

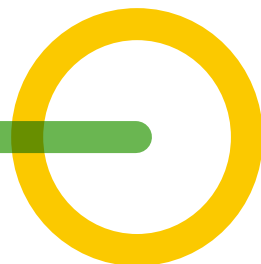


**TURNING
POINT**
inspired by possibility



Annual Report

2020/21



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 specialist services.

In doing so we build upon well over five decades of experience in the fields of substance misuse, mental health, learning disability, autism, acquired brain injury, sexual health, healthy lifestyles and employment services.

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 largely by local authority adult social care and public health teams. Our services are also commissioned by NHS trusts and clinical commissioning groups, NHS England, Public Health England and the Department for Work and Pensions.

Through our commercial ventures, we deliver health and wellbeing services in the workplace and to individuals directly. 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.

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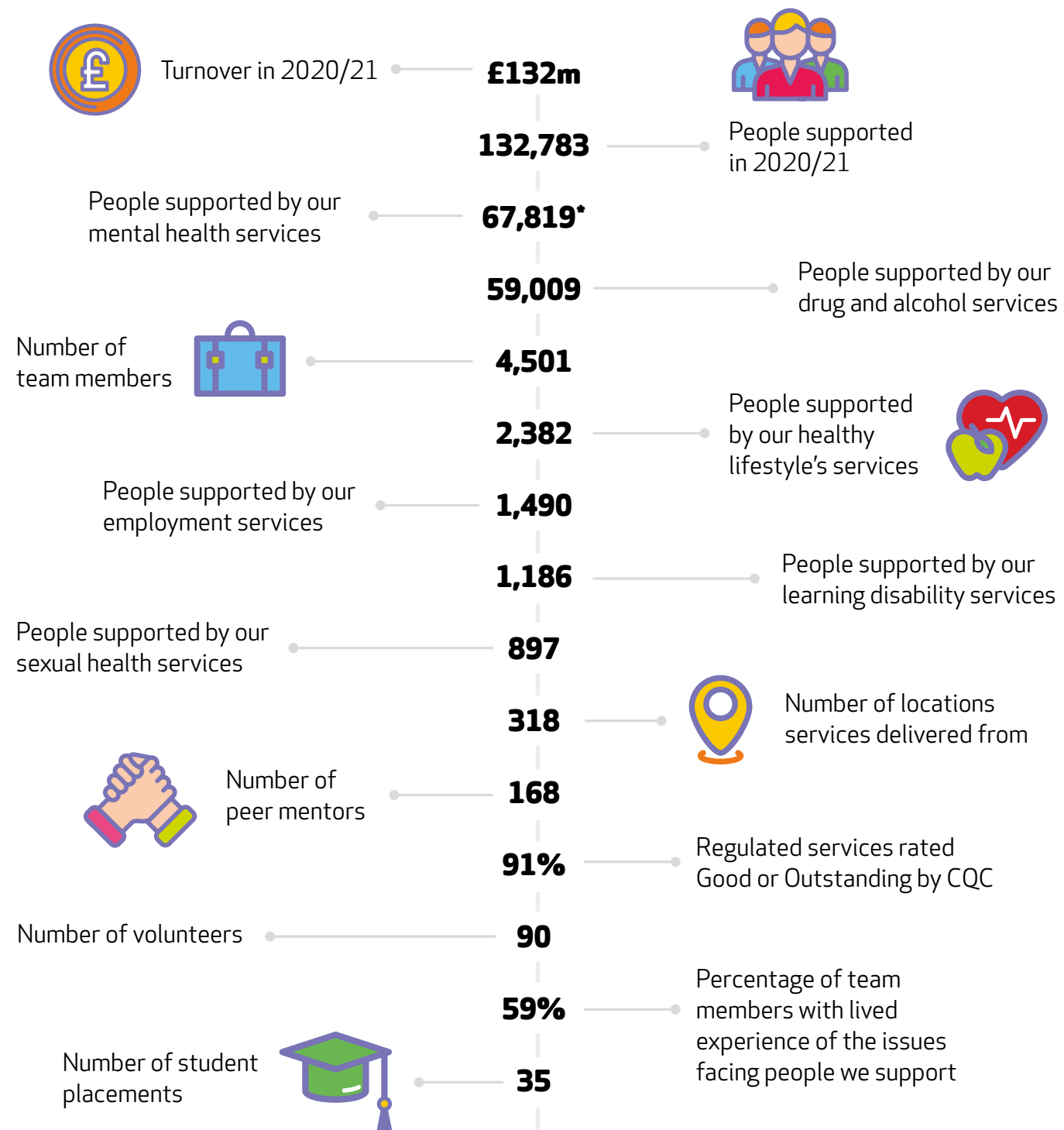
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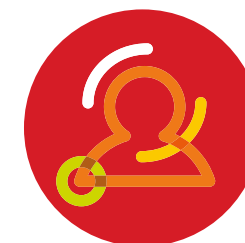
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Our year in numbers

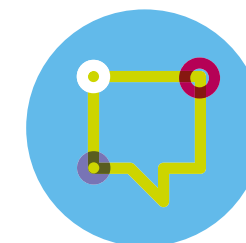


Our vision and values

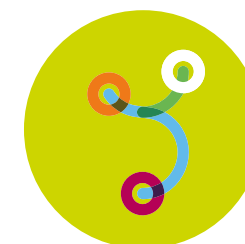
Turning Point's vision is to constantly find ways to support more people to discover new possibilities in their lives. The people we work with inspire us and in turn we look for new ways to inspire changes. We owe it to the people we work with to grow and shape the future, because we believe in what we do.



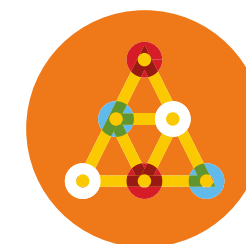
We treat each other and those we support as individuals however difficult and challenging.



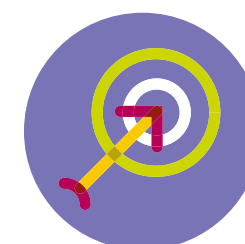
We all communicate in an authentic and confident way that blends support and challenge.



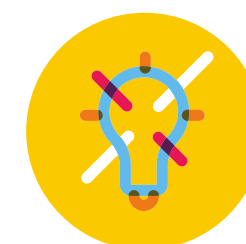
We are here to embrace change even when it is complex and uncomfortable.



We commit to building a strong and financially viable Turning Point together.



We believe that everyone has the potential to grow, learn and make choices.



We deliver better outcomes by encouraging ideas and new thinking.

Chair and Chief Executive statement's

2020/21 was a year like no other. Turning Point has continued to provide services throughout the pandemic, adapting to government guidance to the health and care sector that has constantly changed.

I would like to take this opportunity to thank our Chief Executive Julie Bass for steering the organisation through a period of national crisis, prioritising the safety of team members and the people we support, while continuing to promote innovation and look to the future.

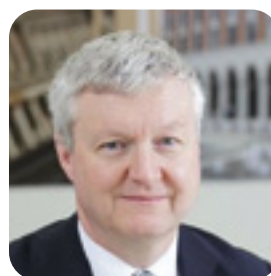
Julie is supported in her role by a strong and tenacious senior leadership team and team members that go above and beyond to keep the people we support safe and well. With that in mind, I extend a warm welcome to Christian Van Stolk who joins us as a Non-Executive Board Member as well as wishing farewell to Helen Spice who left us in June and Chris Parker who retired in December after many years of service with us. I wish them well in the future.



This report is a wonderful showcase of the organisation's agility and responsiveness during the pandemic.

It is with great sadness that our Non-Executive Board Member Dr Alison Hill passed away in July 2021. Alison joined our Board in September 2017, generously sharing her extensive experience as a GP, as well as her health policy knowledge. She will be greatly missed. We dedicate this annual report to her as a token of our immense gratitude to her significant contribution

This report is a wonderful showcase of the organisation's agility and responsiveness during the pandemic. Financially, we are in a strong position going into 2021/22 and I feel confident that we will be able to respond and adapt to what is likely to be a period of significant flux in the health and social care sector over the coming years.



Peter Hay
Chair of the
Turning Point Board

My first year as Chief Executive at Turning Point has been a year of immense challenge but also of much learning and growth both for me personally and for the organisation.

Health and social care workers have been at the frontline of the crisis facing our country. I personally want to thank every single team member at Turning Point for their commitment and dedication as they continued to work tirelessly in extremely challenging conditions throughout the year.

I am extremely proud of the organisation's response to the pandemic. We have placed the people we support and our team members at the centre of all decision making ensuring their safety through strong infection control measures; quickly developing new ways of working in response to the pandemic; working with our commissioners to mobilise new services to relieve pressure on the acute sector; developing innovative new services to support the most vulnerable, e.g. street homeless; and campaigning against discrimination resulting from the pandemic.

I am extremely proud of the organisation's response to the pandemic. We have placed the people we support and our team members at the centre of all decision making.

Supporting the health and wellbeing of our team members has been a key priority and we were delighted to see the positive impact of this through the results of our employee engagement survey. We have continued to look for opportunities to maximise the social value of our work, for example with our Rightsteps team making a range of materials available to the general public to help people manage their own mental wellbeing over the course of the year.

As well as responding to the challenges at hand as the pandemic evolved, we have also been very focused on the future, engaging with a range of internal and external stakeholders as we develop our strategy for the 2022/27 period. We have secured new contracts, with our Hackney and City Substance Misuse service opening mid pandemic in October 2020 and other important services opening to support people's mental health in areas such as Nottingham.

The years ahead are likely to present a period of significant change in the external environment. The impact of the pandemic on demand for mental health and addiction services in the coming years is likely to be considerable. There will also be significant reform to drug and alcohol treatment services following Dame Carol Black's review of the sector, the long-promised social care reform and the impact of the NHS White Paper which will have a great impact on the commissioning environment for mental health services.

This report is an opportunity to reflect on our achievements over the past year, which demonstrate that as an agile and responsive organisation, Turning Point is well-placed to adapt in an ever-changing external environment as we pursue our strategic path and extend our reach.



Julie Bass
Chief Executive
of Turning Point



Navigating the health and social care landscape

The health and social care landscape has been dominated by the presence of COVID-19; the threats of the pandemic have necessitated major shifts in how we provide services and respond to changing needs. Alongside this, the pressures and demands that have challenged the health and social care system for the last decade have not disappeared and continue to put major stresses on providers.



Demands on services have risen markedly throughout the pandemic. Already stretched mental health services are predicted to deal with approximately 8.5 million adults and 1.5 million children in England who will need support for depression, anxiety, post-traumatic stress disorders and other mental health difficulties in the coming months and years. That is the equivalent of 20% of all adults and 15% of all children.¹

Anecdotal evidence regarding an increase in acuity of people suffering from a mental illness have surfaced, even before the pandemic. A “surge” in mental health need arising from the stresses of COVID-19, including grief and PTSD, social and financial anxiety and the emerging issue of “Long COVID” which describes a cluster of symptoms including psychiatric distress has been discussed. There are estimates of an 11% increase in mental health demand year on year for the next three years (NHS Strategy Unit).

The belief that the pandemic would lead to an increase in suicide is claimed by researchers to be unfounded, especially in the first wave. (National Confidential Inquiry into Suicide and Safety in Mental Health. Suicide in England since the COVID-19 pandemic: early figures from real time surveillance). It is important to point out however that because of the amount of time it takes to register a suicide, the actual effects are not yet known. Ambulance units are reporting an approximately 20% increase in calls to suicide attempts, and similar increases of calls to helplines.

Investment in community mental health services and improved collaboration across primary and secondary services was a priority in the NHS long-term plan published in 2019 and this has been bolstered by further investment announced in response to the pandemic.² Over the past 12 months, the Government committed to reforming the Mental Health Act by producing a White Paper on the issue.³ It seeks to empower individuals to have more control over their treatment.

¹ www.centreformentalhealth.org.uk/news/10-million-people-england-may-need-support-their-mental-health-result-pandemic-says-centre-mental-health

² www.gov.uk/government/news/mental-health-recovery-plan-backed-by-500-million

³ www.gov.uk/government/consultations/reforming-the-mental-health-act/reforming-the-mental-health-act

It also has a welcome focus on achieving parity between mental and physical health, and aims to reduce the number of detentions, particularly among black men. The reforms will only be successful if accompanied by significant investment in community services which Turning Point is well-placed to deliver.

The creation of the National Institute of Health Protection⁴ and resultant abolition of Public Health England was a response to the pressures brought about by COVID-19 and the need for a more robust public health system. The changes merged the existing health protection responsibilities with the Joint Biosecurity Centre and NHS Test and Trace. However, notably absent from these announcements was where wider public health functions would sit, which has created uncertainty. In addition public health funding remains problematic. Public Health grant allocations fell in real terms from £4.2 billion in 2015–16 to £3.3 billion in 2021–22. On a per head basis that equates to a 24% cut since 2015–16.⁵ The publication of Dame Carol Black's independent review into drug treatment may well herald a shift in drug policy and greater investment in the treatment sector and wrap-around services such as supported housing.

In February 2021, the Government released the White Paper, 'Integration and innovation: working together to improve health and social care for all'.⁶ This marked the biggest shift within the NHS since the 2012 Health and Social Care Act. This White Paper removes the bedrock of the NHS since 2012 in the form of Clinical Commissioning Groups (CCGs) and replaces them with larger bodies known as Integrated Care Systems (ICSs). These changes seek to promote a new model of collaboration, partnership and integration. This includes integration within the NHS to enable NHS organisations to work together across a system; and integration between the NHS, local authorities and other partners to deliver improved outcomes for the health and wellbeing of their populations. These changes will have an impact on the provision of mental health services which are currently commissioned by CCGs but will now be commissioned by ICSs. Moreover, the changes outlined loosen competition and procurement rules which increases the likelihood of these services being provided in-house by the NHS rather than independent providers.

On 19 March 2020, the Supreme Court published its decision on the sleep-in case.⁷ In interpreting the National Minimum Wage (NMW) legislation, the court's ruling took into account the recommendation of the Low Pay Commission that workers who sleep-in, are entitled only to the NMW for hours when they are actually working. This case had the potential to severely damage the social care sector which would have owed £400 million in back pay for care staff who worked sleep-in shifts. Despite the positive financial impact on the sector, the ruling is rightly likely to call for better pay for social care workers as part of the debate on wider social care reform.

The number of people with a learning disability in long stay hospitals remains an important issue. As of April 2020, there were still 2,040 learning disabilities and/or autism inpatients at the end of the month with 1,195 (59%) of these having had a total length of stay over two years. The pandemic will have had its impact but this is still totally unacceptable and a renewed focus for the future is vital.



Public health grant allocations fell in real terms from £4.2 billion in 2015–16 to £3.3 billion in 2021–22. On a per head basis that equates to a 24% cut since 2015–16.⁵

4 www.gov.uk/government/publications/the-future-of-public-health-the-nihp-and-other-public-health-functions/the-future-of-public-health-the-national-institute-for-health-protection-and-other-public-health-functions

5 [qna.files.parliament.uk/ws-attachments/1302833/original/DHSC%20allocations%20circular%202021-22%20\(002\).pdf](https://qna.files.parliament.uk/ws-attachments/1302833/original/DHSC%20allocations%20circular%202021-22%20(002).pdf)

6 www.gov.uk/government/publications/working-together-to-improve-health-and-social-care-for-all/integration-and-innovation-working-together-to-improve-health-and-social-care-for-all-html-version

7 www.supremecourt.uk/cases/docs/uksc-2018-0160-judgment.pdf

Our strategic intent

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

The current strategy will see Turning Point forging a new era of health and social care delivery, drawing upon 56 years of experience and building on the significant changes seen in the pandemic as we seek opportunities to further integrate health and social care while extending our reach and effectiveness through the opportunities presented by technology.

Our goals



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.



Innovation

To innovate in the way we operate, finding new ways of supporting people and embracing digital technology.



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.



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 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 company and charity law. The Board fulfils this duty considering the long-term factors affecting the company and its wider relationship with stakeholders.

The stakeholders of the organisation include the people we support, local communities, our team members, the purchasers of our services (public sector commissioners, businesses and private pay clients), our regulators and our suppliers. The strategic intent and core business model drive our activity and ensure that stakeholder engagement informs principal decisions by the Board and the Operating Board.



OUR STAKEHOLDERS

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 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 of engaging directly with the people supported by Turning Point and the team members 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 under-represented groups and involve service users in improving services.

Team members

We undertake regular employee engagement surveys and have an established 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.

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.

Care Quality Commission

As a provider of regulated services, our relationship with the Care Quality Commission (CQC) is materially important to the people we support and their families as well as to us as a values-based social enterprise. An Operating 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.

Our people



Supporting our workforce throughout the pandemic

Supporting a geographically dispersed workforce of over 4,000 team members, peer mentors and volunteers required new and agile ways of communicating and engaging with our people. Our aim was to ensure people felt safe, supported and connected to each other and understood the wider organisational response throughout the pandemic. New communication channels were introduced to enable this through a central COVID-19 monitoring team using a dedicated microsite as a one-stop location for all communications, support and government guidance. This work was supported through daily cascades, text messages, video updates and webinars to keep everyone informed of the rapidly changing situation, while being responsive to all queries from managers and team members.

To keep people fit and well, our health and wellbeing offer was expanded to include access to our Rightsteps wellbeing self-guided content, Rightsteps counselling single session emotional support, mindfulness sessions and signposting to external resources. We also introduced a range of financial wellbeing

support through the Rightsteps partnership with Secondsight, in addition to changes to sick pay for COVID-19 absences and access to advanced payments for additional hours worked. This work was showcased in the health and wellbeing section on the COVID-19 microsite, and the subsequent development of another microsite to collate and to further build on this content, both for and beyond the pandemic.

Increased use of Personal Protective Equipment (PPE) was central to our approach to keeping people safe and healthy, from sourcing, distribution and monitoring from hubs and a dedicated PPE app, right through to training, guidance and peer support on its everyday use. This coupled with robust infection control procedures meant new ways of working were well within government guidelines.

As well as advances in infection control, testing, PPE and the treatment of COVID-19 in hospital settings, vaccines played a central role in protecting the people we support and the people we employ. As an organisation, we strongly encouraged everyone who was able to receive a vaccine to have one. We mobilised around creating access to vaccines through different routes, as well as creating spaces for people to discuss their experiences and considerations in having one. Communications in this area included webinars, FAQs, myth-busting and progress updates – all supported by a strong leadership voice from our clinical experts and guidance for line managers on having sensitive conversations around vaccines.

We aim to have a strong employee voice with regular opportunities to provide feedback on the employee experience the organisation provides and how we can improve. We surveyed team members following the first wave of the pandemic to gather their views on how the organisation had responded and where we needed to focus next. The survey results showed the following percentage of people agreed with the following statements:

82% > My organisation is managing the changes resulting from COVID-19 effectively.

74% > I believe that my organisation cares about its team members.

83% > My manager is supporting me during this time of change.

79% > I am able to perform my role effectively under the new arrangements resulting from COVID-19.

80% > I have access to all the equipment I need to perform my role effectively and safely.

89% > I have been kept well-informed about my organisation's response to COVID-19.

85% > I have access to the support and advice I need from my organisation at this time.

71% > My organisation is giving me the help I need to manage my mental wellbeing effectively.

Great progress was demonstrated in the results and we saw a 19% increase in agreement with the statement 'My organisation gives a high priority to employee wellbeing' in comparison to the score achieved in the 2019 Employee Engagement Survey. The results on what we retain from our learning from 2020/21 were also gathered and fed into our plans for how we reshape our business operations as we emerge from lockdowns, taking the best of what we have learnt into what we do next.





Turning Point and Rightsteps Story

Supporting the wellbeing of our workforce

Within days of the COVID-19 situation escalating in March, our employee health and wellbeing arm – Rightsteps – brought together a multidisciplinary team of wellbeing experts and organisational representatives to swiftly analyse and respond to team members' wellbeing needs. The requirement for COVID-19 specific support solutions that reflected the emerging needs was immediately recognised, as was the need to deliver support in ways that were accessible and could reach team members from across the country working in new and extremely challenging situations.

Rightsteps' clinical psychologists developed weekly online support packages that were distributed via text message to all team members, as well as via Turning Point's internal communications network. A microsite of wellbeing resources for managers and team members was created within a matter of days and then developed over the following weeks and

months to provide a 'one-stop-shop' for all wellbeing support. Team and individual debrief sessions were delivered remotely in response to difficulties arising from the challenging situation team members faced and access to emotional-related support sessions over the telephone was provisioned for all team members. To support team members further, weekly open access webinars were developed, delivered and facilitated by subject matter experts on key themes such as resilience, anxiety and loneliness. All activities were coordinated by the single multidisciplinary team, communicated via our employee engagement specialists and led by the Chief Executive.

Within six months and through a highly demanding situation, Turning Point's wellbeing approach saw the online support packages accessed over 3,400 times by team members, over 500 team members attended the Wellbeing Webinars with representation from across the organisation, and a team member survey showed a huge increase in how team members felt their wellbeing was valued and supported.

Continuing to build an inclusive culture

At Turning Point we are focused on increasing diversity and inclusion because we value and embrace difference, be that opinion, ways of working or unique backgrounds or characteristics. By doing this we are creating a great organisation to work for and one that is high-performing, profitable and innovative. We developed a new Diversity and Inclusion Strategy to take forward this work, setting the scene for the organisation's ambitions.

With the disproportionate impact of COVID-19 on Black, Asian and minority ethnic communities and the Black Lives Matter movements here in the UK and abroad, this year we created a safe space for team members from diverse communities to discuss these areas and explore what it meant for them, as well as providing a forum for peer support. Learning from this work has seen plans formed to create more formal employee networks for Black, Asian and minority ethnic team members, those who identify as LGBTQ+ and team members living with a disability. We have also continued to develop our Employee Voice National Forum, which has helped guide our work during the pandemic and offered a valuable route for employee feedback, keeping the organisation connected to experiences on the ground.

