



Positive Health (Lincolnshire)
(A company limited by guarantee)

**Annual Report and Financial Statements
For the Year Ended 31 March 2017**

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Charity number 1091677
Company number 4176976

POSITIVE HEALTH (LINCOLNSHIRE)
(A company limited by guarantee)

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**REFERENCE AND ADMINISTRATIVE DETAILS OF THE COMPANY, ITS TRUSTEES AND ADVISERS
FOR THE YEAR ENDED 31 MARCH 2017**

Trustees	Mr C F White, Chair Mr J Winmill, Treasurer Mr C F Hinton, Vice Chair Mr J Wolf (formerly Mr J G Bevis) Mr N Wolf (formerly Mr D Brown) (resigned 25 January 2017) Mrs P Calder (appointed 17 September 2016) Ms S Waldron (appointed 17 September 2016)
Company registered number	04176976
Charity registered number	1091677
Registered office	25 Newland Lincoln LN1 1XP
Company secretary	Mr J Winmill
Independent examiner	R J Ward FCA Streets LLP Chartered Accountants Tower House Lucy Tower Street Lincoln LN1 1XW
Bankers	National Westminster Bank 225 High Street Lincoln

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TRUSTEES' REPORT
FOR THE YEAR ENDED 31 MARCH 2017

The Trustees present their annual report together with the financial statements of for the 1 April 2016 to 31 March 2017.

Since the company qualifies as small under section 383, the strategic report required of medium and large companies under The Companies Act 2006 (Strategic Report and Director's Report) Regulations 2013 is not required.

Objectives and Activities

POLICIES AND OBJECTIVES

Positive Health's objectives and principal activities relate to the following statement, which is taken from our Memorandum and Articles of Association:

'The relief of poverty, sickness and social exclusion of persons living with and vulnerable to HIV/AIDS, and related infections, substance misuse and poor sexual health. To engage in any charitable activities which may lessen the suffering of such persons, their families, friends and carers.'

In furtherance of our objectives but not otherwise the charity may exercise the following powers:

'To target the public with information on sexual health, HIV and substance misuse, through relevant campaigns and awareness events, to provide information or support around those issues to people living in Lincolnshire'

and

'To use appropriate methods to educate and inform the general public and specific target groups on the subjects of HIV/AIDS, HEP B & C, Sexual Health and the wider aims of Positive Health (Lincolnshire).'

The main objectives and activities for the year continued to focus on the support for our clients, enabling people living with HIV and their carers to gain the skills, knowledge and resources to overcome the social and economic disadvantages associated with the poor health and stigma of HIV, and the prevention of further infection via our education/training and outreach work, to increase individual and collective knowledge of sexual health to reduce the incidence of HIV and other sexually transmitted infections within the county of Lincolnshire.

In addition to the work of our salaried staff the Trustees would also like to acknowledge the work of our volunteers, who give freely of their time and without whom our work would not be as effective as we would wish it to be.

We review our aims, objectives and activities each year, to look at the achievements of each key activity in the previous 12 months to ensure beneficial outcomes for our target groups. We have referred to the Charity Commission's guidance on public benefit when reviewing or planning future activities, and always consider how planned activities will contribute to the charity's objectives.

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TRUSTEES' REPORT (continued)
FOR THE YEAR ENDED 31 MARCH 2017

Achievements and performance

REVIEW OF ACTIVITIES

Sexual Health Outreach HIV Prevention and Support Service (SHOHPS)

The SHOHPS contract is funded by Lincolnshire County Council Public Health Division.

Sexual Health Outreach Service

The aims and objectives are to provide an outreach service to public sex environments (PSE), where site users commonly include men who have sex with men (MSM), and at other venues and events where people are more vulnerable or at risk of sexual ill health, to reduce sexual risk behaviours and to provide sexual health information to increase awareness of HIV, other sexually transmitted infections, routes of transmission and encourage the uptake of testing. The service is offered free of charge to service users and is limited by the funding to MSM at PSE sites and at other venues and events where people are more vulnerable or at risk of sexual ill health within the county of Lincolnshire.

The service delivery target is for the provision of 350 outreach sessions per annum covering the 28 PSE sites in Lincolnshire and includes sessions at venues and events.

During the year the outreach workers exceeded the targets, they completed 351 visits to PSE sites and 9 sessions at venues, including 4 sessions with service users at Framework in Lincoln, RAF Conningsby, RAF Scampton, Lincoln University, and Danesgate Student Accommodation. At each session the workers gave sexual health information and advice to raise awareness of HIV, other Sexually Transmitted Infections, routes of transmission including the risks associated with oral sex, distributed condoms, lube, information leaflets, and signposted people to local sexual health services. During the 9 sessions at venues the workers engaged with 276 people, distributed 900 packs of condoms and provided Point of Care HIV Tests for 4 service users at Framework.

During the Outreach Workers 351 visits to PSE sites, they recorded 1405 men present, and made contact with 53.5% (751 men and 1 female) of the total site users.

The locations of PSE sites are found through local networks or via the Internet, and people using the sites in Lincolnshire often frequent sites in other Counties or Countries. Conversely, people from outside the County will travel to use the sites in Lincolnshire. The workers identified 8.9% (67) as men who are not County residents, some had travelled from Norfolk, East Yorkshire, London, and one man from Nottingham said that he often visited the site on his regular visits to family. Many of the men who have travelled to sites express surprise at meeting an outreach worker as they have not encountered workers in other Counties and this is often the first time that they have received information about HIV and other sexually transmitted infections. Through their discussion the workers can help the men recognise any risks they may have taken and also give reassurance about the benefits of having an HIV test and sexual health screening.

The majority of the contacts 96% (722) were men and one woman actively seeking sex with other men, and 4% (30) were using the site for social reasons.

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A report from Public Health England – Promoting the health and wellbeing of gay, bisexual and other men who have sex with men (MSM), 2014, states that Gay, bisexual and other MSM constitute an estimated 5.5% of the male population in the UK. This diverse population continues to experience inequalities in health and wellbeing and in other areas – such as the experience or fear of stigma and discrimination, despite significant improvements in social attitudes and laws that protect and uphold the rights of lesbian, gay, bisexual and transgender people. It is likely the HIV epidemic among MSM is largely due to on-going incidence from men unaware of their infection: of the 41,000 MSM living with HIV in the UK at the end of 2012, nearly one in five was unaware of his infection. Nationally, gay men continue to be the group at greatest risk of contracting HIV and other sexually transmitted infections, and MSM often do not self-identify as gay or bi-sexual, and rarely access information, advice or resources from traditional services targeting gay men. Therefore, the one to one intervention from the outreach worker with MSM can make a significant difference in raising awareness of HIV and other sexually transmitted infections, as MSM who remain unaware of their HIV status are at risk of transmitting HIV to others, knowing ones HIV status is the key to both effective treatment and to preventing onward transmission.

The workers offer a wide range of sexual health support and information. They have excellent communication skills and extensive sexual health expertise. They work closely with partner agencies attending one site with Lincolnshire Police in August as local residents were complaining about perceived sexual activity at the site and were harassing site users. The workers also responded to a request from the Health Protection Agency to raise awareness of an outbreak of Hepatitis B among MSM. They discussed the risks associated with Chemsex and site users say they are not aware of any such use in the County, although some site users are aware of Chemsex parties being held in other areas of the Country.

The report by Public Health England also found that MSM are twice as likely to be depressed and/or anxious compared to other men, and at least 36% of older men report hiding their sexual identity throughout their lives. Therefore the workers need to be good listeners to support and promote the psychological wellbeing of the men using the sites, they provided emotional support to 60.5% (455) of the men they made contact with on the sites, many of whom felt guilty as they are married or have partners.

An important aspect of the outreach service is to gather soft intelligence about the needs of people using PSE sites in Lincolnshire to feed into local needs assessments and to raise awareness among colleagues in partner agencies. We are always happy to accommodate requests from colleagues to shadow a worker and visit the sites. A colleague from the Community Safety Priority Team visited the sites with one of our outreach team and gave the following feedback:

- I just wanted to say how helpful my site visits to the cruising sites were as I was under the impression the sites were used mostly for night time activity, couples and had a balanced mix of genders. But I was completely surprised to discover the sites were mostly male, fully active during the day times and many of the males were in heterosexual relationships.
It was great to see in action the work Positive Health does to try and reduce the risk of those participating in sexual activity at these sites and find out more about the cohort of people participating in this activity. It was an eye opener to say the least. I can see the value in this service especially with the risks some may be putting themselves in engaging in sexual activity with a variety of strangers.
It would be really insightful to know how many people once they have been spoken to by your team then get checked or even use the condoms provided. Health messages at sites are invaluable as how else would these men know about stronger strains of STI's or risks without your team providing this information. Thank you again for letting me come out with you.

