ALISS is a powerful tool, which is making a big difference to the lives of people living with long term conditions, connecting them with local resources, which can support them to lead healthier and more independent lives.

Shona Robison MSP, Cabinet Secretary for Health, Wellbeing and Sport

Effective engagement with communities is at the heart of community planning. ALISS has the potential to lead to major change in terms of connecting people to community and public services.

Alex Neil MSP, Cabinet Secretary for Social Justice, Communities

ALISS is realising its vision and has worldwide potential to connect community assets.

Professor Craig White, Divisional Clinical Lead, Planning and Quality, Scottish Government

There are some fantastic examples of creative working, where we’ve taken a different approach and made a real difference for people in Scotland. We’ve started to catalogue some of these stories and I want to give them wider recognition. I’m talking about projects like ALISS where a new system of support has been developed for people with long term health conditions. It’s an exciting collaboration across a range of organisations and it’s exactly the sort of creative work that we should celebrate.

Former Chief Executive of NHSScotland, currently President and CEO, Institute for Healthcare Improvement
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Preface

“ALISS emerged at a time when we were considering how concepts such as asset-based approaches could be harnessed to help Scotland become a place where we could all enjoy health and wellbeing.

The evidence of the biological links between environmental factors and wellbeing supported the importance of strengthening connectedness at all levels – between individuals, families, teams, services and systems.

It seemed that a key feature of our future caring systems should be that they place a high value on social contact and the interconnectedness of formal and informal support”

Sir Harry Burns, Chief Medical Officer for Scotland 2005-2014

Sir Harry Burns, quoted left in his foreword to ‘ALISS: Access to Local Information to Support Self Management 2009-2013’ introduces the underlying rationale for the development of A Local Information System for Scotland (ALISS), originally known as ‘Access to Local Information to Support Self Management’. The report goes on to detail the origins of ALISS and its development during the years 2009-March 2013.

This report considers the development of ALISS between April 2013 and January 2016 as ‘A Local Information System for Scotland’

Both reports are designed to be read together, and track the evolution of a remarkable digital innovation and very human story of harnessing modern technology for the common good.

Jane Ankori, ALISS Programme Director 2013-2016

Acknowledgements

Delivery of the ALISS Programme 2013-2016 would not have been possible without the support and dedication of a large number of people; including members of the public, the current and former ALISS team, ALISS Programme Board members, technical partners Braw Software, user acceptance testing partner JT Consulting and Training, Friends of the ALISS Engine, Scottish Government, Health and Social Care Alliance Scotland (the ALLIANCE) colleagues, members and involvement networks, civil service fast track placements, Cleveden Secondary and Govan High School, and all of our partners across sectors - to whom we extend our thanks and enormous gratitude.

Dr Catherine Calderwood,  
Chief Medical Officer  
Scotland 2014-present

In my first Annual Report, published in January 2016, I started to explore some of the major challenges that we’re facing across the health and care system.

These included how people and their practitioners combine their expertise to share clinical decisions that focus on the outcomes that matter to individuals, and how we can collectively release creativity and innovation to achieve those personal outcomes.

Across both of these strands – shared clinical decisions and focusing on “what matters to you” – connecting people with a community that supports and keeps them well is vital.

Connecting people – combining expertise – enriching support – these are at the core of what ALISS is all about.

ALISS has succeeded because it has been jointly created with the people it supports, grounded in a ‘co-production’ approach, continuously improving and being informed by the voice of lived experience. This is its vibrancy and beating heart.

ALISS is a fantastic aid to joining people to supports that fit their situation based on the needs they have identified. ALISS has a wider value too: it has made me better appreciate the range of supports, far beyond traditional health and care services, that people rely upon to keep them well.

Thanks to ALISS, that individual knowledge can be shared to build up a much fuller picture of the rich set of assets that exist within our communities. As professionals, it encourages us to be equally curious about our patients, not just in trying to help address their illness, but also in drawing upon what helps them and their families keep well.

Asking people to think about what matters to them and what keeps them well is in itself a hugely powerful therapeutic intervention.

‘ALISS: A Local Information System for Scotland 2013 - 2016’ sets out the promising progress this work has made to date, and focuses our minds on how we can all contribute to its future.

The challenge now is to refine and enhance the service, capitalising upon its benefits and ensuring it continues to realistically support people to live and die well on their own terms with whatever illness and issues they have and crucially what is important to them.

Catherine Calderwood  
Chief Medical Officer
Foreword

In the first instalment of this series of reports, we tracked the initial four years of the development and evolution of ALISS, then of course known as the ‘Access to Local Information to Support Self Management’ system. The underlying rationale was simple yet ambitious, to develop an electronic framework which would make the resources which support people to self manage easier to find.

In the six years since the ALISS journey first began, the health and social care landscape in Scotland has changed considerably. Developments during this period, however, have only served to underline the importance of the collaborative ways of working which ALISS aims to support.

Back in 2009, we were working extensively with our members to make the case for integrated health and social care services. Now, as we move from the era of legislation to implementation, integration offers a rich landscape for new models of care to meet communities’ needs, and a context within which ALISS can enable access to intelligence vital to the joint strategic commissioning process.

It is also fair to say that there is a growing recognition of the need for transformative change in health and social care, with the Cabinet Secretary herself noting that “maintaining the status quo is not an option.”

Aiming to gather views on how we shape services fit for the future, the subsequent National Conversation on ‘Creating a Healthier Scotland’ has engaged with over 17,500 people across the country, through both online channels and over 150 engagement events. Unsurprisingly, emerging front and centre among key issues within the initial feedback is the need to increase knowledge of, and access to local supports and services.

The recently published National Clinical Strategy and recommendations of the Public Health Review also have a strong focus on community assets and supporting self management at their core. The ALISS story so far highlights its role as a practical tool to support an assets based approach and the vital components needed by individuals and communities to enhance a culture of health.

Together with the Chief Medical Officer’s Annual Report ‘Realistic Medicine’, it is within this fertile policy context that I welcome the important learning points contained within this report, not only on the development of innovative technology, but the very nature of testing and adopting new ideas. I look forward to working with you all to help write the next chapter in ‘the History of ALISS’, and towards our shared ambition of a healthier and more connected Scotland.

Ian Welsh OBE
Chief Executive, Health and Social Care Alliance Scotland (the ALLIANCE)

3. Cabinet Secretary for Health, Wellbeing and Sport, Shona Robison MSP : Speech at NHS Scotland Conference 2015
Background

Delivered by the Health and Social Care Alliance Scotland (the ALLIANCE), ALISS has its origins in the lived experience of people trying to find things in their communities (people, meetings, resources) which could help them live well.

The funding for the early ALISS engine came from the Scottish Government during its initial consideration of how to better support the health literacy needs of the population.

Given the distance of central government from the very specific local needs of people and the role of ALISS in supporting people to access supports in communities, it seemed appropriate to manage and direct the work nearer to those communities.

The task was then to find a suitable home. The ALLIANCE had the ‘lived experience’ of people with long term conditions at its core and was committed to supporting its membership and involvement networks. The links between ALISS and several strands of ALLIANCE activity were clear, including supporting the third sector as health and social care integration become more certain, the links worker programme and the self-management fund.

The decision to support a move to the ALLIANCE was made by the ALISS Project Board in the Autumn of 2011.

The ALLIANCE does this through three core aims; seeking to:

- Ensure people are at the centre, that their voices, expertise and rights drive policy and sit at the heart of design, delivery and improvement of support and services.
- Support transformational change, towards approaches that are preventative and that work with individual and community assets, supporting human rights, self management, co-production and independent living.
- Champion and support the third sector as a vital strategic and delivery partner and foster better cross-sector understanding and partnership.

Co-Creating Health and Wellbeing in Scotland 2011-2016: Policy Context

ALISS has been co-produced with people with long term conditions during a period when delivering integrated services, tackling inequality and facilitating self-management have been at the forefront of public policy.

The report of the Commission on the Future Delivery of Public Services (2011)\(^7\), chaired by Dr Campbell Christie CBE, stated the need to prioritise preventative measures to reduce demand on public services and lessen inequalities in Scotland.

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Particular emphasis was laid upon our whole system (public, third and private sectors) becoming more efficient by reducing duplication and sharing services wherever possible.

**Assets for Health**

In his 2011 annual report ‘Assets for Health’ 8, Sir Harry Burns, then Chief Medical Officer for Scotland, considered the factors that create health and their application to health and wellbeing in Scotland.

Introducing the concept of the ‘assets approach’ to improving health and wellbeing, he defined it as ‘identifying and enhancing those protective factors which help individuals and communities maintain and enhance their health even when faced with adverse life circumstances.’

Citing the work of Foot and Hopkins (2010) and Rotegard et al. (2010), Dr Burns defined health assets as:

- the practical skills, capacity and knowledge of local residents
- the passions and interests of local people
- the networks and connections in a community
- the effectiveness of local community and voluntary associations
- the resources of public, private and third sector organisations
- the physical and economic resources of a place that enhance wellbeing
- individuals values, beliefs and life experiences

Dr Burns suggested that health and wellbeing would be improved in Scotland by recognising and making use of the assets of its communities.

He further argued that the recommendations of the Christie report could not succeed and health and wellbeing could not be enhanced in Scotland unless individuals, communities and public organisations worked together to design and coproduce services.

**2020 Vision**

Also during 2011, the Scottish Government set out its vision for achieving quality healthcare services across Scotland: that ‘by 2020 everyone is able to live longer healthier lives at home or in a homely setting, supported by a system where health and social care are integrated and there is a focus on prevention, anticipation and self-management.’ 9

**Integrating Health and Social Care**

Later, in 2014, the Public Bodies (Joint Working) (Scotland) Act 201410 established the legislative framework for the integration of health and social care, with the aim of improving outcomes for patients, service users, carers and their families. The Act requires health boards and local authorities to work together effectively to deliver quality, sustainable care services. Integration authorities will embed health and social care professionals, service users, carers and their families in the decision-making process.

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A National Conversation on a Healthier Scotland

In August 2015, Scottish Government began a national conversation on what a healthier Scotland should look like in the next 10 to 15 years and the steps that might make this vision a reality.