Celebrations of diversity were created through regular webinars covering prominent moments throughout the year where team members shared their dimensions of difference, reflecting the lived experience of team members delivering our services as well as the experiences of diverse groups of people we support. We have supported this further through the development of a Diversity and Inclusion microsite with links to training and resources to help create greater levels of knowledge, understanding and inclusion.

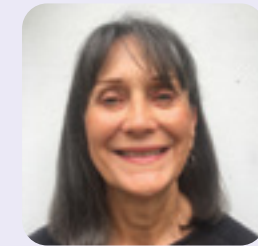
We have strengthened our capability in this area further with the following accreditations which shape the experience we provide our team members and ultimately those we support:

- **Stonewall Diversity Champion:** We are now a Stonewall Diversity Champion, the leading employers' programme for ensuring all LGBT team members are accepted without exception in the workplace. With Stonewall we share a core belief in the power of a workplace that is truly equal, and we are working to the standards Stonewall set for all employers.
- **Mindful Employer:** As an employer and provider of mental health services, we recognise that in the UK people experiencing mental ill health continue to report stigma and discrimination at work. Having signed up to Mindful Employer's Charter for Employers Positive about Mental Health, we are committed to creating a supportive and open culture, where team members feel able to talk about mental health confidently and we aspire to appropriately support the mental wellbeing of all team members.

Supporting team members experiencing the menopause

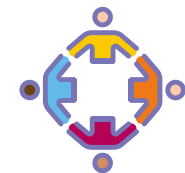
Through our Rightsteps employee health and wellbeing specialists, we were able to offer online cognitive behavioural therapy (CBT) to women experiencing the menopause. The web-based CBT sessions cover managing troublesome symptoms – such as hot flushes and night sweats.

Menopause is a natural and inevitable part of life for women, including those aged over 50 who are the fastest growing portion of the UK workforce. Rightsteps says the CBT support will provide strategies to overcome stigma, which often prevents female team members and other people from seeking help, including from their employer, occupational health team or GP.



The sessions have been devised with the guidance of Professor Myra Hunter whose research has found that this brief therapy can assist in managing problematic signs of menopause. Professor Hunter, from King's College London said:

"Women's experience of the menopause varies widely – there's no one-size-fits-all approach. What employers can do is help those who need it get the right support. CBT is one approach that has been shown to reduce the impact of symptoms and improve quality of life."



Celebrations of diversity were created through regular webinars covering prominent moments throughout the year where team members shared their dimensions of difference.

OUR PEOPLE

Recognising and celebrating outstanding achievements

Over the last year, our team members have worked even harder than usual to maintain our services, showing our values in action as we look after each other as well as the people we support, with all these efforts worthy of wider recognition and celebration.

To recognise our team's efforts, we made enduring improvements to our approach to sick pay and also gave an additional day of annual leave to all team members to recognise their collective hard work during the extremely difficult times of the pandemic. Senior leaders and line managers have also reached out to individuals personally to recognise the extraordinary efforts being made day-to-day in our services.

Our Inspired by Possibility Awards are designed to acknowledge inspirational team members who are clearly demonstrating our values. As a result of COVID-19 restrictions, this year the event took place online and celebrated 28 team members and five teams for their outstanding achievements. Our peer mentors and volunteers are critical members of our wider workforce and a similar recognition scheme was held to celebrate their contributions, and for some of those recognised, this marked a continuation in their recovery as they shared their lived experience in the mentoring of others.

The pandemic challenged us, both in terms of how we remained connected as teams and to the work we were doing in supporting people across our services or working from home. With traditional festive seasons celebrations put on hold, we focused efforts to conclude the year with December as a month of connection, celebration and fun. This included an exploration of the festive period from a multi-faith perspective, wellbeing webinars, competitions, quizzes, artistic efforts and even the sharing of pets on a live video call – all of these activities focusing on recognition and celebrating the end of an incredibly challenging year.



Where other sectors have seen significant job losses, we have welcomed the opportunity to create new skills and develop our own capabilities.

Fresh career opportunities

We have continued to welcome people from inside and outside of the sector to become part of the Turning Point team over the last year, including those at the beginning of their career.

We have created 30 new roles across the organisation through the Government-funded Kickstart scheme which will provide a six-month placement to young people on universal credit who are at risk of long-term unemployment, enabling them to gather the knowledge and skills to support them into sustainable employment. This includes roles focusing on community development, talking therapies and health and wellbeing, as well as roles supporting our enabling functions such as finance, human resources and research.

Our internal resourcing experts have also promoted offering multiple flexible options for early and short-term careers and those needing support in employment during the pandemic. Where other sectors have seen significant job losses, we have welcomed the opportunity to create new skills and develop our own capabilities.



Developing leadership and management skills and resources

This year saw the launch of our new Leadership Academy enabling our senior leaders to access leadership development content, as and when they need it, to continue with on-going self-led development. With an average of over 75% of our senior leaders accessing the resources, our aim is to broaden our reach across to our management population during 2021/22.

During 2020 we launched our Values Led Leadership Framework with our senior leaders. It's a framework that defines leadership behaviours and attributes we value and will ultimately support us to successfully deliver our organisational goals. It provides clarity on leadership expectations and standards as we move forward.

Our Manager's Foundation Programme also continued in the last year, 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's required of them and ensuring they have the knowledge, skills and competencies to be a great manager.

Next year we will continue our Inspiring Management Possibility programme for 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.

Shaping our strategy through engagement

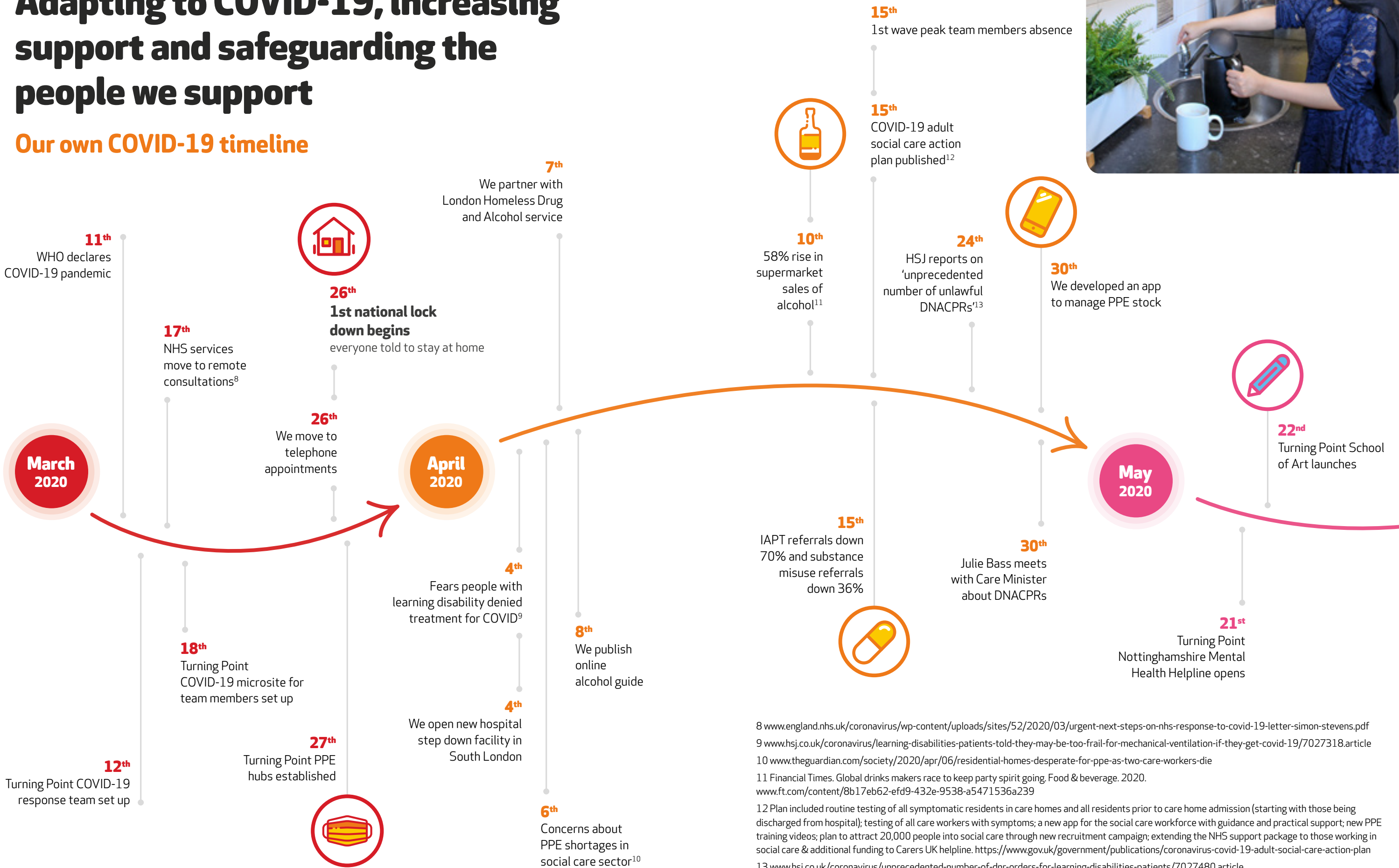
One of our greatest strengths is the depth and breadth of experience we hold within our teams. This year has seen an increased focus on the future as Turning Point's next strategic period begins in 2022. We want our future to be informed by the skills and experience of our wider workforce of specialists and sector leads from across the wide range of work we do.

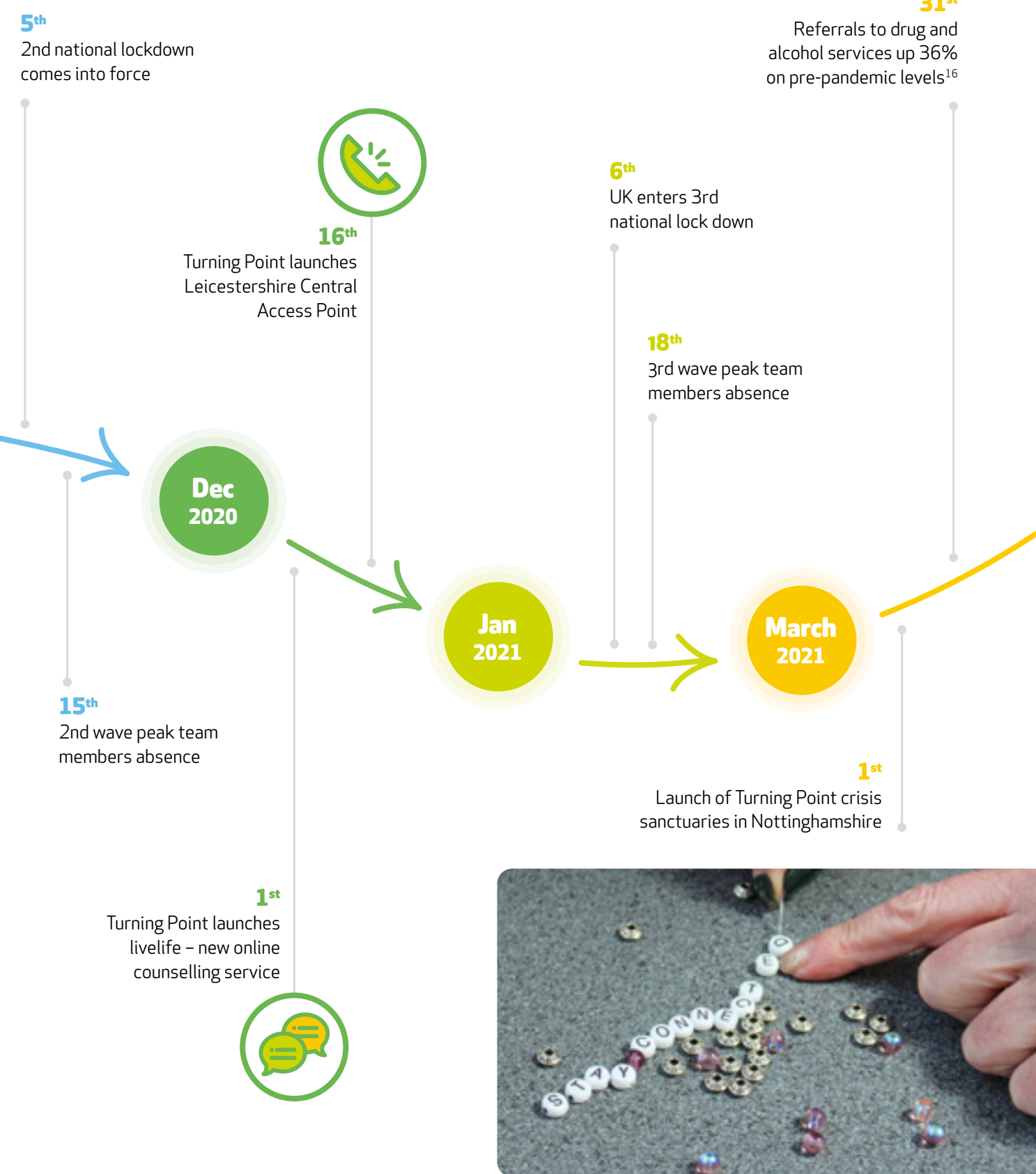
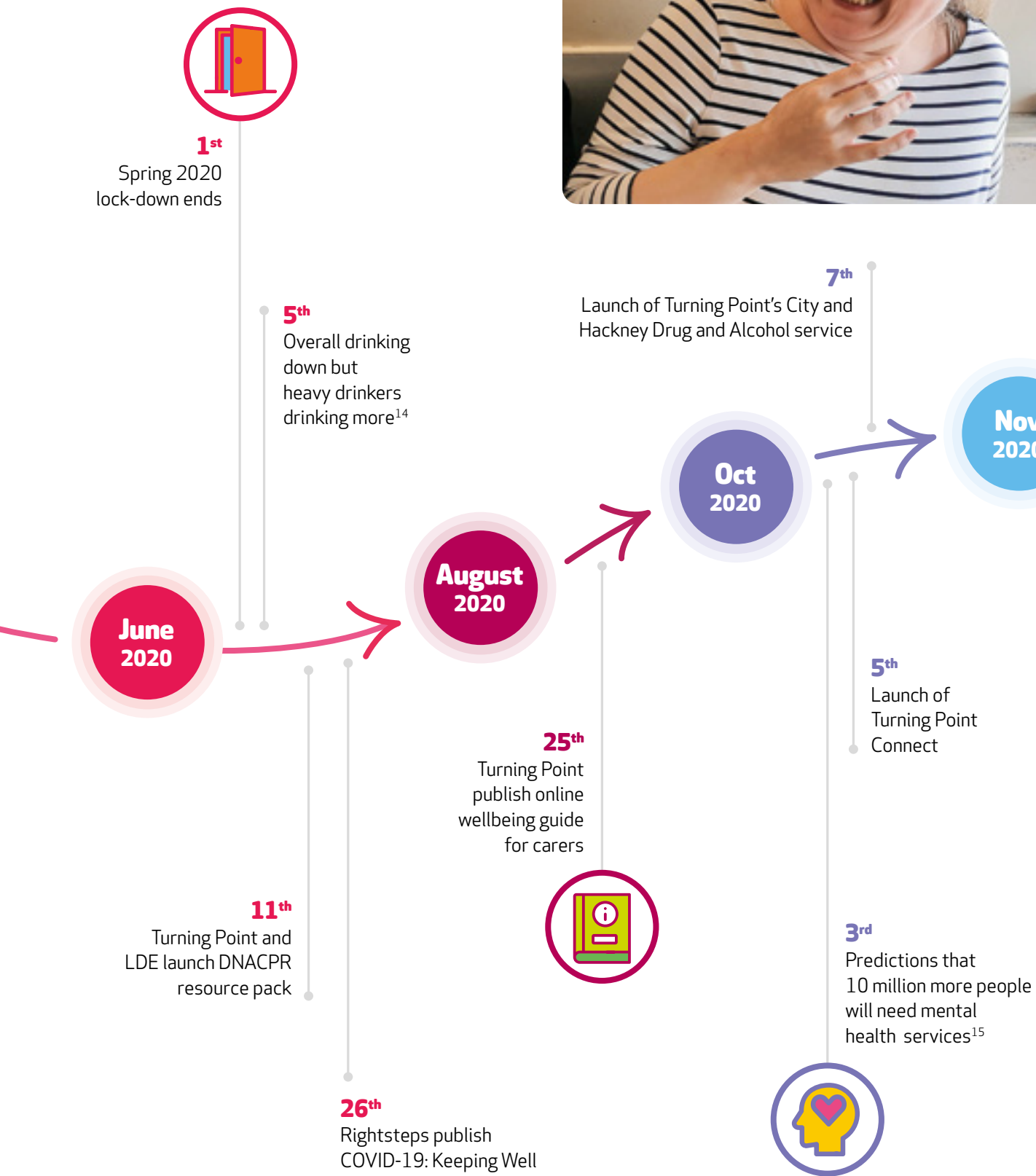
In addition to our ongoing stakeholder engagement, we undertook a strategy engagement exercise commissioned by our Operating Board to gather perspectives and views on what the future looks like for health and social care providers like Turning Point in terms of future challenges, as well as the workforce trends, data and research that needs to be studied.

Following an exploration of cross-cutting issues and priority areas, a range of mechanisms were put in place to gather feedback from team members, including online surveys, one-to-one calls, individual submission requests and group discussions. These have come together to help shape our thinking on the next five years of Turning Point with the aim to continue these conversations throughout 2021/22 in launching the new strategy with stakeholders and preparation work to be ready for April 2022.

Adapting to COVID-19, increasing support and safeguarding the people we support

Our own COVID-19 timeline





14 www.portmangroup.org.uk/new-surveys-show-brits-drinking-moderately-under-lockdown-2

15 www.centreformentalhealth.org.uk/sites/default/files/publication/download/CentreforMentalHealth_COVID_MH_Forecasting3_Oct20_0.pdf

16 This is a like for comparison comparing referrals during March 2020 with referrals in March 2021 (excluding new services opened in 2020/21)

The scale and impact of COVID-19 is unprecedented in modern times. A fast-moving and ever-changing threat – particularly to those in society who are vulnerable – it required a joined-up, urgent and considered response focused on those we support and our team members and rooted in an understanding of new emerging risks that had to be mitigated and well managed.

Ensuring the quality and safety of our services for the people we support was a clear priority and teams across the organisation mobilised around this, adapting to new ways of communicating, working and managing teams as well as to a constantly changing picture – as can be seen from the timeline. Quality and safety processes, including governance processes, had to be redrafted and rolled out in order to maintain a high level of assurance.

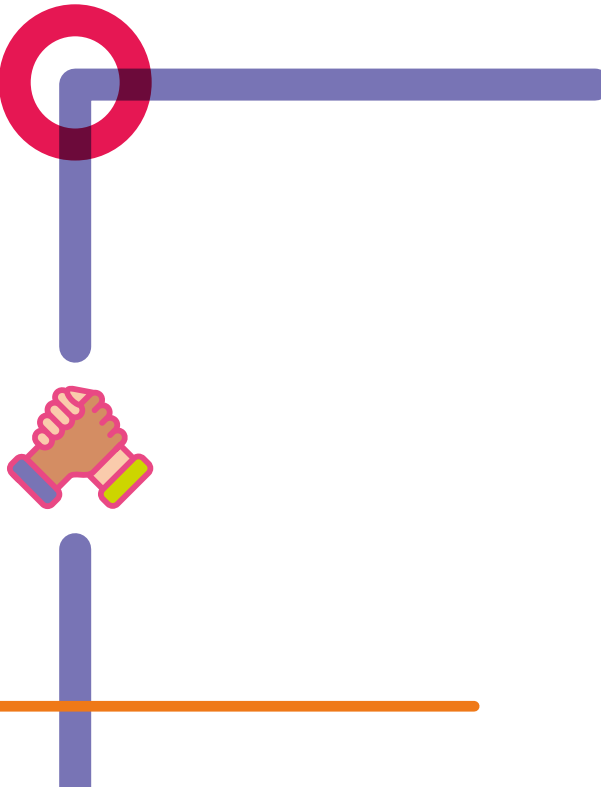
The Care Quality Commission (CQC) launched its Emergency Support Framework as part of its pandemic approach which meant a significant change to the inspection regime. This new approach was to ‘monitor risk, identify where providers may need extra support to respond to emerging issues, and ensure they are delivering safe care that protects people’s human rights’. The new approach has increased understanding of the pandemic and its impact on team members and people using services and where necessary CQC have initiated inspections.

During the year, the CQC conducted 25 inspections, mainly IPC (Infection Prevention and Control) inspections as part of their Emergency Services Framework (ESF) – and the overall feedback was positive. Two of the services inspected were rated and overall, 91% of our services were rated as ‘good’ or ‘outstanding’ at the end of the financial year.

We launched several in-person initiatives across the country, including the School of Art, City and Hackney Recovery service and crisis centres.

In order to continuously improve our delivery and optimise our impact, we extended our online/virtual service Directory through ebooks, guides and counselling services. We also launched several in-person initiatives across the country, including the School of Art, City and Hackney Recovery service and crisis centres. This was to ensure adequate support was available to service users and others for their wellbeing, mental health, addiction issues and job-seeking needs throughout the pandemic. COVID-19 and repeat lockdowns impacted these areas for all populations, but our team members and the people we support have a higher likelihood of being affected.

