about other people announcing pregnancies, and the impact that it would have on me.

Being able to talk to somebody about it really helped. My partner was going through the same thing, but it was nice to just speak to somebody neutral – just talk, talk through everything that had gone on in the week and the anxiety and the feelings that I'd had in the week.

Soon I felt a lot better, I felt that I could tackle my anxiety, I felt a lot more upbeat. I'd definitely recommend therapy with Turning Point. It really helped me talk about it and get through to the other side."

each service can have at one time to ensure that targets are still met but whilst helping with the recruitment and retention of these highly sought-after therapists.

Through modelling we have been able to introduce new ways of working including moving therapists from clinical contracts to clinical hours in line with the IAPT guidelines and introducing new non-clinical management positions that allow us to separate out operational and clinical duties, which increases clinical team leaders capacity, allowing them to focus on supervision and clinical service delivery.

We have also introduced other innovations including online workshops and video therapy to improve our overall treatment offer and access.

The introduction of the modelling tool improved performance against targets, enabled us to secure additional funding, improved recruitment and retention and, most importantly, ensured that people that we are supporting receive a high-quality service.

Staying Connected

Innovating at pace during COVID-19

The Get Connected team at the Drug and Alcohol Wellbeing Service (DAWS) in London offer psycho-social interventions, group work and support around employment and training and education. Following the release of PHE guidance to stop these types of activities during the outbreak, the team decided to put together an alternative programme of support during the lockdown. The 'Five Ways to Wellbeing' (Be Active, Take Notice, Give, Keep Learning, Connect) is a framework which anyone can use to improve their wellbeing. This was the basis of the Stay Connected project. Each week the team shared resources and provided support and encouragement to enable local residents to set and achieve goals, with suggested activities ranging from enrolling on accredited distance learning courses, developing exercise goals, accessing online mutual aid groups or registering on the My Turning Point platform.

It became apparent that some people were having difficulty getting hold of even the most essential items, so a team of staff and volunteers delivered care packages, including essential items such as toilet roll, soap, milk, bread and tea. The team included several local residents on furlough who have never used or worked with Turning Point before.

InTouch pilot

Developing a new model to respond to the mental health beds crisis

Beacon InTouch was set up in January 2020 as a pilot programme funded by NHS Winter Pressures. The project aimed to provide short-term support to individuals who have previously been admitted to a mental health unit and who find the winter months a particularly difficult time, with the aim of easing pressure on emergency departments and acute care beds through crisis prevention and early intervention. The project can support individuals for four sessions over a 2-week period. During this time, individuals attend a structured therapeutic session, and have the opportunity to undertake informal activities and have a supportive check-in with staff at Beacon Lodge, Turning Point's mental health step down service in Nottingham. The four main sessions: 'Coping with Crisis'; 'What is Wellbeing?'; 'Routines and Practical Problem Solving'; and 'Building Social Support' are designed to provide people with new skills and coping strategies to help them manage during difficult times.

Feedback received from sessions was that participants found the sessions useful; staff were helpful and they found having other peers there supportive. The 'Coping with Crisis' session was particularly well received.

Telemeds

Harnessing technology to reduce stress and anxiety for people with a learning disability

Bradford Supported Living provides care and support to people in 13 supported living homes, 3 residential homes, and one nursing home. The service supports around 120 individuals with a learning disability to live as independently as possible. A large number of residents have complex healthcare support needs.

The introduction of Telemeds into the service means staff and residents are able to communicate with a healthcare professional via a video link that connects the service to a call centre. If members of staff feel an individual requires some medical attention, they are able to call up Telemeds and are put through to a nurse or a GP. Health professionals are able to give advice based on what they are told as well as from what they can see in the live video feed.

A trip to the GP or to A&E can be difficult and stressful for some of the people we support and the Telemed scheme reduces the number of unnecessary visits, reducing pressure on the A&E department and freeing up time for other activities.

Telemeds are able to prescribe medication and arrange for a prescription to be collected from the pharmacy. This is a 24-hour service which staff can use to seek advice on caring for the people we support. Health professionals will also continue to monitor the person, and always ask staff to ring back in an hour and check how someone is and this has prevented numerous hospital visits. Having Telemeds in the supported living homes has allowed the service to support people in a far more person-centred and compassionate way and has reduced anxiety for the people we support. It also gives assurances to family members that people are getting the best possible support they can to stay healthy and well.

Support workers at the service are overwhelmingly positive about Telemeds:

"It can be stressful and even traumatic for the people we support to visit A&E. Telemeds has reduced the unnecessary anxiety and distress that unnecessary visits might cause."

"They are so easy to get in touch with. So, if you need an answer for something there and then they're really good for that."

Leicester Violence Intervention Project

Maximising motivation to change – engaging at a 'reachable moment'

In January 2020 the Leicester, Leicestershire & Rutland substance misuse service launched a pioneering new service supporting young people who are treated for assault injuries, including stab wounds. The new service is based in the A&E department at Leicester Royal Infirmary, funded through the Office of the Police and Crime Commissioner through the new Violence Reduction Network (VRN).

A team of violence intervention project (VIP) workers are based in the hospital 9am - 10pm, 7 days a week in order to intervene at a key 'reachable moment' - when young people are admitted to hospital as a result of knife crime or other youth violence. The specially trained VIP workers, some of whom have lived experience of the issues faced by the young people, offer personal support to victims when they may be feeling vulnerable and are more likely to accept help.

The VIP workers provide immediate brief interventions, advice, support and follow up outreach and mentoring after discharge from hospital to support these young people to move away from violence into more positive activities. The team works alongside clinicians and other specialist workers such as mental health specialists and independent domestic violence advocates to offer support on a voluntary basis.

Harmful drinking

Segmentation - transforming the lives of people affected by alcohol

Problem drinking is a major public health problem in the UK:

- One in five patients admitted to hospital beds are using alcohol in a harmful way; while one in 10 are dependent drinkers (King's College London, 2019).
- In England in 2018, there were over 314,000 potential years of life lost related to alcohol consumption, the highest level since 2011 (PHE, 2019).
- It is estimated only 1 in 5 dependent drinkers are engaged in treatment (PHE, 2018)

In 2019 LGA published a report: Helping to support and transform the lives of people affected by alcohol. Turning Point's Oxfordshire Roads to Recovery service is cited as a best practice example.

Oxfordshire's substance misuse service has seen an improvement in performance for clients with alcohol problems after re-organising the way clinics are delivered. The service introduced segmentation – grouping together clinics with similar clients.

Segmentation involves ensuring people with a similar scale and type of problem are attending the clinics at similar times. The clinic timetable was reorganised, creating times of the week when only those with alcohol problems would be at the clinics as well as dedicated sessions aimed at people in similar circumstances. Wednesday afternoons were cleared to run a series of clinics for people with complex drug misuse problems.

Segmentation allows the same space to be used for treating clients with a range of severities of addiction,

while avoiding them being in the same place at the same time. For example, clients who have detoxed from alcohol and are engaged with recovery clinics attend at different times to clients who are currently using drugs.

This approach has resulted in improved performance. The latest successful completion rate of courses relating to alcohol use in Oxfordshire is 52.7 per cent, compared to a national average of 37.8 per cent. This has grown from 27.8 per cent three years ago - close to a two-fold rise.

Resilience

A different approach to young people's services

Resilience provides support for young people under 25 living in Hammersmith and Fulham around substance misuse, sexual health, wellbeing and education. This innovative integrated approach recognises that young people at risk of substance misuse problems are often also at risk of sexual health problems and these problems do not develop in isolation but are usually linked with other multiple problems in their lives. The service is open to anyone; however, vulnerable young people who are considered most at risk are targeted. The service provides one to one support which can take place somewhere convenient for the young person. The service also has a base at a local community centre.

The service offers a weekly drop-in session, a programme of educational workshops (for both young people and professionals), as well as holding targeted group work for young people engaging in treatment.

The majority of 15 to 24-year olds receiving a service in Hammersmith & Fulham do so for cannabis use. Since the service opened in July 2019, the team has reached 1,126 young people and professionals.

Rob's Story

Father-of-three Rob is the perfect example of the benefits this type of client segmentation can achieve. He is 48 and works as an accountant. His drinking had escalated in recent years due to pressures at work and home. He started drinking five evenings a week, consuming four to five bottles of lager at a time. He put off seeking help, worried about using the substance misuse services. Eventually things got so bad he contacted the service and was given an appointment at the Resolution Clinic; a dedicated evening alcohol service aimed at workers who would like to reduce their drinking to safer limits. He attended five weekly one-to-one appointments and was able to look at different strategies to reduce his drinking and improve his general wellbeing. He said: "It was great and not what I expected. It was really practical. It feels good to be drinking less and I have even started walking to work."

Social value

As a person-centred organisation, our support is tailored and responsive to the needs of individuals we work with. We believe that everyone, given the right support, can reach their potential. When individuals benefit, so does society as a whole, with positive impacts delivered for the economy and environment, as well as improvements to general health and wellbeing and community cohesion. Maximising the social value we deliver as an organisation is a key priority for us and as part of achieving this we are committed to:

- Continually looking for new opportunities to support the development of local social enterprises which create new employment opportunities for people who have been excluded from the workforce in the past.
- Employing people with lived experience in all services.
- Tackling worklessness through the creation of volunteering opportunities, apprenticeships, bursaries and supporting the people we work with to access education, training and employment opportunities.
- Up-skilling the health and social care workforce.
- Investing in the local economy where we provide health and social care services, for example by working in partnership with local community and voluntary sector organisations and supporting local suppliers.
- Promoting the wellbeing of the people we support and our staff.
- Promoting social inclusion and community participation for everyone we support.

- Supporting family and carers.
- Supporting people to participate in community life whatever challenges they might face in order to create more cohesive communities.
- Minimising our negative impact on the environment.

Employing people with lived experience

Recognising people can change

Peer mentors are people with lived experience of treatment and recovery who volunteer their time to inspire and support others to make a change. Turning Point peer mentors complete an accredited level two qualification to ensure they are safe and effective in their role. Peer mentors are a really important part of the team and are a visible example of recovery in our services. They demonstrate to the people we support that recovery is an achievable goal and they support the delivery of interventions e.g. co-facilitating structured groups and running mutual aid groups. Many peer mentors use the experience that they gain in their placement and go on to find employment in the health and social care sector or on to further education to develop their knowledge and skills.

In 2019/2020 we had:

- 210 active peer mentors
- 135 completed peer mentor training
- 71 took part in further learning
- 61 moved into paid work

Norman's Story

"When I finally stopped the drugs I just stopped after 35 years. It was painful and hard.

Drugs really get hold of you. I couldn't even give them up for my kids but when my grandchildren came along it gave me the inspiration to do something about my situation. I knew it was that or I'd never be allowed to look after them."

Norman successfully completed treatment at Turning Point's Leicester, Leicestershire and Rutland substance misuse service and subsequently signed up as a peer mentor in October 2018. Norman lost his leg as a result of his drug use and is willing to share experiences to help others to change. "I'm coming to terms with losing my leg, but odd things still get to me. A lady who obviously knows about this asked me if I wanted to go to the cinema with her. I was free that night but found myself saying I was busy. I couldn't understand why she'd want to go out with me."

As part of his role, Norman delivers presentations in schools and supports people entering treatment. He has recently been trained by the Hep C Trust as a peer educator and helps out at the service's Hep C clinics.

Norman is a real asset to the team; he talks from the heart and works tirelessly to help people realise that recovery is possible.

Recovery's Got Talent

In October, our 2nd Recovery's Got Talent contest took place at King Edward VI School in Suffolk, supported by Turning Point working with Anglia Care Trust, Artheads, the Public Health Recovery Grants Scheme, the Performing Rights Society and local businesses.

The audience was treated to performances from individuals in recovery from a variety of life challenges, including substance misuse, mental health and abuse. The performers included poets, singers and instrumentalists, many of whom had created their own material for the event.

Members of the audience were awestruck by the courage of the participants and the high standard of the performances.

"I was absolutely blown away by this show. It has been a privilege to come and watch".

Audience member

"I was so proud to be part of this amazing event again this year! Everybody that took part was amazing and all brave. We are all winners!"

Contestant

Inspired by possibility national awards

At the end of September, a group of Turning Point peer mentors, volunteers and employees came together at the House of Lords to celebrate the achievements of our Inspired by Possibility Award winners – peer mentors and volunteers selected by a judging panel for having made an outstanding contribution. In presenting the awards, Chief Executive, Lord Victor Adebowale, thanked all peer mentors for their hard work, emphasising the rich experience and diverse skill set of the award winners.

After lunch, a number of peer mentors were kind enough to share their stories with the group, following which we gathered feedback on how we can continue to improve the peer mentor/volunteer experience at Turning Point, so that it is rewarding for those giving up their time, adds value within our services and so we can support people in making the transition from someone we support to a peer mentor.

Lived experience in the wider workforce

As well as specific peer roles within services we also recognise that many other staff will have lived experience of the issues faced by the people we support. A survey of staff in 2019 indicated that 60% of staff have some sort of lived experience of the issues faced by people we support. This reflects our inclusivity as an employer but also the commitment of our people and the breadth of our experience.

Apogee - delivering added value

Apogee, which supplies Turning Point's printers, recognises the important of reaching out to the wider community in a spirit of giving something back. Since 1993, the Apogee Board have installed this ethos into a strong corporate social responsibility policy, raising funds for schools, sports projects, institutions and community schemes. This includes funding a number of projects during its 8-year relationship with Linden Lodge, a school that supports pupils with visual impairment or multi disabled visual impairment. These projects range from a hydrotherapy pool to 'The Apogee centre' which is a state-of-the art facility for movement and performing arts. Apogee has been raising funds for Capital FM's charity 'Help a Capital Child', which supports disadvantaged children throughout the UK. A number of times a year, Apogee hold fundraising events such as cake sales, sporting events and raffles to raise money for charities, and they have provided printing infrastructure to the London Marathon and Ride London for the last four years.

Apogee are working hard to reduce environmental impact e.g. by minimising delivery miles, continual reduction in the average emissions ratings of their company car fleet (resulting in a 18% reduction of fleet emissions in the first year of implementation), 100% toner and print cartridge recycling and secure release, which helps prevent unnecessary printing being sent to printers and never being collected, cutting down on paper waste.

