Report of the Directors and
Financial Statements for the Year Ended 30 June 2015
for
The Health and Social Care Alliance
Scotland

Campbell Dallas LLP
Chartered Accountants
Statutory Auditors
Titanium 1
King's Inch Place
Renfrew
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The Health and Social Care Alliance
Scotland

Report of the Directors
for the Year Ended 30 June 2015

The directors, who are also trustees of the charity for the purposes of the Charities and Trustee Investment (Scotland) Act 2005, present their report with the financial statements of the charity for the year ended 30 June 2015. The directors have adopted the provisions of the Statement of Recommended Practice (SORP) 'Accounting and Reporting by Charities' issued in March 2005.

REFERENCE AND ADMINISTRATIVE DETAILS
Registered Company number
SC 307731 (Scotland)

Registered Charity number
SC037475

Registered office
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Glasgow
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Directors
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D Clark
R Dorman – Vice Chair
K Fearnley
G Grindlay
N Henderson – Chair
M Hoolahan
A Johnston – Treasurer
J Malone
M O’Donnell
M O’Keefe
I Paterson
S Sinclair
E Steven
K Storrow
D Taylor
N Thomson

- Resigned 25.6.15
- Resigned 25.6.15
- Resigned 2.3.15
- Resigned 16.12.14
- Appointed 25.6.15
- Appointed 25.6.15
- Appointed 25.6.15

Company Secretary
I Welsh

Auditors
Campbell Dallas LLP
Chartered Accountants
Statutory Auditors
Titanium 1
King's Inch Place
Renfrew
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Kings Hill
West Malling
Kent
ME19 4JQ

STRUCTURE, GOVERNANCE AND MANAGEMENT

Governance document

The organisation is controlled by its governing document, a Memorandum and Articles of Association, and constitutes a company, limited by guarantee, as defined by the Companies Act 2006. It is also a charity registered in Scotland.

The organisation's objects, as outlined in its governing document, are to bring voluntary organisations established for the relief of beneficiaries (people with long term conditions) in a common effort to improve care, treatment and management. These organisations are the members and have voting rights in relation to the running of The Health and Social Care Alliance Scotland (the ALLIANCE). At the AGM in June 2015, a special resolution was passed unanimously to broaden the beneficiaries to include the elderly.
STRUCTURE, GOVERNANCE AND MANAGEMENT

Recruitment and appointment of new directors

The maximum number of directors allowed is 15, of which 12 are voted in by the membership. The remaining three are co-opted by the directors on an annual basis for their specific skill set. When recruiting directors, the ALLIANCE takes account of principles of good practice as regards equalities and takes reasonable steps to ensure that, at any given time, there is a reasonable balance of representation on the board of directors (from an equalities perspective).

At each AGM a total of one third of the directors has to have stepped down. This can happen voluntarily or, if all parties are interested in remaining on the board, from a selection of the longest serving directors. These directors are chosen by a random method as agreed at the board meeting immediately prior to the AGM. Any directors who are required to stand down but who retain an interest in continuing to serve can stand again for election. Once a director has been re-elected through this process and required to stand down at a subsequent AGM then they are not eligible to stand again until the following year. This helps the ALLIANCE retain experience on the board while attracting new directors and hence fresh ideas and skills to the board.

New directors are offered induction support from the Chair and the Company Secretary. This includes a pack of information outlining the roles and responsibilities, the governing document, organisational structure, copies of audited accounts and relevant organisation reports, including future plans and objectives.

Organisational structure

The organisation's board of directors meet every three months to discuss relevant business, compare operational achievements to strategy and business planning and to provide governance. A scheme of delegation is in place and day to day responsibility for the provision of the services of the organisation lies with the Chief Executive.

At the first board meeting immediately following the AGM, one director is appointed as chair, one or two as vice chair and one as treasurer. These directors all carry additional responsibilities as relevant to their role. Board meetings are supported and attended by the senior team comprising of the Chief Executive (currently also Company Secretary), the Programme Director, the Head of HR and Business Development, Head of Finance and IT, Director of Policy and Communications, Director of Development and Improvement and the Director of People Powered Health and Wellbeing.