While it is difficult to evidence the positive outcomes of a service reliant on brief interventions, many site users approach the workers for condoms and some say that they have been for sexual health screening. Staff from local sexual health clinics has informed us that men do attend the clinics on the advice of an Outreach worker and 5 men attended our monthly Drop In for an HIV test after being sign posted by a worker on a PSE site.

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TRUSTEES' REPORT (continued)
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Drop – IN Service and Point of Care HIV Testing

The service commenced in August 2016 and is provided on the first Monday of every month from 12.00 noon to 8.00pm. While the service is not provided within the SHOHPS contract we believe it adds value to the other sexual health support services we offer and aims to increase the uptake of testing and offers an alternative venue to those people who are reluctant to access main stream sexual health clinics. The service is widely publicised on social media sites, by the Scene public house, by posters in pharmacies, Accident and Emergency, GP surgeries and by local organisations. Since August 2016, 67 people have attended the drop in for an HIV test, and 35 called in for sexual health advice and condoms. All 102 people received advice and information about HIV, STI's and local sexual health services, 59 people also took condoms.

All the tests were for HIV only. 66 tests were non-reactive and 1 was a reactive result. The worker immediately made an appointment for the person at the sexual health clinic for the following morning and provided support, advice and information, the test result was later confirmed by the clinic and the person commenced medication. The person's partner also had a test at our Drop – In, which was non-reactive and they later emailed us to say that the service was really good and the worker was fantastic. The workers advise every attendee that the test is only for HIV and they should go for a full sexual health screen and 62 people were signposted to the local sexual health clinic.

Sexual Health Promotion/Training and HIV Prevention Services

The aims and objectives of the services are to promote positive sexual health and well-being, to raise awareness of HIV, STI's, reduce stigma, encourage the uptake of testing and sign post to sexual health services, through events, 210 free to establishment training workshops/courses and the provision of a 24 hour telephone helpline.

Telephone Helpline (Manned 24hrs)

During the year we received 150 enquires for sexual health advice, 2 were via email, 31 via social media and 117 were telephone calls. The majority of calls are from people wanting advice because of a sexual health risk; many just need reassurance that their activity has not put them at risk of contracting an infection. We can only advise them of transmission routes or symptoms and encourage them to have a sexual health check-up. In addition, the helpline also offers a 24-hour emergency contact for our social care clients.

We sign posted people to the sexual health services and gave alternative contact numbers for those having difficulty making appointments. We signposted one person to a local LGBT group, posted condoms, ensured the social care workers responded to calls and gave a lot of support to one person who called several times about having an HIV test, the person eventually made an appointment at Grantham sexual health clinic and continued to call for reassurance while awaiting the result, and was extremely relieved to receive a negative result to the test.

Sexual Health Promotion Events

We attended the Fresher Fayre's at Bishop Grosseteste College and Lincoln University. We distributed 3800 condom packs, provided information on sexual health services and distributed leaflets about different sexually transmitted infections. The student unions also provide our leaflets and information to their members.

We distributed information leaflets and 488 packs of condoms to attendees at Lincoln Pride in September, which was a really well attended event and provided opportunity for networking with agencies.

In total we distributed 10266 packs of condoms throughout the year, we ensure that people know how to use them properly and enclose instructions to reinforce the information. The condom packs are printed with sexual health messages to raise awareness of HIV, Sexually Transmitted Infections and risky behaviour.

We had a stall at Asda in Boston for World Aids Day. We also held street collections in Lincoln City Centre raising awareness of the increasing incidence of HIV infection in the County, the importance of HIV testing, the impact of late HIV diagnosis, and raising money for the Chris Cinclear Benevolent fund, which supports county

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residents with HIV with access to grants or loans in times of financial hardship.

We had stalls at the Sexual Health conference and the LGBT conference, and had stalls at Health Information events at RAF Conningsby and RAF Scampton.

We continue to be active members of the multi-agency sexual health promotion group, the sexual health implementation group and the sexual health programme board, working closely with colleagues in other agencies.

TRAINING, SCHOOLS AND EDUCATION ACTIVITIES

Sexual Health Promotion/Training

During the last year, the trainers delivered 206 sessions free of charge to 47 different organisations/schools. We did not quite reach the contract target of 210 sessions due to some organisations cancelling their booking at the last minute in March, leaving us without the opportunity to rebook the sessions before the year end. The sessions are offered to a variety of schools/ organisations and youth groups to ensure the information reaches as wide an audience as possible, especially to vulnerable and at risk groups. The venues receiving the sessions included Special Schools, LGBT Youth Group, Sleaford Secure Unit, Pupil Referral Units, Positive Futures, Colleges, Primary and Secondary Schools.

The sessions included:

- 88 sessions to promote HIV/AIDS Awareness.
- 15 sessions raising awareness of Sexually Transmitted Infections.
- 18 Risky Behaviour sessions.
- 15 Sex and Relationship sessions.
- 26 Puberty workshops.
- 3 Positive Relationships / self esteem
- 15 Introduction to Positive Relationships
- 17 Hygiene/ Self Esteem workshops.
- 1 Sexual Health workshop.
- 8 One to One Support.

All the workshops are developed by the trainers and are all updated on a regular basis, and workshops will be developed specifically to meet the needs of the target audience. The sessions are designed to be as interactive and informative as possible using resources such as beer goggles, games, and quizzes. We aim to encourage audience participation and discussion. The Trainers also work closely with schools to develop a programme of workshops to meet their PHSE needs. All sessions are evaluated by the Teachers and the Young People and we use the feedback for quality control and continuing improvement. Feedback from all the sessions is consistently good from both the staff and the course participants. One Primary School Teacher's evaluation form stated that "In 22 years of teaching, this is the best Puberty talk I've seen". The majority of Teachers also state that the young people benefit greatly from having an outside expert deliver the sessions, commenting on how clear and in depth the information is, how the Trainers are able to hold the attention of young people and manage challenging behaviour effectively.

The feedback from young people indicate that they feel comfortable having the information delivered by an outside speaker. They often refer to the Trainer by name on the evaluation forms which show the Trainer's ability to build a rapport with a class during the one hour session.

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The Trainers try to make themselves available at the end of each session enabling young people to approach them to ask any questions that they didn't feel comfortable talking about in front of their peers. Following a Puberty workshop to Year 6 pupils in Grantham, one young girl told the Trainer that "she felt better now that she had had this talk because her mum had died when she was quite young and she lived with her dad, and although she knew a little about puberty she had always felt too embarrassed to talk to him about it or to ask any questions" Having attended the workshop she had a safe environment to ask her questions, knew what to expect and said she didn't feel so worried anymore.

The Trainers ensure that the workshop content and language is appropriate to the audience and subject being discussed. Following an STI talk at a Secondary School the Trainer was approached by a young man who thanked them for being so inclusive. He explained that as a young gay student sex education was often an awkward subject for him as he felt it was aimed mainly at heterosexual people and he really appreciated the fact that the Trainer referred to both sexualities throughout the session which made the workshop relevant to him.

Throughout November, December and January, we actively promoted the HIV workshops to schools to coincide with World Aids Day on 1st December and to raise awareness of the increasing incidence of the infection, and to dispel myths. We delivered 80 sessions to young people in the County throughout the year and again the feedback is extremely positive. The Trainers are always looking for ways to improve their sessions and how they measure the effectiveness of the sessions. The Trainers now ask young people at the start of the session how they would feel if an HIV positive student was to enrol in their school. They regularly state that they would have concerns about 'catching HIV' and say this would influence their behaviour towards that person. At the end of the session, the question is asked again and this time, nobody has any concerns. The Trainers felt that this was quite a powerful impact, to be able to change the attitudes and perceptions of a large group of people about HIV in the space of an hour is an effective mechanism for reducing the stigma associated with HIV. The Training Team are keen to review the evaluation forms to try and capture the increased subject knowledge to really demonstrate just how much young people gain from the training sessions.

The Trainers also delivered 8 HIV workshops to 147 adults, including 2 sessions at Framework to their Staff and service users. 2 sessions to multi agency staff attending the courses organised by Lincolnshire County Council Workforce Quality and Development Team, sessions to staff at Nettleham Medical Practice, Apex Care Home, RAF Conningsby, and staff at Grantham Additional Needs Fellowship. Once again all the evaluations are very positive with attendees saying they enjoyed the session, gained a lot of knowledge, and it was an excellent presentation. One person commented that they 'would've liked to think I wasn't judgemental but to be honest I may have been but am not now thank you'.

One example of how all our services work together and complement each other is the provision of HIV training to Apex Care Home. This was a result of one of the social care clients being in hospital and although ready for discharge to residential care, the hospital was finding it difficult to secure a place for the client. The social care worker worked with the client and the hospital and offered free training to care homes' to allay any fears they had about accepting the client as a resident. The Training Team delivered the training and had to work hard to address the myths about confidentiality, the rights of carers not to care for someone with HIV and explained the legal rights of an HIV positive person. The client was offered a place at the home and our social care team continue to visit to support the client and the staff.