Crucially, Turning Point was also at the forefront of addressing the increase in unlawful DNACPRs. We were appalled when we received both blanket and individual DNACPRs simply because individuals had learning disabilities. We highlighted the issue publicly and subsequently met with the Care Minister as well as launched a resource pack for families and care workers to provide them with the guidance and support they might need when challenging them.



“I have found it extremely empowering and comforting to be in such an open space talking about such issues and topics which are relatable and able to give our experiences and stories which can inspire others.”

SASH Peer Support Service User

Tackling stigma and making support accessible to more people

Support and Advice on Sexual Health (SASH) is a partnership, led by Turning Point, alongside NAZ HIV care and support service, London Friend, METRO Charity, and MSI International UK. Each organisation brings their own specialisms and expertise, ensuring that anyone who uses the service gets care that is tailored to their needs by providing free, non-judgemental support to improve their sexual health, relationships, and mental health.

SASH operates across three London boroughs Hammersmith and Fulham, the Royal Borough of Kensington and Chelsea and the City of Westminster to improve resident’s sexual health. The service has achieved fantastic outcomes:

- **77%** of individuals supported report improvement on their wellbeing.
- **100%** of individuals have successfully met their goals and report sustained wellbeing outcomes three months post the intervention.

Following the onset of the pandemic, a rapid change in approach was required to ensure individuals could continue to benefit from the service, and gain access to the support they needed. Like other services, we moved to virtual interventions as quickly as possible and while we embraced the new technology, this approach highlighted barriers our services users faced such as ‘Digital Poverty’ – the lack of equipment, skills, and confidence to join in online.

While reaching out to service users proved challenging compared to previous years, the service continued to innovate by developing and adapting services such as:

- SASH’s HIV Matters which is an educational platform on all things HIV. The project was moved online which included a series of blogs written by HIV experts in the service with the aim to educate on HIV prevention methods and provide information that supports people living with HIV.
- Positive Rainbows which is a new project developed this year with funding from The City of Westminster. The innovative project was developed specifically for families and serves two cohorts, families with members that identify as LGBT+, and those that have members of the family living with HIV.
- This year saw increases in working with people with learning disabilities. The service which has built a strong relationship with Happily Dating a family-run charity that matches people with learning disabilities for friendship and companionship.



100% of individuals

have successfully met their goals and report sustained wellbeing outcomes three months post the intervention.



Tameside – Employing technology to better support people living with learning disabilities
Being ‘Inspired by Possibility’, Turning Point is committed to exploring the potential application of existing and emerging assistive technology. In support of this commitment we set aside funding in 2020 to pilot the implementation of our Learning Disability Supported Living service in Tameside, Greater Manchester. The technology is designed in a completely personalised way and is re-programmed as each person’s assessed needs or stated goals change.

An estimated 26 people will have direct input into how we can assist them with elements of daily life such as personal safety, healthcare monitoring, medication, personal care, diet, cooking skills, appointment keeping, communication, social inclusion and stimulation.

Using the technology, the person can request support, self-assess, access ‘how-to’ instructions, personalise memory prompts and receive rule-based alerts.

The objective of the pilot is to evidence the potential of empowering personalised technology to transform service delivery models and expand the scope of independence outcomes. People using the technology, as well as their support team and natural support networks, will be fully involved in the evaluation of the technology and further evolution of our service offer. The pilot commences in 2021 and is expected to run for two years.

Windermere Road comes out stronger after COVID-19 outbreak
In January 2021 an outbreak of COVID-19 took hold at Windermere Road. Here are some reflections of this time written by team members.

Throughout our localised COVID-19 outbreak, we witnessed some amazing feats of kindness and bravery. When infection rates in both team members and people we support increased, teams really came through in supporting the service, each other and our service users. To say we could not have got through it without their help, is an understatement.

Sadly, we lost one of the people we support which impacted the service greatly; they had been supported by the Windermere Road team members for many years and they were well-known. The care and support team members provided during this heart-breaking time was always sincere and person-centred, but everyone felt the loss of this person and they will be missed tremendously.

During this time, I also contracted COVID-19. I was quite poorly, but did my best to stay fit and healthy, because I still needed and wanted to support the service from home. I felt morally challenged being in the comfort of my own home while asking team members to come in to support the service, knowing that this would put them at risk of contracting the virus too. I wanted to be there to support them in the thick of it, but I was unable to do so. Despite this, the entire staff team was amazing. That is the only word to describe their efforts; they really dug deep and pulled through.

On a personal level, I am extremely thankful that I have Louise (Team Leader) and Iona (Senior Support Worker) by my side to help me manage the service. Their assistance is invaluable, and they were my rocks during this difficult period. We have built a strong working relationship where I feel that we complement each other’s skills. As a team, we have been able to steer Windermere Road through our crisis and get back to some version of normality.

This has been the hardest thing I’ve ever managed in my career, but I could not be more proud of my team for the way they carried themselves and kept the service running during the pandemic. The character of the team members really shone through and that is testament to them.



Wesley
Supported Living Manager

At Windermere we have 11 service users and 28 team members. When the risk of COVID-19 increased in March 2020, we went to great lengths to keep everyone safe. In November 2020, one of the people we support became ill, requiring medical treatment and was admitted to hospital. A week later he contracted COVID-19 and was moved to intensive care after his condition worsened. Due to lockdown and visitation restrictions, team members found it extremely difficult that they were unable to visit him. We did however, speak to his mother every day and supported her as much as we could as we had built strong relationships with his family members.

On the 30 December 2020, our first team member also contracted COVID-19 and a couple of days after we received news that he was in intensive care and had been placed on a ventilator which was extremely upsetting for everyone. We then faced a localised COVID-19 outbreak affecting both the people we support and team members. As a result, team members numbers were low and five of the people we support were also admitted to hospital. Our team members worked really hard to maintain a happy, positive atmosphere for the service users at home, even though they were all very poorly and team members were understandably scared themselves.

Wesley and I worked opposite each other from home and knowing how extremely scared the team members were they really did go above and beyond to make sure the tenants were safe and as happy as they could be. Some had even offered to live-in at Windermere if staffing levels got any lower, so the tenants could stay in their own home, but we were lucky this wasn’t needed.

Knowing how poorly everybody was and hearing the fear in their voices when we spoke to people over the phone, was really hard to hear as managers. We still tried to maintain a level of professionalism and did our best to comfort them as well as reassure them of what a great job they were doing to support our service users and each other through this horrific time.

We unfortunately lost a wonderful lady whom we’d cared for, for a number of years. She is very much missed by other tenants and team members that have worked with her for a long time. I have been at Windermere for five years now, and from my personal perspective, I could not be more proud of the team working during the pandemic and how everyone pulled together to support one another through these unprecedented times.

Louise
Team Leader



Kerrie's Story

The journey through lockdown as a new peer mentor

Kerrie completed her peer mentor training the day the national lockdown was announced. As a previous person we supported at Turning Point, Kerrie became a peer mentor to help others. She says, "When I first came to Turning Point, my confidence was rock bottom. I'm a single mother and I've worked really hard at my recovery, so it was amazing to be given the chance to do this. Training was a challenge because it's been years since I've been in any kind of classroom situation, but I kept going because I really wanted to be involved."

Qualifying as a peer mentor was exciting for Kerrie and felt like a real achievement, but when lockdown was announced, she wondered how she would manage to progress in her new role. As part of the team in Leicester however, Kerrie felt fully involved in keeping the service going even with restrictions in place. "We couldn't go in at the start, but we met online and worked together to stay motivated. The support staff were great – they kept us in the loop, and we worked out the best way for each of us to carry on with our role during the pandemic. As people who've used the services, we were able to reflect what would work and what wouldn't. I've learned so much – as well as supporting the people who use the service, I've been co-facilitating a dependent drinker's group and continuing to learn. My confidence has really grown, and I've even gone back to college too."



"I've learned so much – as well as supporting the people who use the service... My confidence has really grown, and I've even gone back to college too."



Kerrie feels a real part of her team – but also a part of the wider Turning Point community "I felt valued. It wasn't us and them. We work together. It changed how I felt – that they believed in us and that we could give back. I've never felt looked down on I don't feel like I'm the bottom of the heap anymore. I'm part of the Turning Point community and I have a voice."

Involvement is part of a healthy organisational culture. As a person-centred learning organisation, involvement is in Turning Point's DNA. We also recognise, however, that involvement – like recovery – is a journey, not a destination and it doesn't end with setting up a committee or having a conference. We are constantly looking at ways to take our commitment to working in partnership with the people we support, forward. Over the next year we will work on new models of leadership across the organisation, developing a new approach to measuring the impact of our involvement work, aligned to our commitments to social value and continual improvement.

Agility and responsiveness in the face of the pandemic

The increasing impact and awareness of the pandemic in the early months of 2020 gathered significant pace leading to the first national lockdown in March. The Government's strategy to protect the population and its key policies have evolved over time. The landscape has been complex, with ever-changing guidance issued from authorities such as Public Health England (PHE).

Turning Point was quick to respond to the pandemic and our priority was to ensure the safety of the people we support and our workforce. Ahead of the Government direction, the leadership team requested all team members who could work from home to do so, thereby reducing unnecessary travel and the health risk to them and the wider public.

Our business continuity planning approach kicked in and we set up a COVID-19 response team. The Operating Board set up daily calls and regular updates were given to our main Board.

The investment we have made in our digital capability and technology over many years meant that we were able to transfer to web-based meetings with minimal disruption in light of almost 1,000 people working from home. Logistics were important to roll-out equipment across a diverse workforce that in some cases was not normally home-based.

During the early stages of the pandemic, the impact was most acutely felt within our residential and accommodation-based services where we had to help protect some of the most vulnerable people while also keeping our workforce safe.

Over the last year, almost 10% of Turning Point team members were absent due to COVID-19-related issues. Despite this, Turning Point teams were nimble and pushed through to keep things not only running, but efficient and effective. Through the centralisation and daily monitoring of staff absence, we always redeployed team members to ensure safe staffing levels.

Coulgate St initiative frees up acute hospital beds

At the onset of the pandemic, significant work was undertaken on a national scale to enable people to be discharged from hospital to free up acute beds in response to COVID-19. Turning Point was at the heart of this initiative and we have done all we can to help this national effort.

In aid of this endeavour, the South London and Maudsley NHS Foundation Trust (SLaM) and Turning Point worked together to utilise Douglas House in Lewisham as step-down accommodation for six months for people with mental health conditions, providing a therapeutic enabling service that sustains recovery to achieve positive mental health and wellbeing outcomes as well as exploration of move-on housing options.

This service existed to give our guests an opportunity to manage their own mental health challenges, with recovery-focused support from our team and input from clinical partners at SLaM. It came into being within just 15 days. The team worked dynamically with SLaM to repurpose the building and support their efforts to free up capacity.



The investment we have made in our digital capability and technology over many years meant that we were able to transfer to web-based meetings with minimal disruption in light of almost 1,000 people working from home.



Nottinghamshire Helpline launches

In May 2020 as part of Mental Health Awareness Week, we launched a new helpline for people with mental health issues living in Nottinghamshire.

The helpline is available for anyone who needs emotional support or information about what help is available for people struggling with their mental health in the local area. Trained mental health workers are on hand to answer calls between 9am and 5pm, Monday to Friday. This service was not expected to commence until late 2020, but the challenges of loneliness and isolation during the COVID-19 pandemic required the timetable to change and the work to be brought forward. Thus, in partnership with the commissioners at Nottinghamshire Healthcare NHS Foundation Trust, we sought to expedite the project to help those most in need.

City and Hackney Recovery service shaped to local needs

Despite the pressures of COVID-19 October 2020 saw Turning Point launch an integrated substance misuse service in City and Hackney, London to provide an accessible, local and inclusive neighbourhood-based service shaped by the needs and voices of the community.

Focusing on recovery, social inclusion and improving the quality of life of all our service users in the City of London and Hackney boroughs, the service (in partnership with Mind CHWF and Antidote) provides specialist support around mental health and LGBTQ issues.

The new integrated service will deliver a community focused service, using the skills and experience of several organisations to provide the best support for the residents of City and Hackney.



“Alfred Minto is a great place, I am treated with respect and I have learned a lot while living here. I love music sessions and relaxation, there is a lot of opportunities for me here. I am now preparing to move into supported living with Turning Point.”

Alfred Minto Resident

Clinical support and oversight

Our senior clinical team played a key role in enabling the organisation to respond quickly to the pandemic, transforming services and introducing robust infection control measures. Our Medical Director, Head of Nursing, Head of Psychology, Chief Pharmacist and other clinical team members, led policy approaches through our COVID-19 response team. They played a vital role in managing the risks associated with moving to remote delivery models and to minimise the transmission of COVID-19 within face-to-face services.



PPE App delivered enhanced management and stocks

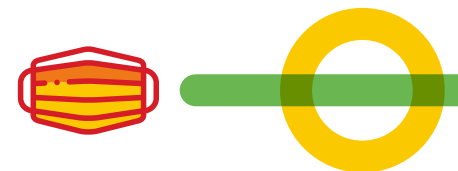
Within a matter of weeks, our multi-skilled IMT team developed and launched a PPE App to help local services and central teams manage the ordering and distribution of PPE. A network of stock controllers worked with service managers to provide regular updates on stock levels to ensure we were adequately covered for future predicted demand.

Our senior managers were briefed on the role they needed to play to support deployment of the app across mental health, learning disability, public health and substance misuse teams. Data visualisations were created for managers to understand stock levels. Hubs were set up to allow us to ensure that PPE was in the right place and we created a PPE group to centrally manage PPE, ensuring that supplies were directed to where they were needed.

This enabled us to be at the forefront of securing appropriate levels of PPE enabling us to maintain high levels of infection control within our services as well as providing information on safe usage and disposal of PPE.

Further support included regular training to team members on how to wear and use the right PPE in accordance with the current guidance, supported through the employee microsite, cascades and demonstration videos.

Our ability to respond to infection control measures and to have the confidence to deliver our support was underpinned by our well-established clinical governance team.



Our ability to respond to infection control measures and to have the confidence to deliver our support was underpinned by our well-established clinical governance team.

Putting people first

Early on, we recognised that major changes were necessary to ensure people within our learning disability services received the best care during the pandemic. Unprecedented and confusing times for many, we ensured that easily accessible and digestible information and advice was available for the people we support on COVID-19, PPE, and health and wellbeing.

As the situation progressed nationally and globally, our response had to adapt in line with the changing advice. As such, we worked hard to innovate and ensure that we maintained contact with the families of the people we support, giving them updates on how they were doing and being the link between them, facilitating digital conversations where right to do so.

We saw first-hand the increase in demand for mental health support, notably for certain groups, which was challenging as the capacity of many of our services had to be reduced due to COVID-19 restrictions.

In doing so we offered support and advice regarding digital literacy and poverty to support individuals to maximise digital contact with wider support networks including mutual aid groups that moved online via Zoom. We also ensured that we provided up to date information to the people we support, in line with government advice, that promoted outdoor activities and wider health and wellbeing; where possible and safe to do so, we supported involvement in outdoor activities led by peers, for example Parkfit and walking groups.

In March 2020 we suspended all non-essential face-to-face mental health services including group work, social activities, drop-ins and outreach, moving to remote counselling and coaching either via phone or video calls. However in April and May, we saw a 39% increase in incidents in our crisis mental health services compared to the same period last year. We saw first-hand the increase in demand for mental health support, notably for certain groups, which was challenging as the capacity of many of our services had to be reduced due to COVID-19 restrictions. We responded with an online digital offer for groups which supported access to individuals and in many cases increased attendance; feedback from attendees stated that they felt more comfortable within their own homes to engage in support.



We saw a 39% increase in incidents in our crisis mental health compared to previous year.

The online offer also enabled wider, more efficient ways of delivering our services to take shape which helped us to manage the increase in demand. The ability to offer more flexible appointments and broader time slots allowed for better engagement and a reduced Did Not Attend (DNA) rate, further supporting our workforce to work in an efficient way.

We saw a dramatic reduction in referrals to IAPT services during the lockdown. In April, referral rates were 10–15% of what we would normally see; in May referral rates were 40–50% lower. There was however a subsequent increase and we anticipate that the impact of COVID-19 will drive the number of referrals up again in the future.

We continue to publicise our services and actively encourage referrals, this includes refreshing and revitalising our links with partner agencies as they move out of pandemic delivery.

The offer of telephone assessments instead of or alongside face to face options for service users allows for an improved capacity and a quicker way into support with us to meet this demand. It also provides greater choice and flexibility for the recipient of the service. We aim to take learning from the pandemic and retain a blended treatment model.

Guided by Public Health England, Turning Point's community drug and alcohol services moved to a blended model of service delivery during lockdown. Over 90% of our interventions have been delivered remotely, subject to risk assessments, with a preference for telephone over video calls for many clients. This has proven to be very successful and resulted in a national increase in individuals accessing services. It also resulted in a higher percentage of engagement among patients. We have seen our overall rate for non-attendance reduce and more importantly the number of people leaving our services unsuccessfully due to the time not being right for us to work with them has reduced significantly – our service users tell us they find it easier to engage with us in this way and this is even more pertinent in some of our very rural services.

We continued to provide a number of face-to-face clinical services to complex, high-risk clients, as well as undertaking consultations via video link and moving to telephone one-to-one sessions wherever possible. As a result of this flexibility, the duration and frequency of contact we had with clients increased significantly. Many services reported good engagement levels due to the ease of making telephone calls rather than needing a fixed time in-person appointment. Teams also managed to have group telephone calls to deliver group interventions by phone.



We developed our online video group offer; this took our evidenced based group work programme and ensured delivery online with services delivering over 350 groups per month across the country.

The face-to-face interventions tended to be focused on our more complex and high-risk clients along with those facing social isolation during lockdown and those who simply found it easier to engage face to face. All of our services remained open during the pandemic, accepting referrals and still delivering all interventions albeit some in a different way and this is something we are really proud of. As the pandemic progressed, we developed our online video group offer; this took our evidenced based group work programme and ensured delivery online with services delivering over 350 groups per month across the country. We worked hard with the people we support to understand their digital poverty and literacy needs including the provision of hardware, data and upskilling in several our services.

Despite a change in service delivery and limited face-to-face services, we are in fact, seeing more people coming for treatment since the pandemic began and more people leaving our services successfully and free from dependency.

During the lockdowns, some community pharmacies closed and were therefore no longer able to provide supervised consumption of opiate substitute medication. In addition, PHE released guidance to support individuals to reduce their risks of COVID-19 by visiting their pharmacy on a less frequent basis if safe to do so. In response, Turning Point undertook an individualised prescribing assessment for each of our patients and where we were confident and they were able to manage their own medication and store it safely at home, we moved some patients onto a less frequent collection. Where community pharmacies remained open, training for these pharmacists was delivered online to support expansion of service delivery.

Despite a change in service delivery and limited face-to-face services, we are in fact, seeing more people coming for treatment since the pandemic began and more people leaving our services successfully and free from dependency. We are committed to understanding the learning from the pandemic and what worked well whilst recognising that some impacts will take time to emerge and others to be fully understood. The ways of working we initiated quickly, in response to the pandemic, enabled us to explore new ways of delivering services and the feedback from the people we support has been positive. Our aim is to be able to offer the people we support a blended model of treatment moving forward with clarity around the interventions that need to be delivered face to face and those that can continue to be accessed by phone or online.



COVID-19 Survey of the people we support in our Drug and Alcohol services

We were aware that the COVID-19-related changes and new ways of working impacted the people we support both positively and negatively and so we invited their input to understand what they wanted and needed from us as we moved forward.

The COVID-19 online survey took place during July 2020: 725 individuals responded of which 669 were people we support and 56 were family members/carers. A specific Young People's service survey was also undertaken.

The survey focused on the changes in service delivery as a result of lockdown to inform the ongoing development of the new ways of working we have adopted and covered the following themes:

- > Digital Inclusion
- > Telephone and Online Support
- > My Turning Point
- > Mutual Aid
- > Harm Reduction



"You've all done a great job and I'm very grateful for everything you've done for me and everyone else."
COVID-19 Survey, July 2020

Remaining aware of the needs of the people we support, preferences and circumstances is of great importance in the ongoing design and development of our new ways of working to ensure that their needs are met and risks are minimised.

Out of the 725 people asked whether they had access to a device and the internet, we found:

- > **93%** had access to a mobile phone, **48%** a computer and **27%** a tablet
- > **22%** do not have access to the internet
- > **20%** do not know how to use computers/internet

A report was developed and a poster with the survey outcomes was provided for services to display. Feedback was broken down and also shared at a service level to inform local delivery, whilst national data was fed into strategic development and the development of a national council for people we support and improved feedback mechanisms.

There was both positive and constructive feedback received and the hard work put in was appreciated and made a difference to people's lives at a difficult time.

DAWS uses the 'Five Ways to Wellbeing'

Team members that would normally provide psycho-social interventions, group work and support around employment, training and education developed innovative ways of working to overcome the challenges faced by COVID-19 and the requisite restrictions.

By way of example, the Get Connected team at the Drug and Alcohol Wellbeing Service (DAWS) in central London took a very different approach to support service users during the pandemic. The focus of their work was on the 'Five Ways to Wellbeing' (Be Active, Take Notice, Give, Keep Learning, Connect) – a set of evidence-based actions to maintain and improve the physical and mental wellbeing of the people they support.

Using the 'Five Ways to Wellbeing' as a framework they set up Stay Connected – a specific programme running during the pandemic, which included up-to-date advice published on the website on how the people we support can stay safe. This included publication of a guide to Reducing Drinking Safely: A one-off information guide about how to reduce your drinking safely if having to wait longer than anticipated for a planned alcohol detoxification due to COVID-19.



Involvement – our most important partnership

Turning Point understands that involvement happens across our community in a number of different ways.