Feedback to date on the Healthier Scotland Conversation blog highlights the problems caused by a lack of integrated services and systems, with many reporting that they have been unable to access the right care, in the right place, at the right time.

There was a widespread acknowledgement that there are a lot of good activities and initiatives happening across the country but a lack of awareness by professionals and individuals was a barrier to people being made aware of them or referred to them.

The conversation blog also contains examples of community resources such as cafes and cooking groups that people consider vital to a sense of belonging and their overall health and wellbeing.

Pulling Together: Transforming Urgent Care for the People of Scotland

Support for developing a culture of health in communities is suggested by the recommendations made in “Pulling Together”, the Report of the Independent Review of Primary Care Out of Hours Services in November 2015.

The report suggests that a service that is fit for the future should be underpinned by key guiding principles; among these are that the service should be person centred and ‘asset-optimised’ - in other words it should be making the most of all available assets and resources.

The Review also includes a recommendation to improve systems for communication and for connecting statutory and non-statutory providers of care.

Towards Realistic Medicine

“Realistic medicine is about moving away from the ‘doctor knows best’ culture. It’s about more fully involving patients in the decisions about their care”

Dr Catherine Calderwood, Chief Medical Officer for Scotland

In January 2016, Catherine Calderwood, Chief Medical Officer for Scotland launched her annual report ‘Realistic Medicine’\textsuperscript{13}, in which she states:

“\textbf{We need to change the outdated ‘doctor knows best’ culture to one where both parties can combine their expertise and be more comfortable in sharing the power and responsibility of decision making.}”

Dr Calderwood highlights Scotland’s House of Care model as an illustration of the components required to achieve relational decision making and planning.

The House of Care\textsuperscript{14} is a re-working of Ed Wagner’s Chronic care model into a more memorable form.

Each of the structural elements of this house are judged essential for enabling people to be in the driving seat of their care.

\section*{More than Medicine...}

With its role in gathering and sharing information about informal and formal sources of support, and in contributing data to facilitate the responsive allocation of resources, ALISS serves as an invaluable element of the foundation of the House of Care.

\section*{New GP contract}

The new GP contract (2017) aspires to a more flexible approach to improving population health, which is in keeping with instilling a local culture of health. The traditional boundary between public health and primary care may become increasingly blurred, as general practices have more freedom to design services based on local need, rather than by the requirements of the Quality Outcomes Framework.

The contract refers to the Transitional Quality Agreement, an element of which is an expectation that general practice clinicians will “\textbf{provide appropriate lifestyle advice}.”

Providing lifestyle advice may often involve social prescribing - signposting people to opportunities to meet others and be linked to support in the community.

\section*{Information as an enabler}

“\textbf{Partnership with the individual is central to the self-management agenda.} Where people can access timely and appropriate information and support, they are more able to make well-informed decisions about their life.”

\section*{Nicola Sturgeon MSP: Deputy First Minister and Cabinet Secretary for Health and Wellbeing 2007 - 2012}

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\textsuperscript{14} Scotland’s House of Care [online] Available at https://houseofcare.wordpress.com/ [Accessed: 12 February 2016]

Having access to information empowers citizens to make choices about their own health and wellbeing.

Specifically, to enable everyone in Scotland to live healthier lives at home where there is a focus on prevention and anticipation, citizens and signposting professionals need information about sources of support close to home that facilitate self-management.

Communities in Scotland offer a variety of activities, places, events, opportunities and services, yet historically, information about what is available locally has been difficult for citizens to find.

In order to help people live well within their communities, utilising all available local support, citizens first need to know the support exists and be able to navigate the information provided.

For Out of Hours services to make the most of all available assets and resources as recommended in the Report of the Independent Review of Primary Care Out of Hours Services; for General Practices to “provide appropriate lifestyle advice”, and to place people in the driving seat of their care as suggested by Realistic Medicine and the House of Care model, members of the public and those working with them require readily accessible information about all sources of support available within communities.

In addition, to plan and resource service provision appropriately, Integration Joint Boards (set up to assist integration of health and social care services as required by the Public Bodies (Joint Working) (Scotland) Act 2014) require data on the spread and utilisation of all existing resources, which include but are not limited to statutory services.

Two approaches have emerged over time to address the gathering and sharing of information about sources of support for health and wellbeing: historic and ALISS.
Information Sharing Models

Historic Model
Historically health, local authorities, and the third and private sectors, have gathered information separately about sources of support and presented it via their own websites or applications. Centralised organisation specific professional teams have gathered and maintained information according to specified quality criteria.

The ALISS Open Innovation Process: developing a blueprint and the ALISS model
The ALISS Open Innovation Process\(^\text{16}\) was an example of individuals, communities and public organisations working together to co-produce a means of gathering maintaining and sharing information about assets for health and wellbeing.

It consisted of individual conversations with people living with long term conditions, meetings and a series of workshops and helped to define not only technology requirements but also to create a new multidisciplinary community around health assets, co-production and technology for the common good.

The workshop series held during 2010 in Glasgow, Perth and Edinburgh was central to the development of the ALISS Blueprint. These workshops were attended by people with long term conditions and health, social care, data, policy, planning, design and IT professionals from statutory and non-statutory sectors.

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In the workshops, citizens were asked:

- What keeps you well?
- Are there barriers to your accessing these resources?
- What should we do to address these barriers?

Their responses indicated that a range of support mattered to them – they valued local activities, events, places and opportunities as well as services offered by statutory bodies.

Barriers to making use of these sources of support included not knowing the support was there. Workshop attendees indicated that information that was online was spread across multiple sites and much of it was out of date and/or duplicated. They recognised that a significant amount of information about support was only available on paper or by word of mouth.

Health and social care staff acknowledged their difficulty in gathering and sharing information about sources of support for health and wellbeing and the need to work together and with communities, particularly in the context of health and social care integration.

Exploring a solution to these issues, attendees believed that there needed to be:

- One list of all sources of support, including services, activities, events, places, and opportunities (formal and informal)
- Ability to access that single list from multiple places, where an individual might seek it, or come into contact with a professional who might consult it for them
- A mechanism and support to allow sectors to work together and with communities to collectively identify, maintain and share information about local sources of support for health and wellbeing

This approach was developed into a service blueprint during 2010/11.

The ALISS model

- Was co-designed with citizens
- Provides a balance between the need to deliver efficiencies (such as those offered by a ‘once for Scotland’ approach) and the need to provide local information in a way that takes account of regional differences
- Allows for the existence of, and the open sharing of information between, a number of directories as well as contributions from those living and working within communities
- Permits the capture and sharing of less formal types of support alongside statutory services with a focus on what matters to citizens
- Offers a mechanism and support to allow sectors to work more efficiently together, and with communities
- Provides a mechanism and additional data to underpin local planning decisions
What is ALISS?

ALISS (A Local Information System for Scotland) offers an information service, digital tools and asset mapping support with the primary aim of making information about sources of support for health and wellbeing easier to find.

As an information service, ALISS:
- gathers information about local sources of support into one list, and shares that list with other systems and websites.
- is designed to index and share information about all potential sources of support, including statutory services, third sector services, and a range of groups, activities, events, places and opportunities that exist within communities.
- can index existing directories and data in an automated way, as well as offer the user an ability to capture information that is not currently digitised.
- offers a means for information providers across sectors to collaborate in gathering maintaining and sharing information.

How ALISS Works

ALISS functions to gather together one list (in an index) of sources of support for health and wellbeing: from local statutory services to activities, places, events and opportunities.

It then makes that list available through many different places where members of the public might search for that information – either themselves directly or via professionals they come into contact with.

The diagram below illustrates how ALISS works. In the centre, we see the ALISS Index – the one list of all sources of support. In this case, 3 fictitious entries have been created as an example.

On the right, we see three examples of sources of information sources: a council directory, and NHS Directory and a community group that has an ALISS account and adds information directly to the ALISS index via this account.
In the centre we see the ALISS index – containing a list of sources of support. On the left, we see examples of the places people said they might go to seek information. This could be an online place, like an existing website, a physical place like a library or pharmacy, or it could be a person in a signposting role who accesses the information on behalf of another individual before signposting them on.

**Adding information to ALISS**

ALISS gathers data from existing online sources / directories while also offering individuals the ability to add information directly to the index. The programme provides asset mapping support and consultancy to communities to assist them in identifying their assets and sharing information about them via ALISS.

To add resource listings to ALISS, an ALISS account is required: this can be requested from the aliss.org homepage as shown above. Currently content can be added by indexing existing directories, via uploading spreadsheets or by typing content into a web form in the ALISS account holder area via www.aliss.org

**The various methods of ALISS indexing data are:**

- **API INTERFACE**
  Data is added to ALISS via the ALISS API.

- **FILE TRANSFER**
  Data is extracted from a source to a file by a third party and then placed at a web address for ALISS to index.

- **SCRAPING**
  Data is extracted from websites using a computer software technique.

- **BULK UPLOAD**
  Data is added to a file, usually an excel spreadsheet, which is then uploaded to ALISS using the aliss.org website and an ALISS account.

- **INDIVIDUAL RESOURCE**
  Using the aliss.org website account holder area and an appropriate account, data about a resource is added directly to a webpage and saved individually to the ALISS index.

- **LINKED DATA**
  A way of exposing, sharing, and connecting (previously unconnected) pieces of data, information, and knowledge on the web in a way that can be read automatically by computers.
Keeping information up to date

A reporting function exists (shown below), allowing anyone browsing the information from the ALISS index to alert the owner to concerns / out of date information.

Where the reporter is logged into ALISS, the reported resource is removed from view and the owner and ALISS team alerted via email.

Where the reporter does not have an ALISS account or is not logged in, the resource is not removed from view but the owner and ALISS team are alerted via email to the report.

ALISS terms and conditions advise those providing data to ALISS that they are responsible for keeping the data up to date, and when a report is made, they should aim to update their data within a period of 5 working days.

A reminder email is sent to account holders every 6 months if their account resources have remained unchanged during that time.