Following the training to staff at Grantham Additional Needs Fellowship, a teacher responsible for safeguarding approached the trainer to say " I didn't know much about HIV before –I'd never given it much thought and to be honest had a child/family disclosed a positive status to me before today, I would have gone into panic mode – but now I feel quite confident, it wouldn't be a big deal and I would be able to manage it".

Another teacher said "I really enjoyed that. I'd love you to come in and do some work with our students about HIV and Sex and Relationships. I really like how open and frank the session was, we tiptoe around these kinds of issues but I really like your approach". The teacher booked the sessions the following week.

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During the last year, 5736 people attended the free workshops, including:

- 1490 aged between 10 and 11.
- 100 in the 11 to 13 age groups.
- 1692 aged between 13 and 16.
- 2054 aged between 16 and 18.
- 253 aged 14-19 within special schools.
- 147 adults.

In addition to the free to provider sessions listed above, we also delivered 305 sessions to 32 different venues. These sessions are subsidised by the Charity and are offered at a charge to schools/organisations of £52.50 per tutor group. While these sessions are not a requirement of the SHOHPS contract it is important to acknowledge that an additional 10357 people in the County received sexual health information to raise their awareness of HIV and STI's, risky behaviour, consent and the means to protect their sexual wellbeing and avoid unplanned pregnancies.

The sessions included:

- 11 sessions to promote HIV/AIDS Awareness.
- 34 sessions raising awareness of Sexually Transmitted Infections.
- 11 Drugs & Alcohol Awareness sessions.
- 55 Risky Behaviour sessions.
- 40 Sex and Relationship sessions.
- 47 Puberty workshops.
- 12 Positive Relationships / self esteem
- 12 Introduction to Positive Relationships
- 10 Hygiene/self-esteem sessions.
- 18 Homophobic Bullying sessions.
- 16 Consent sessions.
- 1 Smoking session.
- 1 Self-Examination
- 1 menstruation.
- 12 Introductions to Drugs.
- 24 Contraception workshops.

In September 2016 the workshops were included on the Stay Safe Partnership's website, resulting in several new schools accessing our training sessions. The evaluations are again extremely positive and the majority of the schools book more than one session and are booking again this year. The Stay Safe Partnership and Group Work Co-ordinator observed two of the Trainers delivering workshops and provided the following comments on a Puberty workshop at a Primary school.

- I was amazed at how the Trainer was able to deal with such a sensitive and emotional subject in such a relaxed and calm manner. Encouraging the boys to get their giggling out of the way early on and built a great rapport that they were able to ask any questions they wanted to, which were answered. A very good session, with a good structure which was very well delivered.

The following comments were provided after observing a Personal Hygiene/Self-esteem workshop at a Primary school.

- Very hands on, practical session, that was engaging for all students, giving them a variety of tasks to undertake. Students were gently challenged as to their habits and this was done in a constructive way, whilst not singling anyone out. Trainers were very relaxed, calm and on the students level whilst delivering a very professional and educational session. Many thanks for allowing me to observe this, I thoroughly enjoyed the session but more importantly saw how engaged the students were and how they were learning.

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During the last year, 10357 people attended the workshops, including:

- 1123 aged between 10 and 11.
- 2125 in the 11 to 13 age groups.
- 4817 aged between 13 and 16.
- 2229 aged between 16 and 18.
- 63 adults.

Providing people with the knowledge and skills to safeguard their sexual health is so important in these times of rising incidence of sexually transmitted infections. It is also important that young people are aware of the benefits of early diagnosis of infections to safeguard them from health complications in the future. Equally important is raising awareness about HIV to increasing knowledge and understanding to dispel myths, reduce the stigma and increase the uptake of testing. The need for our health promotion and training services is evident and we are very proud to have delivered a total of 511 workshops to a total of 16093 people last year.

HIV Support Services

Our objects and funding limit the service we provide to people with HIV and their carers resident in the county or accessing Sexual Health Services in Lincolnshire. The integrated health, social care and floating housing related support is free to clients, who need to provide proof of diagnosis to access the service. Support is prioritised by the assessed needs of clients and support plans agreed to focus the services in promoting independence and supporting clients to make the most of their economic and social potential.

The aims and objectives are the provision of integrated health, social care and floating housing related support to people infected or affected by HIV/AIDS, which will affirm and enhance the dignity and integrity of the individuals' concerned whilst also taking into account the needs and views of carers.

Service Users

During the last year we provided integrated health, social care and floating housing related support to 262 people, including 98 carers or family members affected by HIV. We closed 2 cases when the people moved out of the County. At the end of the year we were supporting 162 clients living with HIV. We offer a county wide service and the client base is widely dispersed, and a wide range of people accesses the service. The majority of the people receiving support are male. They represent 63.4% of all the clients with HIV, females represent 36.6%. The majority, 62.2% of all the clients with HIV were heterosexual, with 37.8% identifying as gay men.

We received 15 new referrals during the year, 9 were referred by sexual health services in the county, 3 were referred by Peterborough sexual health services, one was referred by an Assisting Rehabilitation Through Collaboration Worker and 2 people referred themselves for support. 7 of the new referrals were newly diagnosed with HIV. Of the new referrals, 8 were female and 7 were male. 5 self-identified as gay men and 10 self-identified as heterosexual.

Service Provision

The service is accessed by a diverse range of people, with a wide range of needs, from social, emotional, financial, health and sexual. The Social Care Workers continue to provide a wide range of specialist support; they deal with a vast range of issues, and often support people with complex needs and/or dual diagnosis, working in partnership with colleagues from Mental Health, Substance Misuse or Probation to provide effective support to the client.

During the last year, the workers made 1092 home visits to clients; they also supported clients at 43 appointments in our offices, and saw 23 clients during 24 sessions at sexual health clinics in the county. The workers also provided 50 sessions of crisis support to 39 clients and responded to 26 calls to the 24 hour helpline.

The integrated health, social care and floating housing related service promotes independence and all people accessing the service are involved in a needs and risk assessment, which determines their support needs and forms the basis of a support plan. The support plan has key long and short-term objectives, is reviewed

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regularly and is developed with the client, their advocate or carer. Consequently, all clients exercise their choice and control over the level and frequency of the support they receive, all clients' economic wellbeing is assessed with the aim of improving, maximising or maintaining their individual finances. The support provided aims to maintain or improve each client's health and the support plan reviews ensure that additional support is provided to help them recover from episodes of ill health. After being diagnosed with a terminal illness, one client is in receipt of additional support on a regular basis. The workers ensure that all clients' are aware of their legal rights to tackle discrimination or HIV related prejudice and ensure that risks assessments are completed and reviewed to safeguard them from avoidable harm. Our aim is to also ensure that our clients achieve positive outcomes and have a positive experience of the care and support we provide. One client emailed us with following comments:

Firstly, I want to say thank you to my Social Care Worker for the superb job they've been doing, supporting me through my PIP application. They have been a massive help, and even spent the best part of an evening with me and my husband, making sure that every little detail was right on the forms. This was after a long day at work, yet there wasn't a moment where they made us feel as if we were imposing on their time. The subsequent support letter they provided was so perfectly spot on.

When I last went through this kind of process I didn't have the support of Positive Health. It was a very stressful and upsetting thing for me to have to do. Asking the government for help didn't come easy I can tell you. You made it all so much easier and the whole experience was much less stressful for me. No matter what the outcome of my application I know that, thanks to the services of Positive Health, I've done the very best I can. The Social Care Worker should be very proud of how much they've learned and the mature, kind relationship they have developed with your clients. Having them and yourselves behind us has changed completely the way we feel about our status and has removed the feeling of abject isolation we had when we moved to the county.

During the last year they supported 11 clients with specialist housing related support, the service is provided as short term focused support to prevent homelessness and help people to maintain living in their accommodation. The workers provided intensive support over a 3 month period to new client who was referred to us by Peterborough sexual health services. The client was newly diagnosed with HIV and was pregnant. After telling her partner about her diagnosis the partner left, leaving the client living in one room of a multi occupancy house in the South Kesteven area, with no means of paying the rent. The client was in desperate need, she was newly diagnosed, unable to work, had no income, and was not eligible for welfare benefits and in the late stage of pregnancy. The workers provided a lot of emotional support, HIV information and advice to reassure the client about her own health and the health of her baby. They supported the client with medical visits for her HIV treatment and antenatal care. With the client's consent, the worker spoke to the Landlord who agreed that the client could continue to live in the property until the baby was born which averted the risk of eviction. The worker then accessed the Positive Health Chris Cinclair Benevolent Fund and received a grant to pay the rent on the room and for covering the costs of the client's immediate needs. The worker referred the client to social services and worked very closely with them in resolving the long term security of the client and her baby. Social services provided food vouchers and then milk vouchers for the baby. After the baby was born the worker provided information, advice and support to the client to ensure she fully understood the necessity of treatment for the baby and the importance of attending all the medical appointments. The worker worked very closely with the Community Health Visitor, Social Worker and specialist health workers in Peterborough. As the client's immigration status was unclear, the worker contacted several specialist immigration services in other areas of the Country, and eventually succeeded in finding an organisation in Birmingham that offered the client accommodation in one of their mother and baby homes. The organisation will support the client and meet all of her and the baby's need whilst helping her to avoid deportation by supporting her through the application process for asylum in the UK. The worker gained a lot of knowledge on deportation laws regarding pregnant women with HIV and established some very useful contacts for any future guidance or referral. We received an email from a Health Advisor at Peterborough sexual health service that said our social care worker was amazing.