Maximising social value through our supply chain

Leveraging our purchasing power to maximize change in communities

Last year Turning Point spent £33m on operating costs. We recognise that, alongside the social impact of the services deliver, we can also have an impact through our purchasing. In 2019/20 we introduced a social value question into our procurement processes. Social value is a deliverable within all our contracts and therefore a weighted criterion (10%) is included within all our pricing and tender analysis. Our key suppliers are required to report on the social value they deliver.

Supporting the local community and investing in the local economy

Services helping to build community capacity, community cohesion and entrepreneurship

At Turning Point, we recognise the vital role communities play in our health and wellbeing which is why our contribution to and engagement with the local community is a key part of what we do. In turn, skills, education, volunteering and work all play a crucial role in helping many of the people we support feel part of their community and in building community connections. This is why we place a high priority on supporting smaller voluntary and community organisations in the geographies where we deliver services and also why supporting people to access education, training or employment is such a vital part of what we do.



Drug and Alcohol Wellbeing Service

Our central London drug and alcohol service - DAWS - has strong connections with the local community. We support local community and voluntary sector by sub-contracting elements of the service to local community organisations, actively recruiting volunteers from outside the recovery community to promote community integration and skills sharing, and providing a wide range of support for people to access education, training and employment (ETE) opportunities including support for people to set up their own business. Highlights during 2019/20 include:

 Build on Belief (BoB), a peer-led drug and alcohol social inclusion charity that was sub-contracted to deliver elements of the DAWS Get Connected project which provides support to access ETE opportunities, groups, community innovation, peer mentoring, volunteering and service user involvement. BoB staff work out of the Turning Point hubs to promote recovery and wellbeing activities and Turning Point staff are based at BoB on weekends to promote access to treatment and ETE opportunities.



- The DAWS ETE offer was significantly expanded during 2019/20 and now includes 50 accredited and unaccredited online courses. This includes a popular 'Learn My Way' Accredited Online Basic IT Course which is offered in conjunction with one to one tuition.
- For women, a local Community Interest Company was set up with support from the DAWS Innovation Fund and is now a partner delivering the new DAWS Women's Service.
- A one-week pop-up business school ran in Kensington and Chelsea supporting 103 local people, 70% of which were women, 38% were claiming benefits and 12% had a disability. Following the project, 81% of attendees published their own website and 34% of attendees started their own business during the week. Participants were really positive about the week:

"I have nothing but praise. I thoroughly enjoyed the week. All of the content was well delivered and very relevant."

"Awesome! You're really helping people turn their dreams into reality by getting out of their head and taking action"

"Thank you so much....you have given me the confidence and skills to push myself and get further to my goals. I now have a fully realized action plan, whereas before I had no idea where to start and what to do."

"Thank you; it's a fantastic educational and motivational resource that's really helped me towards starting my own business."



Supporting the health and wellbeing of staff

Helping our people to make changes so we can support others effectively

The health and wellbeing of our employees is as important to us as that of the people we support. As a provider of high-quality wellbeing services, we make the most of the expertise we have in house in order to ensure employees have access to support, should they need it.

Rightsteps Wellbeing, is our digital health and wellbeing portal that contains a range of on-demand psychoeducation support options that are available to all staff to assist them in managing their health and wellbeing. Providing a range of tools to enable our people to feel supported in times of need is just one of a number of ways in which we can work towards ensuring our people are supported to be the very best that they can be, which includes helping to build awareness across a range of topics which can be a valuable way of preventing issues from escalating.

By accessing Rightsteps Wellbeing, Turning Point employees are able to benefit from on-demand evidencebased health and wellbeing support that tackles issues which are proven to adversely impact on employee wellbeing and productivity.

The comprehensive suite of self-guided information, advice and support brings expert guidance direct to our people, whenever and wherever they need it; confidentially, without referral and without delay. We are helping our people learn how to help themselves, supporting a happier, healthier and more resilient workforce.

All Turning Point staff are registered for the Rightsteps online platform and in 2019/20 there were 977 uses of the Find Out More sessions – almost a quarter of all staff.

Support for families

Reducing alcohol related harm to children

At least 1 in 5 children in the UK live with a parent who drinks too much alcohol; however, the true scale of the problem is unknown. Yet despite the fact that so many children are affected, it still remains a hidden problem. Although there are strong links between parental drinking and a negative impact on a child's emotional development and wellbeing, it is important to remember that parents who drink are not by definition 'bad' parents and more support is often required for a family as a whole.

There are low numbers of parents who seek alcohol treatment and services cannot always meet the family's needs adequately. So through additional funding from the 'PHE Innovation fund for children of alcohol dependent parents' and also from commissioners and CCGs, our substance misuse services have been able to provide targeted services to reduce hidden harm – specifically to better identify children with parents who misuse alcohol and provide support to the whole family. Here are just a few examples from across the country:

Our North Tyneside Recovery Partnership service is part of the 'Bottled Up: Supporting Children of Alcohol Dependent Parents in North Tyneside' project. Local statutory and voluntary sector partner organisations have worked together to develop a set of evidence-based interventions and clear referral pathways which aim to:

- increase identification of children affected by parental alcohol misuse
- offer support to the whole family through evidence-based interventions
- provide support to children living in households where parents/carers are alcohol dependant

So far, the pilot has identified 50 adults of which 43 adults engaged with Bottled Up and 5 individuals were supported to engage with non-residential rehab.

In our Somerset Drug and Alcohol Service (SDAS) we have been able to demonstrate the impact on the whole family through our Young Peoples Service. A range of interventions are provided including educating Young People about hidden harm, reducing stigma, creating safety plans, identifying support and making referrals for both the child and parent. Family focussed interventions such as supporting a young person to write to their father in rehab has resulted in the rehab offering a family counselling session for the child and parent which will likely not only improve their relationship and emotional wellbeing but also the treatment outcome for the father.

Through additional funding our Suffolk Recovery Network service has begun to establish a whole system approach, through joint and consistent multi-agency working, to identify and respond to parental problematic drinking that will:

- reduce the number of parents with problematic drinking in Suffolk
- improve health, emotional and educational outcomes for their children

Additional funding has allowed the service to reach more people and offer intensive support and outreach services to parents in a rural setting. By co-locating in Children's Services and Children's Centres, closer communication and multi-agency working has better supported the whole family. Since November 2019, the family pilot has engaged 22 of the 28 referrals received with 2 parents receiving funding for rehab and another 3 parents completing treatment alcohol free.

Suffolk Social Worker:

"I feel that without input and ongoing support, it is probable that we would have entered into pre proceedings by this point, risking family breakdown. I believe that this service you are providing is invaluable and without it our families will suffer."

Service Delivery Manager Felixstowe:

"I have never seen such a positive change in a group of people and I genuinely feel this service has become invaluable."

Risk management

Principal risks and uncertainties

Turning Point operates in a business with significant risks – clients with substance dependency, mental health issues or a learning disability requiring intensive support including clinical prescribing of medicines. Our strategic and business objectives give rise to certain risks and our operations have inherent risk in line with the circumstances of people for whom we provide care and support.

We also operate in fragmented markets where price pressure results in a low margin business model. This means we have material risks and uncertainties around costs and pricing which require robust operational and risk management.

Principal risk or uncertainty	Mitigation
Financial risk: Contract pricing reductions and increasing use of payment by results places pressure on margins	Investment in cost control measures and robust financial monitoring
Operational risk: By the very nature of the contracts undertaken the people supported through those service contracts are often adults at risk of self-harm, injury, abuse and even death.	Investment in robust clinical governance frameworks, policies and procedures (including health & safety) that meet or exceed regulatory requirements. Comprehensive risk management and incident reporting and monitoring systems
Information Management & Technology: Increasing reliance on data, information and systems gives rise to cyber risk leading to potential data security breaches and business continuity issues.	Investment in robust policies, procedures and training in data security requirements. Investment in a new data centre, technology infrastructure and skills.
Strategic: Changes in government policy, continuing public sector funding cuts in a tough economic trading environment.	Investment in growth to achieve economies of scale and diversify revenue streams
People: Within a low margin business, people risks centre on recruitment and retention.	Investment in a people strategy with a robust employee value proposition.
Business disruption: The services provided by Turning Point can be subject to localised, organisation-wide or national disruption potentially leading to degradation in service, service quality, safety of the people we employ and the people we support with clear potential for financial loss and loss of life. Potential causes include cyber-attack, environmental disaster and pandemics.	Investment in business continuity and disaster recovery infrastructure including systems, processes, and the capability of our people to be resilient in responding and adapting to business disruption challenges to protect the people we support, the people we employ and the business as a whole

Internal Controls Assurance

Responsibility for review of internal controls is delegated to the Audit Committee. Every year, the Operating Board presents a report on internal controls and a draft Internal Controls Assurance Statement to the Audit Committee. The Committee scrutinises the report and recommends the report to the board. The board has final responsibility for establishing and maintaining the whole system of internal controls in addition to reviewing its effectiveness. The board recognises that no system of internal control can provide absolute assurance or eliminate all risk. The system of internal controls is designed to manage risk and to provide reasonable assurance that key business objectives and expected outcomes will be achieved. The internal controls are embedded within management and governance procedures and are summarised in the Corporate Risk Register and the Quality Governance Framework, which defines areas of responsibility and reporting lines for management groups up to the Audit Committee and the Turning Point Board. This system relies in part on management and governance groups identifying and assessing risks and raising them as necessary. This approach includes the regular evaluation of the nature and extent of risks to which the company is exposed and is consistent with external guidance and best practice. Additional assurance is gained from reviews by external regulatory agencies such as the Care Quality Commission, and audits carried out by our risk and assurance department, our internal auditors and external auditors.

The board confirms that the process for identifying, evaluating and managing the significant risks faced by the company is on-going, has been in place for the whole of the financial year and up to the date of approval of the financial statements, and is regularly reviewed by the board. The board has reviewed its internal controls system during 2019/20 and notes that:

- Formal policies and procedures are in place relating to the delegation of authorities, which allow the monitoring of controls and restrict unauthorised use of the company's assets, including the Treasury Management and Reserves Policies and the financial procedures.
- ii. There is a clear strategy and policy on fraud, covering the prevention, detection and reporting of fraud together with the recovery of assets.

- Budgets are prepared, half-yearly forecasting conducted, and monthly financial reports produced to allow board and management to monitor key business risks and financial objectives together with progress against financial plans.
- iv. All significant new investment projects are subject to formal authorisation procedures and subsequent monitoring.
- The Audit Committee reviews reports from management, internal auditors and external auditors to gain reasonable assurance that control procedures are in place and are being followed.
- vi. Suitably experienced and qualified staff takes responsibility for key business functions.
- vii. A robust risk management and board assurance framework is in place to identify and monitor key risks and controls throughout the organisation including mitigating actions driven through the planning process into departmental operating plans.
- viii. A system of key performance indicators linked to strategic and business objectives is in place allowing management and board to monitor progress and financial objectives and take proactive management action.
- ix. A whistle blowing policy is in place and effectively communicated.
- x. A comprehensive internal audit programme is controlled by the Audit Committee with recommendations for improvements resulting in management action plans as appropriate.

Internal controls assurance conclusion

The Turning Point Board has reviewed the effectiveness of the system of internal controls in existence for the year ended March 2020 and up to the date of approval of these financial statements. No significant weaknesses were found in the internal controls that resulted in material losses, contingencies or uncertainties that required disclosure.

Fundraising Practices

The group had no fundraising activities requiring disclosure under S162A of the Charities Act 2011.

TRUSTEES' REPORT

Trustees' Report

teamwork [teem-wurk]

the cooperative work done by a team; the ability to work efficiently as a team; a coordinated group a team; a coordinated group a team or in the interest as a team or in the interest of a

Chair's introduction

To ensure that Turning Point fulfils its charitable purpose effectively and sustainably the board remains focused on achieving the highest standards of quality care through a commitment to robust governance and integrity.

As a board we are aware of our responsibilities as trustees to the long-term financial sustainability without which we would be unable to support people in achieving their health and wellbeing aims.

This combined Directors' and Trustees' Report sets out our corporate governance arrangements, processes and activities throughout the year for the board and the committees.

The board undertook a wide-ranging corporate governance review during the year which has resulted in updated articles of association for Turning Point and its trading subsidiary Turning Point (Services) Limited. A new inter-company agreement has been put in place setting out the nature of the trading relationship between the two organisations. The board also took the decision to subscribe to the new Wates Principles as its corporate governance code which serves to underline the board's commitment to good governance. We have also had a number of board level changes with Lord Victor Adebowale stepping down as Chief Executive after almost 20 years with Turning Point. Taking up the mantle as Chief Executive moving forwards is Julie Bass who previously held the position of Group Managing Director. We have strengthened the board with Amarjit Dhillon, Chief Information Officer appointed as Executive Director effective from 1 April 2020.

I would like to welcome Larry Hollando as Non-Executive Director of Turning Point (Services) Limited. Larry joined the subsidiary board in November 2019.

The Board of Trustees approved this combined Directors' and Trustees' report on 28 July 2020. I commend this report to the members.

Peter Hay Chair of the Turning Point Board

Our board of trustees

Executive Board Members

Lord Victor Adebowale CBE, Chief Executive until March 2020

Victor was Turning Point's Chief Executive from 2001 to 2020 and prior to that he was Chief Executive at the youth homeless charity CentrePoint. He served for 6 years as a non-executive director on the board of NHS England and he has chaired a number of commission reports into: policing; employment; mental health; housing and fairness. He was awarded a CBE for services to the unemployed and homeless people, and became a crossbench peer in 2001. Victor is a visiting Professor and Chancellor at the University of Lincoln. He has an MA in Advanced Organisational Consulting from Tavistock Institute and City University.

Julie Bass, Chief Executive from April 2020

Julie has been an executive board director at Turning Point since 2009 and now holds the position of Chief Executive. Prior to this Julie worked in financial services in the UK and overseas in a wide variety of roles including holding responsibility for strategy, organisational effectiveness, performance and development and people related functions. She is passionate about supporting individuals to discover new possibilities in their lives through the provision of high quality, constantly evolving services and interactions. Julie is a Chartered Insurer and a fellow of the Chartered Institute of Personnel and Development.