Sharing Resources

Data held within ALISS may be filtered and presented on other websites or within other systems. Means of retrieving data from the ALISS index for display are listed below:

- **API INTERFACE**
- **SEARCH BOX**
- **WEB PAGE TEMPLATE**

In order to make use of ALISS data, partners may access it via the ALISS open API, or use the ALISS search tools (search box or customisable web page template.) These may be accessed from the aliss.org home page, as shown:
The ALISS search tools were developed to allow those without a website to present information from ALISS for a specific signposting purpose.

They were originally conceived of in the years prior to 2013, and later further developed in partnership with initiatives such as the Improving Links and NHS Greater Glasgow and Clyde Long Term Conditions e-health projects / programmes.

**ALISS Search Box**

This is a tool that can be obtained from the ALISS website (www.aliss.org). It allows anyone with an ALISS account to obtain code for an ALISS search box and place it on their website.

Two examples of the ALISS search box placed on an external partners website are shown right and overleaf: Perth and Kinross Council ‘Well Connected’ service\(^\text{17}\) and the Community Pharmacy Scotland\(^\text{18}\) website.

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**ALISS Customisable Web Page**

This is a web page template hosted on the ALISS website that allows anyone with an ALISS account to create and customise a search webpage for ALISS resources. Some special interest groups / partnerships did not have an appropriate website for people to find the assets they had identified and so opted for a customised page.

Partners who have created a unique customised web search page include GP Practices, health and care partnerships, and third sector groups. One example is shown below: the Spinal Injuries Scotland search page[^19].

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Leadership and Governance

In April 2013, a Programme Director was appointed within the Health and Social Care Alliance Scotland (the ALLIANCE) to further develop the ALISS Programme and service.

A new programme board was convened, chaired by the CEO of the Alliance, with representation from Scottish Government third sector, health and digital directorates.

As a programme delivered by the Alliance, ALISS has also provided regular progress reports to the Alliance board of directors.

Primary Programme objectives

- To make information about local sources of support (assets) more findable
- To provide data that may inform future Scottish strategy, planning and policy

Principles

The Programme 2013-2016 has been based on the following principles:

- People define what matters to them for health and wellbeing.
- ALISS supports person centred ways of working and asset based approaches.
- ALISS is an information service. We work in partnership to help people gather maintain and share information about local sources of support for health and wellbeing.
- We take an agile approach to development: incorporating tests of change with partners.
- We use open source technology and offer an open API to ensure we are able to work with many different systems and partners
- We believe the data in ALISS should be openly available and shared
Staffing

**APRIL 2013**

Programme Director (1.0 WTE)
Administrator (0.5 WTE)
Information Consultant (1.0 WTE)

**APRIL 2014**

Programme Director (1.0 WTE)
Administrator (1.0 WTE)
Technical Development Officer (1.0 WTE)

**APRIL 2015 - PRESENT**

Programme Director (1.0 WTE)
Administrator (1.0 WTE)
Technical Development Officer (1.0 WTE)
Partnership and Development Manager (1.0 WTE)
Development Officers (Partnerships) (2.0 WTE)

During 2013 – 2016 the programme also utilised ad hoc community development and data consultancy.

In November 2013 the programme contracted Braw Software to provide software development and IT support.

During 2015/2016 the programme hosted two 6 month civil servant fast track placements and one secondary school work placement.

Budget

**2013-2016**

£94,000 per annum grant from Scottish Government

£63,000 per annum grant from ehealth

Funded the programme director, technical development officer and programme administrator posts as well as core programme costs

**2014**

£100,000 single worthy cause payment from Scottish Government Digital Directorate

Funded the technical work on the ALISS engine to enable it to scale

**2014-2016**

£558,489 over 2 years - Technology Enabled Care Programme grant

Funded three additional partnership and development posts - partnership and development manager and two development officers needed to manage existing partnerships and extend the use of ALISS. Also funded additional technical resource required for scaling and innovation.

What we have delivered to date

The key deliverables during this period have related to increasing the number of local assets gathered in the ALISS engine; increasing the number of places and people that have access to the ALISS data and improving the relevance and usability of the content returned from the ALISS engine. In order to achieve this, the programme focused on working in partnership with those involved in gathering and sharing data about local assets – whether they were providers of existing directories, community groups seeking to map their own assets, individuals offering resources, a signposting website or initiative or potential new channels.

Shown opposite are the key products we delivered during 2013-2016. Not included in this list are partnerships / engagements that are ongoing but have undecided or incomplete deliverables at the time of writing: these partnerships are listed in appendix B.
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<tr>
<td>Accessibility testing across new ALISS website and mobile devices</td>
<td>2014</td>
</tr>
<tr>
<td>Interface to provide asset data to Living it Up website</td>
<td>2014</td>
</tr>
<tr>
<td>Interface to provide ALISS data to both SHINE and DISCOVER portals of Living it Up</td>
<td>2014</td>
</tr>
<tr>
<td>Interface to index data on ALISS from East Dunbartonshire Assets website</td>
<td>2014</td>
</tr>
<tr>
<td>Interface to index data on ALISS from Volunteer Scotland website</td>
<td>2014</td>
</tr>
<tr>
<td>Interface to index data on ALISS from SCVO Get Involved website</td>
<td>2014</td>
</tr>
<tr>
<td>Perth and Kinross Well Connected search box and project support</td>
<td>2014</td>
</tr>
<tr>
<td>New ALISS website, account holder area, logo and materials including guidance and FAQ’s</td>
<td>2014</td>
</tr>
<tr>
<td>Asset mapping toolkit</td>
<td>2014</td>
</tr>
<tr>
<td>Improving Links Project GP Practices search tools and project support</td>
<td>2014</td>
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<tr>
<td>Autism Network Scotland account, resources and search</td>
<td>2014</td>
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<tr>
<td>North West Lothian GP Practice Cluster project</td>
<td>2014</td>
</tr>
<tr>
<td>Glasgow Council for Voluntary Services – infobase entries</td>
<td>2014</td>
</tr>
<tr>
<td>myHood integration</td>
<td>2014</td>
</tr>
<tr>
<td>ALISS Tracking, software development and service desk system</td>
<td>2014 - 2015</td>
</tr>
<tr>
<td>23 customised and hosted webpages for signposting initiatives (appendix A)</td>
<td>2014 - 2015</td>
</tr>
<tr>
<td>11 Known Search boxes added (appendix A)</td>
<td>2014 - 2015</td>
</tr>
<tr>
<td>Proof of concept work to provide data to NHSInform / InfoForMe</td>
<td>2014 - 2015</td>
</tr>
<tr>
<td>People Powered Health and Wellbeing programme support</td>
<td>2014 - 2015</td>
</tr>
<tr>
<td>Accounts to every pharmacy in Scotland, engagement via Community Pharmacy Scotland and early adopter social prescribing sites. Training and Webex via NHS Education Scotland</td>
<td>2014 - 2015</td>
</tr>
<tr>
<td>Govan High School project and teacher toolkit</td>
<td>2014 - 2015</td>
</tr>
<tr>
<td>Accounts and support to Living it Up community teams to gather and upload data</td>
<td>2014 - 2016</td>
</tr>
<tr>
<td>Service Level Agreements with interfaced partners for ongoing maintenance and support</td>
<td>2014 - 2016</td>
</tr>
<tr>
<td>Links Worker Programme tools and project support</td>
<td>2014 - 2016</td>
</tr>
</tbody>
</table>
Ongoing Engagements / projects and enquiries

At January 2016, the programme has 69 ongoing engagements / partnerships. These are listed in Appendix B.

<table>
<thead>
<tr>
<th>Engagement / Project</th>
<th>Year</th>
</tr>
</thead>
<tbody>
<tr>
<td>Proof of concept integration for GP Systems</td>
<td>2014 - 2016</td>
</tr>
<tr>
<td>Signposting support to Glasgow Royal Infirmary ICU Project InS:PIRE</td>
<td>2014 - 2016</td>
</tr>
<tr>
<td>Interface to index data on ALISS from Shared Care Scotland</td>
<td>2015</td>
</tr>
<tr>
<td>ALISS blogging mechanism integrated into aliss.org</td>
<td>2015</td>
</tr>
<tr>
<td>Voluntary Action Lochaber bulk uploads</td>
<td>2015</td>
</tr>
<tr>
<td>Self Management Network for Scotland integration / search</td>
<td>2015</td>
</tr>
<tr>
<td>Partnership agreement and memorandum of understanding with Scottish Fire and Rescue</td>
<td>2015</td>
</tr>
</tbody>
</table>

Digital Leaders 100: June 2015

In 2015, the work of the ALISS programme was recognised in the Digital Leaders 100 List and awards, with its nomination in the category ‘Best Health and Social Care Product or Service’.

The Digital Leaders 100 List\(^2\) recognises the highest digital achievements from across the UK’s public, private and non-profit sectors – ‘those who are leveraging digital to transform the UK’s public services and its social and economic opportunities’.

Digital Leaders 100 Award Ceremony June 2015 pictured from left to right:
Ronan Vallely (Braw Software), Lesley Roome (Technical Development Officer), Andy Hyde (Consultant), Jane Ankori (Programme Director)

ALISS April to October 2013: Preparing to Scale

APRIL 2013

In April 2013, a Programme Director was appointed to develop the ALISS Programme and service.

At this point the ALISS team consisted of one part time administrator, one full time seconded information consultant, and two part-time external consultants – funded by an annual grant award from the Scottish Government Healthcare Quality and Strategy division.

The ALISS engine was at a prototype stage, and documentation was incomplete owing to the illness and sudden death in late 2012 of the principal architect of the ALISS engine.

The programme had no dedicated technical support at this time and the difficulty of obtaining development resource with the required skillset and within budget presented a significant challenge to the development of the engine.

The programme was engaged in ongoing work with partners such as the ‘Improving Links Project’ with key deliverables pending.