The workers supported all 11 clients to maintain their tenancies and with applications for welfare benefits, and/or debt management, obtaining food vouchers for 2 clients. They helped 3 clients to avoid eviction and are

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supporting 2 clients through the application process to secure suitable accommodation. They supported 4 clients' to continue to live in homes supporting one client with a successful referral to Occupational Therapy for adaptations to their home, including grab rails, wet room and chair raisers. Another client who was again referred to us by Peterborough sexual health services required intensive support over a two month period. The client was newly diagnosed with HIV and in quite poor health. They had been medically retired from work and on a limited income which did not cover their essential monthly expenditure, leaving them vulnerable to losing their home and causing anxiety that impacted on their already poor health. The worker provided a lot of emotional support, encouragement, information, and advice to help the person come to terms with their diagnosis. They supported them to maximise their income through successful applications for welfare benefits, gaining supporting evidence and accompanying them for the medical assessments. The client's current accommodation is unsuitable for their needs and the worker has supported them with registering for appropriate social housing and again obtained and provided all the necessary supporting evidence. The client now has adequate income to meet their monthly expenditure, is less anxious and their health is improving. The worker continues to provide regular health and social care support.

We recognise carers not only as an integral component of the clients' support package, but also as individuals who may require appropriate support to meet their own needs. During the last year we support 98 carers', 35 female, 42 male and 21 children. The workers provided 307 sessions of support to carers providing them with a lot of emotional support, and in depth information about HIV transmission routes, prognosis and medication. They also provide additional support to help carers' through difficult times when their caring responsibilities increase, particularly when they are providing end of life care or dealing with a sudden deterioration in the health of the person being cared for.

HIV stigma and discrimination are still common and can often adversely impact on a person's ability to come to terms with their diagnosis. It also contributes to their feelings of social isolation, especially around fears of disclosing their status to family or friends, who may have provided a supporting network. Tackling discrimination and reducing isolation is a continual challenge for the workers, and they actively encourage and support clients to attend groups. The workers facilitated 19 'roving' or office based support groups, attended by 73 clients during the last year. They also arranged social events, enabling clients' to meet together for a day trip to the coast and for a meal in December. In February 2017 we undertook a survey with the clients who attend the groups to ensure the service was meeting their needs as a couple of clients felt the groups should be more formal and HIV focussed. The survey results showed that the majority of clients attending support groups were very satisfied with the way the groups were run and many clients commented that they did not want the groups to change. The survey results also showed that clients gained confidence and reduced isolation from attending the groups, and they felt it was easy to discuss anything they wanted to at the groups. As a result, we will continue to run the existing groups in the current format, and will undertake another survey to all clients to ascertain the need for a formal group as we recognise that any clients wanting a more formal, HIV focussed group may not attend the current groups.

Chris Cinclair Benevolent Fund

The fund adds value to the SHOHPS contract and is administered by the Trustees of the Charity. Applications for grants or loans are open to people with HIV living in the county who are experiencing financial crisis or hardship. The fund also pays for the services of an HIV experienced counsellor for clients needing additional specialist support. The fund assisted 19 clients' during the last year.

All income from fund raising events, donations, or legacies go into the fund and are used to the benefit of clients. During the last year, we received a legacy of £624.10 from the late carer of a client; The Scene Public House gave a donation of £776.36 they raised on our behalf from World Aids Day events (WAD). The Minster School also gave a donation of £2,066.53 which they also raised on our from WAD events. All monies we raised from Easy fundraising, WAD street collection and ASDA are also deposited in the fund.

Partnership Organisations

We continue to build strong working relationships with staff at the sexual health services in the County and those in neighbouring Counties, Social Services Occupational Therapists, Social Workers, CAB, Mental Health Crisis Teams, Housing Associations, District and County Councils, Addaction, Framework, Nacro, Lincolnshire

POSITIVE HEALTH (LINCOLNSHIRE)
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TRUSTEES' REPORT (continued)
FOR THE YEAR ENDED 31 MARCH 2017

Action Trust, Stay Safe Partnership, Lincolnshire Police, Community Safety Priority Team and Maternity Services. This list is not exhaustive as we work with too many organisations to mention here.

Sexual Health Service (North East Lincolnshire Borough Council)

Sexual Health Service to Men who have sex with men

The Outreach service is commissioned by NEL Borough Council and offers sexual health information, advice, signposting, and resources to men who have sex with men. The service is provided for 8 hours on one day each week, to include, 2 hours travel and 6 hours direct outreach work on public sex environments in the Grimsby and Cleethorpes area. The outreach work of the charity provides support to men who have sex with men who are vulnerable to poor sexual health. The Health Protection Agency reports over a third of new HIV diagnosis in 2007 were gay men, and they continue to be the group most at risk of contracting HIV within the UK. The workers follow the CHAPS (Community HIV/AIDS Prevention Strategy) national guidelines for accessing men who have sex with men, and continue to reinforce the safer sex message to reduce the incidence of HIV and other sexually transmitted infections within this hard to reach group. The service is offered free of charge to service users.

Public Sex Environments (PSE sites)

The workers made 144 PSE sites visits during the year, an increase on the 129 visits in the previous year. To monitor the activity on PSE sites, the team of three outreach workers varied the times the sites were visited, they carried out 32 morning visits, 94 visits during the afternoon and early evening, and 18 visits were made at the weekend.

PSE Site Users

During the year the workers made contact with 238 (63%) of the 377 Site users, 69 (29%) of the site users were men the workers had not had any contact with previously. All of the men on sites were identified as White British, 143 (60.08%) of the men were married, and 8(3.36%) were in civil partnerships.

PSE Site Services

The British Association of Sexual Health and HIV (BASHH) recommends that MSM should test annually for HIV and every three months for STIs if having unprotected sex with new or casual partners. Prevention efforts should include ensuring open access to sexual health services, focusing on groups highest at risk, including young adults, men who have sex with men (MSM) and black ethnic minorities. Regular testing for HIV and STIs is essential for good sexual health. The workers offer a wide range of sexual health information and advice to PSE site users. The workers raise awareness of the importance of regular testing for HIV and STIs, they signposted 60 (25.21%) men to local sexual health services and gave 82 information cards with the details for local sexual health clinics.

The workers advise site users that the consistent and correct use of condoms can significantly reduce the incidences of STI or HIV infection; they gave out 683 condom packs during the year. They carry a variety of condoms to meet the individual needs of site users, providing non-latex or large condoms and flavoured condoms for use during oral sex. The condom packaging is printed with hard-hitting sexual health messages and the packs contain two condoms, lube and instructions on how to use them properly. They also discuss the prevalence and transmission routes of sexually transmitted infections, and Hepatitis B & C with the men using the sites.

The workers have all taken part in Making Every Contact Count (MECC) training and offer support and promote the psychological well-being of the many lonely or vulnerable men using the sites. They provided emotional support to 159 (66.81%) site users, many of whom feel guilty as they are married or have partners.

The outreach team continue to work closely with the staff at Stirling Medical Centre (Sexual Health North East Lincolnshire). The contract was due to end on 31st March 2017 and has been extended until 30th November 2017, as all sexual health services are out for tender and aims for the successful provider to commence new contract on 1st December 2017.

POSITIVE HEALTH (LINCOLNSHIRE)
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TRUSTEES' REPORT (continued)
FOR THE YEAR ENDED 31 MARCH 2017

In partnership with Virgin Care we are starting a Point of Care Testing pilot from May 2017 to November 2017, the sessions will be held on second Thursday of each month at Opendoor in Grimsby.

Sexual Health Service (North Lincolnshire Council)

Sexual Health Service to Men who have sex with men

The Outreach service is commissioned by North Lincolnshire Council and offers sexual health information, advice, signposting, and resources to men who have sex with men. The service is provided for 12 hours each week, to include, 2 hours travel and 10 hours direct outreach work on public sex environments in the Scunthorpe area. The outreach work of the charity provides support to men who have sex with men who are vulnerable to poor sexual health. The service is offered free of charge to service users.