Helen Spice, Chief Financial Officer

Helen was appointed Chief Financial Officer in March 2018. Helen's background is both in corporate sector and most recently for a major international not for profit organisation. Her roles have covered finance, business strategy and planning and wider operational responsibilities with a focus on performance improvement in global organisations. Her recent not for profit experience focused on improving opportunities for some of the most disadvantaged children around the world. Helen is a fellow of the Institute of Chartered Accountants in England and Wales and a member of the Chartered Institute of Taxation. Helen resigned from the board in June 2020.

Non-Executive Board Members Peter Hay, CBE, Chair of the Board

Peter became Chair of Turning Point in September 2018. After a long career as a director of social care services, and a past president of the Association of Directors of Adult Social Services, Peter is now pursuing a range of interests in different roles across social care, housing and wellbeing. Peter is curious about ways of developing people's control over their own health and wellbeing, passionate about building good lives and fascinated by the leadership styles that support these aims. Peter was awarded a CBE in 2012 for services to health and care.

Chris Parker

Chris joined the board of Turning Point in December 2011 following over 40 years' experience of management in health and social care in both the private and public sectors. This included nearly 20 years with Pavilion Publishing, a key provider of events and publishing to the health and social care sectors in the UK and Ireland, where he was responsible for the development of many of the products produced by Pavilion and its steady expansion into new areas of work and led the formulation and implementation of the company marketing strategy. Previously he worked in social work and social services management in Brighton and East Sussex.

Nicola Gilham

Nicola joined the Turning Point Board in 2018. She also sits on the Audit Committee. As a qualified chartered accountant, she enjoyed her first career with Arthur Andersen where, for many years, she led consulting assignments, both in the UK and overseas. Whilst living in Australia, she moved into recruitment and worked in the sector for over twenty years. Nicola now pursues a portfolio non-executive career working for businesses across health and social care. She also has a long-standing interest in her local community. As such, currently, she is non-executive director for the Vale of Aylesbury Housing Trust, a provider of social housing for 21,000 residents, Brighter Futures for Children in Reading which runs Children's Services for the Borough, and also the Buckinghamshire Healthcare NHS Trust. She is Vice Chair of Child Bereavement UK, and separately she spent several years, in a voluntary capacity, as a telephone counsellor for emotional support services.

Paul Picknett, Chair of the Audit Committee

Paul joined the board of Turning Point in March 2014 after working in financial services for more than 30 years both in the UK and overseas. His career included 14 years as a main board director of Groupama Insurance company, where he was Corporate Services Director. He has been actively involved in a number of strategic acquisitions, including the acquisition of an award-winning healthcare operation. He is Trustee Chair of a pension scheme with assets over £310m. He has a degree in management studies and is a Fellow of the Chartered Insurance Institute. In 2014 he also joined the Turning Point Audit Committee.

Dr. Alison Hill

Alison joined our board in September 2017. She also sits on the Audit Committee. She has had a dual career as a GP, for over 30 years, and in health policy: as a senior NHS manager, a commissioner, an academic, and civil servant. She has a keen interest in clinical governance and service transformation. As a GP she has worked in learning disability, substance misuse and palliative care. She has a master's degree in anthropology. Alison was Policy Advisor to the Department of Health NHS Genetics Team and Director of Effective Practice Programme at the King's Fund. Her management roles included Medical Director for NHS London where she was responsible for the performance of GPs, and other health professionals in primary care. Alison served as non-executive director at Royal Berkshire NHS Trust, where she led on clinical quality until retiring from the board in December 2019.

Our operating board

Our operating board oversees the day to day operations of the organisation. The operating board is chaired by Chief Executive, Julie Bass and also includes Helen Spice, Chief Financial Officer and Amarjit Dhillon, Chief Information Officer, who are executive board members. In addition the operating board includes:

Clare Taylor - National Director of Operations (formerly Director for Mental Health and Learning Disability) - Clare has worked in health and social care for over 23 years including roles within universities, service providers, local authority commissioning teams and public health. She sits as a member of the Wakefield Integrated Care Partnership and is a member of Collective Voice, the umbrella body for third sector substance misuse providers. Clare has an MSc in Addiction Studies.

Jay Stewart - Director for Substance Misuse and Public Health - Jay has worked in health and social care for over 28 years including roles working within public health, youth work, youth homelessness, children and young people excluded from school and youth offending. Jay was a founder member of Collective Voice and is also a member of PHE's Expert Group on Alcohol Treatment. He resigned from the operating board in April 2020.

Nicola Downs - Chief People Officer – Nicola joined Turning Point in 2019 and her background is mainly in a corporate world, working for businesses such as Unilever and PZ Cussons in Global and Regional roles. She has trained as a generalist HR practitioner and is passionate about how organisations are designed in theory and practice and how organisations identify and grow talented individuals. Nicola is a fellow of the Chartered Institute of Personnel and Development.

Sarah Kennedy - Director of External Affairs and Marketing- Sarah joined Turning Point in 2009, having previously spent 8 years working with the National Lottery operator, Camelot, and Breast Cancer Care. Sarah has also worked in politics in numerous roles and was a local government councillor in an inner-city London Borough. Sarah is a Member of the Chartered Institute of Public Relations.

Philip Newton - Director of Corporate Governance – Philip joined Turning Point in 2007 after many years working in the commercial world for British Telecom. He supports the board, executives and senior management teams to help shape the organisation from the perspective of corporate governance and corporate performance. Philip has a degree in Philosophy, an MBA and is a Fellow of the Chartered Institute of Management.

Structure, governance and management

Subsidiary companies and jointly controlled entity

Turning Point has two subsidiaries and a jointly controlled entity:

- Turning Point (Services) Limited (wholly owned by Turning Point)
- Turning Point Building Futures Limited (wholly owned by Turning Point and ceased trading December 2018)
- Northern Pathways Limited (jointly owned with The Retreat York and ceased trading March 2019)

Turning Point (Services) Limited is the trading arm of the parent charity. The board meets annually to agree the financial statements, and is populated from the Turning Point Board and also has two independent directors.

Turning Point Building Futures Limited was set up to use social investment funds to develop sites for specialist service delivery and hold the covenants and leases for the properties. The board, which is an independent decision-making body, meets as often as required to review its annual accounts or pass necessary resolutions. Following the sale of The Corner House property Turning Point Building Futures Limited ceased trading in December 2018. An application has been made to remove the company from the Register of Companies.

Northern Pathways Limited delivered mental health services in York. The board comprises a balance of members from Turning Point and The Retreat York. The joint venture agreement with The Retreat York was terminated on 31 March 2019.

Turning Point board meetings

The Turning Point board met formally seven times between April 2019 and March 2020.

Board attendance in 2019-20	Turning Point
Number of meetings in 2019-20	7
Numbers attended:	
Peter Hay (Chair)	7
Paul Picknett	6
Christopher Parker	7
Dr. Alison Hill	7
Nicola Gilham	7
Lord Victor Adebowale CBE (Chief Executive)	6
Julie Bass	7
Helen Spice	7

Recruitment and appointment of directors

The directors of Turning Point form a unitary board of non-executive and executive members as defined by the Articles of Association. The directors are also the trustees under charity law. Executive members are appointed according to the terms of their employment with the company under a Relevant Qualifying Position. Nonexecutive members are appointed by the board following an open recruitment process overseen by the Nominations Committee. Directors are appointed for a three-year term with the option to be reappointed to a second term on a vote of the board. Directors can, following sufficient review, be appointed to a third three-year term should circumstances require this. Newly appointed directors go through an induction process that includes service visits and meetings with key senior managers and other directors of the board.

Statement of directors' responsibilities

The directors are responsible for ensuring that arrangements are made for keeping proper books of account with respect to the Group and Charity's transactions, assets and liabilities. The directors are also responsible for maintaining a satisfactory system of control over the company books of account and transactions. The directors are responsible for ensuring that arrangements are made to safeguard the assets of the Group and Charity by taking reasonable steps in the prevention and detection of fraud and other irregularities. As far as each of the directors is aware, there is no relevant audit information of which the charitable company's auditors are unaware. The directors have each taken all the steps that they ought to have taken as directors in order to ensure they are aware of relevant audit information and to establish that the charitable company's auditors are aware of that information. The Turning Point board of directors is responsible for setting and monitoring Turning Point vision, mission and values. The unitary board includes non-executive and executive members who together agree corporate strategy and review corporate risk and associated internal controls. Day-to-day management of the company is delegated to the executive team and the senior managers. The responsibilities and function of the board are set out in the Governance Standing Orders, which are based on the Turning Point Articles of Association and the principles of the Wates Corporate Governance Principles for Large Private Companies (the Wates Principles). The directors apply the corporate governance they consider to be appropriate given the nature of the entity, having due regard to the principles of governance set out in the Wates Principles and Section 172 of the Companies Act 2006.

Board effectiveness

The board conducts an externally facilitated full review of board effectiveness once every three years with a self-assessment of board effectiveness in the intervening years. During 2020 the board engaged in a selfassessment of board effectiveness.

Board appraisal

Each director, including the Chair and Chief Executive, had their performance reviewed and the board as a whole reviewed its effectiveness. As a result, the board is assured that the board and its members remain effective in their roles. The Audit Committee reviewed its effectiveness under the same criteria, with the participation of the internal and external auditors. The Chair of the Audit Committee reported to the board on the committee's effectiveness and its work over the course of the year. The board was assured that the committee is fulfilling its role and duties as described in the Governance Standing Orders.

In addition, board members reviewed and updated the skills matrix. The skills matrix is used as a basis for identifying future training and development needs as well as recruitment. Treasury management was made known as a development need.

Conflicts of interest

Upon appointment, all directors are required to declare their interests. On an annual basis, all members are asked to update the register of interests, which includes the fit and proper persons requirements. At each meeting of the board and audit committee, members and attendees are required to state any interests with regard to specific items on the agenda in line with the Companies Act 2006.

Payments to directors

Since 2008, with the establishment of a unitary board structure and as agreed by the Charity Commission and the Regulator for Social Housing at the time, the non-executive directors of Turning Point have been remunerated £4,000 per year for their services to the company. The Chair is paid £6,000 per year. Executive directors are paid for their executive roles and do not receive additional payment for their responsibilities as directors of the organisation. Apart from the reimbursement of expenses entailed in the course of the company's business, there have been no other payments to directors in 2019/20.

Corporate governance code

Following a review the board took the decision to subscribe to the Wates Corporate Governance Principles for Large Private Companies on the basis that the Wates Principles were better suited to the Turning Point organisation. The board Governance Standing Orders were re-written around the Wates Principles and approved by the board in November 2019 to ensure the board aligns to the principles in how it functions.

Committees

Audit Committee

The Audit Committee is a standing board committee with responsibility for overseeing the internal and external audit processes, assessing the effectiveness of risk management and reviewing the company's overall financial performance. The Audit Committee receives reports from both internal and external auditors as well as executives and senior managers. The committee can additionally commission the internal audit function to scrutinise particular areas of concern as necessary though no such commissions were made during the year.

AS AT 31 MARCH 2020, THE MEMBERS OF THE AUDIT COMMITTEE WERE AS FOLLOWS:

- Paul Picknett, non-executive director (Chair)
- Dr.Alison Hill, non-executive director
- Nicola Gilham, non-executive director

The appointed independent firm of internal auditors, Beever & Struthers, is also in attendance at all audit committee meetings operating on behalf of the nonexecutive directors. Beever & Struthers representatives are present only during the internal audit agenda item.

The appointed independent firm of external auditors, Crowe UK LLP, attend two audit committee meetings during the year. They attend they audit committee in April to present the external audit plan and in July to present their audit findings.

The Chief Financial Officer is invited to audit committee meetings as a matter of course. Other executives and senior managers are invited to audit committee meetings as required. The committee met five times between April 2019 and March 2020. All meetings were quorate. The Chief Financial Officer attended all audit committee meetings.

Nominations Committee

When required, the Nominations Committee is convened to make recommendations to the board on recruitment, membership and succession planning. Other executive directors may join the committee as appropriate but nonexecutive directors always remain in the majority. The chief executive may also be a member, except where this causes a conflict of interest. A non-executive director chairs the committee. Our approach to recruitment is one of competitive selection and appointment of candidates made against clear objective criteria and based on merit with due regard for the benefits of diversity. Recruitment follows a reflection on the skills of the existing board and an analysis of any skills gaps that need to be filled to deliver the strategic objectives. The Nomination Committee was convened once between April 2019 and March 2020 to consider the appointment of the new Chief Executive.

Remuneration Committee

When required, a committee is convened to review and set the remuneration of the executive directors. The committee is comprised of at least two non-executive members. Other executive directors may join the committee as appropriate but non-executive directors always remain in the majority. The chief executive may also be a member, except where this causes a conflict of interest. A non-executive director chairs the committee.

The approach to remuneration is designed to ensure that Turning Point can attract and retain the talented and motivated people needed to achieve its mission and deliver the strategic priorities. This approach is applied consistently across the organisation. The aim is to pay competitively in the not-for-profit sector within the context of affordability. Where remuneration consultants are appointed, they will be identified, and a statement is made available on whether they have any other connections with the company. A number of different surveys are used and where appropriate, a comparison is made with similar organisations. The Remuneration Committee was convened once between April 2019 and March 2020 to approve the remuneration package for the newly appointed Chief Executive.

Our people

This is a time of significant change and growth for Turning Point, where a strong leadership voice across communications and engagement is essential to see work delivered in a joined up and effective way, whilst seeking simplicity and reducing complexity so everyone understands our direction of travel and their role within this.

During 2019/20 our leadership team has role modelled visible, empowering leadership communications and engagement that provides a strong strategic narrative for the organisation, linking the past with the future - all backed by celebrating the great successes seen across the organisation and its people.

This increased connection has been fostered through:

- A drive to enhance and improve internal communication including our leadership events, monthly videos and updates to different employee groups.
- Monthly financial updates within internal communications channels including additional business context and financial performance as a part of the annual pay review process, ensuring constructive relationships with the recognised trade union.
- Sponsorship of employee voice activities including the new Annual Employee Engagement Survey and 2020-2022 Investors in People accreditation process and launch of a new Employee Voice National Forum and the relevant actions coming out of these mechanisms.
- Development and sponsorship of Inspired by Possibility recognition schemes for employees, volunteers and peer mentors and people we support which showcase achievements and values-led behaviours of these groups, and support of the wider reward and recognition efforts of the organisation.