When providing individual care – at home or in our services – we ensure that people are actively engaged and empowered to make decisions about how they live, how they spend their time, and setting their own aspirations for the future.

Putting people back in control

Beacon Lodge in Nottingham is a Turning Point service providing short stay residential care for up to 12 people for anything from a couple of days to eight weeks.

Beacon guests are people ready to be discharged from hospital but who need a period of support, tailored to their individual needs, to enable them to return home. We work to put them back in control of their lives and their choices. Care plans are not an end point – they evolve and change as we support guests to identify and understand their holistic support needs. Guests at Beacon Lodge are fully involved in their own recovery – and they support each other too – even though the transition from acute mental health care is often a difficult and distressing time for them.

One of our Beacon Lodge residents worked with other guests to write a letter to future guests telling them what to expect when they came to the service. They talked about how people were guests at Beacon Lodge, rather than patients.

"I was really worried if I couldn't talk to any of the staff but honestly they are really nice and supportive. They always have time for you. It's none of this you will have to wait malarkey. We do three sessions a day – and they are always open to new ideas of what we can do. I was dreading coming here but I can honestly say it was the best move I made."

Our services provide opportunities for people we support to get involved in peer mentoring and volunteering, as well as formal co-production.

Our services provide opportunities for people we support to get involved in peer mentoring and volunteering, as well as formal co-production. They work alongside our team members and volunteers to develop and improve the services they use by getting involved in evaluations and developing new ways of working. Our approach to co-production is continually developing; we understand that at the heart of service improvement is a dynamic relationship with – and a transfer of power to – the people we support. It is our most important partnership.



"I was really worried if I couldn't talk to any of the staff but honestly they are really nice and supportive. They always have time for you."

Beacon Lodge resident

Continually assessing satisfaction

Pendlebury House is a small independent hospital in Manchester. It supports people aged 18 to 65 who have an initial medical diagnosis of psychosis, to be able to comfortably use facilities within the community, leading to a more independent lifestyle.

As well as undertaking a twice yearly satisfaction questionnaire with residents, we undertake a quarterly evaluation of residents' satisfaction with our groupwork programme and a twice yearly catering quality survey. There is a weekly community meeting where residents and team members can share thoughts and feelings about day-to-day life – which is regularly chaired by the service user representative.

From our last satisfaction survey – in April 2021 – we can see that there is broad satisfaction with the service:

- All of the people who completed the survey (nine) said they were involved in developing their care plan.
- Seven out of nine people who completed the survey said they feel involved in the service and how it is run.
- All of the people who completed the survey said they were satisfied or very satisfied with the service they received.

Keeping on keeping on

A big challenge during lockdown was to continue to train and place new peer mentors in a way that mitigated any risk involved in remote working. With the previous face-to-face training program we were able to assess suitability over the course of eight weeks. How would we do this while working virtually across our services?

The answer lay in working with our National Peer Mentor Forum to develop a new training model. We launched this in spring 2020 and since then have trained 67 learners using this model, despite the difficulties presented by COVID-19.

Alongside this we launched our very first online peer support group, the 'Five Ways to Wellbeing'. The group is peer-led and supported by a paid team member as a 'sleeping participant' who can support as required. This is necessary to maintain a robust approach to safeguarding and risk.

Feedback has been gathered online with many service users commenting on how much they get out of attending the sessions and what an important part of their recovery process the group has become.

We are also, for the first time, formally training specific family and carer peer mentors at Turning Point, who will go on to complete the Five Step Capello Training. These individuals are going on to support family and carer programs across Turning Point.

During the pandemic we also launched our recovery news YouTube channel and were touched by the amazing content contributed by peer mentors from across the organisation. The channel will have a life above and beyond lockdown.

Much like anyone else, the people we support are part of different communities; ones that reflect their environment, interests, choices and concerns. That's why Turning Point is committed to an understanding of involvement that is bigger than 'us'. Day after day, in all our services, we help people maximise their engagement within their own community, in local campaigns and activities. Helping people become more involved in Turning Point's work is a priority for us, but that is matched by our commitment to help people to engage with the community 'out there' – challenging stigma, making their voices heard and living the life they choose.

Through forums and councils run by our service user leads, we are able to ensure the voice of the people we support is listened to – even through the challenging times of the pandemic. The pandemic created significant challenges for continuing some of these forums, but working together we were able to continue supporting our service user groups to meet virtually.





Talking Therapies (IAPT) services

Our Improving Access to Psychological Therapies (IAPT) services deliver talking therapies in Wakefield and Luton. They are designed to provide quick and easy access to a range of psychological therapies – so people can get the help they need, when they need it. If someone is feeling down, worried, depressed or anxious, we offer help, whether that be face-to-face, over the phone or with online support through MyTurningPoint digital therapy tool.

We regularly ask for feedback from the people who use our IAPT service – and collect this information to establish satisfaction scores for our services.

Our Luton service is called Total Wellbeing. Over the period April 2020 – April 2021 we achieved the following average satisfaction scores:

- Did team members listen to you and treat your concerns seriously?
96% satisfaction
- Do you feel that the service has helped you to better understand and address your difficulties?
91% satisfaction
- Did you feel involved in making choices about your treatment and care?
95% satisfaction
- On reflection, did you get the help that mattered to you?
91% satisfaction
- Did you have confidence in your therapist and his/her skills and techniques?
96% satisfaction

Overall satisfaction rate: 94%

Our Wakefield Talking Therapies service, over the period April 2020 – April 2021, achieved the following average satisfaction scores:

- Did team members listen to you and treat your concerns seriously?
97% satisfaction
- Do you feel that the service has helped you to better understand and address your difficulties?
91% satisfaction
- Did you feel involved in making choices about your treatment and care?
95% satisfaction
- On reflection, did you get the help that mattered to you?
92% satisfaction
- Did you have confidence in your therapist and his/her skills and techniques?
97% satisfaction

Overall satisfaction rate: 94%

CLINICAL SUPPORT AND OVERSIGHT

Our People’s Parliament

Though lockdown prevented us from holding an annual event in person for our People’s Parliaments, they continued to work virtually where possible. In January 2021 in the depths of the third lockdown, a national coming together of People’s Parliaments from across Turning Point took place, which was very moving. Together with parliament members from across the country, the Turning Point community took time to remember those we had lost – but also celebrated how team members worked together with the people we support to build collective resilience during these trying times.

The pandemic necessarily restricted opportunities to go out and get involved in our communities, but it didn’t dim our commitment to maximising autonomy and control for the people we support.

All our Learning Disability services work to support individual’s involvement in local communities, but of course during lockdown this was much harder. At all times the priority was keeping people safe – but the restrictions we all faced meant that it was difficult for people to stay connected and involved. We feel that the teams dealt with lockdown in a remarkable way. They have embraced the ongoing changes and challenges that COVID-19 made to their lives and the lives of the people we support.

Staffordshire

In Staffordshire we worked together to ensure people could carry on meeting and still get involved in activities together. Family contact was important to all residents and making sure that was sustained through Zoom and Teams calls meant the world. We had art projects across our services which helped everyone feel more connected with each other and positivity boards to help everyone stay upbeat.

“Our Peoples Parliament set up group projects across all the Staffordshire services. We held a virtual coffee morning to raise money for charity and at Christmas we had a virtual Christmas lights switch-on.”

Wiltshire

At our Wiltshire day service – REFOCUS – service users were at risk of missing out on vital community contact when we had to close the service. But we worked hard to reopen it as soon as viable, with some additional changes including increased outreach support for people too vulnerable to come in. Although not all of the group activities could be restarted, we worked together to build a programme of trips and visits out once safe to do so, we made music together and met virtually whenever it wasn’t possible to meet one-to-one.

“When COVID-19 started we all had to stay at home, but then work began behind the scenes on new measures to ensure REFOCUS was safe to reopen. Posters and signs were put up, a new staffroom was created to keep them safe and the garden had a good tidy up for us. We were so happy to be back, and so were our parents and carers, doing what we love to do.”

Warwickshire

Likewise in Warwickshire, many of our activities couldn’t go ahead as planned, but we still had celebrations and connected with our community. While we couldn’t take part in the local carnival as usual, we put artwork and pictures outside and created a Teddy Bear Tableau that could be viewed from outside the building; it was received positively by local children and residents.

“For VE Day, the Flats decided to have a Scarecrow Competition as well as making cakes and party treats, then we had ourselves a party!”



We feel that the teams dealt with lockdown in a remarkable way.

An innovative and inspiring Virtual Recovery Week

In previous years Leicester, Leicestershire and Rutland have done a full week's activities as part of September's Recovery Month; it's an important time of awareness and outreach so we tried not to let COVID-19 stop that. As such, our activities were a collaboration between Turning Point and Dear Albert (Leicestershire community recovery group). Through working with Dear Albert, we produced daily a video podcast on Dear Albert TV on YouTube.

Each day we featured 'on the couch with Jon Roberts'. Jon is the founder of Dear Albert. During the week we had interviews with two commissioners: Mark Aspey for Leicester and Debra Cunningham for Leicestershire who talked about the importance of recovery. This was supplemented by an interview with Adam Sutcliffe, the Manager at Framework – our detox provider – and gave an insight into the support available to enable service users to understand the options available to help with recovery journeys. Our Senior Operations Manager, Sarah Hancock-Smith also featured on the couch with Jon discussing recovery and the support Turning Point can give.

Additionally, service users, peer mentors, families/carers and team members all supported the week with videos ranging from poems, spoken words and testimonials. Two of our peer mentors, Jamie and Helen, performed songs as part of the line-up. Service users and their families also shared their journeys which were insightful, encouraging and real. It showed that it is possible to move forwards and get on the 'road to recovery'. We are thankful to them for being so open and helping others by doing so.

Peer Mentors deliver support

During the last 12 months peer mentors have been essential in some of the new ways we delivered support to service users. We have eight peer mentors who offered welfare calls to people we support which involved peers talking about their journey, support with isolation, discussing treatment options and helping service users with referrals for other services.

Two of our peer mentors helped co-facilitate our non-dependent alcohol and dependent alcohol groups online with recovery workers. Another three are about to start supporting recovery workers delivering mindfulness and another alcohol non-dependent group online for our county team.

Part of the team

In our Radcliffe House service in Wakefield one of our Peer Mentors worked alongside our team members practically every day through the lockdowns. He came to the hub at Grosvenor House to help out on reception and support team members at the needle exchange. His dedication helped the team continue to deliver substance misuse services.

He checked service users in for their appointments – reassuring them and supporting them to understand the necessary restrictions – and escorted them to the correct department in the building. He answered phone calls and dealt with queries, enabling team members to concentrate on specialist support for the most vulnerable. He also helped with pre-packing the needle exchange packs – which meant we could get them to the people we support in a COVID-19 safe way – and helped engage with people in the needle exchange, providing critical harm reduction advice to help people manage the risks of substance use during lockdown.



Yahya's Story

Yahya brings experience to raising awareness

Before joining Turning Point, Yahya had been involved in mental health and substance misuse community-based work (rehabilitation and education) for many years. A family friend mentioned Turning Point so Yahya decided to take a look; he then made contact and enquired about volunteer work to help further his skills.

Yahya had always been exposed to mental health issues throughout his work, both on a local and a global scale, including war-torn places. Yahya's own background meant seeing poverty, crime, violence, racism and a lack of opportunity; he had experience of mental health issues with his family and friends too.

Yahya is passionate and believes that this sort of work (and awareness-raising) is critical, especially in minority communities; his approach developed through his volunteering role at our Wakefield Talking Therapy service.

As a community coordinator with Turning Point, he would work at schools and hospitals raising awareness of Turning Point and its work. This has led to him seeking to become a psychological wellbeing practitioner and he is now employed by Turning Point as a trainee.

Part of the work that Wakefield offers are therapy sessions for people for whom English is not a first language using an interpreter service. They can do this either over the phone, video or now face to face with clients depending on need and several other factors.

Wakefield also utilises a large amount of translated treatment materials in the languages they most often see presentation of clients with. They have accessed additional funding through Health Education England which they propose to spend on expanding this library – expanding promotional and information leaflets.

Yahya would say to others considering this kind of work: if you want to help and effect change, then you should do it: "We may not be able to change the world all at once, but if we can change it on a local level for individuals, we're a step closer."



"We may not be able to change the world all at once, but if we can change it on a local level for individuals, we're a step closer."

Carlina's story

Understanding the stigma of being diagnosed with a personality disorder

Carlina is a Peer Support Worker at Turning Point.

There are many labels in mental health and being 'emotionally unstable' is one of the most stigmatising. The term is frequently used to describe people diagnosed with a personality disorder and is associated with a sense of blame – that the problem is ingrained into their whole being like a deep flaw.

A lack of education is partly the reason for the misunderstanding around personality disorders which are estimated to affect around one in 100 people. Often the most extreme traits – those associated with danger such as psychopathy – are seized upon despite being found only in a minority of people with personality disorders. The consequence is individuals neither want to speak out nor seek help which can cause their mental health to worsen.

Trauma resulting from abuse and abandonment are often the triggers for developing a personality disorder. I know this from personal experience. My diagnosis stemmed from abuse at a young age and a lack of emotion from my mother who herself suffered childhood trauma. Although practical, mum would never offer a hug if you fell over and cut your knee.

As the eldest child, I was forced into a parental role towards my younger brothers and sisters. I knew way too much too young. My experiences growing up made me detach emotionally until my teens when I met people who had healthy relationships. That's when I started using substances, first to 'feel' something then to block these feelings.

Relationships were a struggle because I didn't feel deserving of love so would act badly to push partners away. By rejecting them, I wouldn't have to deal with being rejected. Eventually I sought help which involved accepting the abuse I suffered and my mother's role in that.

Recognising that personality disorders develop from deeply distressing or disturbing past experiences is central to recovery. This approach is at the heart of a new programme being piloted by Turning Point which I'm involved in delivering in my role as a peer support worker alongside psychologists.

This new service called Turning Point Connect, which runs in Nottinghamshire, focuses on working with individuals and getting to know them, not treating them as a diagnostic label. It's peer-based and helps people connect with social networks and organisations available within a wider network.

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This is in response to a push from mental health services – and those using them – for a more consistent and person-centred approach, rather than seeing individuals as problematic within a community. A key skill gained by participants is radical acceptance – we can't control or get rid of emotions, but we can accept and acknowledge them.

As a child, I'd always excused everything my mum did then, in adulthood, I went through a period of feeling anger. Realising that this hostility was toxic helped me move on and empathise with her, along with accepting the abuse to which I was subjected. Accepting people for who they are allowed me to function properly. Although she couldn't give me the nurture I needed as a child, she'll now cook and clean if I'm depressed. It's about accepting strengths as well as changing your behaviour and mindset.

A lack of education is partly the reason for the misunderstanding around personality disorders which are estimated to affect around one in 100 people.



The Connect programme has a dual focus. Firstly, the aim is to enable participants to centre themselves in a crisis through mindfulness techniques, and secondly to survive a crisis by identifying their triggers and impulse actions then exploring how to respond instead of reacting.

Featured in the course are elements of dialectical behavioural therapy (DBT), a talking therapy adapted for people who feel emotions very intensely and designed specifically for people diagnosed with a borderline personality disorder. If someone has experienced a crisis where they've had the urge to self-harm, DBT can give them the skills to manage these difficult feelings. With referrals from crisis or local mental health teams, the Connect programme involves two group sessions a week, with each session lasting two hours. In addition, participants are required to attend weekly one-to-one sessions designed both to support them and identify external factors affecting their mental health.

This is in contrast with the lengthy hospital stays people with personality disorders have traditionally endured after long waiting times of up to two years. Some do not engage well as a result – or their condition worsens, so treatment can feel very intense by the time it's offered. A targeted service which people can use for a shorter period, access from home and connects them with a wider support network equips them with skills they can use in their daily lives.

The feedback from the Connect pilot, which has been many years in the planning, has been positive. Those who signed up ranged from people in their 50s who had been in services for a long time to young people who had only just entered adult services. Some were still substance users and others had never used but did self-harm. Half those who attended were apprehensive the programme would not work because they had been in services for a long time. A lot had lost hope of getting to a better place or going back to work. The rest were excited about sharing their experiences.

What everyone had in common was the experience of trauma and a response to this based on impulsive behaviour. A few dropped out for reasons such as it was not the right time for them to engage or we identified that they needed another type of specialist support.

So often people with mental health issues feel written off, and that change is not possible. I know from my own experience that's not true – with the right support, I recognised my triggers and regained control over my life. With more people requiring services and wait times increasing, innovative solutions are needed so many others can get the help they need too.



Working with the people who need us most

The COVID-19 crisis has shown that for rough sleepers, a quality offer of accommodation with integrated substance misuse treatment and health care, can be effective in reaching most. Offers like Housing First work, but the principles of Housing First can inform other offers – especially useful in cities like London with little housing. This is the first occasion where funding has been provided to carry out this sort of work and the sector has responded. This wasn't possible before as the Government would not provide appropriate funding.

Having said that, the Government's response has been far from comprehensive, there has been no additional support provided to this cohort from Primary Care, Mental Health services, Dental services etc. There has only been a focus on getting people housed and tackling their substance misuse. What's needed is a more joined-up approach to help these people re-engage with society. Without this, in the long-term after the pandemic, people will be back on the streets.

Dynamism in the system with attendant consequences is an effective approach. Rough sleepers should be offered shorter term accommodation with the promise of longer term support. This offer should be extended repeatedly to those who do not take up support initially. What does not work is offering rough sleepers' large hostels where little support is provided and there is no proper engagement made with the person being supported.



Rough sleepers should be offered shorter term accommodation with the promise of longer term support.

Working in partnership to deliver crisis services

We saw first-hand the increase in demand for mental health support, notably for certain groups. This was despite the fact we had fewer people staying with us due to social distancing measures.

During the pandemic, homeless persons were offered temporary accommodation in local hotels. Turning Point worked with other agencies to support these people and meet their medical needs. We utilised our own team members as well as staff from other sources, e.g. the doctor from a local premiership football team. This was successful in ensuring that persons living on the street had access to services that were otherwise being delivered remotely.



Jason's Story

Jason had been street homeless for four years on this occasion. He was dependent on heroin and this had become very hard to get during the pandemic. His income from selling Big Issue magazine was non-existent as the streets were empty and begging was equally as pointless. Jason agreed to stay in a local hotel after this was offered to him at his local night shelter. When at the hotel, he met an outreach worker who arranged for him to talk to a Turning Point doctor. The doctor discussed his options. Jason did a saliva test and agreed he would start on opiate replacement therapy. He had to go onto unsupervised medication within days due to the pandemic. Although Jason did not stay in the hotel for as long as planned, and returned to sleeping on the streets, he did maintain a prescription and the protection that this offers.

Tackling health inequalities



Our commitment

Good health and wellbeing and the experience of health inequalities are two sides of the same coin. Depending on the circumstances within which we were born, grow and live, the factors that can protect us can equally flip to become factors that increase risk to our quality of life.

Whilst supporting people with the individual factors that can make a difference, like everyday choices and lifestyles, at Turning Point we also align our approach firmly with the wider factors and determinants which can have the biggest impact on improving health and wellbeing in both the short and longer-term, such as safe housing, good work and education.

We already support people who are more likely to have poorer health outcomes than others. The very nature of existing discriminatory cultural and social attitudes towards people with a learning disability restricts life chances and associated health outcomes and mental illness account for 21.3% of the total morbidity burden in England.

It was therefore, no surprise to us that COVID-19 negatively affected some people more than others, however no-one could have anticipated the impact the virus would have on the living, working and social environments of the most vulnerable in our society, and the associated costs to their health, wellbeing and lives. Although the raised awareness and greater commitment in supporting people who experience disproportionately poorer health outcomes has been bittersweet given the detrimental impact of COVID-19, the light that has been shone on health inequalities only served to focus attention on the role we play in reducing these unfair, unjust and systematic differences for people across our services, teams and communities.

It was no surprise to us that COVID-19 negatively affected some people more than others, however no-one could have anticipated the impact the virus would have on the living, working and social environments of the most vulnerable in our society, and the associated costs to their health, wellbeing and lives.

What we've done

In addition to exploring how Turning Point already supports reducing health inequalities, examples of which are demonstrated throughout this report, we have also spent significant time this year considering how we strengthen our role in the future and taking actions to ensure that.