The agenda is set by the Chair of the Board and circulated with relevant reports from the senior team (operational, financial, risk management, evaluation and strategic). These papers are circulated the week prior to each meeting to give directors time to prepare for their discussions. Senior staff give oral reports on the day to day operations, expanding on the papers circulated, enabling directors the opportunity to ask questions, discuss and agree the way forward on a range of organisation issues. This includes specific discussions on the organisation's finances at each of these meetings.

Additional duties for board members come through representing the organisation at a range of events and sitting on external committees and groups on behalf of the organisation. Where this occurs, the director then feeds back to the board on the outcomes of these meetings.

There are two sub-committees. These are the Finance, Audit and Risk Committee which meets every three months, and the Remuneration Committee which meets as required.
STRUCTURE, GOVERNANCE AND MANAGEMENT

Related parties

Other than the directors there are no related parties. Related party transactions are detailed in Note 20 to the accounts.

Risk management

A risk register exists, and is updated regularly by the senior management team. An updated version is circulated to the Board every six months. This facilitates the directors in carrying out their duty to identify and review the risks to which the charity is exposed and to ensure appropriate controls are in place to provide reasonable assurance against fraud and error.

OBJECTIVES AND ACTIVITIES

Objectives and aims

The Health and Social Care Alliance Scotland’s vision is for a Scotland where people of all ages who are disabled or living with long term conditions, and unpaid carers, have a strong voice and enjoy their right to live well, as equal and active citizens, free from discrimination, with support and services that put them at the centre.

The ALLIANCE has three core aims:

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 work with individual and community assets, helping people to stay well, 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.

The ALLIANCE is the national third sector health and social care intermediary. With over 1,100 members, it brings together over 370 organisations and over 740 individuals to ensure the voice of people who are disabled or living with long term conditions and their unpaid carers, and the expertise of the third sector, are influential in shaping policy and practice. Members include large, national support providers as well as small, local volunteer-led groups. Many NHS Boards, Community Health and Care Partnerships are associate members, and all Third Sector Interfaces have joined the ALLIANCE.

In 2014 the ALLIANCE welcomed over 450 new members. Working with Professional Associates has helped to further strengthen collaboration between people with lived experience and practitioners from across sectors.

The ALLIANCE is a strategic partner of the Scottish Government and has close working relationships with national health and social care bodies, including NHS Education for Scotland, NHS Health Scotland, Healthcare Improvement Scotland, Joint Improvement Team, Scottish Health Council and others. The organisation sits on the Public Joint Working Act Implementation Group (and sub-groups on Joint Strategic Commissioning and communications) and on a range of other key strategic activity, including Living It Up and Scotland's National Action Plan for Human Rights (SNAP) (for which the ALLIANCE and NHS Health Scotland co-convene the Health and Social Care Action Group).
OBJECTIVES AND ACTIVITIES

Significant activities

Core Activities

Self Management Fund

The ALLIANCE has a track record of helping bring about lasting, transformational change through the self management agenda. By harnessing the capacity of people who are disabled, living with long term conditions and their unpaid carers across Scotland, the ALLIANCE and its members have helped to change policy, practice and the culture of services.

The Self Management Fund is available as grants to voluntary organisations and community groups throughout Scotland. These grants are to encourage good practice to be shared and innovative approaches developed so that people with long term conditions have access to the support they need to successfully manage their lives.

These monies are held in the organisation's Triodos bank account, separate from day to day running costs. A trust document is in place between the ALLIANCE and the Scottish Government, confirming that the ALLIANCE holds the Self Management Grant Fund on behalf of the Scottish Government.