The service commenced in September 2016 and was commissioned for a 12 month pilot study. The workers initially found it difficult to engage with the site users who were suspicious of a professional worker being present on the sites. However they are now building relationships and having repeat contact with some site users. The service is proving slightly different to the other two outreach services as the majority of interventions are with new contacts.

The contract was due to end on 31st August 2017 but has been extended until 30th November 2017, as all sexual health services are out for tender and aims for the successful provider to commence new contract on 1st December 2017.

POSITIVE HEALTH (LINCOLNSHIRE)
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TRUSTEES' REPORT (continued)
FOR THE YEAR ENDED 31 MARCH 2017

Financial review

GOING CONCERN

After making appropriate enquiries, the trustees have a reasonable expectation that the company has adequate resources to continue in operational existence for the foreseeable future, being at least the next 12 months. For this reason they continue to adopt the going concern basis in preparing the financial statements.

RESERVES POLICY

The Trustees have examined the charity's requirements for reserves in light of the main risks to the organisation. The Trustees agreed to retain a balance of £10,000 in the designated Training, Education & Health Promotion fund, a balance of £7,500 in the Social Care Fund and a balance of £7,500 in the Outreach fund. A policy has been established whereby the unrestricted funds not committed or invested in tangible fixed assets held by the charity should be between one and two months operational costs at the start of the financial year to allow adequate cash flow. A contingency fund to continue service provision in the event of non-renewed service level agreements/contracts has been agreed at between one month plus 5% of operating costs, to be raised to a maximum of three months operating costs, one month's operating costs is currently in the working sum of £19795.

In order to ensure continuation of the Chris Sinclair benevolent fund for clients, the Trustees will designate funds with the aim of achieving a minimum reserves balance equal to the maximum grant/loan of £500 per client receiving social care support.

The total of investments and cash in hand at the bank totals £178,686 to meet the requirements of the reserves policy. As the number of clients receiving support increases, so too does the amount needed to meet operating costs and satisfy the requirements of the reserves policy. Once again 2016/17 has seen an increase in the number of people the charity is being accessed by and the Trustees are aware that as yet we are approximately £43,416 short of the reserves policy. Obviously, the more clients that access the service, the greater the divide, and the greater the need to ensure that reserves are reviewed.

OVERVIEW

Positive Health (Lincolnshire) has continued to maintain its stability as a service provider of specialist HIV and Sexual Health services throughout Lincolnshire. Effective monitoring and evaluation of service provision continues to be at the core of the charity's operations enabling the organisation to respond to the changing needs of both the service users and the funding bodies. Whilst maintaining good working relationships with colleagues in the statutory sectors of Health, Social Care and Education, Positive Health (Lincolnshire) has been able to consistently demonstrate the need for provision of the services currently being offered; sensitive to the needs of the rural nature of Lincolnshire and the needs of individuals. It is perhaps, the challenge of providing a range of services across a large geographical area, mainly rural in nature, with transient summer populations and no major city focus, that has enabled Positive Health (Lincolnshire) to develop and manage its services uniquely rather than adopting those that follow a city based trend. Whilst the number of service users has continued to increase, Positive Health (Lincolnshire) have again been able to meet the demands of an expanding and developing need.

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TRUSTEES' REPORT (continued)
FOR THE YEAR ENDED 31 MARCH 2017

PRINCIPAL FUNDING

The principal funding sources for the charity are from Lincolnshire County Council Public Health. Due to the ongoing stigma attached to HIV/AIDS, alternative funding sources, which meet the objectives of the charity, can often be difficult to identify. The management are, however, in constant scrutiny of the service provision in meeting both the clients' needs whilst keeping the charity financially sustainable in a rapidly changing climate of funding.

The contract we hold with Lincolnshire County Council Public Health commenced on 1st April 2016, and was awarded for the next five years with an option for an extra two years. This enables the organisation to look to the future with a sense of stability and security. The North East Lincolnshire and North Lincolnshire outreach contracts have been extended to 30th November 2017.

Volunteers play an important role in supporting the staff team and we would like to pay a special thanks to Alan who has been a regular and invaluable support for our monthly Drop-In sessions. We would also like to offer our grateful thanks to the Scene Public House for their ongoing support and for continuing to raise funds for, and awareness of the charity. The Minster School also raised a considerable sum for us by holding events for World Aids Day and again we are immensely grateful for their support.

All funds and donations raised go directly to client care and are held in a separate account (Chris Cinclair Benevolent Fund) from the daily running of the charity. Charitable donations have continued, particularly around World AIDS Day, which hopefully implies that the public are themselves becoming more aware of the issues surrounding HIV and AIDS. The charity also sincerely appreciated being the beneficiary of a bequest from the estate of a former carer for the support we provided to them and their family.

MATERIAL INVESTMENTS POLICY

Aside from retaining a prudent amount in reserves each year most of the Charity's funds are to be spent in the short term so there are few funds for long term investment. Having considered the options available the Trustees have decided to invest the small amount that it has available in a Standard Life Direct Access Business Account to maximise interest but allow 10 days access. This amount (£31,454) currently forms part of the reserves; to be used to allow the organisation to continue operating should the charity become financially insecure.

POSITIVE HEALTH (LINCOLNSHIRE)
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TRUSTEES' REPORT (continued)
FOR THE YEAR ENDED 31 MARCH 2017

Structure, governance and management

CONSTITUTION

The organisation is a charitable company limited by guarantee, incorporated on 9 March 2001 and registered as a charity on 14 April 2002. The company was established under a Memorandum of Association, which established the objects and powers of the charitable company and is governed under its Articles of Association. In the event of the company being wound up members are required to contribute an amount not exceeding £10. Prior to our incorporation in March 2001 the organisation was known as LAVG (Lincolnshire HIV & AIDS Voluntary Group). The organisation had originally been formed in 1985 and received charitable status in 1995. In 2000 the members agreed to form a company limited by guarantee and requested that we took the opportunity to change the charity name to one, which offered more confidentiality to our clientele and better reflected the work we are involved in. As a result Positive Health was chosen. A student, following a competition at a local school, designed our logo. LAVG was formally dissolved on 1st July 2002 with all assets being transferred to Positive Health (Lincolnshire). In 2000 we purchased our current headquarters, which were completely remodelled and refurbished in 2003 to enable us to better meet the needs of our clientele.

METHOD OF APPOINTMENT OR ELECTION OF TRUSTEES

The directors of the company are also charity Trustees for the purposes of charity law and under the company's Articles are known as 'Trustees'. Under the requirements of the Memorandum and the Articles of Association the Trustees are elected to serve at the annual general meeting, one third of the Trustees are required to retire each year and submit themselves for re-election if they desire.

Mr C F White will retire by rotation and, being eligible, offer himself for re-election.

Due to the nature of much of the charity's work, relating to the support of those who are HIV+ or who are at risk of being so the Trustees seek to ensure that their group is diverse and contains Trustees who have a background that reflects both knowledge of and empathy for the aforementioned group.

The Trustees together bring a diverse range of skills and knowledge, and in the event of particular skills being lost due to retirements individuals are approached to offer themselves for election to the Trustees.

All Trustees give their time voluntarily and received no benefits from the charity.

POLICIES ADOPTED FOR THE INDUCTION AND TRAINING OF TRUSTEES

Prior to taking up his appointment as Chair, Mr C White attended a detailed training course for Chairpersons provided by the Lincoln Volunteer Bureau. All new Trustees have an induction programme and are invited to spend time in the office to familiarise themselves with the work of all the departments. In addition each Trustee is encouraged to take an interest in one aspect of the work of Positive Health. All new Trustees are briefed on our Memorandum and Articles of Association. They also receive the Charity Commission information on the responsibilities of Trustees.

POSITIVE HEALTH (LINCOLNSHIRE)
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TRUSTEES' REPORT (continued)
FOR THE YEAR ENDED 31 MARCH 2017

ORGANISATIONAL STRUCTURE AND DECISION MAKING

Positive Health has a minimum of three Trustees, there is no maximum number. The Trustees meet bi-monthly and are responsible for the strategic direction and policy of the charity. At present there are six Trustees. The Managers' also attends Trustee meetings but have no voting rights. The Trustees do not involve themselves in the day to day running of the organisation; this is delegated to the Manager via the formal scheme of delegation. The Manager is responsible for ensuring that Positive Health delivers the services specified and the key performance indicators are met. The Manager is also responsible for the individual supervision of the staff team to ensure that they are meeting the requirements of their roles and that they are able to access relevant CPD opportunities.

RELATED PARTY RELATIONSHIPS

The work of Positive Health reflects both National and Local strategy in relation to HIV services. Positive Health works alongside Social Services, Lincolnshire Sexual Health Services, The Police, Schools, Colleges, Housing Associations and local Councils. In addition we belong to a variety of multi-agency groups.