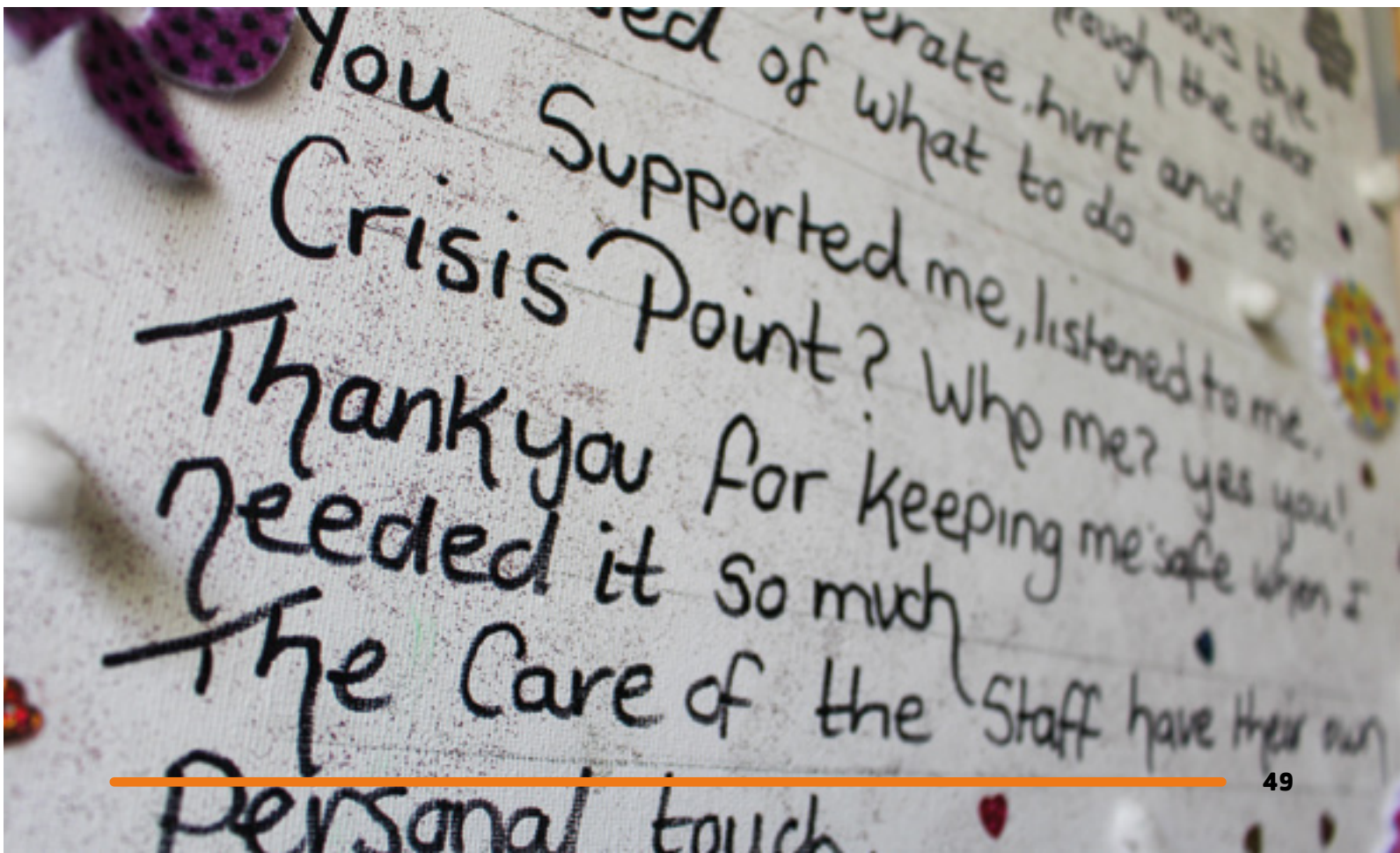
- > We have set up a Health and Wellbeing Board to provide strategic leadership and input.
- > We have explored existing levers that can be used to increase understanding and initiate further action against health inequalities which are already part of our everyday practice, such as our social value strategy and our approach to diversity and inclusion.
- > We are exploring the use of specific tools that can help us understand the impact we have on health equity across new projects or policies which is also serving to broaden the understanding of the determinants of health for our service delivery staff, our central department staff and the people we support.

- > We initiated a programme of lunch and learn webinars for all team members across Turning Point which explored topics relating to health inequalities and diversity and inclusion, allowing engagement, learning and sharing across our many services and staff groups.
- > We are accelerating our mapping of where our health inequality data sits to create a baseline for further developments.

Looking ahead

Given that socio-economic factors have the biggest impact on our health outcomes – and these are often driven by society wide influences such as policy and welfare decisions – we know we can't influence all determinants of health for all people who access our services or employment. We are however, committed to doing what is possible with the opportunities we do have.

Our ambition is to continue to develop the ways in which we use these many opportunities across our services, teams and communities to influence the factors that can protect people's health and wellbeing whilst reducing the risk factors which can increase health inequalities now and in the future.



Supporting people with a learning disability

People with a learning disability have poorer physical and mental health than people without a learning disability and they die significantly earlier than the general population, from preventable causes of death.

This has been a challenging year for both the people we support with a learning disability across our services and the team members who have shown immense dedication in supporting them, particularly where we provide residential support and assist people in their own homes. Our focus has not just been on reducing the risk of COVID-19 and the fear associated with it, but also on helping people to maintain a good quality of life, connections with loved ones and manage the change to their daily lives.

To do this we have:

- Set up online Wellbeing Workshops for people with a learning disability to access remotely. Each session is on a different theme and encourages people who join to both consider their wellbeing and connect with others.
- Supported the Wellbeing Workshops with easy read materials that support people to look after their own wellbeing and understand some of the changes that COVID-19 brought to their lives.
- Pulled together a multi-disciplinary team bringing expertise from across Turning Point which enabled team members to join forces and develop a Health and Wellbeing toolkit as a guide for team members in understanding the kinds of things that can impact specifically on the health and wellbeing of people with a learning disability.
- Carried out a health survey to gather a snapshot of information from people we support to help understand how they are, how well they have been able to continue to access services during COVID-19 and what the biggest things are that support people's health and wellbeing currently. The findings will inform future focus areas and action.

Standing up for the people we support

We received an unprecedented number of DNACPRs during the COVID-19 pandemic. During April 2020 we received more than we would usually expect to see in a whole year.

We immediately challenge any that do not meet the requirements of the Mental Capacity Act (MCA) or the Equalities Act (e.g. where the Best Interest process hasn't been followed or where the reason given is 'learning disabilities'). Even during the testing times, we have recently faced, these freedoms are sacrosanct and protected by the Human Rights Act (1998), Equality Act (2010) and United Nations Convention on the Rights of Persons with Disabilities (2006). The unprecedented increase in DNACPRs prompted us to audit the records for all the people we support, to check any DNACPRs on file and to construct a challenge as appropriate.

We worked with Learning Disability England to develop resources to support families and support team members to challenge DNACPRs that do not meet the requirements of the MCA or the Equalities Act. It includes a: DNACPR Checklist, DNACPR Legal Guidance Document and template letters. Alongside the British Institute of Human Rights, Learning Disability England we took the issue up with the CQC and Ministers.

Medical Student placements adapt to virtual learning

Turning Point remained committed to all training, including medical student training, during the COVID-19 Pandemic. Our usual placements of medical students in our services was replaced by virtual visits and lectures delivered to students in the homes. Some of these students were outside of the UK, having been unable to return to their universities.

Feedback from one student from University College London Medical School, who completed a remote placement at Turning Point reads:

"They were kind and thoughtful enough to send us harm minimisation kits which I thought was very nice of them because that made thinking about the point of view of a drug user much easier to understand. Dr Bremner was also very willing to teach us about his experiences with drug users and also very willing to explain how drug users think and what their priorities are. He motivated me to even consider working with drug users in the future!! It was the highlight of medical school for me and the most memorable part of this SSC [Student Selected Component]! I am so grateful for this placement and would love to work with such charities if I get the opportunity after lockdown ends."

We remain committed to training multiple disciplines across all our services and we are the only third sector organisation to train addiction accredited psychiatrists in partnership with the NHS and Health Education England.

We are committed to playing our part in eliminating Hepatitis C (Hep C) by 2030 and have a dedicated Hepatitis C team headed by Dr Rebecca John, with Tom Bills and Emilie Hogg. We are striving for areas of micro-elimination in individual services and in some services, e.g. Somerset addiction services, we are on track to achieve this already. During the pandemic, a shift away from face-to-face working necessitated a change to a new way to test and treat Hep C. Testing can now be done at home and treatment can also be started in the home environment. The use of portable Fibrosan Machines by our team members has also enabled us to check for complications of Hepatitis C without the person needing to attend a service. There is a solid partnership working with the Hep C trust, PHE and Pharmaceutical industries.

Jack hadn't injected drugs for nearly three decades. When he received a Hepatitis C test in the post he didn't think it was meant for him. The information that came with it was interesting but he was certain it didn't pertain to him. A while later he was visited by someone from the Hepatitis C trust who was working with Turning Point. He was persuaded to get tested and was alarmed to find he was positive for Hep C. A fibrosan showed he was quite far into the Hep C disease process and his liver was struggling. He started treatment immediately, for eight weeks and he has a greatly improved quality of life ahead of him.



We remain committed to training multiple disciplines across all our services and we are the only third sector organisation to train addiction accredited psychiatrists in partnership with the NHS and Health Education England.

Evidence of how we were clinically safe during COVID-19

At the onset of lockdown, the senior clinical team was quick to align with PHE. We offered our expertise to the various panels and groups that were set up to determine the direction of travel for various services, e.g. Addiction services. We had to ensure that all persons who were prescribed medication, continued to receive that medication despite pharmacy closures, lock down restrictions and at times, the need for the prescribed person to isolate.

Using multiple methods, we were able to ensure that all patients received their medication despite the pandemic. We also assisted PHE to write the standards that we comply with for the prescribing patterns during the pandemic.

Although we did not close a single addiction service, we did move to remote working as the norm. Patients were telephoned and attended online groups which were rapidly set up. The work done on remote treatment from previous years stood the organisation in good stead for the remote working of the pandemic.

Alcohol treatment pathways were also flexed to ensure that people still received alcohol detoxes. These had to remain safe and clinically robust without any face-to-face element and this was done by enlisting the assistance of family more than ever before.

Debbie was dependent on alcohol and needed to detox from it. Due to the pandemic, she was unable to attend the service and a nurse from the service was unable to come to her home as frequently as a detox programme required. Debbie was very keen to be detoxed and her husband, Paul, who had previously agreed to support Debbie during her detox stepped in to carry out some of the tasks that the nurse would have otherwise done. When Debbie's detox started, Paul would help her measure her blood pressure on the automated machine that we had provided. He would then help her with a disposable breathalyser that she needed to use before she started her medication and was on hand to assist Debbie in answering her phone and speaking to the team who were managing her detox. Paul had been fully prepped before the detox and he felt much more included in the process. As Debbie's blood pressure returned to normal and her withdrawal symptoms subsided, the progress she was making physically was very clear to both of them. Debbie was then able to go on to using the group work online after she had detoxed.

Implementing our Hepatitis C Virus strategy

Despite setbacks caused by the COVID-19 pandemic, services have managed to make significant progress in implementing Turning Point's Hepatitis C Virus strategy. Collaboration has taken place with ODNs (Organisational Delivery Networks) and the Hepatitis C Trust across all services to significantly improve testing and treatment levels. It has also allowed our services to establish community clinics and to reach out to the most marginalised and at-risk populations e.g. people who are homeless.

To overcome the challenges presented by COVID-19 and to increase testing figures, we piloted self-testing in two services (Wakefield and Leicester, Leicestershire and Rutland). This was very successful; overall 58.3% of self-testing kits were returned to the lab and in Wakefield 80% of self-testing kits were returned. Also, none of the returned kits were rejected by the lab. To support the clients in completing the postal tests, we developed a demo video with the Hepatitis C Trust and sent out clear, simple instructions containing a QR code to the video.

Due to the pilot's success, we decided to roll out postal testing across all services, following training in January 2021. So far 38 self-testing kits have been returned to the lab. None of the tests were PCR⁸ positive.

Continued education and promotion of Blood Borne Virus (BBV) testing and treatment to team members, volunteers and clients will change attitudes and allow our services to return to the levels of testing seen before the COVID-19 pandemic and will go on to achieve even higher testing rates.



Overall 58.3% of self-testing kits were returned to the lab and in Wakefield 80% of self-testing kits were returned.

⁸ polymerase chain reaction.



Digital and technological response

Remote working

The initial challenge arose on the day we initiated home working for many team members. A central way to ensure a smooth transition was to enable our workers to access their documents remotely. Before the pandemic, we had built resilience and capacity into our infrastructure, by ensuring that our Virtual Private Networks – which allow our team members to access their folders remotely – was only operating at approximately 20% capacity. This provided us with the headroom we needed to respond to changing needs when we moved to homeworking. Our central services suffered no detrimental impact as the change took place and were able to work effectively despite the changing conditions.



A wholesale shift to telephone and video therapy has resulted in improved engagement and recovery rates.

Video therapy

We saw a dramatic reduction in referrals to our IAPT services during the lockdown. In April 2020 referral rates were 10–15% of what we would normally see, in May 2020 they were 40–50% of normal activity and they are still only at around two thirds of what we would expect. Reduced demand has resulted in a significant reduction in waiting lists and so waiting times for treatment have reduced considerably.

A wholesale shift to telephone and video therapy has resulted in improved engagement and recovery rates. For example, Did Not Attend (DNA) and cancellation rates have reduced by half. However, this is based on a small sample size. Feedback from therapists has generally been positive and people have been surprised by how well clients have been able to engage with remote services. Therapists however, report finding it more tiring than face-to-face or even telephone therapy appointments and that has now been factored into scheduling.

Several changes have been made to our processes to help those on the frontline and ensure their safety. As mentioned earlier in this report, we launched a new PPE stock app to help local services and central teams manage the ordering and distribution of PPE.

TACKLING HEALTH INEQUALITIES

Carers wellbeing support pack provides expert advice

We utilised our digital capacity by creating the Carers Wellbeing Resource Pack.

Families and unpaid carers looking after vulnerable loved ones can access wellbeing support through a guide published by Turning Point. The guide has been drawn up in response to concerns that many carers feel burned out, isolated and overlooked. This is as a result of the closure of services such as day centres and limited social contact with family and friends as a result of social distancing restrictions.

The guide provides expert advice on issues such as practising self-care, letting go of negative emotions, including sadness or resentment, and taking breaks to have a chance to rest.

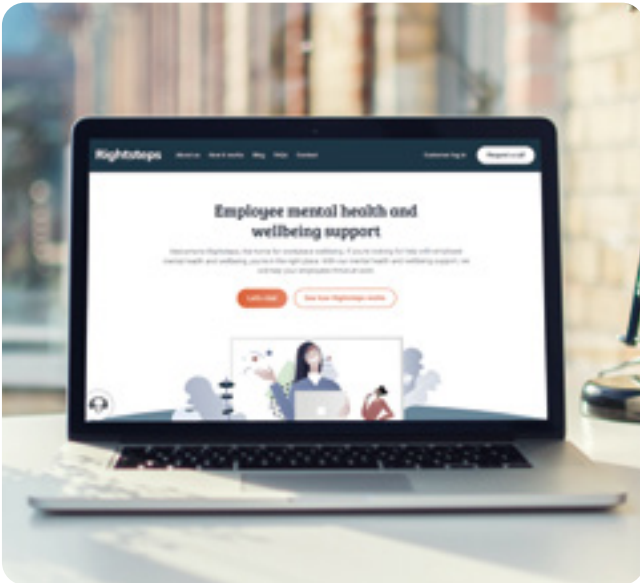
A section of the guide is also dedicated to planning for the future such as emergency planning and dealing with support workers as well as signposting carers to other sources of useful information such as Turning Point's digital guide on grieving.

Providing support to the wider public and health systems

Rightsteps' COVID-19 support and eBook

A digital wellbeing guide was created by our Rightsteps team of psychologists to support mental health at the time of moving out of the first lockdown. The e-book compiles Rightsteps' COVID-19: Keeping Well blog series into one digital resource addressing so-called 'lockdown fatigue', worries and fears during the pandemic, maintaining relationships, and coping with bereavement, grief and loss experienced by many during COVID-19.

Through providing free online support for anyone that needs it, nearly 1,000 people had accessed the blogs by May 2020.



As part of our contribution to the pandemic response, we made the Rightsteps resources accessible to many businesses, business organisations and representative trade bodies. We also offered Rightsteps 'Helping Hand' to some Local Authorities and NHS Trusts – providing access to our 'Find Out More on Coping with COVID-19; bereavement; redundancy, and financial wellbeing' resources.

Recovery month Facebook live wellbeing workshops

The Turning Point Facebook channel held a live weekly workshop using an open forum format to discuss a different area of recovery using the 'Five Ways to Wellbeing', giving the public the opportunity to anonymously ask questions of a panel of experts and people with lived experience of addiction.

Service integration through technology

Turning Point and the Leicester Partnership Trust worked in close collaboration during the pandemic. The mental health pathway has become integrated, so that Turning Point can now refer into the crisis team.

The multi-agency Suicide Audit and Prevention Group (SAPG) have been working over the past two years to address higher than average numbers of suicides across Leicester and Leicestershire. The group introduced a Referral and Tracking System to track engagement with services, e.g. mental health and substance misuse services, for all suspected deaths by suicide identified by the police.

There has been a significant increase in deaths from suicide since the lockdown. There were 39 deaths during April to June 2020, compared to 80 in the whole of 2019. As a result, SAPG has moved from monthly to weekly meetings during the pandemic. The group includes representatives from the CCGs, Leicestershire Partnership Trust (LPT), GPs, the police and third sector providers such as Turning Point.

The SAPG is driving a redesign of the mental health pathway. Proposals for a Central Access Point (CAP) similar to 111 have been brought forward and the service opened at the beginning of June 2020. For the first time, people can now self-refer to the LPT crisis team (previously you had to be referred by a clinician – typically your GP, the Turning Point Crisis House team could not refer to the LPT crisis team they could only signpost) which means that the Turning Point Crisis House is much more integrated into the mental health pathway. To date approximately 50% of calls have not required clinical intervention but rather, people have needed emotional and psycho-social support.

It is worth noting that the Central Access Point service was shortlisted for a HSJ award.

COMMERCIAL VENTURES

livelife...



Responding to public need and innovating for the future

Livlife is our new direct-to-consumer therapy service. It uses the same resources, applications and systems as Rightsteps and Turning Point, and like Rightsteps (our business-to-business product – see page 56), all of the profits for livelife return back to Turning Point for future investment in services.



Prior to COVID-19 between £2.5bn and £3bn was spent each year in the UK on private therapy.

We all know the impact of the pandemic on the nation's mental health. We see it amongst our friends and family members as well as hearing the reports on the news. It is no surprise that in June 2020, 11% of adults reported thoughts of suicide in the past 30 days and by January 2021, 41% of adults reported symptoms of anxiety and/or depressive disorder. There are many other statistics telling a similar worrying story. We know that there are likely to be significant changes and restrictions on how we move around, socialise and work for many years to come.

Whilst livelife is just starting out we have responded to this need. We have great ambition and hopes for the service to reach more people.

Many people choose to pay for therapy themselves. They have either accessed commissioned Talking Therapy support already or, for personal reasons, choose not to access support this way. Prior to COVID-19 between £2.5bn and £3bn was spent each year in the UK on private therapy. The majority of this was through individual therapists rather than companies. We believe that livelife could provide greater quality assurance (building on Turning Point's great clinical and technical infrastructure), greater choice (more therapists, CBT & Counselling, integrating our online wellbeing platform etc.) and offer all of this at an affordable price. This approach responded to the societal need, stayed true to Turning Point's values, created a new signposting or referral tool to our services and provided a new revenue stream for Turning Point to invest back in to providing services for the people we support.



Rightsteps

Supporting employers with their wellbeing offer and providing access to psychology and therapy

Providing timely access to expert wellbeing support and responding to customer and employee needs sits at the heart of what we do at Rightsteps. The arrival of the pandemic saw the Rightsteps team respond swiftly, developing new, COVID-19 specific support options that enabled significant numbers to support their wellbeing and the wellbeing of those around them through the challenging times we all faced.

The importance of employee wellbeing has come into sharp focus in the last year with ever more employers seeking to support their teams' wellbeing. Rightsteps is ideally placed, offering evidence-based solutions that employers can trust. We've seen a 210% increase in the employers we support from across a range of sectors, including those working on the frontline in the battle against COVID-19 for example;

- **Royal Medical Benevolent Fund:** supporting frontline doctors
- **The Ambulance Staff Charity:** providing access to counselling and CBT for ambulance workers across the UK

Whilst access to online support increased during the height of the pandemic, demand for our remote therapy service reduced as people coped with the here and now challenges they faced.

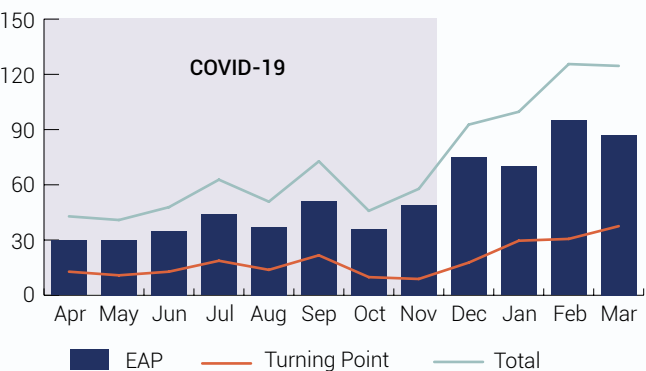
Bereavement to resilience, burnout to relationships our online COVID-19 specific support was accessed over 7,500 times in 20/21.



As we've come out of 2020, these unmet needs have come to the fore, with a 37% year-on-year increase in demand for our remote therapy service in early 2021.

Last year also saw a 51% increase in demand for our confidential Rightsteps therapy service for Turning Point team members, supporting almost 230 people.

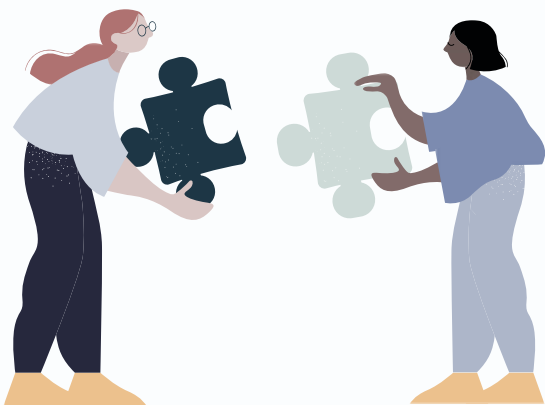
Referrals by month FY 20/21



Over the last year, we've continued to innovate. Working with Professor Myra Hunter, we've developed the first online evidence-based CBT programme for menopausal symptoms and have developed a partnership with SecondSight, a leading financial wellbeing provider, to extend our offer to meet more and more team members' needs.