The ALLIANCE received a Self Management Impact Fund grant of £2 million in both 2012-13 and in 2013-14, with a further £2 million per year committed by the Scottish Government for 2014-15, making a total of £6 million. In April 2013, £2.5 million of funding was allocated in Round One of the Impact Fund. A further £2.1 million was allocated in Round Two in October 2013, £1 million was allocated in Round Three in April 2014 and £429,489 was allocated in Round Four in October 2014.

In October 2014 the ALLIANCE held the fifth Self Management Week, in order to highlight support for self management across voluntary, health and social care sectors. The week included various events and publicity to showcase examples of good practice, with a focus on events held by the grant recipients themselves.

The ALLIANCE is currently planning Self Management Week 2015, which will be from 28 September - 2 October 2015. Events will include the Self Management Awards 2015, with the following categories:

- Self Management Project of the Year
- Inspirational Person of the Year
- Self Management Partnership of the Year (voluntary organisation and NHS/Council/Private Sector Organisation)
- Best Self Management Resource
- Self Management Supporting Health Board of the Year

My Conditions, My Terms, My Life

This social marketing initiative continued to increase awareness and understanding of self management among people with long term conditions and health and social care professionals. Over the past year the campaign has worked in partnership with NHS Dumfries and Galloway and with the Allied Health Professions (AHP) sector. The campaign was selected to be part of Legacy 2014, the programme to ensure lasting benefit to Scotland from the 2014 Commonwealth Games.

The campaign will be reviewed during 2015 to ensure the resources and information are still relevant, following an external review.
OBJECTIVES AND ACTIVITIES

Significant activities

Policy and Campaigns

The ALLIANCE's policy and campaigns work is fundamental to the organisation's purpose of providing a strong voice to ensure the interests and needs of people living with long term conditions are addressed. The ALLIANCE has continued to build strategic relationships with decision makers, key partners and members. The strength of its influence is evidenced in the extent to which its agenda is at the heart of health and social care policy, as well as the central role of the organisation at strategic level.

The ALLIANCE's influence can be seen in the Scottish Government's Route Map to the 2020 Vision for Health and Social Care, particularly the emphasis on people powered health and wellbeing, self management and co-production. A number of ALLIANCE work streams are closely aligned with the 2020 Route Map and this is illustrated below.

All of this work sits in the context of the Christie agenda of public service reform and is intended to contribute to the following: improving outcomes, including supporting human rights and independent living; building capacity of individuals, families and communities; shifting to preventative investment; integrating services; and developing a sustainable approach in the face of falling resources and rising need.
OBJECTIVES AND ACTIVITIES

Significant activities

Key policy areas during 2014-2015 were as follows:

The ALLIANCE, with NHS Health Scotland, has co-convened the first year of the SNAP (Scottish National Action Plan for Human Rights) Health and Social Care Action Group. The group has begun to take forward a range of activity to support the right to health, the empowerment of rights holders and the embedding of a Human Rights Based Approach across health and social care.

Health inequalities have formed a key aspect of the ALLIANCE's work on human rights, representing a significant infringement on the right to health for many of Scotland's citizens. The ALLIANCE worked closely with NHS Health Scotland and with its members, including COPE, to highlight the lived experiences of health inequalities and contribute to shaping the solutions.

ALLIANCE members raised significant concerns about the implications of proposed new mental health legislation for the rights of those they represent. The ALLIANCE convened a round table of members and made representations to the (then) Minister for Public Health, Scottish Government officials and the Scottish Parliament Health and Sport Committee.

One of the major drivers for change over the coming years should be the integration of health and social care, required by the Public Bodies (Joint Working) (Scotland) Act 2014. The ALLIANCE has worked hard to make sure the views of people who use services, unpaid carers and the third sector are strongly reflected in the legislation and guidance. The ALLIANCE created opportunities for members to come together and use the strength of their collective voice, as well as inviting other third sector intermediaries to partner on key activity including productive sessions with the (then) Cabinet Secretary for Health and Wellbeing. The influence of the ALLIANCE with its members and partners is evident and the ALLIANCE has already begun to engage with the emerging Health and Social Care Partnerships to support them to turn policy into practice that makes a real difference to the lives of people across Scotland.