RISK MANAGEMENT

The Trustees have conducted regular reviews of the major risks to which the charity is exposed. A risk register has been established and is updated at least annually. Where appropriate, systems or procedures have been established to mitigate these identified risks. Internal control risks are minimised by the implementation of procedures for authorisation of all transactions and projects. Procedures are in place to ensure compliance with health and safety of staff, volunteers, clients and visitors to both the office premises and when staff and volunteers work away from our office base.

COMPLAINTS

We did not receive any complaints during the last year.

Plans for future periods

FUTURE DEVELOPMENTS

The contract has given the organisation the stability to look forward to a secure future which in turn is enabling us to identify opportunities to develop the services over the next six years. It is an exciting period in which to consolidate the good work that is being done and to capitalise on the opportunities that a secure funding base have provided.

It is both wise and prudent to constantly evaluate what we as an organisation are doing both in parts and as a service as a whole. The organisation continues to fully implement departmental strategies that maximise monies available in line with current national and local strategies; and service provision. The nature of need and demographic of 'People With HIV' is constantly changing in the county; it is in the best interest of all our service users and future service users for us to anticipate their needs, work in partnership to maximise all service provision to best meet individual needs that have been prioritised and to avoid any duplication.

POSITIVE HEALTH (LINCOLNSHIRE)
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TRUSTEES' REPORT (continued)
FOR THE YEAR ENDED 31 MARCH 2017

TRUSTEES' RESPONSIBILITIES STATEMENT

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

Company law requires the Trustees to prepare financial statements for each financial year. Under company law the Trustees must not approve the financial statements unless they are satisfied that they give a true and fair view of the state of affairs of the charitable company and of the incoming resources and application of resources, including the income and expenditure, of the charitable company for that period. In preparing these financial statements, the Trustees are required to:

- select suitable accounting policies and then apply them consistently;
- observe the methods and principles in the Charities SORP;
- make judgments and accounting estimates that are reasonable and prudent;
- prepare the financial statements on the going concern basis unless it is inappropriate to presume that the charitable company will continue in operation.

The Trustees are responsible for keeping adequate accounting records that are sufficient to show and explain the charitable company's transactions and disclose with reasonable accuracy at any time the financial position of the charitable company and enable them to ensure that the financial statements comply with the Companies Act 2006. They are also responsible for safeguarding the assets of the charitable company and hence for taking reasonable steps for the prevention and detection of fraud and other irregularities.

This report was approved by the Trustees on 22 May 2017 and signed on their behalf by:


.....
J Winmill, Treasurer

POSITIVE HEALTH (LINCOLNSHIRE)
(A company limited by guarantee)

INDEPENDENT EXAMINER'S REPORT
FOR THE YEAR ENDED 31 MARCH 2017

INDEPENDENT EXAMINER'S REPORT TO THE TRUSTEES OF POSITIVE HEALTH (LINCOLNSHIRE)

I report on the financial statements of the company for the year ended 31 March 2017 which are set out on pages 21 to 36.

This report is made solely to the company's Trustees, as a body, in accordance with section 145 of the Charities Act 2011 and regulations made under section 154 of that Act. My work has been undertaken so that I might state to the company's Trustees those matters I am required to state to them in an Independent examiner's report and for no other purpose. To the fullest extent permitted by law, I do not accept or assume responsibility to anyone other than the company and the company's Trustees as a body, for my work or for this report.

RESPECTIVE RESPONSIBILITIES OF TRUSTEES AND EXAMINER

The Trustees, who are also the directors of the company for the purposes of company law, are responsible for the preparation of the financial statements. The Trustees consider that an audit is not required for this year under section 144(2) of the Charities Act 2011 (the Act) and that an independent examination is needed. the Institute of Chartered Accountants in England and Wales

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

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

BASIS OF INDEPENDENT EXAMINER'S REPORT

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

INDEPENDENT EXAMINER'S STATEMENT

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

- (1) which gives me reasonable cause to believe that in any material respect the requirements:
- to keep accounting records in accordance with section 386 of the Companies Act 2006; and
 - to prepare financial statements which accord with the accounting records and comply with the accounting requirements of section 396 of the Companies Act 2006 and with the methods and principles of the Statement of Recommended Practice: Accounting and Reporting by Charities
- have not been met; or

POSITIVE HEALTH (LINCOLNSHIRE)
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INDEPENDENT EXAMINER'S REPORT (continued)
FOR THE YEAR ENDED 31 MARCH 2017

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

Signed: 

Dated: 26 May 2017

Linda Lord Bsc FCA TEP

Streets LLP
Tower House
Lucy Tower Street
Lincoln
LN1 1XW

POSITIVE HEALTH (LINCOLNSHIRE)
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**STATEMENT OF FINANCIAL ACTIVITIES INCORPORATING INCOME AND EXPENDITURE ACCOUNT
FOR THE YEAR ENDED 31 MARCH 2017**

	Note	Restricted funds 2017 £	Unrestricted funds 2017 £	Total funds 2017 £	Total funds 2016 £
INCOME FROM:					
Donations and legacies	2	-	3,861	3,861	12,556
Charitable activities	3	223,751	13,722	237,473	268,103
Investments	4	-	121	121	186
TOTAL INCOME		223,751	17,704	241,455	280,845
EXPENDITURE ON:					
Charitable activities	6	224,144	13,392	237,536	260,963
TOTAL EXPENDITURE	7	224,144	13,392	237,536	260,963
NET INCOME / (EXPENDITURE) BEFORE TRANSFERS		(393)	4,312	3,919	19,882
Transfers between Funds	15	381	(381)	-	-
NET INCOME / (EXPENDITURE) BEFORE OTHER RECOGNISED GAINS AND LOSSES		(12)	3,931	3,919	19,882
NET MOVEMENT IN FUNDS		(12)	3,931	3,919	19,882
RECONCILIATION OF FUNDS:					
Total funds brought forward		58	274,574	274,632	254,750
TOTAL FUNDS CARRIED FORWARD		46	278,505	278,551	274,632

All activities relate to continuing operations.

The notes on pages 24 to 36 form part of these financial statements.

POSITIVE HEALTH (LINCOLNSHIRE)
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REGISTERED NUMBER: 04176976

BALANCE SHEET
AS AT 31 MARCH 2017

	Note	£	2017 £	£	2016 £
FIXED ASSETS					
Tangible assets	11		76,959		76,006
Investments	12		31,454		31,347
			108,413		107,353
CURRENT ASSETS					
Debtors	13	11,212		15,040	
Cash at bank and in hand		167,474		168,748	
		178,686		183,788	
CREDITORS: amounts falling due within one year	14	(8,548)		(16,509)	
NET CURRENT ASSETS			170,138		167,279
NET ASSETS			278,551		274,632
CHARITY FUNDS					
Restricted funds	15		46		58
Unrestricted funds	15		278,505		274,574
TOTAL FUNDS			278,551		274,632

The Trustees consider that the company is entitled to exemption from the requirement to have an audit under the provisions of section 477 of the Companies Act 2006 ("the Act") and members have not required the company to obtain an audit for the year in question in accordance with section 476 of the Act.

The Trustees acknowledge their responsibilities for complying with the requirements of the Companies Act 2006 with respect to accounting records and the preparation of financial statements.

The financial statements were approved by the Trustees on 22 May 2017 and signed on their behalf, by:


 J Winmill, Treasurer

The notes on pages 24 to 36 form part of these financial statements.

POSITIVE HEALTH (LINCOLNSHIRE)
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**CASH FLOW STATEMENT
FOR THE YEAR ENDED 31 MARCH 2017**

	Note	2017 £	2016 £
Cash flows from operating activities			
Net cash provided by operating activities	17	<u>3,656</u>	<u>25,234</u>
Cash flows from investing activities:			
Dividends, interest and rents from investments		(335)	(372)
Proceeds from the sale of property, plant and equipment		(4,488)	-
Purchase of investments		<u>(107)</u>	<u>(170)</u>
Net cash used in investing activities		<u>(4,930)</u>	<u>(542)</u>
Change in cash and cash equivalents in the year	18	(1,274)	24,692
Cash and cash equivalents brought forward		<u>168,748</u>	<u>144,056</u>
Cash and cash equivalents carried forward	18	<u><u>167,474</u></u>	<u><u>168,748</u></u>

POSITIVE HEALTH (LINCOLNSHIRE)
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NOTES TO THE FINANCIAL STATEMENTS
FOR THE YEAR ENDED 31 MARCH 2017

1. ACCOUNTING POLICIES

1.1 Basis of preparation of financial statements

The financial statements have been prepared in accordance with Accounting and Reporting by Charities: Statement of Recommended Practice applicable to charities preparing their accounts in accordance with the Financial Reporting Standard applicable in the UK and Republic of Ireland (FRS 102) (effective 1 January 2015) - (Charities SORP (FRS 102)), the Financial Reporting Standard applicable in the UK and Republic of Ireland (FRS 102) and the Companies Act 2006

Positive Health (Lincolnshire) meets the definition of a public benefit entity under FRS 102. Assets and liabilities are initially recognised at historical cost or transaction value unless otherwise stated in the relevant accounting policy.