Throughout all the challenges of the past year, our commitment to quality has never wavered. Our customers trust us because we match support to need and this is seen in our outcomes, with 68% of people accessing Rightsteps therapy achieving 'recovery' against a national average of 50%. Indeed, over 80% of team members stated they felt better informed about their wellbeing and over 95% knew where to turn should they need more support.

Everything we do at Rightsteps is about supporting people. Our solutions support employers and their team members and every penny we make goes back into Turning Point, to support the most vulnerable people in society.



Service user feedback...

"I would just like to thank you for all your help over the last few months. Your help has been instrumental in me getting back on track. You're a star, thank you so much."

"Just to say thank you for being patient and amiable. It's made life easier. You have taught me lots. In the last 35 years I've not learnt what I have with you and your resources. Hope I don't have to speak with you again!!!! But if I needed to I hope it will be... thanks again."

"Thank you for all the help and support over the last few weeks I would've struggled without it, you're a credit to your profession."

"Thank you very much for your help and support. I'm feeling so much better and sleep great now. I have reflected on things and am making lots of positive steps to move forward in my life."

"For the past two months I have had terrible anxiety which has made my life in some ways very hard. Over six sessions with you I have been able to get my marriage back on track and my work and sleep back on track. I have learnt with your techniques I can control and rationalise my anxiety. I can't thank you enough for your help and being patient when I needed to explain and speak to you. I would fully recommend this service to anyone who needed the help like I did."

Social value

As a person-centred organisation, our support is tailored and responsive to the needs of the individuals we work with. We believe that everyone, given the right support, can reach their potential. When individuals benefit, so does society, 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 team members.

- 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;

In 2020, we embarked on creating a social value strategy for 2020–2022. This document sets out our commitment to social value, our vision and our strategic objectives over the next two years as well as setting out our goals over the longer-term (i.e. during the next strategic period) in the areas of: economy, wellbeing, community and environment.

To maximise our social value, and to help measure it, we undertook a baseline assessment of our current social value reporting against the National TOMs (Themes, Outcomes, Measures) framework. Then we agreed new measures where activity is not covered by the TOMs framework and now embed routine reporting of social value metrics.



Wellbeing

Health and wellbeing for all

We want every single person we support to stay as well as possible and live healthier lives. We want all our team members to feel that they have the support they need from us to improve their health and wellbeing. We want to reduce the stigma associated with drug and alcohol problems, mental health issues and learning disabilities. We want to reduce the health inequalities faced by the people we support. To support this, we have a number of objectives:

➤ **Objective: Include a wellbeing offer in all bids as appropriate**

- We were recently awarded the contract to deliver substance misuse services across City of Westminster and the Royal Borough of Kensington and Chelsea. As part of this contract we have made a commitment to achieve London Healthy Workplace accreditation.
- In our new Hackney and City substance misuse service we have dentists working out of the service offering free dental checks on a weekly basis and the service has been offering COVID-19 vaccinations to the people we support.

➤ **Objective: Expand the reach of Turning Point School of Art**

- Turning Point School of Art ran a summer school that was facilitated by Professor Sarah Perks and featured a number of different artists.
- School of Art worked in collaboration with Nottingham Off-Centre (A Nottingham based photography/social engagement project). This showed how photography can support people through issues including the pandemic.

➤ **Objective: Explore and scope a model for social prescribing for people with complex needs**

- During 20/21 we developed a pilot model with a GP network in Birmingham which launched in June 2021.

➤ **Objective: Improve team members wellbeing and mental health group**

- Turning Point has signed up to Mindful Employer, the 'Charter for Employers Positive about Mental Health'.
- As an employer, we are committed to creating a supportive and open culture, where team members feel able to talk about mental health confidently. This gives additional resources for managers and allows us to use the charter at attraction stage.
- We saw a 19% increase in agreement with the statement 'My organisation gives a high priority to employee wellbeing' in the 2021 Employee Engagement Survey compared with 2019.

➤ **Objective: Develop a series of identity based colleague forums to drive diversity of thought and wider inclusion in the colleague and client experience we provide**

- Black, Asian and Minority Ethnic, LGBTQ+ and People with a Disability Employee Networks were launched in April 2021.



Community

Supporting our communities to thrive

We want local social enterprises, community and voluntary sector organisations to thrive. We want everyone to feel part of their local community with a strong network of friends and neighbours around them and to be part of community life. We want everyone to feel their voice is heard and that they can have a say in how services are run and act on issues of concern in their neighbourhood. To enable us to do this we have the following objectives:

➤ **Objective: Establish a national innovation fund**

- In 2020 we launched a new employee-led service innovation scheme. The scheme aims to involve many more of our people in our drive for continuous improvement and solutions that make a real difference to those we support. This scheme enables us to hear ideas and thoughts and to support our teams to implement great new initiatives that have a significant and positive impact. This year's projects include:
 - Fresh Foundations which aims to empower the people we support in Manchester with greater confidence to develop their own individual skills and improve health and wellbeing.
 - Community Sports Inclusion for people living with a learning disability in Kent to build a positive relationship with physical exercise and nutrition as well as build connections to reduce isolation.

- Turning Point School of Art which aims to give people we support across England and our team members opportunities to explore, appreciate and make art to support their wellbeing.
- Crafternoons giving people from our LGBTQ+ communities in London a safe and welcoming online space to make connections, learn new skills and create arts and crafts together.
- Magic Sensory Garden to be installed in one of our Warwickshire locations which supports residents with a learning disability to increase their wellbeing through sensory experiences and gardening.
- Safer Stronger Communities initiative in Rochdale and Oldham which aims to set up a recovery community to work with the local community, volunteers, police (police cadets), Princes Trust, carers groups and concerned others to get fully involved in harm reduction.
- Croydon through the Gate Service which aims to support those leaving prison with a set of resources which aim to engage them in treatment for their substance misuse, as well as creating links to wider community support.



SOCIAL VALUE

➤ **Objective:** Offer capacity building (marketing, fundraising/policy writing support, IT resources, training, shadowing and volunteering and shared-mentoring opportunities) for local community organisations in bids as appropriate

- Managers at the new substance misuse service covering the City of Westminster and the Royal Borough of Kensington and Chelsea will provide six days support each year to local community organisations and the service will provide four asset-based community development sessions per year.

➤ **Objective:** Extend the Quality Checkers programme and explore closer integration with the internal quality assurance process

- The Specialist Community Outreach Team (SCOT) previously led on the Quality Checkers initiative and pre-COVID had recruited, trained and finalised employing two people we support as 'experts by experience' in the North along with two team members as Quality Partners.

➤ **Objective:** Include Innovation Fund and Big Ideas Fund in all bids as appropriate

- We currently have innovation funds within our central London substance misuse and sexual health services, our Rochdale and Oldham and also our Leicester, Leicestershire and Rutland services. Our Westminster and Royal Borough of Kensington and Chelsea service innovation fund has recently been expanded to include an additional £20,000 for an 'engagement fund' for organisations/groups/individuals to support engagement of harder-to-reach groups with emphasis on the Black Asian and Minority Ethnic community.

➤ **Objective:** Roll out the digital 5-step programme designed to support adult family members who are affected by a relative experiencing alcohol and drug problems, if the pilot is successful

- The digital 5-step programme is now available in a number of services with interventions delivered by trained team members either on a 1:1 or online group basis.

➤ **Objective:** Develop a Rightsteps package for family and other unpaid carers of people with disabilities

- A guide was drawn up in response to concerns that many carers feel burned out, isolated and overlooked. This is as a result of the closure of services such as day centres and limited social contact with family and friends in response to social distancing restrictions.



SOCIAL VALUE



Economy

Providing opportunities for all

We want every single person we support to have access to some sort of education, training and employment/volunteering opportunities and for people who are facing challenges with mental health issues to have the right support to be able to stay in work wherever possible. To achieve this, we set ourselves a number of targets to meet by March 2022:

➤ **Objective:** Increase the number of people we employ who were previously economically inactive targeting local people

- We are targeting local communities in recruitment drives across the country.

➤ **Objective:** Expand the employment and volunteering opportunities for people we support in services and central support teams

- Last year we had 168 volunteers, 80 volunteers and 35 student placements working in various parts of the organisation.
- We can report based on those who have been in those roles and have moved to Employment with Turning Point.

➤ **Objective:** Expand the number of opportunities for people who have been out of work for a long time targeting disadvantaged groups

- As part of the Kickstart Scheme we have created 30 entry level roles across Turning Point specifically for people aged between 18–25 years old.

➤ **Objective:** Improve training opportunities for team members and increase support for apprenticeships

- We have approximately 65 team members undertaking qualifications utilising the apprenticeship levy from Level 2 to Level 7.



Environment

Playing our part in tackling the climate emergency

We want to provide leadership within the health and social care sector, driving down emissions in order to play our part in tackling the climate emergency. Work on this includes:

➤ **Objective:** Reduce our carbon emissions compared to 19/20 baseline

- We have moved to a green energy tariff which commences 1 April 2022.

➤ **Objective:** Reduce waste and increase recycling

- The procurement team is continuing to work with our waste provider – Wynsdale and it is their intention to move all general waste provision to one central contract from 1 April 2022 which will drive increased recycling.

Risk management

Principal risks and uncertainties

Turning Point operates in a business with significant risks. The people we support can have mental health issues and learning disabilities requiring intensive support, or substance dependency including clinical prescribing of medicines.

Principal risk or uncertainty	Mitigation and controls
Financial risk: Contract pricing reductions 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 and safety) that meet or exceed regulatory requirements. Comprehensive risk management and incident reporting and monitoring systems.
Information Management and 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.	Commitment to the principles of emergent strategy, being agile and responsive to market risks and opportunities.
People: Our people are our most important asset and the primary means through which we are able to add value to the lives of the people we support. Within a low margin business this presents risks around recruitment, retention and development.	Investment in a people strategy to enable a ‘can-do’ culture of consistent performance with appropriate recognition and development opportunities.



Internal Controls Assurance

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 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 annual financial statements, is regularly reviewed by the Board.

The Board has reviewed the effectiveness of the system of internal controls in existence for the year ended March 2021 and until the date of approval of these accounts. No significant weaknesses were found in the internal controls that resulted in material losses, contingencies or uncertainties that required disclosure in the financial statement or in the auditor’s report on the financial statements.

Trustees' report

Chair's introduction

On behalf of the Board I am pleased to present the combined Directors' / Trustees' Report for the year ending March 2021. In a year which has been dominated by the challenges presented by COVID-19 it has never been more important to ensure good governance delivers value and assurance.

Purpose and leadership

The Directors' report covers a review of objectives. With a strong vision and values the organisation is well-placed to manage risk and capitalise on opportunities in the markets in which we operate.

Board composition

There have been several changes to the Board during the year. Helen Spice stood down from the Board in July 2020 leaving Turning Point to pursue other interests having served as Chief Financial Officer for just over two years. I would like to thank Helen for her service and to acknowledge the contribution of Chris Parker, an outgoing Non-Executive Director, who stood down in January 2021 having served nine years on the Turning Point Board and other boards within the group. We welcome Amarjit Dhillon who joined the Board in April 2020 and Christian Van Stolk who joined in December 2020.

Board effectiveness

Our triennial independent board effectiveness review took place during 2020. This was the first independent review following adoption of the Wates Principles in 2019 and affirmed the strong composition and effectiveness of the Board.

We continue to embed and mature these principles into the corporate governance fabric of the organisation. As a Board we are committed to individual and collective development in pursuit of the strategic goals of the organisation.

Remuneration

The Board has taken the decision to create a permanent Remuneration Committee and further details are set out in the Directors' Report.

Engagement

There has been an increase in stakeholder engagement during the year as we gear up to transition into a new strategic period formally commencing in April 2022. Engagement with our customers, beneficiaries, and team members amongst others is helping to shape our thinking and resolve for the future.

It is with great sadness that our Non-Executive Board Member Dr Alison Hill passed away in July 2021. Alison joined our Board in September 2017, generously sharing her extensive experience as a GP, as well as her health policy knowledge. She will be greatly missed.



Peter Hay
Chair of the
Turning Point Board

Our Board of Trustees

Executive Board Members

Julie Bass, Chief Executive

Julie has been an executive board Director at Turning Point for the past 12 years, holding the position of Chief Executive since April 2020. Prior to this Julie worked in financial services in the UK and overseas in a wide variety of roles before moving into management consultancy where she focused on organisational effectiveness and system leadership. She is passionate about the role that Turning Point can play in tackling health inequalities and creating the conditions which enable individuals, whatever their circumstances, to exercise choice and control over their lives. Julie cares deeply about supporting individuals to discover new possibilities in their lives and the role that high quality, holistic, responsive and flexible services can play. Julie is a Chartered Insurer and a fellow of the Chartered Institute of Personnel and Development.

Amarjit Dhillon, Chief Information Officer

Amarjit joined Turning Point in March 2014 as Chief Information Officer with accountability for Commercial Ventures since September 2018 and was appointed as an Executive Board Member in April 2020. Amarjit trained as a technologist in the NHS and then moved into the corporate sector where he specialised in directing transformation and change in global organisations. He has technology and information management experience as well as time spent in production and operations management, sales and customer facing roles. Amarjit is a Non-Executive Director for a housing association. He is a Chartered Engineer, a Chartered IT Professional and a Fellow of the British Computer Society and a Member of the Institution of Engineering and Technology.

Non-Executive Board Members

Peter Hay, CBE, Chair of the Board

Peter became Chair of Turning Point Board 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.

Nicola Gilham

Nicola joined the Turning Point Board in May 2018. She also sits on the Audit, Risk & Quality 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 20 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 a 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, Risk & Quality Committee

Paul joined the Turning Point Board 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 Limited, 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 £310 million. He has a degree in management studies and is a Fellow of the Chartered Insurance Institute. In 2014 he joined the Turning Point Audit, Risk & Quality Committee taking on the role of Chair with effect from October 2017.

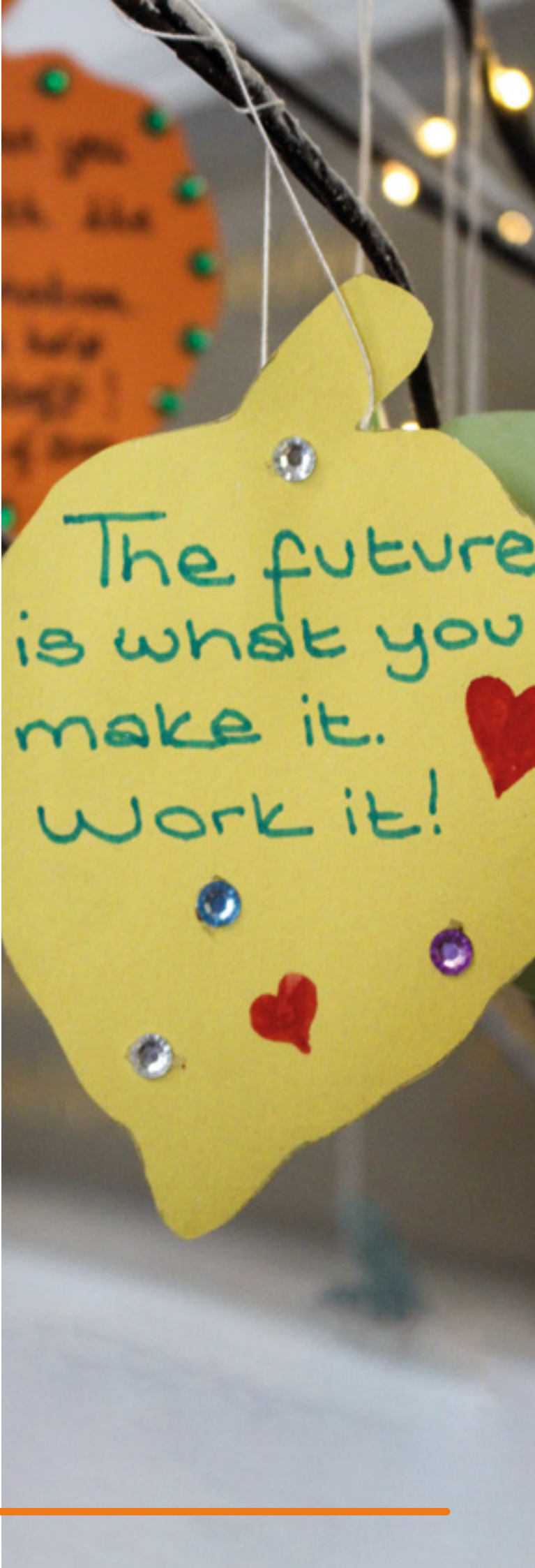
Dr. Alison Hill

Turning Point is sorry to share the sad news that Alison passed away in July 2021. Alison joined our Board in September 2017, generously sharing her extensive experience as a GP, for over 30 years, as well as her health policy knowledge as a senior NHS manager, commissioner, academic, and civil servant. Alison also supported us as a member of our Audit, Risk and Quality Committee. We pass on our condolences to her husband family and friends; she will be greatly missed.

Dr. Christian Van Stolk

Christian joined the Board in December 2020. He has worked extensively on health and wellbeing in the workplace including research on improving the health and wellbeing of staff in the National Health Service in the UK, maintaining and gaining employment for those with common mental health conditions, building an evidence base for health interventions in workplace settings, and looking at the relationship between productivity and health and wellbeing outcomes.

Christian sits on several expert panels for the UK government including those on occupational health, mental health, and employee health and wellbeing in the NHS. He holds a Ph.D. from the London School of Economics and Political Science and fellowships at the Royal Society of Medicine and Royal Society of the Arts.



Structure, governance and management

Subsidiary companies

Turning Point has one wholly owned subsidiary, Turning Point (Services) Limited which is the trading arm of the parent charity. The subsidiary board meets twice a year and has a board composition of five Directors from the Turning Point Board and two independent Directors.

Turning Point also has a 50% shareholding in Northern Pathways Limited with The Retreat York. Northern Pathways Limited ceased trading on 31 March 2019.

Turning Point Board meetings

The Turning Point Board met formally 10 times between April 2020 and March 2021.

Board attendance in 2020-21	Turning Point
Number of meetings in 2020-21	10
Numbers attended:	
Peter Hay (Chair)	10
Paul Picknett (Vice Chair)	9
Christopher Parker	9 out of 9
Alison Hill	9
Nicola Gilham	10
Julie Bass	10
Amarjit Dhillon	10
Helen Spice	5 out of 5
Christian Van Stolk	2 out of 2

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. Non-Executive 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, meetings with key senior managers and other Directors of the Board. There is also an introduction to the regulatory and market environment, the strategic aims of the company and the associated risk and challenges. Christian Van Stolk was appointed as Non-Executive Director of Turning Point on 11 December 2020.

Statement of Directors' Responsibilities

Company, charity and registered social housing legislation require the Board to prepare financial statements for each financial year which give a true and fair view of the state of affairs of the Charity and of the income and expenditure for the period of account.

In preparing these financial statements, the Board is required to:

- Select suitable accounting policies and then apply them consistently;
- Make judgements and estimates that are reasonable and prudent;
- State whether applicable accounting standards have been followed, subject to any material departures disclosed and explained in the financial statements; and
- Prepare the financial statements on the going concern basis unless it is inappropriate to presume that the Charity will continue in business.

The Board is responsible for keeping proper accounting records which disclose with reasonable accuracy at any time the financial position of the Charity and enable it to ensure that the financial statements comply with the Companies Act 2006, Charities Act 2011 and the Housing and Regeneration Act 2008, Housing SORP 2018 and the Accounting Direction for Private Registered Providers of Social Housing 2019. It has general responsibility for taking reasonable steps to safeguard the assets of the Charity and to prevent and detect fraud and other irregularities.

Disclosure of information to auditor

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 Board of Directors is responsible for setting and monitoring vision 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 Operating Board 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

During 2020 the Board engaged in a self-assessment of board effectiveness and also an externally facilitated board effectiveness review.

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, Risk & Quality Committee, members and attendees are required to state any interests with regard to specific items on the agenda in line with their duties under 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 housing regulator at the time, our 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 2020-21.

Following a review by the independent Remuneration Committee, Non-Executive Directors of Turning Point remuneration levels have been increased to £7,500 per year for the Chair and £5,000 per year for the other Non-Executive Directors from 1 April 2021.

Corporate Governance Code & Fundraising

The Board has subscribed to the Wates Corporate Governance Principles for Large Private Companies since March 2019 on the basis that the Wates Principles are better suited to the organisation. The board confirms that as a small Registered Provider subject to the regulations overseen by the Regulator for Social Housing it has carried out the necessary assessment and that it continues to comply with the Governance & Financial Viability Standard. The charity had no fundraising activities requiring disclosure under S162A of the Charities Act 2011.

Our people

This year has placed significant challenges on our committed workforce of over 4,000 team members, peer mentors and volunteers, facing into the pandemic while supporting each other, and the thousands of vulnerable people who rely on us each day in services up and down the country.

We have prioritised safety, communication and engagement to keep them informed of the latest guidance on how to keep themselves and others safe, celebrated their successes in the face of adversity and made efforts to strengthen their physical, emotional and financial wellbeing.

Nominations Committee

When required, the Nominations Committee is convened to make recommendations to the Board on recruitment, membership and succession planning. The Committee was convened twice during 2020-21. On the first occasion Goodman Harris was engaged to manage the initial market search and shortlisting of candidates for the Nomination Committee to interview. The board accepted the recommendation of the Nomination Committee and appointed Christian Van Stolk to the Board in December 2021.

The Nomination Committee was further convened this time with Saxton Bampfylde appointed to conduct the initial market search and shortlisting. Following recommendation by the Nomination Committee Dr. Victoria Tzortziou Brown was appointed to the Board on 11 May 2021.