Our suppliers

Our business model has a material reliance upon key suppliers for the delivery of agency staff, technology, facilities management and infection control/harm reduction products and services. Appropriate risk-based relationships are maintained with these suppliers to ensure the business model and value-chain is secure to meet the needs of our beneficiaries. This year we have introduced social value into our contract award decision-making processes in order to further extend our social impact.

Gender diversity

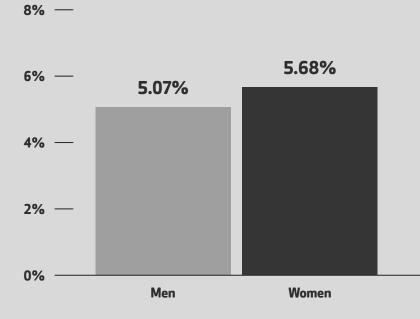
The deadline for reporting gender pay gap was pushed back this year as a result of the COVID 19 pandemic. Therefore, we have included here the most recent information which was published during 2019/20.

The mean pay gap is the difference between average hourly earnings of men and women. The median pay gap is the difference between the midpoints in the ranges of hourly earnings of men and women.

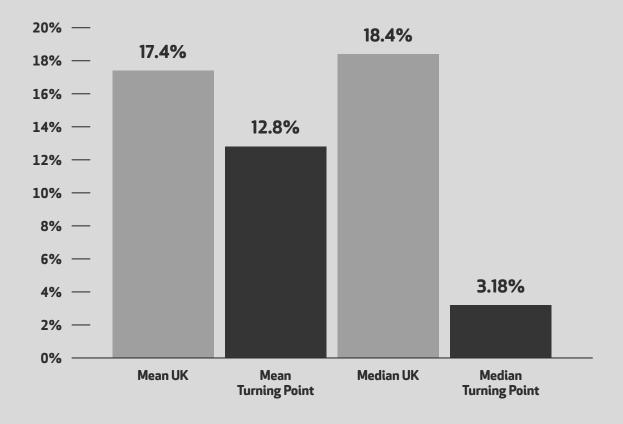
Ratings in CQC reports received during the year:

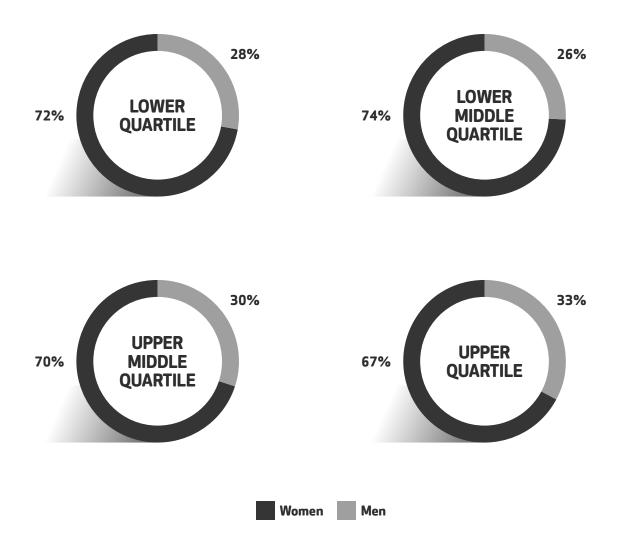
Mean gender pay gap	12.8% (women lower)
Median gender pay gap	3.18% (women lower)
Mean bonus gender pay gap	-17.65% (women higher)
Median bonus gender pay gap	-0.01% (women higher)

Percentage of male/female employees receiving a bonus



Mean/Median % difference between men and women





These figures have been reached using the mechanisms set out in the gender pay gap reporting legislation. The results show we have a broadly consistent ratio of women to men across all of the different pay quartiles. This is representative of our equal opportunities for women throughout Turning Point and it is something we work hard to maintain.

Whilst we recognise and are pleased that the data shows the gender pay gap at Turning Point is reducing, we know more must be done to further reduce the gap.

We fix pay at the appropriate market level to recruit and retain the calibre of people needed to carry out the roles in an increasingly complex sector, where this is affordable within the constraints of the contracts we deliver. While this does mean certain roles are remunerated at higher rates than others for market reasons, we are pleased this is not an issue in the context of our gender pay gap. The proportion of women in our senior roles (in the upper or upper middle quartiles) is equal to or higher than the overall gender distribution.

Our figures for bonus payments show a slightly greater proportion of men at Turning Point received a bonus this year which was mostly due to Refer a Friend recruitment payments and long service awards which are applicable to all irrespective of gender. Under the gender pay guidance there is a very small number of one off payments that, for the purposes of gender pay reporting, are classified as bonus, these are not typical payments. Figures from the Office for National Statistics (ONS) published in October 2018 suggested the UK gender pay gap for all workers including part-timers, had shrunk only slightly from 18.4% in 2017 to 17.9% in 2018. Meanwhile for those organisations within the NHS which have published their figures to date, the median gender pay gap stands at 10.02% (with a 22.4% mean). Therefore, with a median gap of 5.57% and a mean difference of 10.75%, Turning Point compares favourably nationally with similar organisations working within health and social care.

This positive position is due to a number of factors and initiatives, and some tangible examples of our commitment to being an employer genuinely committed to equality of opportunity and inclusion include:

- An open and transparent approach regarding pay, including working with our recognised union UNITE.
- An externally recognised foundation training programme, which supports all individuals to achieve their potential, regardless of gender and other demographic factors. This year this programme has been further developed so there's a clear pathway from frontline into and through first line and middle management.
- A wide range of flexible working options available to all employees and we've also extended this flexibility to different types of contracts with varied and flexible hours.
- Increased opportunities for all to have their views and opinions heard through a range of employee engagement and 'speak up' mechanisms.
- Mandatory training in equality and diversity, including unconscious bias, for all managers and staff.

It should also be emphasised, although we're encouraged by these positive results, we are not complacent, and we'll continually review our performance to ensure Turning Point is a truly inclusive employer with equal opportunities for all.

Trustees' review of our objectives

The charitable objects of the Company are to promote or assist in promoting the protection of health of those at risk of mental disorder, alcohol, drug or other problems leading to dependency, and the treatment, care, rehabilitation, training and education of people suffering from mental disorder, alcohol, drug or other problems leading to dependency.

Turning Point meets its charitable objectives through the provision of services across England for people to improve their health and wellbeing whether that is at home, within the workplace or through specialist services. In doing so we build upon 56 years of experience in substance misuse, mental health, learning disability, autism, acquired brain injury, sexual health, healthy lifestyles and employment services.

The board of trustees has given careful consideration and due regard to the Charity Commission's general guidance on public benefit in reviewing the activities of the Turning Point group. The trustees are satisfied that the objectives of the charity and the activities it undertakes remain entirely for the public benefit in accordance with Section 17 of the Charities Act 2011.

Trustee's assessment of our environmental impact

Energy Savings Opportunities Scheme (ESOS)

The company does not have an ISO50001 management system or Display Energy Certificate or Green Deal Survey and so to meet the ESOS regulations it undertakes an ESOS Assessment. The audit type chosen was; a Type 1 as defined by ISO50002: a basic energy audit which defines high level opportunities and has enough detail to develop low cost/short payback opportunities.

The overall energy use for the organisation for the year was 10,094,675 kWh including transportation consumption use of 287,697 kWh which represents just 2.8 % of the overall energy usage.

Streamlined Energy & Carbon Reporting (SECR)

Since completion of the ESOS reporting and in line with the new reporting requirement implemented by the Department for Business, Energy and Industrial Strategy (BEIS) the following further refined environmental impact and energy consumption figures are set out for the Turning Point group.

Greenhouse gas emissions

The greenhouse gas emissions for Turning Point are 2,292 tCO2e for the financial year. This figure includes all material Scope 1, 2 plus Scope 3 emissions for grey fleet¹⁶ as required to be disclosed by legislation.

Using the carbon emission figure of 2,292 tCO2e, an intensity ratio of 17.9 tonnes CO2e per £m of revenue has been calculated to enable future year on year comparison against the normaliser revenue.

Emission source	April 2019 – March 2020	Share %
Fuel combustion: stationary	1,185	52%
Fuel combustion: mobile	393	17%
Purchased electricity	714	31%
Total emissions	2,292	100%
Revenue	£128m	n/a
Intensity: (tCO2 per £m)	17.9	n/a

Greenhouse gas emissions

Energy consumption

Emissions Source	April 2019 – March 2020 (kWh)
Natural gas for heating	6,444,673
Electricity	2,794,384
Transport fuel	1,606,846
Total	10,845,903

¹⁶ All material Scope 1 and Scope 2 emissions comprise mobile and stationary fuel combustion (fuel use in company owned vehicles and gas use in buildings respectively), and emissions associated with the generation of purchased electricity

Boundary, methodology and Exclusions

An operational control approach has been used to define the greenhouse gas emissions boundary¹⁷.

This approach captures emissions associated with the operation of all buildings in the Turning Point estate for example the residential properties, independent hospital, office sites and storage facilities, plus company-owned transport and employee owned vehicles.

This information was collected and reported in line with the methodology set out in the UK Government's Environmental Reporting Guidelines, 2019.

Emissions have been calculated using the 2019 conversion factors provided by the Department of Business, Energy and Industrial Strategy. There are no material omissions from the mandatory scope 1 and 2 emissions. Approximately 15.4% of emissions are based on estimated data, this is 8.7% for electricity and 6.7% for gas. The reporting period is 1 April 2019 to 31 March 2020, as per the financial accounts.

Value for money

For Turning Point, value for money means delivering the best possible health and social care outcomes for the service price. We deliver value by continually improving the efficiency and effectiveness of our people, processes and systems to drive ever better outcomes. This means we need to ensure there is money available to invest in our people and our technology infrastructure. We understand value for money along the lines of the National Audit Office definition which assesses value across three criteria:

- **Economy:** minimising the cost of resources used or required
- Efficiency: the relationship between the outcomes delivered through our services and the resources needed to produce them
- **Effectiveness:** the relationship between the intended and actual outcomes delivered through our services.

This approach is governed through our Quality Governance Framework and provides us with the means of achieving cost effectiveness, which we define as the optimal use of resources to achieve the intended health and social care outcomes.

As a provider of health and social care services Turning Point benchmarks its Care Quality Commission (CQC) regulated services against other providers to ensure that service effectiveness compares favourably and serves as an indicator of value we deliver through the quality of our services.

¹⁷ An operational control approach to GHG emissions boundary is defined as: "An organisation has operational control over an operation if it, or one of its subsidiaries, has the full authority to introduce and implement its operating policies at the operation"

Ratings in CQC reports received during the year:

CQC Service Type ¹⁸	Outstanding	Good	Good or Outstanding	Requires Improvement	Inadequate
Care home service with nursing	5.4%	71.7%	77.1%	21.2%	1.7%
Turning Point - 4 services	0%	100% (4)	100% (4)	0%	0%
Care home service without nursing	3.9%	80.8%	84.7%	14.0%	1.3%
Turning Point - 21 services	0%	90.5% (19)	90.5% (19)	9.5% (2)	0%
Domiciliary care service	5.1%	81.4%	86.5%	12.8%	0.8%
Turning Point - 10 services	10% (1)	90% (9)	100% (10)	0%	0%
Supported living service	5.6%	84.5%	90.1%	9.3%	0.6%
Turning Point - 7 services	0%	100% (7)	100% (7)	0%	0%
Community based services for people who misuse substances	11.1%	72.7%	83.8%	16.2%	0%
Turning Point - 9 services	33.3% (3)	55.6% (5)	88.9% (8)	11.1% (1)	0%
Residential substance misuse treatment and/or rehabilitation service	6.7%	76.9%	83.6%	12.5%	3.8%
Turning Point - 2 services	0%	100% (2)	100% (2)	0%	0%

Our substance misuse services are also benchmarked on the basis of successful completion outcomes for each Public Health England Partnership Area compared to other Partnership Areas that share the same client characteristics. This information forms part of the Public Health England official statistics and is therefore subject to reporting restrictions beyond internal use for management, quality assurance and briefing purposes.

Turning Point is first and foremost a national provider of health and social care services and therefore provides little social housing and where it does so this is only in conjunction with, and for the purpose of, health and social care provision. The value for money metrics required of a typical Registered Provider by the Regulator for Social Housing do not provide meaningful information for the annual report and are therefore not included.

 $^{\mbox{\tiny 18}}$ Service types benchmarked where comparator information has been made available by the CQC

FINANCIAL Statements





Financial performance

Turning Point has had a good performance this year, achieving a turnover of £128m and generating an operating surplus which has been reinvested back into the organisation and our services. The strong performance of our continuing services was achieved through a determined focus on our business priorities, in particular through improving retention of our people, investing in recruitment, speeding up decisions through use of the insight developed from our corporate intelligence and further deployment of our digital solutions, both to improve service delivery to the people we support and to underpin our workforce utilisation.

Our operations have seen quality maintained to a high standard with 95% of all our services being rated good or outstanding by the CQC¹⁹. The health and social care sector continues to operate in a challenging environment with reductions in funding from commissioners and increases in National Minimum Wage. Turning Point has met these challenges by continuing to invest in our people, processes and technology so that we are engaging with the people we support even more effectively. We have been awarded new contracts in all our business areas. Some of our major new services in learning disability are in Salford, Bolton and Wakefield, we have expanded our mental health services and during the year we won a significant new service for substance misuse in Hackney and the City of London which will start in October 2020.

The performance in the year has built on the financial planning in recent years. The operating surplus has been reinvested in the business to finance future growth and success for all of our stakeholders.

The board has approved the budgets for 2020/21 and 2021/22 which recognise that we continue to operate in a high risk and volatile environment. The budgets reflect the organisation's response to the impacts of the COVID-19 crisis and the board continues to consider the Group's resources adequate to continue its activities for the foreseeable future. COVID-19 has added to the complexity of delivery but as a result of our ability to adapt and change at pace we have been able to continue to deliver quality services to the vulnerable people we support throughout this challenging period at the same time as ensuring the safety, health and well-being of all our people on the front line. We continue with our clear strategy for retaining existing contracts and winning new contracts, ensuring we improve our financial position through further transformation of services and efficiencies in delivery.