1.2 Reconciliation with previous Generally Accepted Accounting Practice

In preparing these accounts, the Trustees have considered whether in applying the accounting policies required by FRS 102 and the Charities SORP FRS 102 the restatement of comparative items was required.

No restatements were required.

1.3 Company status

The company is a company limited by guarantee. The members of the company are the Trustees named on page 1. In the event of the company being wound up, the liability in respect of the guarantee is limited to £10 per member of the company.

1.4 Fund accounting

General funds are unrestricted funds which are available for use at the discretion of the Trustees in furtherance of the general objectives of the company and which have not been designated for other purposes.

Designated funds comprise unrestricted funds that have been set aside by the Trustees for particular purposes. The aim and use of each designated fund is set out in the notes to the financial statements.

Restricted funds are funds which are to be used in accordance with specific restrictions imposed by donors or which have been raised by the company for particular purposes. The costs of raising and administering such funds are charged against the specific fund. The aim and use of each restricted fund is set out in the notes to the financial statements.

POSITIVE HEALTH (LINCOLNSHIRE)
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NOTES TO THE FINANCIAL STATEMENTS
FOR THE YEAR ENDED 31 MARCH 2017

1. ACCOUNTING POLICIES (continued)

1.5 Income

All income is recognised once the company has entitlement to the income, it is probable that the income will be received and the amount of income receivable can be measured reliably.

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

Income tax recoverable in relation to donations received under Gift Aid or deeds of covenant is recognised at the time of the donation.

1.6 Expenditure

Expenditure is recognised once there is a legal or constructive obligation to transfer economic benefit to a third party, it is probable that a transfer of economic benefits will be required in settlement and the amount of the obligation can be measured reliably. Expenditure is classified by activity. The costs of each activity are made up of the total of direct costs and shared costs, including support costs involved in undertaking each activity. Direct costs attributable to a single activity are allocated directly to that activity. Shared costs which contribute to more than one activity and support costs which are not attributable to a single activity are apportioned between those activities on a basis consistent with the use of resources. Central staff costs are allocated on the basis of time spent, and depreciation charges allocated on the portion of the asset's use.

Governance costs are those incurred in connection with administration of the company and compliance with constitutional and statutory requirements.

Charitable activities and Governance costs are costs incurred on the company's educational operations, including support costs and costs relating to the governance of the company apportioned to charitable activities.

1.7 Tangible fixed assets and depreciation

Tangible fixed assets are carried at cost, net of depreciation and any provision for impairment. Depreciation is provided at rates calculated to write off the cost of fixed assets, less their estimated residual value, over their expected useful lives on the following bases:

Freehold property	-	2% per annum straight line
Office equipment	-	20% per annum reducing balance

POSITIVE HEALTH (LINCOLNSHIRE)
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NOTES TO THE FINANCIAL STATEMENTS
FOR THE YEAR ENDED 31 MARCH 2017

1. ACCOUNTING POLICIES (continued)

1.8 Investments

Fixed asset investments are a form of financial instrument and are initially recognised at their transaction cost and subsequently measured at fair value at the Balance sheet date, unless fair value cannot be measured reliably in which case it is measured at cost less impairment. Investment gains and losses, whether realised or unrealised, are combined and shown in the heading 'Gains/(losses) on investments' in the Statement of financial activities incorporating income and expenditure account.

1.9 Interest receivable

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

1.10 Debtors

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

1.11 Cash at Bank and in hand

Cash at bank and in hand includes cash and short term highly liquid investments with a short maturity of three months or less from the date of acquisition or opening of the deposit or similar account.

1.12 Liabilities and provisions

Liabilities are recognised when there is an obligation at the Balance sheet date as a result of a past event, it is probable that a transfer of economic benefit will be required in settlement, and the amount of the settlement can be estimated reliably. Liabilities are recognised at the amount that the company anticipates it will pay to settle the debt or the amount it has received as advanced payments for the goods or services it must provide. Provisions are measured at the best estimate of the amounts required to settle the obligation. Where the effect of the time value of money is material, the provision is based on the present value of those amounts, discounted at the pre-tax discount rate that reflects the risks specific to the liability. The unwinding of the discount is recognised within interest payable and similar charges.

1.13 Pensions

The company operates a defined contribution pension scheme and the pension charge represents the amounts payable by the company to the fund in respect of the year.

1.14 Value Added Tax

Value Added Tax is not recoverable by the charitable company and as such is included in the relevant costs in the SOFA.

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**NOTES TO THE FINANCIAL STATEMENTS
FOR THE YEAR ENDED 31 MARCH 2017**

2. INCOME FROM DONATIONS AND LEGACIES

	Restricted funds 2017 £	Unrestricted funds 2017 £	Total funds 2017 £	Total funds 2016 £
Legacies	-	624	624	10,772
Donations	-	3,134	3,134	80
Similar incoming resources	-	103	103	1,704
Total donations and legacies	-	3,861	3,861	12,556

In 2016, of the total income from donations and legacies, £12,556 was to unrestricted funds and £nil was to restricted funds

3. INCOME FROM CHARITABLE ACTIVITIES

	Restricted funds 2017 £	Unrestricted funds 2017 £	Total funds 2017 £	Total funds 2016 £
Social Care	103,129	-	103,129	94,024
Supporting People	-	-	-	32,617
Outreach	69,058	-	69,058	64,769
Training/Education	51,564	13,722	65,286	76,693
Total	223,751	13,722	237,473	268,103

In 2016, of the total income from charitable activities, £268,103 was to unrestricted funds and £nil was to restricted funds.

4. INVESTMENT INCOME

	Restricted funds 2017 £	Unrestricted funds 2017 £	Total funds 2017 £	Total funds 2016 £
Investment income	-	121	121	186

In 2016, of the total investment income, £186 was to unrestricted funds and £nil was to restricted funds.

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**NOTES TO THE FINANCIAL STATEMENTS
FOR THE YEAR ENDED 31 MARCH 2017**

5. EXPENDITURE ON CHARITABLE ACTIVITIES

	Social Care	Outreach	Training/Education	Total 2017	Total 2016
	£	£	£	£	£
Grants to clients	647	-	-	647	-
Staff training, travel etc	10,175	8,438	6,451	25,064	27,352
Social activities & meetings	1,934	-	-	1,934	1,990
Condoms & lubricants	-	3,111	-	3,111	2,518
Premises	2,839	1,782	1,664	6,285	5,491
General office & finance	4,051	2,542	2,374	8,967	8,636
Advertising & publicity	1,017	638	596	2,251	519
Therapies	380	-	-	380	620
Building/Machine Maintenance	1,024	643	600	2,267	2,515
Legal & Professional	186	118	109	413	1,116
Dep'n net of profit on disposal	1,591	998	947	3,536	3,637
Wages and salaries	73,880	46,369	44,704	164,953	185,452
National insurance	6,746	4,230	2,573	13,549	15,884
Pension cost	668	419	392	1,479	2,593
	105,138	69,288	60,410	234,836	258,323

In 2016, the company incurred the following Direct costs:

£95,164 in respect of Social Care

£32,941 in respect of Supporting People

£64,774 in respect of Outreach

£65,444 in respect of Training/Education

6. GOVERNANCE COSTS

	Restricted funds 2017	Unrestricted funds 2017	Total funds 2017	Total funds 2016
	£	£	£	£
Accountancy Fees	-	2,700	2,700	2,640

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**NOTES TO THE FINANCIAL STATEMENTS
FOR THE YEAR ENDED 31 MARCH 2017**

7. ANALYSIS OF RESOURCES EXPENDED BY EXPENDITURE TYPE

	Staff costs 2017 £	Other costs 2017 £	Total 2017 £	Total 2016 £
Social Care	81,294	23,844	105,138	95,164
Supporting People	-	-	-	32,941
Outreach	51,018	18,270	69,288	64,774
Training/Education	47,669	12,741	60,410	65,444
Charitable activities	179,981	54,855	234,836	258,323
Expenditure on governance	-	2,700	2,700	2,640
	179,981	57,555	237,536	260,963

8. NET INCOMING RESOURCES/(RESOURCES EXPENDED)

This is stated after charging:

	2017 £	2016 £
Depreciation of tangible fixed assets: - owned by the charity	3,535	3,637

During the year, no Trustees received any remuneration (2016 - £NIL).
During the year, no Trustees received any benefits in kind (2016 - £NIL).
During the year, no Trustees received any reimbursement of expenses (2016 - £NIL).

9. INDEPENDENT EXAMINER'S REMUNERATION

The Independent Examiner's remuneration amounts to an Independent Examination fee of £2,700 (2016: £2,640).