MAY – OCTOBER 2013

Enablement phase: this period was one primarily of consolidation and preparation for scaling. The main priorities during this period included:

1) Programme

a) Reviewing the programme vision and strategic objectives and developing processes, procedures and documentation to support its development. At this point a Programme Definition Document (PDD)\(^1\) was developed and enabling work streams initiated alongside the delivery of existing commitments and the development of new opportunities.

b) Assessing and developing the capacity and skills within the ALISS team

Initially support and advice was sought on a voluntary basis from technical associates while options were investigated to secure appropriate technical support.

Subsequently technical support was obtained on a temporary contract basis to support existing development commitments and to secure the ALISS platform.

In November 2013 the programme engaged a Scottish company, Braw Software\(^2\), to support the ALISS engine.

c) Formulating a service strategy

A service strategy began to be formulated at this stage, based on the IT Infrastructure Library (ITIL)\(^3\) Framework and focusing on:

- Ensuring ALISS was fit for purpose and fit for use in order to deliver value as defined by citizens. Being co produced from the outset with people with long term conditions and professionals and developed through tests of change, ALISS at the outset demonstrated high utility (it was fit for purpose) but owing to technical difficulties at the time, lower warranty (it was not yet fully fit for intended use at scale).

With these factors being out of balance, value could not be created, and so the first task

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was to improve warranty (ensure the engine and platform were robust and scalable) while maintaining utility (ongoing co-production to ensure close alignment to requirements).

- **Governance** – the second part of the evolving service strategy was to ensure appropriate governance. Within the ALISS context at this time this consisted of:
  - Constituting a new programme board chaired by Mr Ian Welsh OBE, ALLIANCE CEO and attended by representatives from Scottish government, spanning the third sector, eHealth and the digital directorates. The first meeting of the reconstituted board took place on 13 September 2013
  - Mapping ALISS to existing national policies / strategies (e.g. ALISS 2020 vision)
  - Developing strategy, policies and processes and ensuring their implementation
  - Defining and documenting roles and responsibilities
  - Reviewing licensing of the engine and data
  - Developing and implementing a reporting mechanism and process

- **Embedding risk management** throughout the programme A programme risk log was developed alongside a process for assessing and managing risk – including an escalation route to the ALISS Programme Board

- **Patterns of activity** To ensure the ALISS service and support structure could cope with demand the programme needed to initially establish metrics that would provide an understanding of the usage of service – e.g. searches, load, issues reported, queries, requests.

- **Identifying and pursuing the requisite funding** At this early stage the immediate priority was to secure additional funding to support the development required within the ALISS engine to make it robust and scalable.

2) **Technical** - Securing and reviewing the ALISS platform and engine assets

**August 2013**

In August 2013, the programme engaged the Napier University Institute for Informatics and Digital Innovation to carry out a review of the ALISS platform and engine.

Following a review of the engine code and a series of interviews with key stakeholders, the resulting report\(^{24}\) made 42 recommendations to meet objectives as set out in the ALISS programme definition document.

The recommendations from the Napier University Review of the ALISS engine underpinned the work package to develop the ALISS engine into a robust and scalable market ready product.

Funding was secured in October 2013 from the Scottish Government Digital Directorate to initiate this work.

**April 2014 – November 2014**

Following the success of the initial enablement phase to co-produce a robust and scalable market ready product with refinement through local tests of change (such as the Improving Links Programme), the programme was ready to consider scaling.

A proposal was put forward called ‘Realising the benefits’\(^{25}\) and funding awarded from the Technology Enabled Care programme to employ an engagement team of three and additional technical resource.

Programme Key Quality Characteristics and Key Performance Indicators were identified in order to track progress against targets and additional engagement team resource appointed between January and June 2015.

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\(^{25}\) Ankori, J (2014) ALISS: A Local Information System for Scotland, Realising The Benefits Unpublished, Health and Social Care Alliance Scotland
Between 2012 and 2013, following the loss due to illness of the key technical architect of the ALISS engine, a group convened called the ‘Friends of the ALISS Engine’. The group comprised of individuals experienced in the fields of data, policy and IT and aimed to support the technical aspects of the programme as an interim measure.

During 2013, the programme sought specialist software development and infrastructure support. The core technical skillset required to work with the ALISS engine, tools and platform (Python, Django Web Framework, JSON, PostgreSQL, Elastic search) is difficult to obtain: Python developers in particular are in demand (and therefore attracting high salaries) with Python being consistently in the top 5 programming languages on the TOIBE Index.26

Owing to the popularity of Python and market competitiveness for these skills, the programme initially relied on the expertise and networks of a small number of individuals with a software development background to locate appropriately skilled and experienced support.

In November 2013, the programme contracted a Glasgow based company called Braw Software27 to support the existing engine and begin the work recommended by Napier University.

Between December 2013 and April 2014 the following work was completed ahead of schedule and within budget as part of the initial ‘enablement’ phase of scaling:

**API**
- a new API (version 2) was written and released with documentation
- the existing API version 1 was kept running in parallel for a year to allow existing users to migrate to version 2

**HOSTING**
ALISS was migrated from a manual Linode28 dedicated server to the cloud application platform Heroku29 in April 2014. Heroku is a managed ‘Platform as a Service’ – includes all aspects of deployment, application servers and database. Heroku provides the capability to rapidly scale or decommission aspects of the ALISS architecture according to requirement at any given time.

**DATABASE**
- was changed from MongoDB to PostgreSQL

**APPLICATION**
- the ALISS account holder area (called the caboose) re-designed and some new features were added

**PLATFORM**
- Code refactoring
- Implementation of automated tests (continuous integration and automated testing using Travis CI)
- Zero downtime deployments using Github
- Search engine optimisation work

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- Improved speed of search results and number of concurrent users
- Introduction of downtime and application monitoring (New Relic and Logentries provides continual monitoring and alerts)
- Implementation of new analytics and a page for users to view them
- Updated documentation

**ALISS.ORG WEBSITE**

New ALISS logo developed and redesigned aliss.org website released.

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**ALISS (A Local Information System for Scotland)** is a search and collaboration tool for Health and Wellbeing resources in Scotland. It helps signpost people to useful community support, and with an ALISS account you can contribute the many and varied resources that our local communities have to offer.

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The Health and Social Care Alliance Scotland (the ALLIANCE) is delighted to have the ALISS digital information service as a finalist for the ‘Best Health and Social Care Product or Service’ within the prestigious 2015 Digital Leaders 100 list.
The ALISS Technical Stack – 2014-2016

The following diagrams show the components of the ALISS platform before and after the technical refresh completed in April 2014:

**BEFORE**

- **Linode**
  - Application Server (Apache)
  - Database (MongoDB)
  - Cache (Redis)
  - Search (Solr)
  - All Services on one server. Single point of failure. Poorer performance as applications fight for resources.

**AFTER**

- **Heroku**
  - Load Balancer
  - Application Server
  - Worker/Celery Server
  - PostgreSQL Database

- **Analytics/Monitoring**
  - Keen IO (Event Analytics)
  - New Relic (Application Monitoring)
  - Logentries (Log Management)

- **Continuous Integration/Testing**
  - Travis CI

- **Message Queue**
  - RabbitMQ (Hosted by CloudAMQP)

- **Cache**
  - Redis (Hosted by Redis Cloud)

- **Search**
  - Elasticsearch Cluster (Hosted by Found Elasticsearch)

- **Email**
  - SendGrid (Email hosted by Sendgrid)

**The current stack contains the following components:**

- Platform as a service – Heroku
- Load Balancer
- Application Server(s) – Gunicorn (Django Application)
- Worker Server(s) – Celery
- Database – PostgreSQL (Hosted by Heroku)
- Search Server - Elasticsearch (Hosted by Found Elasticsearch)
- Cache Server – Redis (Hosted by Redis Cloud)
- Message Queue – RabbitMQ (Hosted by CloudAMQP)
- Log Management – LogEntries
- Event Analytics – Keen.io
- Application Monitoring – New Relic
- Email – Sendgrid
- Continuous Integration/Testing – TravisCI
- Version Control/Deployment - Github
Heroku provides the capability to rapidly scale or decommission aspects of the ALISS architecture according to requirement at any given time.

Load Testing carried out in April 2014 upon completion of the technical refresh indicated that the current platform could support 7,763,040 requests per day assuming a maximum of 250 concurrent users.

This level is more than adequate for current and projected use, although if necessary, the availability of the service could be further enhanced with more aggressive caching and increased server provision.

**Software Development:**
the ALISS approach

The approach taken within ALISS to software development has been based on Agile\(^\text{30}\) methodology.

Software development in ALISS is carried out in two week cycles called ‘sprints’ with a review at the end of each to consider progress and changing requirements as well as plan developments for the next two week cycle – as shown below.

Daily 15 min meetings are held called ‘stand ups’ that are designed to review the work of the day and alert the team to any issues.

**Testing**

The programme takes the approach of writing and employing automated testing of code.

Automated Unit testing was significantly improved from November 2013 – April 2014 with 70% coverage from zero prior to the technical refresh - with 78 automated tests having been written to date.

User acceptance testing is carried out in conjunction with partners. The programme, for example, engaged a specialist company JT Consulting to convene a group of users to test ALISS using technologies for those with disabilities.

**Innovation Group**

An innovation group has been set up, its membership drawn from existing ALLIANCE involvement networks and membership, as well as ALISS Programme partners across sectors and disciplines. The group convenes when required with elective membership depending on the task. The purpose of the group is to consider challenges and options within the programme and development of the ALISS engine, website and tools as they arise – providing input to shaping requirements and testing of the outputs.

\footnote{Agile Methodology \([\text{online}]\) Available at http://agilemethodology.org/ \([\text{Accessed 18 February 2016}]\)\]
Co-producing ALISS search tools

The Improving Links in Primary Care project (2012-2014), was a partnership between the Health and Social Care Alliance Scotland (the ALLIANCE) and the Royal College of General Practitioners (Scotland) which aimed to test the feasibility of embedding ALISS in four general practices in Scotland. This involved general practice staff strengthening links with community resources and signposting people to those resources.

In order to signpost people to resources, some practices wished to use their existing practice website: in this case they embedded an ALISS search box within the site. Others preferred to use a generic community web page for signposting.