¹⁹ At 7th May 2020

Reserves

Reserves are that part of a Charity's unrestricted income funds that are freely available to spend to further the Charity's objects, and have been set aside for future use. Turning Point has no designated or restricted funds.

At 31 March 2020, we transferred operating surpluses of £0.8m to reserves, giving us unrestricted reserves of £6.5m (2019: £3.6m). This strong performance was achieved through a determined focus on our business priorities for the year, despite the challenges of increased people costs and delays in admitting new clients into our services.

Our priorities to build our reserves for 2019/20 reflected an organisational mindset of continuous improvement and driving efficiency. The priorities for the year were:

- Improving the recruitment, retention and utilisation of our people resources
- Negotiating with commissioners to secure uplifts in funding
- Consolidating data into actionable corporate intelligence
- Implementing standardised innovative pathways and service models across our integrated services
- Applying technology to reach more clients in a way that supports their needs
- Enhancing our management of contracts over their full term.

We are continuing to build on these priorities in 2020/21, with the aim of increasing our unrestricted reserves each year.

The board assesses the risks to the organisation annually, and sets the target level of unrestricted funds. In the short term, the Trustees have set the target for unrestricted reserves to cover the pension reserve, thereby bringing total reserves back to a positive position. Thereafter the target is one twelfth of income (8.33%), which is £11m based on the income from operations in 2019/20.

At 31 March 2020, the Group's total reserves, which include the pension reserve, were -£8.8m (2019: -£9.6m). The pension reserve represents the discounted value of the Group's future contributions to the defined benefit pension scheme, which is provided for on the Group's balance sheet in compliance with FRS 102. This is an accounting adjustment and does not directly impact our operating cashflows.

The board has reviewed the budgets and cashflow forecasts for 2020/21 and 2021/22, which reflect all of the known opportunities and challenges, both internally and in the external environment. They consider the cash balance to be adequate for the purpose of meeting the working capital requirements for the foreseeable future and coping with the financial impacts of the risks faced by the organisation. The approach to reserves is approved with input from the Audit Committee.

This report was approved by the board on 28 July 2020 and signed on its behalf.

Peter Hay (Chair) Director

Independent auditor's report to the members of Turning Point

Opinion

We have audited the financial statements of Turning Point (the 'parent Charity') and its subsidiaries (the 'Group') for the year ended 31 March 2020, which comprise the Group and Charity Statements of comprehensive income and Statements of financial position, the Group Statement of cash flows, the Group Statement of changes in reserves and the related notes, including a summary of significant accounting policies. The financial reporting framework that has been applied in their preparation is applicable law and United Kingdom Accounting Standards, including Financial Reporting Standard applicable in the UK and Republic of Ireland' (United Kingdom Generally Accepted Accounting Practice).

In our opinion the financial statements:

- give a true and fair view of the state of the Group's and of the charitable company's affairs as at 31 March 2020 and of the Group's incoming resources and application of resources, including its income and expenditure for the year then ended;
- have been properly prepared in accordance with United Kingdom Generally Accepted Accounting Practice; and
- have been prepared in accordance with the requirements of the Companies Act 2006, Part 3 of Schedule 1 to the Housing Act 1996 and The Accounting Direction for Registered Providers of Social Housing from April 2019.

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 Group in accordance with the ethical requirements that are relevant to our audit of the financial statements in the United Kingdom, including the Financial Reporting Council's Ethical Standard, and we have fulfilled our other ethical responsibilities in accordance with these requirements. We believe that the audit evidence we have obtained is sufficient and appropriate to provide a basis for our opinion.

Conclusions relating to going concern

We have nothing to report in respect of the following matters in relation to which the ISAs (UK) require us to report to you where:

- the trustees' use of the going concern basis of accounting in the preparation of the financial statements is not appropriate; or
- the trustees have not disclosed in the financial statements any identified material uncertainties that may cast significant doubt about the Group's or the charitable company's ability to continue to adopt the going concern basis of accounting for a period of at least twelve months from the date when the financial statements are authorised for issue.

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 matters prescribed by the Companies Act 2006

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

- the information given in the Group strategic report and the Directors' report for the financial year for which the financial statements are prepared is consistent with the financial statements; and
- the Group strategic report and the Directors' report have been prepared in accordance with applicable legal requirements.

Matters on which we are required to report by exception

In the light of the knowledge and understanding of the Group and the parent Charity and its environment obtained in the course of the audit, we have not identified material misstatements in the Group strategic report or the Directors' report.

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

- adequate accounting records have not been kept by the parent Charity, or returns adequate for our audit have not been received from branches not visited by us; or
- the parent Charity 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 directors

As explained more fully in the directors' responsibilities statement on page 65, the trustees are responsible for the preparation of the financial statements and for being satisfied that they give a true and fair view, and for such internal control as the trustees determine is necessary to enable the preparation of financial statements that are free from material misstatement, whether due to fraud or error.

In preparing the financial statements, the trustees are responsible for assessing the Group's and the parent 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 Group or the parent Charity or to cease operations, or have no realistic alternative but to do so.

Auditor's responsibilities for the audit of the financial statements

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

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

Use of our report

This report is made solely to the Charity's members, as a body, in accordance with Chapter 3 of Part 16 of the Companies Act 2006 and Section 128 of the Housing and Regeneration Act 2008. 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.

V Szulist

V Szulist (Senior statutory auditor) for and on behalf of **Crowe U.K. LLP** Statutory Auditor

3rd floor The Lexicon Mount Street Manchester M2 5NT Date: 28th July 2020

		Total 2020	Total 2019
	Note	£000	£000
Turnover	4, 6	128,177	130,838
Other operating charges	4	(125,876)	(127,642)
Operating surplus		2,301	3,196
Profit on sale of assets	10	-	12
Introduction of pension liability	32	-	(21)
Interest receivable and similar income	13	44	36
Interest payable and similar charges	14	-	(48)
Impact of changing assumptions and discount rate on pension deficit reduction plan	25	(3,131)	(615)
(Deficit)/Surplus for the financial year		(786)	2,560
Actuarial gains/(losses) on defined benefit pension schemes	31	1,610	(282)
Other comprehensive income for the year		1,610	(282)
Total comprehensive surplus		824	2,278

All 2020 activities relate to continuing operations.

		Total 2020	Total 2019
	Note	£000	£000
Turnover	5, 7	126,284	128,760
Other operating charges	5	(125,917)	(127,798)
Operating surplus		367	962
Loss on sale of assets	10	-	(5)
Introduction of pension liability	31	-	(21)
Interest receivable and similar income	13	44	28
Interest payable and similar charges	14	-	(9)
Impact of changing assumptions and discount rate on pension deficit reduction plan	25	(3,131)	(615)
Impact of termination of lease and impairment of investment in Turning Point Building Futures Limited	18	(53)	(479)
Deficit for the financial year		(2,773)	(139)
Actuarial gains/(losses) on defined benefit pension schemes	31	1,610	(282)
Gift aid from subsidiaries	33	1,838	2,173
Other comprehensive income for the year		3,448	1,891
Total comprehensive surplus		675	1,752

All 2020 activities relate to continuing operations.

Gift aid from subsidiaries of £1,838k relates to gift aid arising on profits generated in the previous accounting period.

			2020		2019
	Note		£000		£000
Fixed assets					
Housing properties	16		4,311		4,491
Other fixed assets	17		173		188
Investments	18		1		1
			4,485		4,680
Current assets					
Debtors	19	11,961		12,095	
Cash and cash equivalents	20 _	8,606	_	5,657	
		20,567		17,752	
Creditors: amounts falling due within one year	21	(15,257)		(14,163)	
Net current assets			5,310		3,589
Total assets less current liabilities			9,795		8,269
Total assets less current liabilities Creditors: amounts falling due after more than one year	23		9,795	_	8,269 83
Creditors: amounts falling due after more	23	-		-	
Creditors: amounts falling due after more	23		77	-	83
Creditors: amounts falling due after more than one year	23 31		77	-	83
Creditors: amounts falling due after more than one year Provisions for liabilities			77 77		83
Creditors: amounts falling due after more than one year Provisions for liabilities Defined benefit pension liability	31		77 77 1,397		83 83 2,737
Creditors: amounts falling due after more than one year Provisions for liabilities Defined benefit pension liability Pension provision	31 25		77 77 1,397 15,301		83 83 2,737 13,185
Creditors: amounts falling due after more than one year Provisions for liabilities Defined benefit pension liability Pension provision	31 25		77 77 1,397 15,301 1,821		83 83 2,737 13,185 1,889
Creditors: amounts falling due after more than one year Provisions for liabilities Defined benefit pension liability Pension provision Reinstatement provision	31 25		77 77 1,397 15,301 1,821		83 83 2,737 13,185 1,889
Creditors: amounts falling due after more than one year Provisions for liabilities Defined benefit pension liability Pension provision Reinstatement provision Reserves	31 25		77 77 1,397 15,301 1,821 18,519		83 83 2,737 13,185 1,889 17,811

The financial statements were approved and authorised for issue by the board and were signed on its behalf on 28 July 2020.

Peter Hay (Chair) Director

			2020		2019
	Note		£000		£000
Fixed assets					
Housing properties	16		4,311		4,491
Other fixed assets	17		173		188
Investments	18		1		54
			4,485		4,733
Current assets					
Debtors	19	6,125		8,878	
Cash and cash equivalents	20 _	8,359	_	5,283	
		14,484		14,161	
Creditors: amounts falling due within one year	21	(12,425)		(13,727)	
Net current assets			2,059	_	434
Total assets less current liabilities			6,544		5,167
Creditors: amounts falling due after more than one year	23		77		83
			77	-	83
Provisions for liabilities				-	
Defined benefit pension liability	31		1,397		2,737
Pension provision	25		15,301		13,185
Reinstatement provision	25		1,821		1,889
			18,519		17,811
Reserves				_	
Unrestricted reserves			3,249		458
Pension reserve			(15,301)	-	(13,185)
			6,544		5,167

The financial statements were approved and authorised for issue by the board and were signed on its behalf on 28 July 2020.

Peter Hay (Chair) Director

	Pension reserve	Unrestricted reserves	Total reserves
	£000	£000	£000
At 1 April 2019	(13,185)	3,560	(9,625)
Comprehensive income for the year			
Loss for the year	-	(786)	(786)
Actuarial gains on pension schemes	-	1,610	1,610
Movement on pension deficit	(2,116)	-	(2,116)
Transfer to profit and loss account	-	2,116	2,116
At 31 March 2020	(15,301)	6,500	(8,801)

The notes on pages 91 to 124 form part of these financial statements.

	Pension reserve	Unrestricted reserves	Total reserves
	£000	£000	£000
At 1 April 2018	(13,560)	1,657	(11,903)
Comprehensive income for the year			
Profit for the year	-	2,560	2,560
Actuarial losses on pension schemes	-	(282)	(282)
Movement on pension deficit	375	-	375
Transfer to profit and loss account	-	(375)	(375)
At 31 March 2019	(13,185)	3,560	(9,625)

The notes on pages 91 to 124 form part of these financial statements.

Consolidated statement of cash flows for the year ended 31 March 2020

	2020	2019
	£000	£000
Cash flows from operating activities		
(Loss)/profit for the financial year	(786)	2,560
Adjustments for:		
Depreciation of tangible assets	541	722
Profit/(loss) on disposal of tangible assets	3	(12)
Amortisation of capital grants	(6)	(10)
Interest paid	-	48
Interest received	(44)	(36)
Decrease/(increase) in debtors	134	(1,209)
(Increase) in amounts owed by joint venture	-	(24)
Increase in creditors	1,094	1,030
Increase in provisions	1,656	1,429
Pension deficit contributions	(1,015)	(990)
Movement on pension – interest	67	60
Actuarial gains/(losses)	1,610	(282)
Net cash generated from operating activities	3,254	3,286

Consolidated statement of cash flows (continued) for the year ended 31 March 2020

	2020	2019
	£000	£000
Cash flows from investing activities		
Improvement to housing properties	(195)	(1,112)
Sale of housing properties	-	1,791
Purchase of tangible fixed assets	(154)	(80)
Interest received	44	36
Net cash from investing activities	(305)	635
Cash flows from financing activities		
Repayment of loans	-	(2,074)
Interest paid	-	(48)
Net cash used in financing activities	-	(2,122)
Net increase in cash and cash equivalents	2,949	1,799
Cash and cash equivalents at the beginning of the year	5,657	3,858
Cash and cash equivalents at the end of the year	8,606	5,657
Cash and cash equivalents at the end of year comprise:		
Cash at bank and in hand	8,606	5,657
	8,606	5,657

The notes on pages 91 to 124 form part of these financial statements.

	At 1 April 2019	Cash flows	At 31 March 2020
	£000	£000	£000
Cash at bank and in hand	5,657	2,949	8,606
	5,657	2,949	8,606

The notes on pages 91 to 124 form part of these financial statements.

Accounting policies

1. General information

Turning Point is a company limited by guarantee and is incorporated in England. The registered office is Standon House, 21 Mansell Street, London E1 8AA. The registered number is 793558.

2. Accounting policies

The principal accounting policies adopted, judgements and key sources of estimation in the preparation of the financial statements are as follows:

2.1 Accounting convention

Turning Point is registered under the Companies Act 2006 and is a registered housing provider.

The financial statements have been prepared in accordance with applicable Accounting Standards, including Financial Reporting Standard 102 (FRS 102), the Accounting Direction for Registered Providers of Social Housing from April 2019, and the Housing SORP 2018: Statement of Recommended Practice for Registered Social Housing Providers.

Turning Point meets the definition of a public benefit entity under FRS 102. Assets and liabilities are initially recognised at fair value or transaction value unless otherwise stated in the relevant accounting policy.

2.2 Going concern

At 31 March 2020, Turning Point had working capital of £5.3m (2019: £3.6m) and a cash balance of £8.6m, an increase of £3m on the prior year-end. Forecast cashflows show significant headroom against available facilities. Turning Point has taken active steps to mitigate the effects of the COVID-19 pandemic by securing additional funding from commissioners in line with support agreed by the government, as well as agreeing advance payment terms with commissioners. At the same time the business continues to focus on cost improvement initiatives and implementation of plans to improve the performance of contracts including the implementation of our digital solutions.