Remuneration Committee

In January 2021 the Board took the decision to create a permanent Remuneration Committee to deal with executive and Non-Executive remuneration with different membership to manage conflicts of interest.

The Remuneration Committee was convened once between April 2020 - March 2021 and reviewed Non-Executive remuneration. Following a review by the independent Remuneration Committee, Non-Executive Directors of Turning Point remuneration levels have been increased to £7,500 per year for the Chair and £5,000 per year for the other Non-Executive Directors from 1 April 2021.

Review of 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.

We meet our 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 well over 55 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.

This has been coupled with regular two way feedback channels to help make improvements, track morale and ensure spaces are available to sense make and connect with each other. Diversity and inclusion developments throughout the year have increased, creating opportunities to celebrate and learn about the dimensions of difference within our workforce and how those experiences shape our people and what we do as an organisation. Despite the challenges being faced we have continued to welcome people from inside and outside of the sector to become part of the Turning Point team over the last year, including those at the beginning of their career, and have improved the welcome and induction of new joiners to get them off to the best possible start with us.

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.

Board committees

Audit, Risk & Quality Committee

The Audit, Risk & Quality Committee is a standing board committee with responsibility for overseeing the internal and external audit processes, testing the robustness of systems of controls, assessing the effectiveness of risk management and the system of internal controls as well as reviewing the company's overall financial performance. The Audit, Risk & Quality Committee receives reports from both internal and external auditors as well as executives and senior managers.

As at 31 March 2021, the members of the Audit Committee were as follows:

- Paul Picknett, Non-Executive Director (Chair)
- Alison Hill, Non-Executive Director
- Nicola Gilham, Non-Executive Director

The Chief Financial Officer is invited to Audit, Risk & Quality Committee meetings as a matter of course. Other executives and senior managers are invited to Audit, Risk & Quality Committee meetings as required. The Committee met five times between April 2020 and March 2021. All meetings were quorate. The Chief Financial Officer attended all Audit, Risk & Quality Committee meetings.

Environmental and energy reporting

Turning Point greenhouse gas emissions, reportable under SECR for the financial year were 1,930 tonnes CO2e.

These include the emissions associated with UK electricity and natural gas consumption, as well as business travel in company operated and private vehicles by team members. Turning Point’s greenhouse gas emissions were 16% lower this financial year than in the 2019/20 reporting period. The intensity of 14.6 tonnes CO2e per £m revenue is 19% lower than the last financial year.

Greenhouse gas emissions

Emission source	2019/20	2020/21	% Share	% Change 2019/20 – 2020/21
Fuel combustion: Natural gas	1,185	1,118	58%	-6%
Purchased electricity	714	623	32%	-13%
Fuel combustion: Transport	393	189	10%	-52%
Total emissions (tCO2e)	2,292	1,930	100%	-16%
Annual Turnover (£m)	128	133		
Intensity: (tCO2e £m Turnover)	17.9	14.6		-19%

Figure 1: Greenhouse gas emissions by year (tonnes CO2e).

Emission source	2019/20	2020/21	% Share	% Change 2019/20 – 2020/21
Scope 1	1,189	1,155	60%	-3%
Scope 2	714	574	30%	-20%
Scope 3	389	201	10%	-48%
Total emissions (tCO2e)	2,292	1,930	100%	-16%

Figure 2: Greenhouse gas emissions by scope (tonnes CO2e).

Scope 1: Natural gas and company-operated transport. Scope 2: Electricity. Scope 3: Losses from electricity distribution and transmission, private vehicles used for business travel. This only includes emissions reportable under SECR and may not reflect the entire carbon footprint of the organisation.

Category	2019/20	2020/21	% Share	% Change 2019/20 – 2020/21
Fuel combustion: Natural gas	6,444,673	6,079,819	68%	-6%
Purchased electricity	2,794,384	2,460,779	27%	-12%
Fuel combustion: Transport	1,606,846	445,761	5%	-72%
Total	10,845,903	8,986,358	100%	-17%

Figure 3: Energy consumption by year (kWh).

Boundary, methodology and exclusions

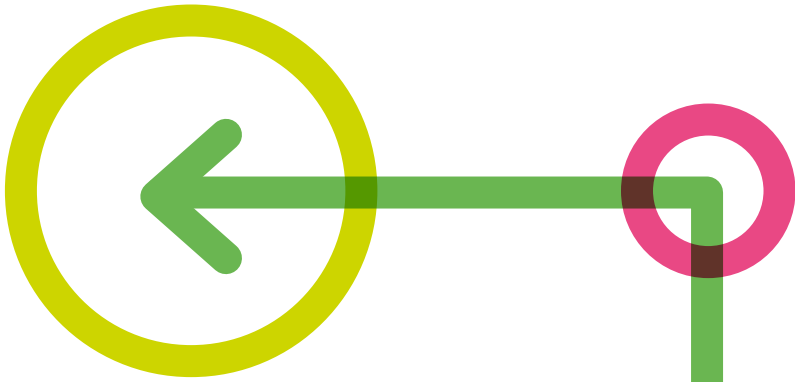
An ‘operational control’ approach has been used to define the Greenhouse Gas emissions boundary.⁹ This approach captures emissions associated with the operation of buildings in the Turning Point Estate for example the residential properties, independent hospitals, office sites and storage facilities, plus company-owned, leased 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 latest conversion factors provided by the UK Government. The emissions from the transmission and distribution of electricity are voluntarily reported under Scope 3. There are no material omissions from the mandatory reporting scope. A percentage of emissions relating to gas and electricity has been estimated, due to invoicing end dates, this is allowed under the guidance of the Regulation.

The reporting period is April 2020 to March 2021, as per the financial accounts.

Energy efficiency initiatives

In the period covered by the SECR Report Turning Point has not undertaken any significant energy efficiency actions within the business. This is in part due to the capital spend limitations, generated by the uncertainty of the long-term impact of COVID-19, which has necessitated a pause in investment.



⁹ An operational control approach to GHG emissions boundary is defined as: “Your 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”.

Achievements and performance

As set out in the strategic report, over the past year, despite the pandemic, we have continued to deliver our strategic priorities around our people, growth, quality, innovation, diversification and financial performance. We have kept the people we support and team members safe through strong infection control measures.

Supporting the health and wellbeing of our team members has been a key priority with positive results as indicated by our employee engagement survey. We have delivered organic growth, working closely with our commissioners to mobilise new services to relieve pressure on the acute sector, e.g. Coulgate Street and developing innovative new services to support the most vulnerable, e.g. HDAS. We have ensured the quality of service delivery has remained high as services have transformed in response to new government guidance. We have diversified our portfolio, introducing new service models such as the Central Access Point in Leicestershire, Turning Point Connect in Nottinghamshire and our new Commercial Venture livelife. Our financial performance has been strong during 2020/21 putting us in a good position moving into the next strategic period.

Value for money

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 the value we deliver through the quality of our services.

Turning Point Overall Ratings (April 2021) – 91% Good or Outstanding

Our overall rating for our CQC regulated services is 91% Good or Outstanding. We are regulated by the CQC for our Care Home services with and without nursing; Community-based services for people who misuse substances; Domiciliary Care services; Hospital services for people with mental health needs, learning disabilities and problems with substance misuse; Rehabilitation services; Residential substance misuse treatment and/or rehabilitation service and our Supported Living services.

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.



Financial performance

In a year dominated by the uncertainties of the COVID-19 pandemic, Turning Point has performed well and maintained financial control in unprecedented circumstances. Turnover reached £132.8 million, generating an operating surplus of £4.4 million.

COVID-19 presented a series of challenges to Turning Point. The safety of team members and people we support has been paramount throughout the year and in order to achieve this, the organisation was able to access additional funding streams and financial support frameworks. Infection Control Funding, the Rapid Testing Fund and the Workforce Capacity Fund have all been successfully accessed and the funding has been used to support team members and the people we support. Extremely Clinically Vulnerable team members have been protected from frontline activity and placed on furlough, supported by the Government's Job Retention Scheme. The deferral of VAT payments facilitated improved cashflow and allowed us to cover costs associated with COVID-19, including vital Personal Protective Equipment (PPE) initially funded by ourselves until the NHS portal was opened and we could order directly from it.

The long-awaited resolution of the sleep-ins case at the Supreme Court (Royal Mencap Society v Tomlinson-Blake) provided confirmation that 'sleep-in time' should not be classified as 'working time', and therefore not be subject to National Minimum Wage hourly rates. Whilst this judgment has been a disappointment to many frontline workers, it has relieved the uncertainty and financial pressure of any potential backpay liabilities anticipated to have cost the sector £400 million. We remain committed to supporting better pay and conditions for social care frontline staff and constantly review our team members remuneration.

Although growth opportunities have been limited this year due to the pandemic, Turning Point has secured and implemented some new business opportunities. October 2020 saw the addition of the Hackney and the City of London service to our portfolio of services. We were also successful in winning the Herefordshire substance misuse contract, which launched in April 2021. The Mental Health portfolio has been buoyed by new activity including the launch of the Angel Lace Supported Accommodation service in Nottingham, alongside a Crisis Café and Personality Disorder service in the same area, and the Aldbanks contract in Bedfordshire. Several places on Learning Disabilities frameworks have been secured including the London Borough of Tower Hamlets, and a new Positive Behavioural Support contract in Kent opened its doors at the end of March.

The business to business brand Rightsteps has continued to develop its offering and customer base this year, winning 18 new contracts and significantly increasing its annual revenue. We are now seeing much higher levels of referrals coming through and expect further growth in 2021/22.

A new product, livelife, was launched on 1 March 2021 providing remote cognitive behavioural therapy (CBT) and counselling directly to individual customers for a range of common mental health problems. This innovative offering is also set to grow and develop in 2021/22.

Despite all the difficulties presented by the COVID-19 pandemic, the financial control and stewardship at Turning Point has resulted in a solid performance, built on the back of our key organisational value of building a strong and financially resilient Turning Point together.

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 2021, we transferred a surplus of £3.1 million to reserves, giving us unrestricted reserves of £9.2 million (2020: £6.5 million). This strong performance was achieved through a determined focus on our business priorities for the year, and the ability to adapt our service and business delivery models quickly and innovatively to the changing circumstances of the COVID-19 pandemic. We successfully continued to offer support to people, in ways which best met their needs, whilst keeping them and our team members safe.

Our priorities are to build our reserves for 2020/21 through continuous improvement and driving efficiency. The priorities for the year included:

- Supporting the health and wellbeing of our people, with a particular focus on mental wellbeing.
- Reaching more people and driving efficacy of outcomes through a cohesive framework of people, clinical and operational governance.
- Focussing on customer relationship management and business development capability to retain our existing contracts.
- Promoting inclusion, involvement and innovation through active engagement with the people we support, our team members and our commissioners.
- Creating a sustainable Turning Point which includes building reserves and managing long term commitments through a clear focus on financial performance.

We are continuing to build on these priorities in 2021/22, with the aim of strengthening our financial position 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 £11.1 million based on the income from operations in 2020/21.

At 31 March 2021, the Group's total reserves, which include the pension reserve, were -£5.7 million (2020: -£8.8 million). 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 2021/22 and 2022/23, 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, Risk & Quality Committee.

This report was approved by the Board on 27 July 2021 and signed on its behalf.

Paul Picknett (Vice 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 2021, 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 102 'The Financial Reporting Standard applicable in the UK and Republic of Ireland' (United Kingdom Generally Accepted Accounting Practice).

In our opinion the financial statements:

- give a true and fair view of the state of the Group's and of the charitable company's affairs as at 31 March 2021 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, Housing and Regeneration Act 2008 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

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

Based on the work we have performed, we have not identified any material uncertainties relating to events or conditions that, individually or collectively, may cast significant doubt on the Group's or Trust's ability to continue as a going concern for a period of at least 12 months from when the financial statements are authorised for issue.

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

Other information

The trustees are responsible for the other information within the Annual Report. 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 70, 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.

INDEPENDENT AUDITOR’S REPORT

Extent to which the audit was considered capable of detecting irregularities, including fraud

Irregularities, including fraud, are instances of non-compliance with laws and regulations. We identified and assessed the risks of material misstatement of the financial statements from irregularities, whether due to fraud or error, and discussed these between our audit team members. We then designed and performed audit procedures responsive to those risks, including obtaining audit evidence sufficient and appropriate to provide a basis for our opinion.

We obtained an understanding of the legal and regulatory frameworks within which the charitable company and group operates, focusing on those laws and regulations that have a direct effect on the determination of material amounts and disclosures in the financial statements. The laws and regulations we considered in this context were the Companies Act 2006, the Charities Act 2011, the Housing and Regeneration Act 2008 and The Accounting Direction for Registered Providers of Social Housing from April 2019 together with the Housing SORP. We assessed the required compliance with these laws and regulations as part of our audit procedures on the related financial statement items.

In addition, we considered provisions of other laws and regulations that do not have a direct effect on the financial statements but compliance with which might be fundamental to the charitable company's and the group's ability to operate or to avoid a material penalty. We also considered the opportunities and incentives that may exist within the charitable company and the group for fraud. The laws and regulations we considered in this context for the UK operations were Care Quality Commission (CQC) Regulations for service providers and managers, Employment and Health and Safety legislation, and requirements imposed by the Regulator of Social Housing. Auditing standards limit the required audit procedures to identify non-compliance with these laws and regulations to enquiry of the Trustees and other management and inspection of regulatory and legal correspondence, if any.

We identified the greatest risk of material impact on the financial statements from irregularities, including fraud, to be within the timing of recognition of contract income, recording the impact of the CQC regulatory review and the override of controls by management. Our audit procedures to respond to these risks included enquiries of management, review of internal audit reports, review of the fraud reports made to the Audit, Risk & Quality Committee, sample testing on the posting of journals, agreement of income to contracts, reviewing accounting estimates for biases, reviewing regulatory correspondence with the Charity Commission and CQC and reading minutes of meetings of those charged with governance.

Owing to the inherent limitations of an audit, there is an unavoidable risk that we may not have detected some material misstatements in the financial statements, even though we have properly planned and performed our audit in accordance with auditing standards. For example, the further removed non-compliance with laws and regulations (irregularities) is from the events and transactions reflected in the financial statements, the less likely the inherently limited procedures required by auditing standards would identify it. In addition, as with any audit, there remained a higher risk of non-detection of irregularities, as these may involve collusion, forgery, intentional omissions, misrepresentations, or the override of internal controls. We are not responsible for preventing non-compliance and cannot be expected to detect non-compliance with all laws and regulations.

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
Senior Statutory Auditor

for and on behalf of
Crowe U.K. LLP

Statutory Auditor

3rd floor
The Lexicon
Mount Street
Manchester
M2 5NT

Date: 30 July 2021



Group statement of comprehensive income

For the year ended 31 March 2021

	Note	Total 2021 £000	Total 2020 £000
Turnover	4	132,794	128,177
Other operating charges	4	(128,361)	(125,876)
Operating surplus		4,433	2,301
Interest receivable and similar income	12	18	44
Impact of changing assumptions and discount rate on pension deficit reduction plan	23	(648)	(3,131)
Surplus/(Deficit) for the financial year		3,803	(786)
Actuarial (losses)/gains on defined benefit pension schemes	30	(658)	1,610
Other comprehensive income for the year		(658)	1,610
Total comprehensive surplus		3,145	824

All 2021 activities relate to continuing operations.

Charity statement of comprehensive income

For the year ended 31 March 2021

	Note	Total 2021 £000	Total 2020 £000
Turnover	5	131,527	126,284
Other operating charges	5	(128,346)	(125,917)
Operating surplus		3,181	367
Interest receivable and similar income	12	18	44
Impact of changing assumptions and discount rate on pension deficit reduction plan	23	(648)	(3,131)
Impact of termination of lease and impairment of investment in Turning Point Building Futures Limited		-	(53)
Surplus/(Deficit) for the financial year		2,551	(2,773)
Actuarial (losses)/gains on defined benefit pension schemes	30	(658)	1,610
Gift aid from subsidiaries	32	1,927	1,838
Other comprehensive income for the year		1,269	3,448
Total comprehensive surplus		3,820	675

All 2021 activities relate to continuing operations.

Gift aid from subsidiaries of £1,927k relates to Gift Aid arising on profits generated in the previous accounting period.

Consolidated statement of financial position

As at 31 March 2021

	Note	2021 £000	2020 £000
Fixed assets			
Housing properties	14	4,145	4,311
Other fixed assets	15	306	173
Investments	16	1	1
		4,452	4,485
Current assets			
Debtors	17	20,024	11,961
Cash and cash equivalents	18	7,791	8,606
		27,815	20,567
Creditors: amounts falling due within one year	19	(19,315)	(15,257)
Net current assets		8,500	5,310
Total assets less current liabilities		12,952	9,795
Creditors: amounts falling due after more than one year	21	70	77
		70	77
Provisions for liabilities			
Defined benefit pension liability	30	2,017	1,397
Pension provision	23	14,846	15,301
Reinstatement provision	23	1,675	1,821
		18,538	18,519
Reserves			
Unrestricted reserves		9,180	6,500
Pension reserve		(14,846)	(15,301)
Restricted reserves		10	-
		12,952	9,795

The financial statements were approved and authorised for issue by the Board and were signed on its behalf on 27 July 2021.

Paul Picknett (Vice Chair)
Director



Charity statement of financial position

As at 31 March 2021

	Note	2021 £000	2020 £000
Fixed assets			
Housing properties	14	4,145	4,311
Other fixed assets	15	306	173
Investments	16	1	1
		4,452	4,485
Current assets			
Debtors	17	10,940	6,125
Cash and cash equivalents	18	7,767	8,359
		18,707	14,484
Creditors: amounts falling due within one year	19	(12,783)	(12,425)
Net current assets		5,924	2,059
Total assets less current liabilities		10,376	6,544
Creditors: amounts falling due after more than one year	21	70	77
		70	77
Provisions for liabilities			
Defined benefit pension liability	30	2,017	1,397
Pension provision	23	14,846	15,301
Reinstatement provision	23	1,675	1,821
		18,538	18,519
Reserves			
Unrestricted reserves		6,604	3,249
Pension reserve		(14,846)	(15,301)
Restricted reserves		10	-
		10,376	6,544

The financial statements were approved and authorised for issue by the Board and were signed on its behalf on 27 July 2021.

Paul Picknett (Vice Chair)
Director



Consolidated statement of changes in reserves

For the year ended 31 March 2021

	Restricted reserves £000	Pension reserve £000	Unrestricted reserves £000	Total reserves £000
At 1 April 2020	-	(15,301)	6,500	(8,801)
Comprehensive income for the year				
Surplus for the year	10	-	3,793	3,803
Actuarial losses on pension schemes	-	-	(658)	(658)
Movement on pension deficit	-	455	-	455
Transfer to profit and loss account	-	-	(455)	(455)
At 31 March 2021	10	(14,846)	9,180	(5,656)

The notes on pages 90 to 115 form part of these financial statements.

Consolidated statement of changes in reserves

For the year ended 31 March 2020

	Pension reserve £000	Unrestricted reserves £000	Total reserves £000
At 1 April 2019	(13,185)	3,560	(9,625)
Comprehensive income for the year			
Deficit for the year	-	(786)	(786)
Actuarial gain 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 90 to 115 form part of these financial statements.

Consolidated statement of cash flows

For the year ended 31 March 2021

	2021 £000	2020 £000
Cash flows from operating activities		
Profit/(loss) for the financial year	3,803	(786)
Adjustments for:		
Depreciation of tangible assets	589	541
Profit on disposal of tangible assets	24	3
Amortisation of capital grants	(7)	(6)
Interest received	(18)	(44)
(Increase)/decrease in debtors	(8,063)	134
Increase in creditors	4,058	1,094
(Decrease)/increase in provisions	(601)	2,048
Defined benefit pension contributions	(327)	(159)
Pension interest and service costs	289	429
Net cash generated from operating activities	(253)	3,254
Cash flows from investing activities		
Improvement to housing properties	(276)	(195)
Purchase of tangible fixed assets	(304)	(154)
Interest received	18	44
Net cash from investing activities	(562)	(305)
Net increase in cash and cash equivalents	(815)	2,949
Cash and cash equivalents at the beginning of the year	8,606	5,657
Cash and cash equivalents at the end of the year	7,791	8,606
Cash and cash equivalents at the end of year comprise:		
Cash at bank and in hand	7,791	8,606
	7,791	8,606

The notes on pages 90 to 115 form part of these financial statements.

Analysis of net debt

For the year ended 31 March 2021

	At 1 April 2020 £000	Cash flows £000	At 31 March 2021 £000
Cash at bank and in hand	8,606	(815)	7,791
	8,606	(815)	7,791

The notes on pages 90 to 115 form part of these financial statements.

Notes to the financial statements

For the year ended 31 March 2021

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 January 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 2021, Turning Point had working capital of £8.5m (2020: £5.3m) and a cash balance of £7.8m (2020: £8.6m). Forecast cashflows show significant headroom against working capital requirements. 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 joining the VAT Deferral Scheme. The deferral of VAT payments has provided a significant cashflow benefit through 2020/21 and will be repaid over 11 instalments commencing in March 2021. The operating surplus in 2020/21 of £4.4m has been retained in the business and has increased the core cash balance.

The business is taking forward the new ways of working that have driven cost efficiencies during the year, and is negotiating and managing contracts to ensure their profitability. We are continuing to develop innovative ways of supporting people, through engagement with the people we support and commissioners, and this will drive future growth and secure retention of our current contracts.

These activities underpin the budgets and cash forecasts for 2021/22 and 2022/23, which have been reviewed and challenged by the Board. In addition, the Board has considered the organisation's ability to respond to the longer-term impacts of the COVID-19 pandemic 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.