Events, Communications and Media

The ALLIANCE's Annual Conference was held on 25 June 2015. The conference took the form of a Citizen Wellbeing Assembly, run by the Health and Social Care Academy and speakers included Shona Robison MSP, Cabinet Secretary for Health, Wellbeing and Sport. The event was chaired by Pennie Taylor, Journalist and Broadcaster.

There have been many other opportunities throughout the year for ALLIANCE members to engage with and network at its highly successful networking events.

A networking event was held on 12 March 2015 for ALLIANCE members on implementation of health and social care organisations in order to support knowledge and understanding of the current landscapes. This included input from the Scottish Government, Joint Improvement Team and NHS Health Scotland.

Development of the role of social media alongside the website, publications and other channels of communication continues to grow. In 2014-2015 the ALLIANCE website has had over 22,000 users with over 82,000 page views. The ALLIANCE has over 5,053 followers on Twitter, over 600 likes on its Facebook page, and its YouTube videos have been viewed over 2,000 times. The ALLIANCE newsletter is sent out to over 1,300 contacts on a weekly basis.
OBJECTIVES AND ACTIVITIES

Significant activities

The ALLIANCE regularly comments in the press on areas of interest, including in Holyrood Magazine, TFN and national press. The ALLIANCE is a member of the Friends of the Scotsman initiative and submits articles on a regular basis throughout the year.

ALLIANCE Hub

The ALLIANCE Hub continues to provide the following facilities for member organisations:

- Meeting and training rooms
- Equipment hire
  - Hot desks and IT facilities
- Photocopying/printing facilities
- Informal networking opportunities
- Capacity-building service for smaller organisations
- Information library
- Online reference library

Room hire rates and hot-desks are at very low cost, providing an invaluable resource to members, particular to smaller voluntary organisations who have little or no resource to pay for meeting room space or office space for staff or volunteers.

Organisational

Funding

Further to an instruction from the Cabinet Secretary, the ALLIANCE is in discussions with the Scottish Government in relation to an updated Strategic Partnership Agreement and grant funding for three years. Further to some external evaluation work, the intention is to consolidate current revenue and work streams into a new consolidated financial arrangement based on a three-year outcome agreement.

Membership

During the period covered by this report, the ALLIANCE membership has increased from 671 members at June 2014 to 1,122 members at June 2015. The ALLIANCE continues to work to expand its membership. Plans are in place for a new membership/contact database in order to support this work.

Staffing

Staffing has increased from 50 staff at June 2014 to 60 staff at June 2015. All of the additional posts are fixed term contracts, depending on the terms of the grant funding for the programme each member of staff is working on. The ALLIANCE now has several staff on contract on an ongoing basis. Again, this is dependent on various funding awards, and on secondment from other organisations.
OBJECTIVES AND ACTIVITIES

Volunteers

The organisation's board of directors are all non-executive volunteers committed to the governance of the ALLIANCE. From time to time, the ALLIANCE members and people with long term conditions present at conferences, events and workshops on behalf of the ALLIANCE. The board appreciate the time and personal effort offered by those involved in this capacity.

Volunteers play an important part in the ALLIANCE's work and the ALLIANCE is currently considering how to develop the role of volunteers further. The Volunteering and Involvement Strategy is now available and a good practice guidance document for working with people with long term conditions has also been produced to go with this.

The ALLIANCE is currently working towards the Volunteer Friendly Award which is a simple, user-friendly quality standard designed by the Volunteer Centre Dundee to support, recognise and reward groups who are good at involving volunteers. Working towards the award is free and is being done with the support of the Volunteer Centre Glasgow. Staff are currently pulling together a portfolio of evidence which will provide a framework for good practice in involving volunteers.