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**NOTES TO THE FINANCIAL STATEMENTS
FOR THE YEAR ENDED 31 MARCH 2017**

10. STAFF COSTS

Staff costs were as follows:

	2017 £	2016 £
Wages and salaries	164,953	185,452
Social security costs	13,549	15,884
Other pension costs	1,479	2,593
	<u>179,981</u>	<u>203,929</u>

The average number of persons employed by the company during the year was as follows:

	2017 No.	2016 No.
Social Care & Supporting People	3	5
Outreach	2	1
Health Promotion & Training	3	2
Administrative	2	2
	<u>10</u>	<u>10</u>

No employee received remuneration amounting to more than £60,000 in either year.

The key management personnel of the charity comprise the Manager, the Deputy Manager and the Trustees. The aggregate amount of compensation paid to 2 members of key management personnel in the year (including employer's national insurance contributions) was £74,104 (2015: £72,285).

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**NOTES TO THE FINANCIAL STATEMENTS
FOR THE YEAR ENDED 31 MARCH 2017**

11. TANGIBLE FIXED ASSETS

	Freehold property £	Office equipment £	Total £
Cost			
At 1 April 2016	95,127	34,962	130,089
Additions	-	4,488	4,488
At 31 March 2017	<u>95,127</u>	<u>39,450</u>	<u>134,577</u>
Depreciation			
At 1 April 2016	26,060	28,023	54,083
Charge for the year	1,903	1,632	3,535
At 31 March 2017	<u>27,963</u>	<u>29,655</u>	<u>57,618</u>
Net book value			
At 31 March 2017	<u>67,164</u>	<u>9,795</u>	<u>76,959</u>
At 31 March 2016	<u>69,067</u>	<u>6,939</u>	<u>76,006</u>

12. FIXED ASSET INVESTMENTS

	Trade investments £
At 1 April 2016	31,347
Additions	107
At 31 March 2017	<u>31,454</u>
Historical cost	<u>20,000</u>
Investments comprise:	
	2017 £
Barclays deposit account	<u>31,454</u>
	2016 £
	<u>31,347</u>

All the fixed asset investments are held in the UK

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**NOTES TO THE FINANCIAL STATEMENTS
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13. DEBTORS

	2017 £	2016 £
Trade debtors	6,145	2,355
Stock	750	150
Other debtors	-	60
Prepayments and accrued income	4,317	12,475
	<u>11,212</u>	<u>15,040</u>

14. CREDITORS: Amounts falling due within one year

	2017 £	2016 £
Other taxation and social security	-	6,368
Other creditors	2,887	2,979
Accruals and deferred income	5,661	7,162
	<u>8,548</u>	<u>16,509</u>

15. STATEMENT OF FUNDS

	Brought Forward £	Income £	Expenditure £	Transfers in/out £	Carried Forward £
Designated funds					
Chris Cinclair Fund	52,687	3,218	(1,858)	-	54,047
Training, Education & Health Promotion	10,000	13,722	(8,834)	(4,888)	10,000
Property Reserve	69,067	-	(1,903)	-	67,164
Outreach Services	7,500	-	-	-	7,500
Social Care	7,500	-	-	-	7,500
	<u>146,754</u>	<u>16,940</u>	<u>(12,595)</u>	<u>(4,888)</u>	<u>146,211</u>
General funds					
General Funds - all funds	127,820	764	(797)	4,507	132,294
Total Unrestricted funds	<u>274,574</u>	<u>17,704</u>	<u>(13,392)</u>	<u>(381)</u>	<u>278,505</u>

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**NOTES TO THE FINANCIAL STATEMENTS
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15. STATEMENT OF FUNDS (continued)

Restricted funds

	Brought Forward £	Income £	Expenditure £	Transfers in/out £	Carried Forward £
Training Equipment	58	-	(12)	-	46
Outreach Services	-	69,058	(69,288)	230	-
Training, Education & Health Promotion	-	51,564	(51,564)	-	-
Social Care	-	103,129	(103,280)	151	-
	<u>58</u>	<u>223,751</u>	<u>(224,144)</u>	<u>381</u>	<u>46</u>
Total of funds	<u>274,632</u>	<u>241,455</u>	<u>(237,536)</u>	<u>-</u>	<u>278,551</u>

DESIGNATED FUNDS:

Chris Cinclair Fund: - This fund relates to unrestricted funds which have been set aside by the trustees for client care in the form of loans and grants. These funds are held in separate bank accounts and in the investment with Barclays bank. Income to the Chris Cinclair fund is generated through donations and fundraising.

Training, Education & Health Promotion: - This fund relates to unrestricted funds which have been set aside by the trustees to meet the employment associated costs of education training workers where not currently funded from other sources. A reserve of £10,000 at the year end is considered adequate for the charity's needs.

Property Reserve: - The Trustees have decided to show a separate Property Reserve which represents the written down value of the charity's freehold property.

Outreach Services: - The Trustees have decided that a balance of £7,500 should be designated for forthcoming outreach work.

Social Care: - The Trustees have decided that a balance of £7,500 should be designated for forthcoming social care work.

UNRESTRICTED FUNDS:

Unrestricted fund: - This represents the charity's free reserves.

RESTRICTED FUNDS:

Training Equipment: - Money received to purchase a display unit. Depreciation is being charged to the fund, over the asset's expected useful economic life.

Outreach Contract: - Providing a service in North East Lincs, North Lincolnshire and Lincolnshire.

Training, Education & Health Promotion: Providing a service in North East Lincs, North Lincolnshire and Lincolnshire.

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**NOTES TO THE FINANCIAL STATEMENTS
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15. STATEMENT OF FUNDS (continued)

Social Care: - Lincolnshire County Council: - Providing support for people infected or affected by HIV.

The Transfer from unrestricted general funds is to cover the cost of the programme not covered by amounts received from the donor.

SUMMARY OF FUNDS

	Brought Forward £	Income £	Expenditure £	Transfers in/out £	Carried Forward £
Designated funds	146,754	16,940	(12,595)	(4,888)	146,211
General funds	127,820	764	(797)	4,507	132,294
	<u>274,574</u>	<u>17,704</u>	<u>(13,392)</u>	<u>(381)</u>	<u>278,505</u>
Restricted funds	58	223,751	(224,144)	381	46
	<u>274,632</u>	<u>241,455</u>	<u>(237,536)</u>	<u>-</u>	<u>278,551</u>

16. ANALYSIS OF NET ASSETS BETWEEN FUNDS

	Restricted funds 2017 £	Unrestricted funds 2017 £	Total funds 2017 £	Total funds 2016 £
Tangible fixed assets	46	76,913	76,959	76,006
Barclays deposit account	-	31,454	31,454	31,347
Current assets	-	178,686	178,686	183,788
Creditors due within one year	-	(8,548)	(8,548)	(16,509)
	<u>46</u>	<u>278,505</u>	<u>278,551</u>	<u>274,632</u>

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**NOTES TO THE FINANCIAL STATEMENTS
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**17. RECONCILIATION OF NET MOVEMENT IN FUNDS TO NET CASH FLOW
FROM OPERATING ACTIVITIES**

	2017 £	2016 £
Net income for the year (as per Statement of financial activities)	3,919	19,882
Adjustment for:		
Depreciation charges	3,535	3,637
Dividends, interest and rents from investments	335	372
Decrease/(increase) in debtors	3,828	(8,168)
(Decrease)/increase in creditors	(7,961)	9,511
Net cash provided by operating activities	3,656	25,234

18. ANALYSIS OF CASH AND CASH EQUIVALENTS

	2017 £	2016 £
Cash in hand	167,474	168,748
Total	167,474	168,748

19. PENSION COMMITMENTS

The charity contributed to a group personal pension plan on behalf of its employees. The pension cost charge represents contributions payable by the charity throughout the year and amounted to £2,593 (2016: £1,479.) No contributions were payable by the charity at 31 March 2017 (2016: Nil).

20. RELATED PARTY TRANSACTIONS

No related party transactions as are required to be disclosed under SORP 2015 were undertaken in the year.

21. FIRST TIME ADOPTION OF FRS 102

It is the first year that the company has presented its financial statements under SORP 2015 and FRS 102. The following disclosures are required in the year of transition. The last financial statements prepared under previous UK GAAP were for the year ended 31 March 2016 and the date of transition to FRS 102 and SORP 2015 was therefore 1 April 2015. As a consequence of adopting FRS 102 and SORP 2015, a number of accounting policies have changed to comply with those standards.

The policies applied under the company's previous accounting framework are not materially different to FRS 102 and have not impacted on funds or net income/expenditure.

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NOTES TO THE FINANCIAL STATEMENTS
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22. TAXATION

As a charity, Positive Health (Lincolnshire) is exempt from tax on income and gains falling within section 505 of the Taxes Act 1988 or s256 of the Taxation Chargeable Gains Act 1992 to the extent that these are applied to its charitable objects. No tax charges have arisen in the Charity.