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 was dissolved in December 2020.

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.

Accounting policies (continued)

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 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.

2.13 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.

2.14 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.

2.15 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 team members 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.

The Charity pays contributions to the NHS Pension Scheme in relation to team members who are members. This is a defined benefit public service scheme and the costs are charged to the Statement of Comprehensive Income in the period to which they relate.

2.16 Designated reserves

The Charity has no designated reserves at 31 March 2021.

2.17 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 team members 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 – 2021 Group

	Turnover £000	Operating costs £000	Operating surplus £000
Income and expenditure from lettings			
Supported housing accommodation:			
Residential services	63,713	(58,169)	5,544
Non residential services	68,910	(58,172)	10,738
	132,623	(116,341)	16,282
Other income and expenditure	171	(12,020)	(11,849)
	132,794	(128,361)	4,433

Turnover and operating surplus – 2020 Group

	Turnover £000	Operating costs £000	Operating surplus £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

5. Turnover and operating surplus – 2021 Charity

	Turnover £000	Operating costs £000	Operating surplus £000
Income and expenditure from lettings			
Supported housing accommodation:			
Residential services	83,026	(58,194)	24,832
Non residential services	48,328	(58,131)	(9,803)
	131,354	(116,325)	15,029
Other income and expenditure	173	(12,021)	(11,848)
	131,527	(128,346)	3,181

Turnover and operating surplus – 2020 Charity

	Turnover £000	Operating costs £000	Operating surplus £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

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 2021 £000	Non residential services 2021 £000	Total 2021 £000	Residential services 2020 £000	Non residential services 2020 £000	Total 2020 £000
Income from lettings						
Rent receivable	1,030	-	1,030	1,143	41	1,184
Service charge receivable	1,505	(36)	1,469	1,549	187	1,736
Net rents receivable	2,535	(36)	2,499	2,692	228	2,920
Revenue grants from local authorities and other agencies	61,178	68,946	130,124	63,565	61,505	125,070
Total income from lettings	63,713	68,910	132,623	66,257	61,733	127,990
Expenditure on letting activities						
Services	45,495	45,168	90,663	44,176	46,926	91,102
Management	9,809	9,737	19,546	8,124	8,712	16,836
Routine maintenance	491	547	1,038	639	530	1,169
Planned maintenance	143	95	238	104	104	208
Rent losses from bad debts	116	17	133	25	22	47
Property lease charges	1,987	2,294	4,281	1,862	2,515	4,377
Depreciation of housing properties	128	314	442	212	152	364
Total expenditure on lettings	(58,169)	(58,172)	(116,341)	(55,142)	(58,961)	(114,103)
Operating surplus on letting activities	5,544	10,738	16,282	11,115	2,772	13,887
Void losses			2,097			4,772

7. Income and expenditure from lettings – Charity

	Residential services 2021 £000	Non residential services 2021 £000	Total 2021 £000	Residential services 2020 £000	Non residential services 2020 £000	Total 2020 £000
Income from lettings						
Rent receivable	1,030	-	1,030	1,143	41	1,184
Service charge receivable	1,575	(21)	1,554	1,618	187	1,805
Net rents receivable	2,605	(21)	2,584	2,761	228	2,989
Revenue grants from local authorities and other agencies	80,421	48,349	128,770	70,816	52,325	123,141
Total income from lettings	83,026	48,328	131,354	73,577	52,553	126,130
Expenditure on letting activities						
Services	45,516	45,134	90,650	44,176	46,917	91,093
Management	9,813	9,730	19,543	8,178	8,710	16,888
Routine maintenance	491	547	1,038	639	530	1,169
Planned maintenance	143	95	238	105	103	208
Rent losses from bad debts	116	17	133	26	20	46
Property lease charges	1,987	2,294	4,281	1,862	2,515	4,377
Depreciation of housing properties	128	314	442	211	153	364
Total expenditure on lettings	(58,194)	(58,131)	(116,325)	(55,197)	(58,948)	(114,145)
Operating surplus/(deficit) on letting activities	24,832	(9,803)	15,029	18,380	(6,395)	11,985
Void losses			2,097			4,772

8. Operating surplus

The operating surplus is stated after charging:

	Group 2021 £000	Group 2020 £000	Charity 2021 £000	Charity 2020 £000
Other housing depreciation	442	375	442	375
Depreciation of other tangible owned fixed assets	147	166	147	166
Amortisation of capital grant on housing properties	(15)	(6)	(15)	(6)
Impairment of investments in subsidiary	-	-	-	53
Audit fees payable	55	54	28	27
Hire of plant and machinery – rentals payable under operating leases	519	397	519	397

9. Auditor’s remuneration

	2021 £000	2020 £000
Fees payable to the Group’s auditor	71	70
Fees payable to the Group’s auditor and its associates in respect of:		
Audit of charity	28	27
Audit of subsidiaries	27	27
Tax compliance and advisory services	4	4
Accounts preparation fee	12	12
	71	70

10. Employees – Group and Charity

Staff costs were as follows:

	2021 £000	2020 £000
Salaries	86,750	83,271
National insurance	7,099	6,400
Pension contributions	3,314	3,449
	97,163	93,120

The average monthly number of employees, including the Chief Executive, during the year was as follows:

	2021 No.	2020 No.
Management and administration	687	549
Operational	2,898	2,966
	3,585	3,515

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 seven Executive Directors and Operating Board Members, and eight Non-Executive Directors (2020: 9 ED and 7 NED).

The total employee benefits of the key management personnel of the charity and parent group were £1,046k paid to Executive Directors and Operating Board Members and £27k paid to Non-Executive Board Members (2020: £1,315k, £24k).

During the year, 14 team members were paid a total of £20k as compensation for the termination of their employment before the normal retirement date. A total of £39k was paid to seven team members who accepted the offer of voluntary redundancy. The payments are fully recognised in the Statement of Comprehensive Income for 2020/21, 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:

	2021 No.	2020 No.
Management and administration	531	518
Operational	2,462	2,384
	2,993	2,902

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

	2021 No.	2020 No.
Group and charity		
£60,001 – £70,000	13	15
£70,001 – £80,000	16	9
£80,001 – £90,000	8	9
£90,001 – £100,000	2	1
£100,001 – £110,000	3	4
£110,001 – £120,000	2	-
£120,001 – £130,000	1	2
£130,001 – £140,000	3	1
£140,001 – £150,000	-	1
£150,001 – £160,000	1	1
£160,001 – £170,000	-	-
£170,001 – £180,000	-	-
£180,001 – £190,000	1	1
£190,001 – £200,000	-	1
£200,001 – £210,000	-	1
£210,001 – £220,000	-	-
£220,001 – £230,000	1	-
	51	46

11. Directors’ and trustees’ emoluments

	2021 £000	2020 £000
Group and Charity		
Director emoluments (including pension contributions and benefits in kind)	443	616
Director pension contributions (included above)	20	24
The headcount of Directors during the year was 2 (2020: 3)		
Two Directors were paid pension contributions during the year (2020: 2)		
Non-executive trustee emoluments (including expenses)	27	27
£Nil (2020: £1k) of travel expenditure was reimbursed to 0 (2020: 3) trustees		
The emoluments of Directors disclosed above (excluding pension contributions and benefits in kind) include amounts paid to:		
The highest paid Director	227	210
Pension contributions of the highest paid Director	14	13

The company paid emoluments of £4k to two Directors of Turning Point (Services) Limited during the year (2020: £2k to one Director).

Details of the nature of the Chief Executive's pension arrangements:

The CEO is an ‘ex defined benefit’ member of the Group Personal Pension Plan with Standard Life, as are all other team members 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.

12. Interest receivable

	Group 2021 £000	Group 2020 £000	Charity 2021 £000	Charity 2020 £000
Other interest receivable	18	44	18	44
	18	44	18	44

13. 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.

14. Housing properties

Group

	Housing properties £000
Cost	
At 1 April 2020	7,761
Additions	276
At 31 March 2021	8,037
Depreciation	
At 1 April 2020	3,450
Charge for the year	442
At 31 March 2021	3,892
Net book value	
At 31 March 2021	4,145
At 31 March 2020	4,311

The aggregate amount of finance costs included in the cost of housing properties is £nil (2020: £nil). The aggregate market value of the properties is, in the opinion of the Trustees, in excess of net book value.

	2021 £000	2020 £000
Housing properties cost comprise:		
Freeholds	2,554	2,554
Short leaseholds (less than 50 years)	4,617	4,341
Long leaseholds (more than 50 years)	848	848
	8,019	7,743
Expenditure on works to existing properties:		
Capitalised in the year	276	195
Charged to income and expenditure	448	375
	724	570

Charity

	Housing properties £000
Cost	
At 1 April 2020	7,761
Additions	276
At 31 March 2021	8,037
Depreciation	
At 1 April 2020	3,450
Charge for the year	442
At 31 March 2021	3,892
Net book value	
At 31 March 2021	4,145
At 31 March 2020	4,311

15. Tangible fixed assets

Group

	Motor vehicles £000	Fixtures and fittings £000	Office equipment £000	Software £000	Total £000
Cost					
At 1 April 2020	22	691	660	814	2,187
Additions	-	58	90	156	304
Disposals	-	-	(15)	(11)	(26)
At 31 March 2021	22	749	735	959	2,465
Depreciation					
At 1 April 2020	8	656	539	811	2,014
Charge for the year on owned assets	5	35	89	18	147
Disposals	-	-	(1)	(1)	(2)
At 31 March 2021	13	691	627	828	2,159
Net book value					
At 31 March 2021	9	58	108	131	306
At 31 March 2020	14	35	121	3	173

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.

Charity

	Motor vehicles £000	Fixtures and fittings £000	Office equipment £000	Software £000	Total £000
Cost					
At 1 April 2020	22	691	660	814	2,187
Additions	-	58	90	156	304
Disposals	-	-	(15)	(11)	(26)
At 31 March 2021	22	749	735	959	2,465
Depreciation					
At 1 April 2020	8	656	539	811	2,014
Charge for the year on owned assets	5	35	89	18	147
Disposals	-	-	(1)	(1)	(2)
At 31 March 2021	13	691	627	828	2,159
Net book value					
At 31 March 2021	9	58	108	131	306
At 31 March 2020	14	35	121	3	173

16. Fixed asset investments

Group

	Investments in joint venture £000
Cost or valuation	
At 1 April 2020	1
At 31 March 2021	1
Net book value	
At 31 March 2021	1
At 31 March 2020	1

Turning Point, Charity and Group, own 50% of the 1,000 £1 ordinary shares in Northern Pathways Ltd amounting to £500 (2020: £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 2021 of negative £149k (2020: negative £132k). Its trading loss for the year was £16k (2020: loss £38k).

Charity

	Investments in subsidiary companies £000
Cost or valuation	
At 1 April 2020	2,501
At 31 March 2021	2,501
Impairment	
At 1 April 2020	2,500
At 31 March 2021	2,500
Net book value	
At 31 March 2021	1
At 31 March 2020	1

Turning Point the Charity owns 100% of the 100 £1 ordinary shares in Turning Point (Services) Ltd amounting to £100 (2020: £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 2021 of £2,575k (2020: £3,249k). Its trading profit for the year after Gift Aid was £1,253k (2020: £147k).

17. Debtors

	Group 2021 £000	Group 2020 £000	Charity 2021 £000	Charity 2020 £000
Rental debtors	129	114	129	114
Less: provision for bad debts		-		(50)
Net rental debtors	129	64	129	64
Due from statutory sources	14,851	6,617	2,690	2,699
Less: provision for bad debts	-	(50)	-	(50)
Net statutory debtors	14,621	6,436	2,507	2,558
Prepayments and accrued income	5,051	5,237	3,454	3,279
Other debtors	223	180	223	180
Amounts owed by group companies and joint ventures	-	44	4,627	44
	20,024	11,961	10,940	6,125

18. Cash and cash equivalents

	Group 2021 £000	Group 2020 £000	Charity 2021 £000	Charity 2020 £000
Cash at bank and in hand	7,791	8,606	7,767	8,359
	7,791	8,606	7,767	8,359

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 2021 was £88k (2020: £80k).

19. Creditors: Amounts falling due within one year

	Group 2021 £000	Group 2020 £000	Charity 2021 £000	Charity 2020 £000
Trade creditors	2,156	3,136	2,156	3,136
Amounts owed to group companies	-	-	-	2,498
Other taxation and social security costs	10,271	5,264	4,546	588
Other creditors	170	173	170	173
Accruals and deferred income	6,718	6,684	5,911	6,030
	19,315	15,257	12,783	12,425

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

20. Deferred income

	At 1 April 2020 £000	Deferred £000	Released £000	At 31 March 2021 £000
Group	1,266	2,159	(1,266)	2,159
Charity	612	1,351	(612)	1,351

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.

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

	Group 2021 £000	Group 2020 £000	Charity 2021 £000	Charity 2020 £000
Social housing and other grants	70	77	70	77
	70	77	70	77

22. Financial Instruments

	Group 2021 £000	Group 2020 £000
Financial assets		
Financial assets that are debt instruments measured at amortised cost	24,782	17,545
	24,782	17,545
Financial liabilities		
Other financial liabilities measured at fair value through profit or loss	16,521	17,122
Financial liabilities measured at amortised cost	6,885	8,727
	23,406	25,849

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.

23. Provisions

	Pension provision £000	Reinstatement provision £000	Total £000
Group and Charity			
At 1 April 2020	15,301	1,821	17,122
Additions	648	-	648
Releases	(1,103)	(146)	(1,249)
At 31 March 2021	14,846	1,675	16,521

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. Turning Point agreed to pay contributions of £1,040k for the period 1 April 2020 to 30 June 2020, £1,124k, for the period 1 July 2020 to 31 March 2021, and £1,140k from 1 April 2021 with contributions then increasing in line with RPI each year.

The reinstatement provision of £1,675k (2020: £1,821k) 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.

24. Restricted reserves

	2021 £000	2020 £000
Balance as at 1 April 2020	-	-
Restricted Income	10	-
Balance as at 31 March 2021	10	-

Restricted reserves relate to income received to support adult social care providers to reduce the transmission of COVID-19 within and between care settings.

25. Legislative provisions

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

26. Contingent assets

Group

The Group has £9k in contingent assets at 31 March 2021. This represents income considered possible at that date.

The Group had £46k in contingent assets at 31 March 2020. This represented income considered possible at that date, £23k was received in the year ended 31 March 2021.

Charity

The Charity has £9k in contingent assets at 31 March 2021. This represents income considered possible at that date.

The Charity had £22k in contingent assets at 31 March 2020. This represented income considered possible at that date. £9k was received in the year ended 31 March 2021.

27. Statement of capital grant movements

	2021 £000	2020 £000
Balance as at 1 April 2020	85	91
Amortised in year	(15)	(6)
Balance as at 31 March 2021	70	85

28. Bedspaces

	Care Homes No.	Supported Living No.	Total No.
At 31 March 2020	448	754	1,202
Additions	10	175	185
Disposals	(74)	(341)	(415)
At 31 March 2021	384	588	972

29. Capital commitments

At 31 March 2021 the group had capital commitments of £nil (2020: £nil).

30. Pension commitments

Turning Point Pension Scheme

The total net pension cost for the group for the year was £2,365k for the defined contribution pension scheme (2020: £2,130k) and £1,103k for the defined benefit pension scheme (2020: £1,015k). 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 and Turning Point Scotland team members (and former team members). 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 £100m, liabilities of £135m, and a deficit of £35m on a technical provisions basis. In order to remove the deficit over a 14 year period, Turning Point has agreed to pay contributions of £1,040k per annum (pro rata) for the period from 1 April 2020 to 30 June 2020 and £1,124k from 1 July 2020 to 31 March 2021, with contributions then increasing in line with RPI each year until 31 March 2033.

Turning Point Scotland has agreed to pay contributions of £338k per annum for the year from 1 April 2019 to 31 March 2020, with contributions then increasing in line with RPI each year until 31 March 2033.

Contribution levels are subject to review at subsequent actuarial valuations.

The Scheme assets comprise 47% equities, 8% government and corporate bonds, 11% diversified growth funds, 30% Liability Driven Investment (LDI), 3% property and 1% cash as at 31 March 2021.

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.

NHS Pension Scheme

Turning Point has team members 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 2021 were £717k.

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 2021, is based on valuation data as at 31 March 2019, updated to 31 March 2021 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.

Local Government Pension Schemes

Turning Point employs members of 3 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 £399k and the projected cost for the year to 31 March 2022 is £412k

Turning Point has bonds totalling £381k provided to commissioners in respect of some of the LGPS. The provision for the defined benefit pension liability at 31 March 2021 includes an allowance for full GMP indexation. The actuaries have not made any allowance in the calculations for the second ruling on GMP equalisation on the basis that any figure is unlikely to be significant.

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

Reconciliation of present value of LGPS plan liabilities and assets

	2021 £000	2020 £000
Reconciliation of present value of plan liabilities:		
At the beginning of the year	7,059	8,086
Actuarial adjustment – release of closing provision	-	(420)
Current service cost	258	357
Interest cost	165	196
Actuarial losses/(gains)	1,844	(1,164)
Contributions	4	(1)
Past service cost	-	5
At the end of the year	9,330	7,059

Reconciliation of present value of plan assets:		
At the beginning of the year	5,662	5,349
Actuarial adjustment – release of closing provision	-	(284)
Interest income	134	129
Actuarial gains	1,186	310
Contributions	4	(1)
Employer contributions	327	159
At the end of the year	7,313	5,662

	2021 £000	2020 £000
Fair value of plan assets	7,313	5,662
Present value of plan liabilities	(9,330)	(7,059)
Net pension scheme liability	(2,017)	(1,397)

The amounts recognised in the statement of comprehensive income are as follows:

	2021 £000	2020 £000
Current service cost	258	362
Interest cost	31	67
Total	289	429

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

	2021 %	2020 %
Discount rate	2.10 – 2.15	2.3
Future salary increases	2.00 – 3.95	2.3 – 3.2
Future pension increases (CPI)	2.6 – 2.7	1.8 – 1.9
Mortality rates		
For a male aged 65 now	21.7 – 21.9	21.5 – 21.8
At 65 for a male aged 45 now	22.6	22.2 – 22.5
For a female aged 65 now	24.2 – 24.7	23.8 – 24.6
At 65 for a female aged 45 now	25.8 – 25.9	25.2 – 25.7
Major categories of plan assets as a percentage of total plan assets		
Equities	62	77
Property	8	7
Bonds	25	13
Cash	5	3

31. Leasing commitments

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

	2021 £000	2020 £000
Group and Charity		
Land and buildings		
Within one year	1,599	2,187
Within two to five years	1,057	2,132
After five years	39	175
	2,695	4,494
Other		
Within one year	857	606
Within two to five years	1,076	591
After five years	5	-
	1,938	1,197

32. Related party transactions

Group and Charity

Turning Point, Turning Point (Services) 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, a wholly owned subsidiary. Turning Point is required to prepare consolidated financial statements that consolidate the accounts of the Charity and Turning Point (Services) Limited. 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. Turning Point Building Futures was a wholly owned subsidiary of Turning Point until it was dissolved on 1 December 2020.

During the year, Turning Point (Services) Ltd made an operating profit of £1,253k (2020: £1,932k). £1,242k (2020: £1,919k) will be Gift Aided to Turning Point. As at 31 March 2021, Turning Point (Services) Ltd owed Turning Point £4,627k (2020: Turning Point owed Turning Point (Services) Ltd £2,496k).

Turning Point incurs all of the costs associated with providing healthcare and social care services to commissioners, including the employment of team members 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 £99,302k (2020: £92,680k).

During the year, Turning Point Building Futures Ltd made an operating profit of £nil (2020: £nil). £nil (2020: £53k) was Gift Aided to Turning Point in the year. As at the 31 March 2021, Turning Point owed Turning Point Building Futures Ltd £nil (2020: £nil).

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 of £16k (2020: £38k).

As at 31 March 2020, Northern Pathways Ltd owed Turning Point £105k (2020: £105k) 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 £nil (2020: £37k).

NHS contracts are not deemed to be a related party transaction for 2020/21.

A decision has been taken by the respective Director boards to wind up Northern Pathways Limited.

33. Subsidiary undertakings

The following were subsidiary undertakings of the Charity:

Name	Class of shares	Holding	Principal activity
Turning Point (Services) Limited	Ordinary	100%	The provision of health and social care services primarily to people with drug or alcohol issues, mental health issues or a learning disability.
			Registered office Standon House, 21 Mansell Street, London E1 8AA

The aggregate of the share capital and reserves as at 31 March 2021 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 £000	Profit/(loss) £000
Turning Point (Services) Limited	2,575	1,253
	2,575	1,253

Company information

Directors

- > Peter Hay (Chair)
- > Paul Picknett
- > Nicola Gilham
- > Alison Hill
- > Helen Spice
(resigned 30 June 2020)
- > Julie Bass
- > Amarjit Dhillon
(appointed 1 April 2020)
- > Christian Van Stolk
(appointed on 11 December 2020)
- > Christopher Parker
(resigned 19 January 2021)

Registered number

00793558

Registered Office

Standon House
21 Mansell Street
London
E1 8AA

Independent auditor

Crowe U.K. LLP
3rd floor
The Lexicon
Mount Street
Manchester
M2 5NT

Bankers

Barclays Bank PLC
Level 11
20 Chapel Street
Liverpool
L3 9AG

Solicitors

Eversheds Sutherland
Eversheds House
70 Great Bridgewater Street
Manchester
M1 5ES



Contact us

Head Office

Standon House
21 Mansell Street
London
E1 8AA

T: 020 7481 7600

E: info@turning-point.co.uk

www.turning-point.co.uk