These activities underpin the budgets and cash forecasts for 2020/21 and 2021/22, which have been reviewed and challenged by the Board. In addition, they have considered the organisation's ability to respond to the impacts of the COVID-19 crisis and changes in the economic environment and have reviewed the corporate strategy to ensure it will support the continuing financial viability of the business.

After due consideration, the Board has a reasonable expectation that the Group has adequate resources to continue its activities for the foreseeable future. Accordingly, the Trustees continue to adopt the going concern basis in preparing the financial statements as outlined in the Statement of Trustees Responsibilities.

As a result of the above the Trustees do not consider there to be a material uncertainty in relation to going concern.

2.3 Basis of consolidation

The financial statements consolidate the accounts of the Charity and its trading subsidiary, Turning Point (Services) Limited under the purchase method. They do not include the accounts of the Charity's non-trading subsidiary, Turning Point Building Futures Limited, which ceased trading in December 2018 and is in the process of being removed from the Register of Companies.

The Charity's jointly controlled entity, Northern Pathways Limited, incorporated under the Companies Act 2006, is accounted for under the equity method of accounting.

Investments in subsidiaries are accounted for at cost less impairment in the individual financial statements.

2.4 Turnover

Turnover represents contract and grant income from statutory sources (including rents net of voids), payments from residents and donations. Grant income is recognised when the related provisions for the grant have been met. Donations are recognised when the charity is legally entitled to the income and the amount can be quantified with reasonable certainty. All other income is accounted for on an accruals basis.

2.5 Value added tax (VAT)

Turning Point and Turning Point (Services) Limited are members of a VAT group and operate the standard method for partial exemption. Irrecoverable VAT is recognised as an expense when the tax point of the relevant expenditure is reached.

2.6 Taxation

A current corporation tax charge is recognised for the amount of corporation tax payable in respect of the taxable income for the current or past reporting periods using the tax rates and laws that have been enacted or substantively enacted by the reporting date.

Turning Point is a registered charity that is exempt from taxation on income and gains to the extent that they fall within the exemptions for charities in Part 11 Corporation Tax Act 2010 or s.256 of the Taxation of Chargeable Gains Act 1992.

The non-charitable subsidiaries typically claim relief against their taxable profits by making gift aid payments to Turning Point.

2.7 Capital grants

Capital grants (including social housing grants) are provided for in creditors and written off in the Statement of Comprehensive Income over the expected period of the useful life of the assets acquired.

2.8 Accrued income

Accrued income is classified as "Debtors" and includes contract and grant income (especially outcome related income) that will probably be received in a reporting period after that to which it relates.

2.9 Deferred income

Contract income and revenue grants are recognised as income in the period in which the performance criteria are met.

Deferred income is classified as "Creditors: amounts falling due within one year" and includes contract and grant income received in advance. These contracts and grants represent funds that have been received for specific purposes and are potentially refundable if the conditions of the contract or grant are not satisfied.

Contract and grant income received in the year but which remains unspent at the year-end is, with the agreement of the funder, carried forward in creditors at the year-end to be spent in the following year.

2.10 Fixed assets and depreciation

Depreciation is provided by the Charity to write off the cost net of grant less the estimated residual value of tangible fixed assets in equal instalments over their estimated useful economic lives as follows:

- Freehold properties and improvements to freehold properties are depreciated over 50 years.
- Improvements to leasehold properties are depreciated over the shorter of the term of the lease and the expected useful life of the asset.
- Fixtures and fittings, office equipment and motor vehicles over 3 years
- Software over 3 years

In accordance with the Housing SORP 2018: Statement of Recommended Practice for Registered Social Housing Providers, the overall cost of any property, fixtures and fittings, and office equipment will be split between significant components to enable each component to be depreciated according to its economic useful life. The categories of components and the relevant depreciation rates are those listed above. A 'significant component' will have a:

- Cost greater than £10,000, AND
- Cost greater than 10% of the whole asset, AND
- Have a useful economic life of less than half that of the whole asset

Where a component is replaced or restored, the carrying amount of the old component will be disposed of and the new component will be capitalised.

The Charity adopts a policy to write off, in the year of acquisition, items costing less than £3,000.

2.11 Improvement to properties

Expenditure on existing housing properties is capitalised to the extent that it improves the economic benefit of the asset either through an increase in rental income, a reduction in maintenance costs or through an extension of the life of the property.

2.12 Capitalised interest

No interest is capitalised on housing property fixed assets, with the exception of purpose-built freehold properties where interest is capitalised until the build is complete. Details of capitalised interest will be disclosed in the Notes to the Financial Statements.

Other interest payable is recognised in the Statement of Comprehensive Income.

2.13 Operating leases

Rents payable and motor vehicles under operating leases are charged on a straight-line basis over the term of the lease. Rental lease commitments are measured at the full cost of the lease payments to the date on which the Charity expects to leave each property.

2.14 Provision for liabilities

Provisions are recognised when the Group has a present obligation (legal or constructive) as a result of a past event, it is probable that the Group will be required to settle the obligation, and a reliable estimate can be made of the amount of the obligation. The amount recognised as a provision is the best estimate of the consideration required to settle the present obligation at the end of the reporting period, taking into account the risks and uncertainties surrounding the obligation.

2.15 Financial instruments

The Charity's financial instruments consist of debtors, cash and creditors and as such are all basic in nature as defined in FRS 102. They are measured at the cash consideration expected to be paid or received.

2.16 Pension costs

The Charity operated a defined benefit pension scheme, which is contracted out of the State Scheme and provides benefits based on final pensionable pay. The scheme is a multi-employer pension scheme and it is not possible to identify the assets and liabilities of the scheme which are attributable to the Charity. In accordance with FRS 102 the scheme is accounted for as a defined contribution scheme. The assets of the scheme are held separately from those of the Charity. The funds are valued every three years by a professionally qualified independent actuary, the rates of contribution payable then being determined by Pension Trustees on advice of the actuary. The latest completed triennial actuarial valuation took place on 31 March 2019. The Charity has provided for the committed contributions payable, discounted appropriately, to fund the deficit of the scheme.

The defined benefit scheme closed at 31 March 2012 and on 1 April 2012, Turning Point started a defined contribution scheme.

The Charity also has a number of employees who are members of Local Government Pension Schemes which are defined benefit schemes. The defined benefit pension scheme current service costs are charged to the Statement of Comprehensive Income within staff costs. The expected return on the scheme assets less the scheme interest costs are credited within other interest. The scheme actuarial gains and losses are recognised immediately as other recognised gains and losses. The defined benefit scheme assets are measured at fair value at the year-end date. Scheme liabilities are measured on an actuarial basis at the year-end date using the projected unit method and discounted at a rate equivalent to the current rate of return on a high-quality corporate bond of equivalent term to the scheme liabilities. The resulting defined benefit asset or liability is presented separately after other net assets on the face of the Statement of Financial Position.

Past and present employees are covered by the provisions of the NHS Pension Scheme. The scheme is an unfunded, defined benefit scheme that covers NHS employers, general practices and other bodies, allowed under the direction of Secretary of State, in England and Wales. The scheme is not designed in a way that would enable employers to identify their share of the underlying scheme assets and liabilities. Therefore, the scheme is accounted for as though it is a defined contribution scheme.

Employer's pension cost contributions are charged to operating expenses as and when they become due.

Additional pension liabilities arising from early retirements are not funded by the scheme except where the retirement is due to ill-health. The full amount of the liability for the additional costs is charged to the operating expenses at the time the trust commits itself to the retirement, regardless of the method of payment.

2.17 Designated reserves

The Charity has no designated reserves at 31 March 2020.

2.18 Investments

The only investments held by the Group are in its subsidiaries and jointly controlled entity.

- Subsidiary undertakings Investments in subsidiaries are valued at cost less provision for impairment.
- Jointly controlled entity Investments in jointly controlled entities are stated at the charity's share of net assets/ liabilities. The charity's share of the profits or losses of the jointly controlled entity is included in the Statement of Comprehensive Income using the equity accounting basis.

3. Judgements in applying accounting policies and key sources of estimation uncertainty

The principal risks and uncertainties of the business are set out in the Strategic Report, together with the actions taken to mitigate these risks.

The Trustees have considered the residual risks and have received adequate assurance that they do not cast significant doubt on the business's ability to continue as a going concern.

In the application of the entity's accounting policies, which are described in note 2, the Trustees are required to make judgments, estimates and assumptions about the carrying value of assets and liabilities that are not readily apparent from other sources. The estimates and underlying assumptions are based on historical experience and other factors that are considered to be relevant. Actual results may differ from these estimates.

The estimates and underlying assumptions are reviewed on an on-going basis. Revisions to accounting estimates are recognised in the period in which the estimate is revised, if the revision affects only that period, or in the period of the revision and future periods, if the revision affects the current and future periods.

The key sources of estimation uncertainty that have a significant effect on the amounts recognised in the financial statements are described in the accounting policies and are summarised below:

- Reinstatement provision Turning Point has provided for its potential reinstatement liability to cover expected building costs when it returns its leased properties to the landlord. This has been calculated by property, where a reinstatement requirement exists in the contract, and based on a valuation of works or estimated cost per square metre.
- Pension provision Turning Point has an obligation to pay deficit funding contributions towards the defined benefit pension plan. This provision is dependent on a number of factors including discount rate, life expectancy and asset valuations. The assumptions reflect historical experience and current trends.
- Defined benefit pension schemes Turning Point has obligations to pay pension benefits to certain employees who are members of Local Government Pension Schemes. The cost of these benefits and the present value of the obligation depend on a number of factors including life expectancy, salary increases and the discount rate on corporate bonds. Management review the actuaries' estimates of these factors which determine the net pension obligations in the Statement of Financial Position. The assumptions reflect historical experience and current trends.

4. Turnover and operating surplus - 2020 Group

	Turnover	Operating costs	Operating surplus
	£000	£000	£000
Income and expenditure from lettings Supported housing accommodation:			
Residential services	66,257	(55,142)	11,115
Non-residential services	61,733	(58,961)	2,772
	127,990	(114,103)	13,887
Other income and expenditure	187	(11,773)	(11,586)
	128,177	(125,876)	2,301

Turnover and operating surplus - 2019 Group

	Turnover	Operating costs	Operating surplus
	£000	£000	£000
Income and expenditure from lettings Supported housing accommodation:			
Residential services	69,266	(62,446)	6,820
Non-residential services	61,377	(52,996)	8,381
	130,643	(115,442)	15,201
Other income and expenditure	195	(12,200)	(12,005)
	130,838	(127,642)	3,196

5. Turnover and operating surplus - 2020 Charity

	Turnover	Operating costs	Operating surplus
	£000	£000	£000
Income and expenditure from lettings Supported housing accommodation:			
Residential services	73,577	(55,197)	18,380
Non-residential services	52,553	(58,948)	(6,395)
	126,130	(114,145)	11,985
Other income and expenditure	154	(11,772)	(11,618)
	126,284	(125,917)	367

Turnover and operating surplus - 2019 Charity

	Turnover	Operating costs	Operating surplus
	£000	£000	£000
Income and expenditure from lettings Supported housing accommodation:			
Residential services	67,202	(62,468)	4,734
Non-residential services	59,547	(52,933)	6,614
	126,749	(115,401)	11,348
Other income and expenditure	2,011	(12,397)	(10,386)
	128,760	(127,798)	962

The further analysis of income and expenditure from lettings in notes 6 and 7 reflects the disclosure required by the Accounting Direction for Registered Providers of Social Housing from April 2019.

6. Income and expenditure from lettings - Group

	Residential services 2020	Non- residential services 2020	Total 2020	Residential services 2019	Non- residential services 2019	Total 2019
	£000	£000	£000	£000	£000	£000
Income from lettings						
Rent receivable	1,143	41	1,184	1,289	-	1,289
Service charge receivable	1,549	187	1,736	1,892	38	1,930
Net rents receivable	2,692	228	2,920	3,181	38	3,219
Revenue grants from local authorities and other agencies	63,565	61,505	125,070	66,085	61,339	127,424
Total income from lettings	66,257	61,733	127,990	69,266	61,377	130,643
Expenditure on letting activities						
Services	44,176	46,926	91,102	50,188	42,269	92,457
Management	8,124	8,712	16,836	9,032	7,600	16,632
Routine maintenance	639	530	1,169	597	419	1,016
Planned maintenance	104	104	208	228	78	306
Rent losses from bad debts	25	22	47	71	41	112
Property lease charges	1,862	2,515	4,377	2,118	2,396	4,514
Depreciation of housing properties	212	152	364	211	193	404
Total expenditure on lettings	(55,142)	(58,961)	(114,103)	(62,445)	(52,996)	(115,441)
Operating surplus on letting activities	11,115	2,772	13,887	6,821	8,391	15,202
Void losses			4,772			3,872

7. Income and expenditure from lettings - Charity

	Residential services 2020	Non- residential services 2020	Total 2020	Residential services 2019	Non- residential services 2019	Total 2019
	£000	£000	£000	£000	£000	£000
Income from lettings						
Rent receivable	1,143	41	1,184	1,288	-	1,288
Service charge receivable	1,618	187	1,805	1,921	38	1,959
Net rents receivable	2,761	228	2,989	3,209	38	3,247
Revenue grants from local authorities and other agencies	70,816	52,325	123,141	75,507	47,995	123,502
Total income from lettings	73,577	52,553	126,130	78,717	48,033	126,749
Expenditure on letting activities						
Services	44,176	46,917	91,093	50,375	42,264	92,641
Management	8,178	8,710	16,888	9.065	7,599	16,664
Routine maintenance	639	530	1,169	597	419	1,016
Planned maintenance	105	103	208	228	78	306
Rent losses from bad debts	26	20	46	70	-	70
Property lease charges	1,862	2,515	4,377	1,920	2,396	4,316
Depreciation of housing properties	212	152	364	211	177	388
Total expenditure on lettings	(55,197)	(58,948)	(114,145)	(62,468)	(52,933)	(115,401)
Operating surplus on letting activities	18,380	(6,395)	11,985	16,249	(4,901)	11,348
Void losses			4,772			3,872

8. Operating surplus

The operating surplus is stated after charging:

	Group 2020	Group 2019	Charity 2020	Charity 2019
	£000	£000	£000	£000
Other housing depreciation	375	416	375	399
Depreciation of other tangible owned fixed assets	166	306	166	306
Amortisation of capital grant on housing properties	(6)	(10)	(6)	(10)
Impairment of investments in subsidiary	-	2,447	53	-
Fees payable to the Group's auditor for the audit of the Charity's annual financial statements	54	57	27	27
Hire of plant and machinery - rentals payable under operating leases	397	348	397	348

9. Auditor's remuneration

	2020	2019
	£000	£000
Fees payable to the Group's auditor	70	80
Fees payable to the Group's auditor and its associates in respect of:		
Audit of charity	27	27
Audit of subsidiaries	27	30
Tax compliance and advisory services	4	9
Accounts preparation fee	12	14
	70	80

10. Surplus on sale of fixed assets - housing properties

	Group 2020	Group 2019	Charity 2020	Charity 2019
	£000	£000	£000	£000
Disposal proceeds	-	1,775	-	-
Carrying value of fixed assets	-	(1,763)	-	(5)
		12	-	(5)

11. Employees - Group and Charity

Staff costs were as follows:

	2020	2019
	£000	£000
Salaries	83,271	81,649
National insurance	6,400	6,340
Pension contributions	3,449	3,359
	93,120	91,348

The average monthly number of employees, including the chief executive, during the year was as follows:

	2020	2019
	No.	No.
Management and administration	549	543
Operational	2,966	2,996
	3,515	3,539

The key management personnel of the charity and the parent group comprise the executive directors, operating board members, and non-executive board members. The headcount of key management personnel during the year was 9 executive directors and operating board members, and 7 non-executive directors (2019: 11 ED and 8 NED).