The ALLIANCE Involvement Network was launched in May 2012, and is now well established. The Involvement Network is a key mechanism through which the ALLIANCE can capture the stories of people living with long term conditions. It is open to those aged 18 and over who would like to share their experience and expertise of living with long term conditions in order to assist the ALLIANCE and its partner organisations with policy work, campaigns and research.

People are supported to volunteer in a way that fits in with their time, condition, skills and interests. Those with long term conditions who join the ALLIANCE as individual supporters receive free membership and will be updated with opportunities for involvement through the network.

A 'volunteering approach' is taken towards members of the Involvement Network to ensure that their role, however small, is recognised and rewarded as a volunteering role and that they receive appropriate support and feedback on the impact their contribution has made towards the work of the ALLIANCE and influencing change.

The ALLIANCE would like to thank all its volunteers for the generous donation of their time and effort, which is much appreciated.
OBJECTIVES AND ACTIVITIES

ONGOING PROJECTS FOR 2014-2015

Health and Social Care Academy

The last year saw the launch of the Academy, led by the ALLIANCE and supported by a cross partnership. The Academy was born from an identified need for a safe space and focal point in Scotland for efforts to drive transformational change in health and social care. Crucially, the Academy holds lived experience at the heart of all it does. It has already begun to demonstrate its unique ability in bringing together a diverse collective of people with a stake in health and social care, including senior leaders, people who use services, frontline staff, planners and policy makers. During 2014 the ALLIANCE began to deliver the Academy 'Being Human' series, offering fresh opportunities to hear from international speakers and to engage in the challenges inherent in radical change.

Partnership and Practice Programme

Scotland's approach to self management has been to learn from people's experience of living with long term conditions. This has been possible through the leading role of the ALLIANCE and its members in driving the agenda forward. This activity has increased understanding of 'what self management is' or could be, not least through the implementation of the Self Management Strategy for Scotland and delivery of the Self Management Fund for Scotland. The ALLIANCE's Self Management Partnership and Practice Programme will continue the transformative work to embed self management in a systematic way across the whole country in partnership with people with lived experience, third sector and health and social care.

The Partnership and Practice Programme will support the development of partnership and opportunities to take this work forward. Sharing successes, promoting good practice and capitalising on this learning will be supported by the newly established Self Management Network Scotland. Launched in late 2014 it has more than 200 people signed up.

Link Worker Programme

The Links Worker Programme is a Scottish Government funded programme which is exploring how the primary care team can support people to live well in their community. It is being delivered as a partnership between the Health and Social Care Alliance (the ALLIANCE) and General Practitioners at the Deep End (The Deep End), and delivery partners include SAMH and the Royal College of General Practitioners (RCGP).

The programme brings together the worlds of primary care and community development in a way that has never been done before. As part of the programme a new specialist role, the Community Links Practitioner (CLP), has been created. The CLP works with the practice population to enable them to access community-based support in a person-centred and holistic way. The CLP also provides support to the primary care team themselves, recognising the pressure that GPs and their colleagues face in providing care at the point of access. The CLPs support the practice team to augment seven pre-determined capacities that, once achieved, will enable the entire practice team to adopt the 'links approach'. The final part of the CLP role is to build relationships of trust across community assets and also with the GP practice.

The programme has been designed as a quasi-experimental piece of research and an external evaluation, commissioned by NHS Health Scotland is an important part of the programme.
OBJECTIVES AND ACTIVITIES

The Long Term Care Revolution

The Long Term Care Revolution's aim is to create diverse, vibrant and cutting-edge services addressing the lifestyle needs and wishes of dependent individuals, their carers, and families and delivering improved quality of life and to ensure that everyone can approach later life with confidence, secure in the knowledge that a wide range of affordable and dignified options exist, offering continuum of support that will help people live as they choose and sustain social and family contacts as capabilities of change.

Macmillan Transforming Care After Treatment (TCAT) Programme

The ALLIANCE and Macmillan Cancer Care are working in partnership on the Transforming Care After Treatment (TCAT) programme which aims to address the needs of people living with the consequences of cancer. The ALLIANCE has established a Cancer Experience Panel that contribute to decision making on funding applications made to TCAT and to the local development of funded projects.