In this context, the programme worked with the Improving Links project to develop a customisable web page template (hosted on the ALISS platform) that could be offered at no additional cost to partners without an internet presence but who wished to display resources for a particular audience.

In parallel in 2011/2012 e-health funding was allocated to a long term conditions e-health programme in NHS Greater Glasgow and Clyde to explore the development of signposting using ALISS in three areas: Govan, Parkhead and Johnstone and involving local general practices, libraries and communities.

The work involved a partnership between NHS Greater Glasgow and Clyde and the ALISS programme to co-produce a suitable signposting template that could be used for those signposting not only in this project but also in other projects.

During 2013 – 2016, the customisable web page and search box tools and associated guidance developed have been refined as users deploy and provide continual feedback on their use.

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ALISS 2013 – 2016: Progress against objectives

**Primary ALISS Objective:** To make information about local sources of support (assets) for health and wellbeing more findable

In order to make health and wellbeing assets easier to find using ALISS, at this stage the programme needed to increase the number of relevant and useful assets indexed by the ALISS engine and extend the reach of these to as many people as possible.

This was achieved via a focus from 2013 on three key work streams: content, reach and quality.

**ALISS Key Performance Indicators (KPIs)**

In order to measure progress against the objectives within the ALISS Programme Definition Document (May 2013), some basic metrics were required:

- **KPI** There is at least a 50% increase in assets in the engine by December 2014
- **KPI** There is at least a 50% increase in the number of ALISS account holders by December 2014
- **KPI** There is an increase in the number of ALISS Champions. Champions Pack is complete and available online for download. Alliance membership and networks contribute to the programme
- **KPI** There is an increase in the number of signposting initiatives and data providers using ALISS
- **KPI** Data is available to inform the development of future Scottish strategy and policy in health, social care and community development. Visual analytics reports are available from the ALISS engine

The impact of ALISS has been evaluated in use within specific contexts, for example, the Improving Links Programme.
Content and quality: Increasing the number of relevant and useful local assets indexed by the ALISS engine

1) Asset Mapping
In order to support communities to capture information about local assets, the programme over time co-produced a data gathering approach (originally called ‘Asset Mapping in a Box’) and toolkit

Asset Mapping Pack (2014)
An asset mapping toolkit32 was co-produced in partnership with the People Powered Health and Wellbeing33 programme within the Health and Social Care Alliance Scotland.

The toolkit was designed for use in local areas and to be subject to continuous improvement following testing in those areas.

Modelling a partnership approach to asset gathering

The programme has been exploring approaches to asset gathering in the context of regional partnerships.

- Integration Project (April 2015 to April 2016)
  Working Third Sector Interfaces (TSI) in Dumfries and Galloway, Renfrewshire, Angus and East Renfrewshire to develop a testable data gathering and sharing model in collaboration with third sector and integration partnership stakeholders

- Fulfilling Lives Ageing Better
  A Big Lottery funded programme aimed at reducing social isolation among older people in England. The ALLIANCE provides support to a number of health and social care partnerships to explore asset based approaches and the use of ALISS to gather maintain and share information about assets across geographically diverse areas in England.

2) Technical
Providing technology to allow the sharing and devolved management of local asset information throughout Scotland

ALISS Engine and Platform
Nov 2013 – April 2014

During this time period, the ALISS engine was developed, its platform migrated and
the ALISS website and materials were rebranded and updated. The new platform and website were launched in April 2014.

36 of 42 Napier recommendations were implemented. Of the remaining, 3 are in progress, 1 is under review and 2 considered now not applicable.

<table>
<thead>
<tr>
<th></th>
<th>Response time on search</th>
<th>Number of automated tests</th>
<th>Server / Platform uptime</th>
<th>Concurrent users</th>
</tr>
</thead>
<tbody>
<tr>
<td>2013 Before Refresh</td>
<td>1000ms</td>
<td>0 (0% coverage)</td>
<td>unknown</td>
<td>&lt; 10 (no ability to scale)</td>
</tr>
<tr>
<td>2014 After Refresh</td>
<td>130ms</td>
<td>78 (70% coverage)</td>
<td>Average 99.99% (measured Mar 15 to Feb 16)</td>
<td>250 (7,763,040 requests per day)</td>
</tr>
</tbody>
</table>

Performance Statistics:
ALISS Engine / Platform Before and After Refresh

The table above shows improvements in performance of the ALISS platform and engine before and after the technical refresh work.

These figures show a significant increase in speed, and the revised architecture of ALISS allows for rapid scaling should the number of requests per day increase beyond 7 million.

During this time, the website search box and customisable web page tools were also developed, packaged and trialled; initially in the context of the Improving Links Project.

The Improving Links Project report considered the impact of this work: recommending that:

“all practices in Scotland should have an opportunity to access ALISS through their primary care systems”
New ALISS website launched April 2014

3) Scaling

Increasing content and reach - Integrating with existing strategic information systems and channels throughout Scotland; working in partnership to raise awareness and facilitate access.

With the completion of the technical refresh in April 2014 the programme focused on increasing the amount of data indexed within ALISS (content) and the number of places that data was available from (reach).

**Increasing content**

The number of records in the ALISS engine between October 2013 and January 2016 is shown below: increasing from 3820 in October 2013 to 69,040 in January 2016.

The original target (Key Performance indicator, KPI) set in the ALISS Programme Definition Document of September 2014 was to achieve a 50% increase in the number of resources in the ALISS index by end December 2014.

The actual increase in the number of resources indexed during this time period was from 3820 at Oct 13 to 53524 at Dec 14: an increase of 49,704 (1301%).

**Target:** 50%  **Actual:** 1301%

**Increasing Reach: account holder, partnerships and number of searches**

**Account Holders**

The number of account holders in ALISS between October 2013 and January 2016 is shown below: increasing from 288 at Oct 13 to 1173 at Jan 16.

The original target (Key Performance indicator, KPI) set in the ALISS Programme Definition Document of September 2014 was to achieve a 50% increase in the number of accounts in the ALISS index by end December 2015.

The actual increase in the number of accounts indexed during this time period was from 474 in October 14 to 1154 at December 15: an increase of 680 (143%).

**Target:** 50%  **Actual:** 143%
**Improving relevance and currency of data**

It wasn’t enough to merely increase the amount of resources and their reach. At a certain point too many returns on search becomes unhelpful, and resources returned need to be optimally relevant to the search term and area.

Work was carried out on the ALISS search algorithm to improve the likelihood that the most relevant result would appear at the top of the search – using ‘term frequency/inverse document frequency’ instead of merely distance, as was used in the original engine.

**Partnerships with ALISS**

Partnerships are crucial to the success of ALISS: whether they form to gather data, share data, analyse data, develop signposting practice and community connections or a mixture of these. An increased number, and geographical spread of partnerships involved in gathering maintaining and sharing local asset data is vital to increasing content, quality and reach.

Between April 2013 and January 2016, the number of partnerships/engagements with ALISS increased: from 4 in April 2013 to 69 in January 2016.

ALISS currently works with partners across the UK - from the Highlands of Scotland to South East England.

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**Number of searches across ALISS**

The number of searches across ALISS per month, between August 2014 and January 2016 is shown opposite.
**Issue Resolution**

One of the original problems articulated by professionals and public alike was the difficulty in identifying out of date information and resolving this in a reasonable time period. A key differentiator of ALISS is its assertion that information will be kept more up to date if the community is involved in reporting issues and owners are alerted of any issues by email – giving them an agreed time period in which to update.

We reviewed all reported issues from 2014 onwards:

**Number of issues reported**

- There have been 289 issues reported between January 2014 and May 2015.
- 280 issues, 96.89% of issues reported, have now been resolved.
- 9 issues, 3.11% of issues reported, have not been resolved.
- These issues have been reported from 48 different named sources, in addition to 122 anonymous sources.

**How quickly errors have been resolved**

- 62 issues have been resolved in less than 24 hours – 17.6% of those reported, 18% of those resolved.
- 6 issues have been updated in 1-2 days. 24% of the resolved issues were resolved in less than 2 days.
- 19 issues have been updated in 2-3 days. 31% of the resolved issues were resolved in less than 3 days.
- 7 issues have been updated in 3-4 days. 34% of the resolved issues were resolved in less than 4 days.
- 10 issues have been updated in 4-5 days.
- Cumulatively, 104 issues have been updated within the target 5 days. Of the issues that have been resolved, 37.14% have been resolved within 5 days. Of all the issues reported 36% have been resolved within 5 days.
- 172 errors have been updated out with the 5 day target. 61.43% of the resolved issues were resolved out with the 5 day target.
- 4 issues have been resolved and there is no data regarding the timeframe (1.43%).
- 9 issues have not yet been resolved.

On reporting a resource, users add their own rating on whether they consider the issue to be of low, medium, high or critical priority. A breakdown of number of the number of reported issues per user-assigned priority rating is given below:

An issue within the caboose meant that there was difficulty marking issues as resolved. The data shows how quickly issues were updated in the caboose as a measure of how quickly they were resolved, but some issues may have been resolved some time before they were updated. We would strive to see an improvement in these resolution times through supporting and encouraging owners of resources via our new engagement team and forthcoming Accredited Associates network.
ALISS in Action
2013 - 2016
Case Studies
The National Links Worker Programme is funded by the Scottish Government as a partnership between the ALLIANCE and General Practitioners at the Deep End. Delivery partners include the Royal College of General Practitioners (RCGP) and the Scottish Association for Mental Health (SAMH).

The programme aims to mitigate the impact of the social determinants of health. As part of the quasi-experimental design research, it involves seven intervention GP Practices and eight comparison practices, all of which are located within socio-economically deprived areas of Glasgow (Top 15% Scottish Index of Multiple Deprivation).

 Participating GP Practices are supported to adopt the ‘Links Approach’, which is designed to engage the entire team in developing the capacity to support people to live well in their community through enabling better access to information, knowledge, skills, relationships and resources.

As part of the programme, the seven intervention practices have each been allocated a Community Links Practitioner (employed by the ALLIANCE and based within the practice) whose role involves supporting the practices in adoption of the ‘Links Approach’.