The total employee benefits of the key management personnel of the charity and parent group were £1,315k paid to executive directors and operating board members and £24k paid to non-executive board members (2019: £1,461k, £24k).

During the year, 7 employees were paid a total of £57k as compensation for the termination of their employment before the normal retirement date. A total of £92k was paid to 5 employees who accepted the offer of voluntary redundancy. The payments are fully recognised in the Statement of Comprehensive Income for 2019/20, being the period in which the plans were finalised.

The average number of full-time equivalent persons (including the chief executive) employed during the year:

	2020	2019
	No.	No.
Management and administration	518	509
Operational	2,384	2,295
	2,902	2,804

The full-time equivalent number of staff whose remuneration payable in relation to the period of account fell within the following bands:

	2020	2019
	No.	No.
Group and charity		
£60,001-£70,000	15	11
£70,001-£80,000	9	13
£80,001-£90,000	9	6
£90,001-£100,000	1	2
£100,001-£110,000	4	3
£110,001-£120,000	-	2
£120,001-£130,000	2	-
£130,001-£140,000	1	3
£140,001-£150,000	1	1
£150,001-£160,000	1	-
£160,001-£170,000	-	-
£170,001-£180,000	-	1
£180,001-£190,000	1	-
£190,001-£200,000	1	-
£200,001-£210,000	1	1
	46	43

Sleep-ins

In November 2017, HMRC introduced a new compliance scheme for social care providers as it was considered that providers may have incorrectly paid workers below the national minimum wage for sleep-in shifts. However, in the case of Royal Mencap Society v Tomlinson-Blake (2017), the Court of Appeal found that it is only time spent awake and working during a sleep-in shift that counts as working for the purposes of national minimum wage. An appeal was lodged and heard in the Supreme Court in February 2020, with a decision expected by July 2020. The Directors have determined that there are too many uncertainties involved for a potential liability to be estimated and continue to consider it unlikely that any historical liability will arise. Any potential liability is not considered to be at a level that would have a significant impact on the organisation's financial position.

12. Directors' and trustees' emoluments

	2020	2019
	£000	£000
Group and Charity		
Director emoluments (including pension contributions and benefits in kind)	616	597
Director pension contributions (included above)	24	23
The headcount of directors during the year was 3 (2019: 3). Two directors were paid pension contributions during the year (2019: 2).		
Non-executive trustee emoluments (including expenses) £1k (2019: £2k) of travel expenditure was reimbursed to 3 (2019: 4) trustees.	27	24
The emoluments of directors disclosed above (excluding pension contributions and benefits in kind) include amounts paid to:		
The highest paid director	210	210
Pension contributions of the highest paid director	13	13

The company paid emoluments of £2k to a director of Turning Point (Services) Limited during the year (2019: £2k).

Details of the nature of the chief executive's pension arrangements:

The CEO in post during the year is an 'ex defined benefit' member of the Group Personal Pension Plan with Standard Life, as are all other staff who were active members of the Turning Point Pension Scheme at 31 March 2012. No enhanced or special terms apply.

The Group contributed 6% to the GPPP on behalf of the CEO, and did not contribute to any individual pension arrangements.

13. Interest receivable

	Group 2020	Group 2019	Charity 2020	Charity 2019
	£000	£000	£000	£000
Other interest receivable	44	36	44	28
	44	36	44	28

14. Interest payable and similar expenses

	Group 2020	Group 2019	Charity 2020	Charity 2019
	£000	£000	£000	£000
Bank interest payable	-	48	-	9
	-	48	-	9

15. Taxation

Turning Point is a registered charity. Under Part 11 Corporation Tax Act 2010 and s.256 of the Taxation of Chargeable Gains Act 1992, it is entitled to exemption from Corporation Tax on donations, certain investment income and gains, property income, and on profits from any trading activities exercised in the course of carrying out a primary purpose of the charity, so long as they are applied to Turning Point's charitable purposes.

Turning Point (Services) Limited intends to donate a sum equivalent to any taxable profits to Turning Point, to reduce the company's tax liability to nil.

Northern Pathways Limited and Turning Point Building Futures Limited have not traded in the year and are in the process of being wound up. They did not make a profit for tax purposes and do not have a Corporation Tax liability.

There were no factors that may affect future tax charges.

16. Housing properties - Group

	Housing properties
	£000
Cost	
At 1 April 2019	7,743
Additions	195
Disposals	(4)
At 31 March 2020	7,934
Depreciation	
At 1 April 2019	3,252
Charge for the year	375
On disposals	(4)
At 31 March 2020	3,623
Net book value	
At 31 March 2020	4,311
At 31 March 2019	4,491

The aggregate amount of finance costs included in the cost of housing properties is £nil (2019: £64k). The aggregate market value of the properties is, in the opinion of the Trustees, in excess of net book value.

	2020	2019
	£000	£000
Housing properties cost comprise:		
Freeholds	2,554	2,477
Short leaseholds (less than 50 years)	4,341	4,418
Long leaseholds (more than 50 years)	848	848
	7,743	7,743

	2020	2019
	£000	£000
Expenditure on works to existing properties		
Capitalised in the year	195	1,112
Charged to income and expenditure	375	428
	570	1,540

Housing properties - Charity

	Housing properties
	£000
Cost	
At 1 April 2019	7,570
Additions	195
Disposals	(4)
At 31 March 2020	7,761
Depreciation	
At 1 April 2019	3,079
Charge for the year	375
On disposals	(4)
At 31 March 2020	3,450
Net book value	
At 31 March 2020	4,311
At 31 March 2019	4,491

17. Tangible fixed assets - Group

	Motor vehicles	Fixtures and fittings	Office equipment	Software	Total
	£000	£000	£000	£000	£000
Cost or valuation					
At 1 April 2019	8	678	602	814	2,102
Additions	14	23	117	-	154
Disposals	-	(10)	(59)	-	(69)
At 31 March 2020	22	691	660	814	2,187
Depreciation					
At 1 April 2019	4	606	511	793	1,914
Charge for the year on owned assets	4	60	84	18	166
Disposals	-	(10)	(56)	-	(66)
At 31 March 2020	8	656	539	811	2,014
Net book value					
At 31 March 2020	14	35	121	3	173
At 31 March 2019	4	72	91	21	188

In accordance with the Housing SORP 2018, the overall cost of any property, fixtures and fittings, and office equipment has been split between significant components to enable each component to be depreciated according to its economic useful life.

Tangible fixed assets - Charity

	Motor vehicles	Fixtures and fittings	Office equipment	Software	Total
	£000	£000	£000	£000	£000
Cost					
At 1 April 2019	8	679	600	814	2,101
Additions	14	21	117	-	152
Disposals	-	(9)	(57)	-	(66)
At 31 March 2020	22	691	660	814	2,187
Depreciation					
At 1 April 2019	4	605	511	793	1,913
Charge for the year on owned assets	4	60	84	18	166
Disposals	-	(9)	(56)	-	(65)
At 31 March 2020	8	656	539	811	2,014
Net book value					
At 31 March 2020	14	35	121	3	173
At 31 March 2019	4	74	89	21	188

18. Fixed asset investments - Group

	Investments in joint venture
	£000
Cost or valuation	
At 1 April 2019	1
At 31 March 2020	1
Net book value	
At 31 March 2020	1
At 31 March 2019	1

Turning Point the Charity owns 100% of the 100 £1 ordinary shares in Turning Point (Services) Ltd amounting to £100 (2019: £100). Turning Point (Services) Ltd is a company incorporated in Great Britain that provides support services to the Charity. It has total assets less current liabilities at 31 March 2020 of £3,249k (2019: £3,102k). Its trading profit for the year after Gift Aid was £147k (2019: £249k).

Turning Point the Charity owns 100% of the 100 £1 ordinary shares in Turning Point Building Futures Ltd amounting to £100 (2019: £100). Turning Point Building Futures Ltd is a company incorporated in Great Britain and ceased trading in 2018/19. An application to strike the company off the register was lodged at Companies House in April 2020. It has total assets less current liabilities at 31 March 2020 of £nil (2019: £52k). Its trading loss for the year after Gift Aid was £nil (2019: £203k).

Turning Point, Charity and Group, own 50% of the 1,000 £1 ordinary shares in Northern Pathways Ltd amounting to £500 (2019: £500). Northern Pathways Ltd is a jointly controlled company incorporated in Great Britain, it ceased trading in 2018/19 and will be wound up in the coming months. It has total assets less current liabilities at 31 March 2020 of negative £155k (2019: negative £94k). Its trading loss for the year after transfers was £61k (2019: loss £36k).

Fixed asset investments - Charity

	Investments in subsidiary companies
	£000
Cost or valuation	
At 1 April 2019	2,501
At 31 March 2020	2,501
Impairment	
At 1 April 2019	2,447
Impairment charge for the year	53
At 31 March 2020	2,500
Net book value	
At 31 March 2020	1
At 31 March 2019	54

19. Debtors

	Group 2020	Group 2019	Charity 2020	Charity 2019
	£000	£000	£000	£000
Rental debtors	114	138	114	138
Less: provision for bad debts	(50)	(50)	(50)	(50)
Net rental debtors	64	88	64	88
Due from statutory sources	6,617	7,072	2,699	1,617
Less: provision for bad debts	(181)	(104)	(141)	(14)
Net statutory debtors	6,436	6,968	2,558	1,603
Prepayments and accrued income	5,237	4,852	3,279	2,218
Other debtors	180	116	180	116
Amounts owed by group companies and joint ventures	44	71	44	4,853
	11,961	12,095	6,125	8,878

20. Cash and cash equivalents

	Group 2020	Group 2019	Charity 2020	Charity 2019
	£000	£000	£000	£000
Cash at bank and in hand	8,606	5,657	8,359	5,283
	8,606	5,657	8,359	5,283

In October 2019, the Charity entered into a debenture with Turning Point (Services) Limited and Barclays Bank, which includes a cross guarantee and indemnity. If either Turning Point or Turning Point (Services) Limited defaults under any agreement entered into with Barclays Bank, then Barclays Bank may seek to recover any debts due to it from the other party. This debenture replaces the CAS Cross-guarantee dated March 2008 and the debenture dated December 2008.

Turning Point and Turning Point (Services) Limited have entered into this agreement to best facilitate when Turning Point (Services) Limited bids for contracts and they are delivered by Turning Point.

Turning Point hold a small number of bank accounts on behalf of clients who lack the required documents to open an account in their own name. Turning Point does not have control over the bank accounts. As a result, no amounts are recognised in the financial statements. The total held in such bank accounts as at 31 March 2020 was £80k (2019: £103k).

21. Creditors: Amounts falling due within one year

	Group 2020	Group 2019	Charity 2020	Charity 2019
	£000	£000	£000	£000
Trade creditors	3,136	2,053	3,136	2,053
Amounts owed to group companies	-	-	2,498	-
Other taxation and social security costs	5,264	4,939	588	4,934
Other creditors	173	238	173	238
Accruals and deferred income	6,684	6,933	6,030	6,502
	15,257	14,163	12,425	13,727

Barclays have a legal charge over 6 Penywern Road as security for Turning Point's overdraft facility.

22. Deferred income

	At 1 April 2019	Deferred	Released	At 31 March 2020
	£000	£000	£000	£000
Group	890	1,266	(890)	1,266
Charity	465	612	(465)	612

Contract income and revenue grants are recognised as income in the period in which the performance criteria are met. Where funds are received for specific purposes and are potentially refundable if the conditions of the contract or grant are not satisfied, they will be deferred, with agreement of the funder, until the performance criteria are met.

23. Creditors: Amounts falling due after more than one year

	Group 2020	Group 2019	Charity 2020	Charity 2019
	£000	£000	£000	£000
Social housing and other grants	77	83	77	83
	77	83	77	83

24. Financial Instruments

	Group 2020	Group 2019
	£000	£000
Financial assets		
Financial assets that are debt instruments measured at amortised costs	17,545	13,231
	17,545	13,231
	Group 2020	Group 2019
	£000	£000
Financial liabilities		
Other financial liabilities measured at fair value through profit or loss	17,122	15,074
Financial liabilities measured at amortised cost	8,727	8,334
	25,849	23,408

Financial assets that are debt instruments measured at amortised cost comprise trade debtors, other debtors and accrued income.

Financial liabilities measured at fair value through profit and loss comprise the pension deficit reduction provision and reinstatement provision.

Financial liabilities measured at amortised cost comprise bank loans, trade creditors, other creditors and accruals.