EUPATI

The UK Group spoke at the INVOLVE Conference in November 2014, presenting an overview of EUPATI whose purpose is to develop a paradigm shift in empowering patients and the public to understand the medicines development process and how to contribute to it through learning and development. The group presented some strong exemplar case studies of the impact of effective partnerships with PPI representatives, researchers and clinicians in clinical trial/study design and delivery and discussed how the often simple practical knowledge the PPI representatives bring to the trial operations can ensure a trial recruits to target.

The first round of the EUPATI Expert Training Course took place in April 2015. Applications for the second cycle of the EUPATI Expert Training Course opened at the beginning of the year; the course will run from September 2015, until the end of November 2016.

The EUPATI 2015 Workshop took place April 2015 and explored the ways in which EUPATI National Liaison Teams (NLTs) can work together, and allowed for feedback on the Patient Advocate Toolbox which seeks to share the learning from the Patient Training Course in an online, user friendly format.

European Innovation Partnership on Active and Healthy Ageing (EIP AHA)

The ALLIANCE is represented on the European Innovation Partnership on Active and Healthy Ageing in the Age Friendly Cities group. This has a Dementia Thematic Subgroup in which the ALLIANCE are key players, participating in the eHealth Learning Forum in Athens. Organised by the Greek Presidency in co-operation with the European Commission, the three day event brought together more than 1,200 participants from 38 countries to discuss how new technologies can deliver better health outcomes for patients and support the sustainability of health and care systems during challenging times.

Within this session, the ALLIANCE delivered a presentation to share good practice on the subject 'Engaging and Empowering Older People in Scotland', including the Dementia Carer Voices Project's "You Can Make a Difference" pledge Campaign.

The ALLIANCE is also represented on the EIP AHA's Patient Empowerment Subgroup, and will continue to promote the rights of individuals and champion the voice of lived experience.
OBJECTIVES AND ACTIVITIES

Active Ageing

The ALLIANCE has continued to promote Active and Healthy Ageing and is represented on the Dissemination Advisory Group forSeniors: Understanding Sedentary Patterns (Seniors USP). The ALLIANCE had a strong presence at the Seniors USP seminar where Scottish colleagues and partners from across Europe shared the learning from their work to deepen the collective understanding on sedentary behaviour, an area in which there has been little research. A summary of information filled with links to available resources and research was uploaded to the ALLIANCE news page.

The ALLIANCE will be hosting a study group of 25 professionals from Barcelona, who visited in May 2015 to learn from the ALLIANCE’s work and to hear about innovative services for older people in Scotland.

Dementia Carer Voices

Dementia Carer Voices (DCV) collected over 4,000 pledges as part of the You Can Make a Difference campaign, engaging with an estimated 20,000 people in the past year. This is complemented by a strong, growing online presence including a blog site, a YouTube channel, a monthly newsletter to over 800 subscribers and a dynamic twitter feed with over 2,500 followers.

In October 2014, DCV held an Exhibition at the Scottish Parliament and received support from across the political spectrum. Filmed interviews were conducted with a range of MSPs, including a strong commitment from First Minister Nicola Sturgeon. Excerpts from this were featured in the ‘Make a Difference’ film, which was made in partnership with NHS Ayrshire and Arran and the University of the West of Scotland, and launched in December 2014.

In January 2015, Tommy Whitelaw, DCV Engagement Lead, received the British Citizen Award for Services to Healthcare, which recognises people who make a difference in their communities and throughout the UK.

The ALLIANCE is currently represented on the Quality and Excellence in Specialist Dementia Care Group, who are working to improve the hospital environment as per the Scottish Government’s Commitment in the National Dementia Strategy.

Most recently, Dementia Carer Voices launched their report "The Caring Experience" which captured the experiences of 160 carers through an online survey, looking at themes such as obtaining a diagnosis, available support and the impact of caring. The findings were used to inform the ALLIANCE’s response to the Scottish Government’s call for views on the Carers (Scotland) Bill.