Part of the Community Links Practitioner role involves working on a one-to-one basis with people on the practice list to develop goals to improve their overall health and wellbeing and then identify any available supports, including local community assets that might help them to achieve these goals.

Another part of the Community Links Practitioner role involves making links with community resources in their local areas in order to make them more accessible for other members of the practice teams: thus enabling them to signpost and refer people to these supports.

ALISS is used by the Community Links Practitioners as an important tool within both of these elements of the role.

Community Links Practitioners have been issued with their own ALISS accounts, which they use to add community resources they have identified during initial community mapping exercises and ongoing community engagement work.

Furthermore, they promote ALISS locally and encourage community resources to add themselves to the ALISS index. Community Links

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Practitioners are therefore able to use ALISS to build collections of relevant resources that can then be shared among all members of the practice team.

Some of the Community Links Practitioners have created customised ALISS webpages for use within their own practices as a place where they and other practice team members can search for information to signpost the people they are working with, and/or where people can be directed to search for supports themselves.

This process enables trust to be built between clinicians and the community as clinicians trust the Community Links Practitioners and so in turn trust their recommended resources which, over time, grows in to a wider selection of assets.

The benefits of using ALISS in this context can be illustrated through the following instance of a Community Links Practitioners’ one to one work with a person.

Example Consultation

Person A was referred to the Community Links Practitioner due to prolonged stress and low mood following a period of physical illness. During conversations between the Community Links Practitioner and Person A, a number of specific issues became apparent, including caring responsibilities and money worries as well as more general issues of isolation and loss of self-esteem.

However, as well as discussing the issues faced, the person also spoke about having an interest in creative activities. Therefore, in addition to referring the person on to more obvious services such as the local Carers Centre and Money Advice Agency, the Community Links Practitioner also used ALISS to find and signpost the person to a creative writing project in the local area.

The Community Links Practitioner had themselves identified and added this resource to ALISS at an earlier date. The person later confirmed that this resource had enabled them to meet new people and their achievements within the project had increased their self-esteem.
Living it Up

The Living it Up project is a Scottish collaboration, arising out of the UK wide DALLAS (Delivering Assisted Lifestyles at Scale) Programme and originally funded by the former Technology Strategy Board (now known as Innovate UK). Its aim is to use technology and innovation to improve care in community settings.

Living it Up is a partnership of around 28 organisations across health, social care, the Third Sector, academia, industry, enterprise, media, technology and innovation, which aims to provide innovative solutions to connect communities together and encourage people to support each other in partnership with traditional services.

The ALLIANCE, in partnership with the Glasgow School of Art Institute of Design Innovation delivered the community engagement and communication aspect of the Living it Up Programme: connecting with individuals and communities to explore what they wanted from the Living it Up project and how they could be involved in co-designing and co-producing it.

The ALISS Programme, as part of the ALLIANCE, began looking in 2014 at how it might support the work of the Living it Up programme by providing information about local sources of support in Highland, Forth Valley, Lothian, Moray, and Western Isles to the evolving Living it Up website using the ALISS Engine as a data source.

During this time, Living it Up project / community managers in each of these areas worked with communities to gather information about local sources of support for listing on ALISS.

These were generally added to the ALISS index via the ALISS bulk upload function after being recorded on excel spreadsheets.

The Living It Up Programme worked with ALISS to make use of the ALISS API to return relevant ALISS resources to the Discover area of the Living it Up website.

This work was completed for inclusion at the Living it Up Launch by Alex Neil MSP in November 2013.

Further work was carried out in 2014 to provide Living it Up’s Shine area with volunteering opportunities from Volunteer Scotland.

In order to achieve this, ALISS first worked with Volunteer Scotland to index volunteering opportunities contained within their database. This added approximately 9000 opportunities to ALISS, which then became available for Living It Up to surface on their website later in 2014.

The Discover Section of the Living It up website showing the search which returns results sourced from ALISS.

The Shine area of the Living It Up website showing opportunities indexed in ALISS and originally sourced from the Volunteer Scotland database.

The screenshots shown here are of the existing Living it Up service website, which at the time of writing is under development. Living it Up looks forward to launching its new look in 2016.
Project InS:PIRE

Project InS:PIRE\(^{38}\) (Intensive Care Syndrome: Promoting Independence and Return to Employment) is a rehabilitation and support programme for those who have experienced critical care and their families. It is led by the Intensive Care Unit at Glasgow Royal Infirmary in partnership with the University of Glasgow and supported by the Health and Social Care Alliance Scotland, Glasgow Council for Voluntary Services, and other third sector organisations.

In the UK, over 100,000 patients are admitted to ICU every year. Patients who have had a prolonged ICU stay can have persistent physical, psychological and social problems after discharge from hospital.

The InS:PIRE programme aims to improve the health and wellbeing of ICU patients after they are discharged, measured through return to work levels, GP visits and quality of life.

Each programme cohort runs for five weeks and focuses on patient education, peer support and self management. Participants consider their own personal goals and receive physiotherapy, individual sessions with health professionals, pharmacy and psychological support, as well as an opportunity to explore what community support for health and wellbeing might be available locally to support their recovery during and after the programme.

Input from the ALISS programme has included presentations to full cohort groups in order to introduce ALISS and raise awareness of local support, and one-to-one consultations with participants to provide more in-depth assistance on how to use ALISS in order to find local resources that can help them live well.

ALISS has proved to be an important tool for Project InS:PIRE in terms of finding services, activities and opportunities which exist in the community and can help programme participants to achieve the desired outcomes and goals identified.

How ALISS has been used by participants

A participant who was looking for learning and educational opportunities and was signposted to an Open University Access Course.

A second participant who had a physical disability and was unsure whether he would still be able to drive due to this being signposted to the Capability Scotland Advice Service for disability advice about his rights and available supports.

A third participant looking for voluntary experience as a first step towards regaining employment being signposted to the Volunteer Glasgow centre as well as a number of individual volunteering opportunities.

The ALISS team, along with colleagues in the ALLIANCE’s People Powered Health and Wellbeing (PPHW) team have also contributed to Project InS:PIRE learning sessions held after each cohort ends in order to reflect on what went well and what could be improved or adapted for future cohorts.

Following discussions during these learning sessions, ALISS and the People Powered Health and Wellbeing programme have met with Project InS:PIRE to discuss additional ways in which they, and in turn programme participants, could benefit from use of the ALISS system.

Options include:

- the provision of further training and guidance for Project InS:PIRE staff around the effective use of ALISS
- the development of a specific Project InS:PIRE webpage for surfacing and filtering ALISS resources to allow programme participants to search for and possibly contribute information
- building links with organisations such as Third Sector Interfaces who have local knowledge of particular areas and may potentially be able to assist in signposting programme participants.

The ALISS programme look forward to progressing some of these ideas as Project InS:PIRE continues to develop.
Pharmacies

‘Prescription for Excellence: A Vision and Action plan for the Right Pharmaceutical Care through Integrated Partnerships and Innovation’ was published in September 2013 and focuses on the strengths of pharmacists and their potential contribution and integration into health and social care teams.

One of the places where people might look to find local sources of support for health and wellbeing is their local community pharmacy. Owing to their position as trusted professionals at the heart of local communities, pharmacists are particularly well placed to contribute to the gathering and sharing of information about local sources of support.

In recognition of this, Community Pharmacy Scotland engaged with the ALISS programme to explore how pharmacies across Scotland might be supported to undertake a signposting / social prescribing role.

The initial work involved providing each pharmacy in Scotland with an ALISS account in order to be able to add information to the ALISS index about the services on offer within each pharmacy. This was complete in January 2015.

In February 2015, an ALISS search box was added to the Community Pharmacy Scotland website to provide a place for pharmacies to search ALISS for information about local resources in their area.

The ALISS and Primary Care programmes at the ALLIANCE then contributed to an NHS Education Scotland webinar for pharmacists on social prescribing and the use of ALISS.

Later in 2015, the ALISS programme extended this work with a number of pharmacies to explore ways that ALISS could help them in their role.

Davidsons Chemists

Davidsons Chemists\(^{40}\) added an ALISS search function to their website and Andrew Watson, one of their pharmacists in Bridge of Earn, has found ALISS a useful tool when offering the Chronic Medication Service (CMS) within his pharmacy:

“Whilst carrying out a number of CMS reviews I found that patients would ask a number of different questions that were not always about their medication. Patients would inquire if there were any local clubs, social groups or organisations that may help support them with their condition.

I quickly realised that although we may not have all the answers all of the time I wanted to be able to point people in the right direction. This is where ALISS has been invaluable.

I found the information listed to be very helpful: from locating the local Dementia Cafe in Perth to referring a new mum onto the local mother and toddler group.

In Bridge of Earn we have directed a lot of our attention to helping our older population with a number of different initiatives, including using ALISS to help them find the contact details for organisations such as Alzheimer Scotland. A lot of our patients do not have access to the internet so have been very grateful when we have used ALISS to find contact details for the clubs/groups/organisations they were looking for. ALISS is now used as an integral part of my practice and is very easy to use.”

Barnton Pharmacy

Sally Arnison is a pharmacist and director at Barnton Pharmacy\(^{41}\) and has used ALISS to link people to local dementia services; to promote the unique services offered by her pharmacy and also has a link to ALISS on her pharmacy website:

“I think ALISS can be anything we want it to be and is a really great way of promoting pharmacy services and events as well. By having your own community pharmacy account on ALISS you can add events, promote services and remind your customers (or attract new ones!) of some of the great services you offer. In addition, ALISS is a one stop resource for you to be able to signpost your patients to other services, not just health but third sector and social services as well. So if you want to know where the nearest dementia support group is or how carers can access respite then this is the place to go.

The problem with NHS resources in the past has been that they are out of date as soon as they are produced. ALISS is live and can be updated anytime. It’s a bit like Wikipedia for the day job and just like Wiki, it is only going to harness its true potential if pharmacies have a go and update their information and use the resources available.”

ALISS on the Barnton Pharmacy Website
Rowlands Pharmacy

Laura McElroy, a Rowlands Pharmacy Area Manager, has found ALISS a useful tool for her pharmacists to both signpost patients and to help the Pharmacy achieve its Elite Pharmacy Status:

“The ALISS resource is a fantastic tool that has allowed the pharmacists to support patients by signposting them to appropriate resources.