25. Provisions - Group and Charity

	Pension provision	Reinstatement provision	Total
	£000	£000	£000
At 1 April 2019	13,185	1,889	15,074
Additions	3,131	-	3,131
Releases	(1,015)	(68)	(1,083)
At 31 March 2020	15,301	1,821	17,122

The pension provision represents the discounted value of the agreed future contributions to be paid to the Turning

Point defined benefit pension scheme by Turning Point.

The contributions to be paid by Turning Point are contingent on the Supreme Court ruling on minimum wage 'sleep- in' cases. Turning Point will pay contributions in line with the 'core recovery plan' below but contributions under the 'contingent recovery plan' will be payable instead if the Supreme Court rules that the National Minimum Wage is not applicable to the time that employees spend asleep during sleep-in shifts.

Under the core recovery plan Turning Point has agreed to pay £1,015k p.a. from 1 April 2019 to 31 March 2022 and £1,210k p.a. from 1 April 2022 to 31 March 2033. Under the contingent recovery plan Turning Point has agreed to pay £1,015k p.a. from 1 April 2019 to 30 June 2020 and £1,124k p.a. from 1 July 2020 to 31 March 2033. As the date of the Supreme Court ruling is not known the actual payments made from 1 July 2020 will be in line with the core recovery plan above and then following the ruling a one-off lump sum payment will be due equal to the difference between the core recovery plan payments made and those which would have been paid under the contingent recovery plan. Payments after this date will be in line with the contingent recovery plan, with contributions payable in equal monthly instalments.

The reinstatement provision of £1,821k (2019: £1,889k) represents the amount set aside, based on individual property contracts, to cover expected building costs when Turning Point returns its leased properties to the landlord.

26. Legislative provisions

The Charity and its subsidiaries are incorporated under the Companies Act 2006.

27. Contingent assets

Group

The Group has £46k in contingent assets at 31 March 2020. This represents income considered possible at that date.

The Group had $\pm 53k$ in contingent assets at 31 March 2019. This represented income considered possible at that date, $\pm 28k$ was received in the year ended 31 March 2020.

Charity

The Charity has £22k in contingent assets at 31 March 2020. This represents income considered possible at that date.

The Charity had $\pm 22k$ in contingent assets at 31 March 2019. This represented income considered possible at that date. $\pm 22k$ was received in the year ended 31 March 2020.

28. Statement of capital grant movements

	2020	2019
	£000	£000
Balance as at 1 April 2019	91	101
Amortised in year	(6)	(10)
Balance as at 31 March 2020	85	91

29. Units/Bedspaces

	2020 No.	2019 No.
In management at year end		
Supported housing	754	652
Registered care homes	448	455
Total bed spaces	1,202	1,107

30. Capital commitments

At 31 March 2020 the group had capital commitments of £nil (2019: £nil).

31. Pension commitments

Turning Point Pension Scheme

The total net pension cost for the group for the year was £2,130k for the defined contribution pension scheme (2019: £1,685k) and £1,015k for the defined benefit pension scheme (2019: £990k). Turning Point participated in the Turning Point Pension Scheme ("The Scheme") which is a defined benefit pension scheme. This is a multi-employer scheme covering Turning Point, Northern Pathways Limited and Turning Point Scotland employees (and former employees). Turning Point Scotland left the Group and became a separate entity in 1999.

The Turning Point Pension Scheme is a defined benefit plan but is being accounted for as a defined contribution plan because the Scheme is a multi-employer non-segregated arrangement. This means that the assets and liabilities of the Scheme are not separately identified for the two participating employers.

The latest completed triennial actuarial valuation took place on 31 March 2019. The results showed assets of £99.6m, liabilities of £134.7m, and a deficit of £35.1m on a prudent on going actuarial basis. Turning Point and Turning Point Scotland have agreed to pay additional contributions over a fourteen year period to remove the deficit.

The contributions to be paid by Turning Point are contingent on the Supreme Court ruling on minimum wage 'sleep- in' cases. Turning Point will pay contributions in line with the 'core recovery plan' below but contributions under the 'contingent recovery plan' will be payable instead if the Supreme Court rules that the National Minimum Wage is not applicable to the time that employees spend asleep during sleep-in shifts.

Under the core recovery plan Turning Point has agreed to pay £1,015k p.a. from 1 April 2019 to 31 March 2022 and £1,210k p.a. from 1 April 2022 to 31 March 2033. Under the contingent recovery plan Turning Point has agreed to pay £1,015k p.a. from 1 April 2019 to 30 June 2020 and £1,124k p.a. from 1 July 2020 to 31 March 2033. As the date of the Supreme Court ruling is not known the actual payments made from 1 July 2020 will be in line with the core recovery plan above and then following the ruling a one-off lump sum payment will be due equal to the difference between the core recovery plan payments made and those which would have been paid under the contingent recovery plan. Payments after this date will be in line with the contingent recovery plan, with contributions payable in equal monthly instalments.

Turning Point Scotland has agreed to pay £414k p.a. from 1 April 2019 to 30 June 2020 and £338k p.a. from 1 July 2020 to 31 March 2033.

All of the contribution figures above are the amounts that are payable in the first year. Contributions in subsequent years increase on 1 April each year in line with the Retail Prices Index.

Contribution levels are subject to review at subsequent actuarial valuations. The Scheme assets comprise around 56% equities, 13% diversified growth funds, 18% government and corporate bonds, 9% Liability Driven Investment (LDI) funds and 4% property as at 31 March 2019.

We understand that the Scheme is set up on a "last man standing basis" whereby if one employer becomes insolvent, the other employer will be responsible for all the Scheme's liabilities.

The pension liability shown on the balance sheet is measured as the discounted present value of the contributions payable by Turning Point to eliminate its share of the Scheme's deficit. The deficit contributions are agreed with the Scheme's Trustees as part of the three-yearly actuarial valuation of the Scheme. The rate used to discount the future contributions is made by reference to market yields at the reporting date on high quality corporate bonds whose term is consistent with the estimated period of the future contributions. The unwinding of the discount rate is recognised as a finance cost in profit or loss in the period in which it arises.

Local Government Pension Schemes

Turning Point employs members of 4 Local Government Pension Schemes (LGPS) due to the takeover of services. These LGPS are funded defined benefit schemes, with assets held in separate trustee-administered funds.

The total defined benefit pension cost recognised in the Statement of Comprehensive Income is £429k and the projected cost for the year to 31 March 2021 is £317k.

Turning Point has bonds totalling £435k provided to commissioners in respect of some of the LGPS.

The reconciliation of the net pension scheme liability below relates to the Local Government Pension Schemes.

NHS Pension Scheme

Turning Point has employees who are covered by the provisions of the NHS Pension Scheme(s). Details of the benefits payable and rules of the scheme can be found on the NHS Pensions website at www.nhsbsa.nhs.uk/pensions. The scheme is an unfunded defined benefit scheme that covers NHS employers, GP practices and other bodies, allowed under the direction of the Secretary of State for England and Wales. They are not designed to be run in a way that would enable NHS bodies to identify their share of the underlying scheme assets and liabilities.

Therefore, each scheme is accounted for as if it were a defined contribution scheme. The cost to Turning Point of participating in each scheme is taken as equal to the contributions payable to that scheme for the accounting period. The contributions payable to the scheme by Turning Point for the year to 31 March 2020 were £809k.

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

(a) A valuation of scheme liability is carried out annually by the scheme actuary (currently the Government Actuary's Department) as at the end of the reporting period. This utilises an actuarial assessment for the previous accounting period in conjunction with updated membership and financial data for the current reporting period, and accepted as providing suitably robust figures for financial reporting purposes.

The valuation of scheme liability as at 31 March 2020, is based on valuation data as 31 March 2019, updated to 31 March 2020 with summary global member and accounting data. In undertaking this actuarial assessment, the methodology prescribed in IAS 19, relevant FReM interpretations and the discount rate prescribed by HM Treasury have also been used.

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

b) The last published actuarial valuation undertaken for the NHS Pension Scheme was completed for the year 31 March 2019. The Scheme Regulations allow for the level of contribution rates to be changed by the Secretary of State for Health, with the consent of HM Treasury, and consideration of the advice of the Scheme Actuary and appropriate employee and employer representatives as deemed appropriate.

Reconciliation of present value of LGPS plan liabilities and assets

	2020	2010
	2020 £000	2019 £000
	2000	L000
Reconciliation of present value of plan liabilities:		
At the beginning of the year	8,086	5,665
Actuarial adjustment - introduction of scheme that was previously in surplus	-	1,407
Introduction of new scheme	-	137
Actuarial adjustment - release of closing provision	(420)	(349)
Current service cost	357	425
Interest cost	196	200
Actuarial (gains)/losses	(1,164)	533
Contributions	(1)	68
Past service cost	5	-
At the end of the year	7,059	8,086
	2020	2019
	£000	£000
Reconciliation of present value of plan assets:		
At the beginning of the year	5,349	3,517
Actuarial adjustment - introduction of scheme that was previously in surplus	-	1,447
Introduction of new scheme	-	116
Actuarial adjustment - release of closing provision	(284)	(235)
Interest income	129	140
Actuarial gains	310	97
Contributions	(1)	68
Employer contributions	159	199
At the end of the year	5,662	5,349

	2020	2019
	£000	£000
Fair value of plan assets	5,662	5,349
Present value of plan liabilities	(7,059)	(8,086)
Net pension scheme liability	(1,397)	(2,737)
The amounts recognised in the statement of comprehensive income are as follows:		
	2020	2019
	£000	£000
Current and service cost	362	226
Interest cost	67	60
Total	429	286

Principal actuarial assumptions at the Statement of financial position date (expressed as weighted averages):

	2020	2019
	%	%
Discount rate	2.3	2.4 - 2.5
Future salary increases	2.3 - 3.2	2.7 - 3.4
Future pension increases (CPI)	1.8 - 1.9	2.1 - 2.5
Mortality rates		
- for a male aged 65 now	21.5 - 21.8	22.1 - 22.5
- at 65 for a male aged 45 now	22.2 - 22.5	23.2 - 24.1
- for a female aged 65 now	23.8 - 24.6	24.3 - 25.4
- at 65 for a female aged 45 now	25.2 - 25.7	26.2 - 27.2

Major categories of plan assets as a percentage of total plan assets.

	2020	2019
	%	%
Equities	77	62
Property	7	8
Bonds	13	27
Cash	3	3

32. Leasing commitments — Group and Charity

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

	2020	2019
	£000	£000
Land and buildings		
Within one year	2,187	2,641
Within two to five years	2,132	1,379
After five years	175	192
	4,494	4,212
	2020	2019
	£000	£000
Other		
Within one year	606	1,785
Within two to five years	591	1,185
	1,197	2,970

33. Related party transactions

Group and Charity

Turning Point, Turning Point (Services) Ltd, Turning Point Building Futures Ltd and Northern Pathways Ltd are all entities incorporated in the United Kingdom. Turning Point is the only entity registered with the Housing Regulator and is the parent company of Turning Point (Services) Ltd and Turning Point Building Futures Ltd, both wholly owned subsidiaries. Turning Point is required to prepare consolidated financial statements that consolidate the accounts of the Charity, Turning Point (Services) Limited and Turning Point Building Futures Ltd. Northern Pathways Ltd is a jointly controlled entity, controlled equally by Turning Point and The Retreat York. It is accounted for in the Charity and consolidated accounts under the equity method of accounting.

During the year, Turning Point (Services) Ltd made an operating profit of £1,932k (2019: £2,051k). £1,919k (2019:

£1,785k) will be gift aided to Turning Point. As at 31 March 2020, Turning Point owed Turning Point (Services) Ltd

£2,496k (2019: Turning Point (Services) Ltd owed Turning Point £4,782k).

Turning Point incurs all of the costs associated with providing healthcare and social care services to commissioners, including the employment of staff and contracting with suppliers. Turning Point charges Turning Point (Services) Ltd a percentage of the total income due to Turning Point (Services) Ltd each month, which reflects the risk that costs might exceed income in the future. The total recharged in the year was £92,680k (2019: £101,501k).

During the year, Turning Point Building Futures Ltd made an operating profit of £nil (2019: £183k). £53k (2019:

£372k) was gift aided to Turning Point in the year. As at the 31 March 2020, Turning Point owed Turning Point Building Futures Ltd Enil (2019: Enil).

During the year, Turning Point Building Futures Ltd charged rent to Turning Point totalling £nil (2019: £198k) for the use of the property The Corner House, 136 Moorgate Road, Rotherham, S60 3AZ. The lease was terminated in December 2018 when the property was sold.

Northern Pathways Ltd is a jointly controlled entity between Turning Point 50% and The Retreat York 50%. During the year, Northern Pathways Ltd made an operating loss after transfers to/from reserves of £61k (2019: £36k).

As at 31 March 2020, Northern Pathways Ltd owed Turning Point £105k (2019: £68k) in relation to the management fee for providing the central function support and supplier invoices paid on their behalf. The charges for central function support and recharges of supplier invoices totalled £37k (2019: £205k).

Lord Adebowale CBE, Trustee of the charity until 31 March 2020, sat on the NHS England Board until December 2018. He was not involved in the commissioning of NHS contracts that are delivered by the charity, which totalled

£27,559k in the year 2018/19. NHS contracts are not deemed to be a related party transaction for 2019/20.

A decision has been taken by the respective director boards, to close down and wind up Turning Point Building Futures Limited and Northern Pathways Limited.

34. Subsidiary undertakings

The following were subsidiary undertakings of the Charity:

Name	Class of shares	Holding	Principal activity
Turning Point (Services) Limited	Ordinary	100%	Support and rehabilitation services for persons with drug and alcohol issues, mental health problems and learning disabilities.
Turning Point Building Futures Limited	Ordinary	100%	Active proposal to strike off is with Companies House.

Name	Registered office
Turning Point (Services) Limited	Standon House, 21 Mansell Street, London E1 8AA
Turning Point Building Futures Limited	Standon House, 21 Mansell Street, London E1 8AA

The aggregate of the share capital and reserves as at 31 March 2020 and of the profit or loss for the year ended on that date for the subsidiary undertakings were as follows:

	Aggregate of share capital and reserves	Profit/(loss)
	£000	£000
Turning Point (Services) Limited	3,249	1,932
Turning Point Building Futures Limited	-	-
	3,249	1,932

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