One of the key things we have learned was that the pharmacists felt they were always having to provide the answers to the wide variety of questions that people ask in the pharmacy. Through our work with the ALISS programme one thing we have realised is that often the person is the expert in managing their long term condition and by working together we can ensure holistic care is achieved.

ALISS is supporting our pharmacists in achieving their Elite Service Pharmacy Status which aims to improve health and reduce inequalities, achieved by offering healthy lifestyle advice to patients and the public, to support self-care and patients with long-term chronic conditions.

ALISS has proven very useful for one Rowlands pharmacist in particular, Seonaid Campbell based in Coatbridge, who has utilised ALISS on numerous occasions to seek support for patients presenting with varying conditions. She was recently able to identify an alcohol counselling team, Meridian, based locally in Coatbridge that would meet the needs of a patient who presented to her in need of support to manage excessive drinking. The patient was grateful to Seonaid initially for taking time to listen to her but then for going a step further and finding a resource that was more appropriate to support her condition.”

Early in 2016, a review of the work with pharmacies was published in ‘The Scottish Pharmacist’ with work continuing in 2016 to support pharmacists across Scotland to use ALISS.

Young people: Our Health, Our Place, Our Voice and Getting it Right for Every Child

ALISS can be a useful tool for all age groups, including young people. It can empower young people to:

- voice their perspectives on ‘what matters to them’
- take an active role in shaping their local communities
- enhance their own health and wellbeing.

During the of summer 2015, the ALISS programme engaged with Govan High School S1-S3 pupils to explore what keeps them well, the resources available within their own local community and how ALISS could be used to gather and share information about the resources discovered.

One young participant commented:

“After completing the project, I know more about ways to stay happy and healthy and I feel more confident about expressing my ideas on how to make my community better”

Graham Robertson, the Principal Teacher for Pastoral Care, fed back that:

“The project was a great experience for the pupils. They learned lots about their local area and built up new skills, helping others in the process. I would definitely recommend the project to other schools”

Key to the project was capturing feedback and ideas from the young people involved, which in turn informed the development of the Our Health, Our Place, Our Voice Teacher Toolkit. The Toolkit is a collection of learning resources, aligned to the Curriculum for Excellence, which other schools can adapt and use. It aims to inspire projects that will empower young citizens to shape and improve health and wellbeing in their local communities.

Following Scottish Government endorsement, The Our Health, Our Place, Our Voice Toolkit is available within the Knowledge Hub: an online platform for public service collaboration which helps members and communities to connect, share knowledge, develop initiatives and share expertise. It can also be downloaded from the ALLIANCE website.

The Govan High School project has also served as a catalyst to explore further work in supporting Children and Young People.

The Children and Young People (Scotland) Act 2014 is a new law that gives children and young people from birth to 18 years, or beyond if still in school, access to a Named Person. The Named Person will be a single point of contact if a child, young person or their parents want information or advice, or if they want to talk about any worries and seek support. They will also be a point of contact for other services if they have any concerns about a child’s wellbeing.

Health visitors, head teachers and guidance teachers in many areas of Scotland already offer this service, which is planned to be available nationally by 31 August 2016.

Key to this will be making information about local assets and supports for young people more visible to the ‘named

Health and Social Care Integration (Financial Memorandum) Project

With the advent of The Public Bodies (Joint Working) (Scotland) Act 2014, 31 new Integration Authorities have responsibility for an integrated budget and the governance of ‘integration schemes’, designed to deliver national outcomes and address locally identified health and social care priorities.

Implementing these integration schemes will be the responsibility of strategic planning groups which comprise of representative stakeholders from across agencies and sectors, including the third sector. Strategic Planning groups are responsible for coordinating activity and allocating the resources available to the Integration Authority through the process of joint strategic commissioning.

The Role of ALISS

Integration Authorities and Strategic Planning groups will require data about community assets and third sector services to develop a responsive joint strategic commissioning approach. The information contained with the ALISS index can make a valuable contribution to an understanding of the spread and utilisation of local sources of support.

To further explore the role of ALISS within the new health and social care integration landscape, ALISS began a project in 2015, funded by the Scottish Government Local Government and Communities Directorate (Third Sector Unit).

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In collaboration with key stakeholders, the project aims to:

- provide data derived from information indexed within the ALISS system and from analytics recorded on ALISS search activity
- catalyse the development of new processes, portals and tools for the purposes of sharing information about community assets, services and supports
- enhance the role of the third sector within local integration partnership structures
- stimulate collaboration and partnership working at both local levels

To date, the primary focus has been on the development of both the partnership and technical infrastructure required to generate and apply data derived from ALISS indexed resources or searches on the system.

Three pilot test sites have been recruited, in Dumfries and Galloway, Renfrewshire and East Renfrewshire. Working with these pilot sites, requirements have been gathered to inform the design and functionality of new ALISS analytics, which at the time of writing are under development.

The project has engaged with NHS Scotland National Support Service Information Services Division (ISD) to capture analytic data for inclusion in the Tableau datasets being developed as part of the Health and Social Care Data Integration and Intelligence Project (HSCDIIP).

The project is currently entering into the test phase in which data will be generated from search activity on three websites that present ALISS data (Living Well Dumfries and Galloway; My Renfrewshire and an East Renfrewshire information portal).

ALISS will work with ISD to capture and model the data for use by the relevant local integration partnerships.

The learning from the project will inform consideration of the wider application / scaling of the model.

“Through utilising ALISS we have been able to develop the Living Well search directory, making activities and services more findable to help maintain and improve the health and wellbeing of Dumfries and Galloway. Going forward we will work closely with the ALISS team to ensure information about the type of resources people are looking for; the results they receive and any gaps will be influential in the design and implementation of future health and social care services – ensuring the Third Sector plays a central role”.

Ewan Marshall, Lead Officer for Integration (West), Third Sector Dumfries and Galloway (TSI)

Perth and Kinross: Well Connected

Produced by the Perth and Kinross Change Fund Partnership programme, ‘Well-Connected Perth and Kinross’ provides support and information to enable people to find things in their communities that help them live well.

Built using the ALISS engine, tools and support, the resource allows people to search for useful community support and to contribute information about local community assets in the Perth and Kinross area.

The Well-Connected Toolkit provides a guide and activities to support the gathering, sharing and maintenance of local information. The Toolkit is localised adaption of the ALISS Asset Mapping Pack and is available on the Well-Connected page on the Perth and Kinross Council Website.

The ALISS powered search function on the Perth and Kinross Council Website allows people to find ALISS indexed resources for their area.

The ALISS programme continues to work with Perth and Kinross Council in 2016 to explore the wider application of Well-Connected to support a range of council activity, including self-directed support.

47 NHS Scotland National Support Services: Information Services Division HSCDIIP Website [online] Available at http://www.isdscotland.org/Health-Topics/Health-and-Social-Community-Care/Health-and-Social-Care-Integration/ [Accessed 22/2/16]
First Through the Door

The Wheatley Group manage the 415 Project48, which is a Glasgow Community Planning Partnership initiative delivered by Glasgow Housing Association.

The 415 Project also goes by the name Hub & Cluster and provides a housing and support model to enable older people within the Nitshill area of south Glasgow to live independently in their homes for as long as possible.

A mobile application (called ‘First Through the Door’) has been developed to support the project and is intended for use by multi-agency staff e.g. district nurses, fire safety check officers and housing officers. Its purpose is to help staff identify opportunities for early intervention when visiting older people within their own homes.

ALISS is working with the project to supply a feed of its data about local sources of support to the mobile application to aid signposting. First Through the Door mobile application will have a Global Positioning System (GPS) search functionality, to allow the multi-agency staff to search from the person’s location to find local support. First Through the Door will query the ALISS API to feed data into the mobile application.

The Wheatley Group have ambitions to roll the Hub & Cluster project out across Glasgow city, with the First Through the Door application as a supporting tool.

Shared Care Scotland: indexing short respite breaks

Shared Care Scotland49 works to improve the quality, choice and availability of short breaks (respite care) provision across Scotland for carers and cared for people.

Shared Care Scotland developed a directory of short break services in Scotland for the purpose of increasing access to information for people who are unpaid carers, receiving care, or supporting either group.

In June 2015 ALISS indexed approximately 400 short break opportunities and shares this index listing with other partners. ALISS re-indexes the data automatically: refreshing the data on ALISS with any changes made within the source system.

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Active Scotland

Active Scotland offers a website and searchable collection of national and local physical activities and related venues. It was developed by NHS Health Scotland as a tool to support people to get active.

ALISS has been working with Active Scotland to index their resources and facility listings (approximately 5500 facilities, 24,000 activities and 2500 groups) via the Active Scotland API.

ALISS will then share this data with other partners – the data automatically refreshing on ALISS as any changes are made to the Active Scotland data.

Scottish Fire and Rescue Service

The Scottish Fire and Rescue Service works to protect every community not only by responding to incidents, but also by preventing them from happening in the first place.

ALISS has been working with the service to:
- provide national and regional accounts to index their services in Scotland
- support them to add the ALISS search box and a link to the service website and staff intranet.

Scottish Fire and Rescue Service personnel will then use ALISS to signpost people to support, when they identify a need during the Home Fire Safety visit.

Scottish Prison Service

The Scottish Prison Service ‘Reducing Reoffending Programme’ phase 2 aims to achieve a reduction in reoffending by successfully reintegrating individuals leaving prison and returning back into communities.

The Review of Throughcare Project in Phase 2 of the Scottish Government’s Reducing Reoffending Programme aims to ensure people make the most of opportunities and local support in order to fulfil their responsibilities as citizens and move away from offending.

The further development of the existing directory of interventions and services is a key deliverable of that project.

ALISS has been working with the Scottish Prison Service to explore how individuals and their families can be supported with information about local support and opportunities, pre and post release.

ALISS in GP systems: Vision and EMIS

One of the recommendations of the Improving Links in Primary Care report was that ALISS content be available from within GP systems.

A consistent plea from general practices has been for there to be a quick, easy and integrated means of accessing information about sources of support contained within ALISS.

The ALISS programme has worked with clinicians to establish an initial specification for a proof of concept integration of ALISS. Blue Bay Medical Systems has developed this functionality (usable in both EMIS and Vision) and it is currently ready for demonstration prior to test in practices.

Glossary

**Agile**
A software development approach in which requirements and solutions evolve through collaboration between cross functional teams.

**API**
Application Programming Interface – a set of instructions and standards for accessing an application (for example the ALISS application).

**Asset Based**
Approaches that bring together people and communities to achieve positive change using their own knowledge, skills and lived experience.

**Bulk Upload**
In the ALISS context, we mean using the aliss.org website to add resources listed in a file (usually excel spreadsheet) in one upload, rather than one by one.

**Cloud platform**
Internet-based computing, that provides shared processing resources applications and data on-demand.

**Code Refactoring**
The process of restructuring existing computer code without changing its external behaviour/ functional attributes.

**File Transfer**
In the ALISS context, this refers to scenarios where a partner loads data into a file, and places the file at a web location for ALISS to access and index the data.

**ITIL**
Information Technology Infrastructure Library - a set of practices for IT Service Management.

**Linked Data**
A way of exposing, sharing, and connecting (previously unconnected) pieces of data, information, and knowledge on the web in a way that can

**Open Source**
Something that can be modified and shared because its design is publicly accessible.

**Scraping**
A computer software technique of extracting information from websites.
Further Reading

ALISS Open API
Full Documentation is available at: http://aliss.readthedocs.org/en/latest/search_api/

ALISS Code
Available at https://github.com/aliss/

ALISS Terms and Conditions
http://www.alliance-scotland.org.uk/download/library/lib_537dc3ddee8220/

ALISS Account Holder Guidance
http://www.alliance-scotland.org.uk/download/library/lib_534bd1a22e690/

ALISS communication materials. Presentations, webinars, leaflets, media communications etc.
http://www.alliance-scotland.org.uk/aliss-resources/

Citizens need to know where to find support
http://www.scotsman.com/news/citizens-need-to-know-where-to-find-support-1-3454261

Community Links Practitioner Blog
http://links.alliance-scotland.org.uk/2015/03/tears-in-pollock-isnt-that-an-eric-clapton-number/

Community Pharmacy Scotland video: Guidance for pharmacies on how to use ALISS: https://www.youtube.com/watch?v=1L6uQl73_TQ#action=share

Fostering digital innovation in Scotland: behind the scenes with the award nominated ALISS Programme
https://www.aliss.org/blog/fostering-digital-innovation/

Keeping Perth and Kinross Well Connected with ALISS
Appendix A - List of Customised web pages created 2014-2015

1. Craigmillar Medical Group
   https://www.aliss.org/signpost/craigmillarconnect

2. Loch Leven Health Centre
   https://www.aliss.org/signpost/lochleven

3. Allander Surgery
   https://www.aliss.org/signpost/Allandersurgery

4. Pollok Drs Treadgold, Duffy & Morley
   https://www.aliss.org/signpost/PracticeResources

5. David Elder Practice
   https://www.aliss.org/signpost/davideldermedicalpractice

6. Drs Wilson, McGinley & Sheppard practice, Easterhouse
   https://www.aliss.org/signpost/Easterhouse

7. Healthy in Annandale and Eskdale
   https://www.aliss.org/signpost/HappyandHealthyinAnnandaleandEskdale

8. My Renfrewshire
   https://www.aliss.org/signpost/myrenfrewshire

9. South Youth Health and Wellbeing Group
   https://www.aliss.org/signpost/southyouth

10. Aberdeenshire Voluntary Action (early years)
    https://www.aliss.org/signpost/earlyyearsaberdeenshire

11. Voluntary Action Orkney
    https://www.aliss.org/signpost/vaorkney

12. Self Management Network Scotland
    https://www.aliss.org/signpost/SelfManagementNetworkScotland

13. Spinal Injuries Scotland
    https://www.aliss.org/signpost/spinal_injuries_scotland

14. Birmingham Community Network
    https://www.aliss.org/signpost/bhamcommunity

15. The Advocacy Project
    https://www.aliss.org/signpost/theadvocacyproject

16. Our Locality
    https://www.aliss.org/signpost/ourlocality
17. **Davidsons Chemists**  
   https://www.aliss.org/signpost/DavidsonsChemists

18. **Living It Up Argyll and Bute**  
   https://www.aliss.org/signpost/Signpost

19. **Tayside Health Information Signpost**  
   https://www.aliss.org/signpost/THIS

20. **NHSGG&C North East Sector Networking Events**  
    https://www.aliss.org/signpost/NetworkingEvents

21. **Glasgow Pain Management Programme**  
    https://www.aliss.org/signpost/communityresources

22. **Links Worker Programme**  
    https://www.aliss.org/signpost/LinksWorkerProgramme

23. **North Tyneside CCG**  
    https://www.aliss.org/signpost/SignNT

### Search boxes

1. **Voluntary Action Orkney**  
   http://vaorkney.org.uk/component/content/article/9-uncategorised/488-orkney-community-directory

2. **Autism Network**  
   http://www.autismnetworkscotland.org.uk/search-for-resources-with-aliss

3. **Work for me**  
   http://www.work4me.co.uk/our-services/search-self-management-info/

4. **ALISS sub-group of local RCOP Programme**  
   http://www.pkc.gov.uk/wellconnected

5. **Let’s Get On With It Together**  
   http://www.lgowit.org.uk/

6. **Maryfield Practice Dundee**  
   http://www.maryfieldmedicalcentre.com/Npatientservices.php

7. **Milton Surgery (Edinburgh)**  
   https://milton.gpsurgery.net/patient-info/information-support-networks

8. **Nairn Healthcare Group**  
   http://www.nairnhealthcaregroup.co.uk/Community_Resources.php

9. **Community Pharmacy Scotland**  
   http://www.communitypharmacyscotland.org.uk/

10. **The ALLIANCE**  
    http://www.alliance-scotland.org.uk/

11. **Cramond medical practice, Edinburgh**  
Appendix B - Ongoing ALISS Partnerships / Engagements at Jan 16

1. Energy Saving Trust / Home Energy Scotland
2. Royal Pharmaceutical Society
3. Community Pharmacy Scotland
4. Thistle Pharmacy
5. Barnton Pharmacy
6. Burnside Pharmacy
7. Davidsons Pharmacy
8. Edinpharm
9. NHS Community Pharmacy
10. Craigmillar connect
12. University of Edinburgh - Helping you along your intensive care journey
13. SAMH
14. National Link Worker programme
15. Voluntary Arts Scotland
16. NHS Inform NSSD
17. Wheatley Group - First through the door
18. Dementia Friendly Edinburgh Network
19. Third Sector Interface Moray
20. National Galleries Scotland
21. Scottish Fire and Rescue Service
22. Maggie’s Centres Scotland
23. Cope Scotland
24. Midlothian Health and Social Care Partnership
25. My Diabetes My Way
26. The Advisory Group (TAG)
27. Stonehaven Medical Group
28. Blue bay medical systems
29. NHSGGC north east sector networking group
30. The Boys Brigade Scotland
31. Volunteer Scotland
32. REACH project - BME skills development programme
33. Signposting Information Guidance Network N Tyneside
34. SCVO MILO API
35. Perth and Kinross Well Connected Service / Council
36. Car Gomm Community Compass - GP Lin Worker Signposting Project
37. The Advocacy Project
38. Capability Scotland
39. NHS Borders Margaret Kerr Unit (Palliative Care)
40. Voluntary Action Lochaber
41. Chest Heart and Stroke Scotland Services
42. NHS Education Scotland and CILIPS - libraries
43. Dundee City Council Social work services
44. NHS Tayside / community health partnership
45. House of Care Programme
46. GIRFEC Programme - Renfrewshire
47. GIRFEC Programme - Ayrshire
48. NHS Greater Glasgow and Clyde - Pain Management Programme
49. Active Scotland Data integration
50. Open Glasgow
51. Fife Community Mapping Project
52. West Lothian Council / Capability Scotland Disability Information and Advice Service
53. South Ayrshire Health and Care Partnership
54. Health in Mind Directory Integration
55. Renfrewshire Health and Social Care Partnership - My Renfrewshire portal
56. NHS National Services Scotland - Health and Social Care Integration Data Project
57. East Lothian Mental Health Network
58. Young Scot Data integration
59. Brightcare
60. Fulfilling Lives Ageing Better Health and Social Care partnerships - England
61. NHS Greater Glasgow and Clyde Glasgow Royal Infirmary Project InS:PIRE
62. NHS Greater Glasgow and Clyde Health Improvement Directory Integration
63. Dumfries and Galloway Third Sector Interface - financial memorandum project
64. Scottish Prison Service Directory
65. Police Scotland
66. Richmond Fellowship
67. Aberdeen integrated care fund partnership
68. Argyll and Bute Advice Network
69. NHS Forth Valley / Post Creative (semantic web pilot)
ALISS has provided a vehicle for us locally...helping us identify assets with our communities and collectively bringing them together and making them accessible...we still have a way to go to make it perfect but already people in communities are benefiting...

Elaine Lamont, Public Health Practitioner, Annandale & Eskdale Health Improvement Team, NHS Dumfries & Galloway

"Projects such as ALISS can make a big difference to the lives of people living with long term conditions ensuring they have vital information about local resources which can support them to lead healthier and more independent lives."

Michael Matheson as Minister for Public Health, Scottish Government

"ALISS is a fantastic, well developed, resource with massive potential for building and using community assets for health and wellbeing."

Professor Sally Wyke, Deputy Director, Institute of Health and Wellbeing, University of Glasgow

"ALISS is a national asset that has the potential to lead to major changes in Scotland in terms of the ability of people and communities to connect to each other and to community and public services. It needs to be nurtured, supported and main-streamed into health and social care."

Professor Stewart Mercer, Chair in Primary Care Research (General Practice and Primary Care) University of Glasgow