Involvement - Outreach

The ALLIANCE, in partnership with a number of government agencies and scrutiny bodies, has conducted a range of consultation and outreach events, capitalising on the Involvement Network to ensure that consultations are informed by lived experience.

The ALLIANCE worked in partnership with Healthcare Improvement Scotland in order to gather feedback on the draft standards for older people in acute care settings. The consultation event, held in November, brought together people living with long term conditions and health and social care professionals to discuss the standards, with these views directly feeding into Healthcare Improvement Scotland. The ALLIANCE also submitted a response based on these discussions.
OBJECTIVES AND ACTIVITIES

In March 2015, the ALLIANCE held a series of events in Edinburgh and Glasgow in partnership with the Scottish Government on the new draft guidance in relation to NHS Continuing Healthcare in Scotland. Participants discussed and gave feedback on the new draft guidance, and were given the opportunity to pose questions to an expert panel.

Dementia Carer Voices held a consultation event on Alzheimer Scotland’s proposed support for advanced dementia in February 2015. The responses gathered informed the project’s response to ensure that their work is continuously shaped by the views of carers themselves.

Care Opinion

The ALLIANCE and Patient Opinion are working in partnership, through funding from the Scottish Government, to pilot Care Opinion in two local areas; Ayrshire and Arran and Fife. People who use adult social care services in these areas are now able to share their experiences online, with service providers then able to respond and share their feedback.

Following the Care Opinion website going live in November 2014, events within local communities were held to raise awareness of the project. Local workshops for providers have been delivered to support staff who will have a role in implementing and responding to stories.

Stories can be shared on Care Opinion by phone, freepost leaflet or via the website, however, to further improve awareness and accessibility of the project, the team are developing links with over 40 third sector organisations including befriending, advocacy and volunteer groups. Several organisations are now registered to respond to stories and signpost those sharing their experiences to appropriate services within their community e.g. carers centres, advocacy organisations.

Support for the project has been overwhelmingly positive from both providers and third sector organisations and it is expected that the number of stories shared will continue to rise over the coming months.

Prescription for Excellence

The Prescription for Excellence Inclusion Officer arrived in post in September 2014. In November 2014 the ALLIANCE’s Prescription for Excellence Consultation Forum was set up, including people living with long term conditions, unpaid carers, and representatives of third sector health and social care organisations, to give a voice to people with lived experience in the journey towards new models of pharmaceutical care. The forum explored current pharmaceutical care provision and independent pharmacist prescribing. Contributors to the session included Community Pharmacy Scotland, the Royal Pharmaceutical Society and NHS Education for Scotland. Moving forward the consultation forum will test ideas and models of care proposed in the Prescription for Excellence working groups.

Stronger Voice/Citizen Voice

The Alliance continues to contribute to the work of the Stronger Voice national project team and reference groups. An ALLIANCE paper on the Stronger Voice has set out our particular thoughts and preferred outcomes which have been fed into the national work.
OBJECTIVES AND ACTIVITIES

On 14 May 2015, Stronger Voice held a Participation Event to help to shape the Stronger Voice framework and develop a strong identity. The Cabinet Secretary for Health and Wellbeing Shona Robison attended the event and emphasised her commitment to listening to the voice of lived experience. She praised the partnership work done by the ALLIANCE, the Scottish Government, the Scottish Health Council, COSLA and Healthcare Improvement Scotland on a Stronger Voice.

The ALLIANCE continues to be key strategic partners in both the project team and the communications sub group. The ALLIANCE's annual conference this year will reflect our ongoing work in relation to developing Citizen Voice.

National Neurological Advisory Group

The ALLIANCE took over hosting of a post from the Neurological Alliance of Scotland as from 1 June 2014. The post is the National Neurological Advisory Group (NNAG) Project Manager. This post is currently funded to July 2015.

Children, Young People and Families

The Getting to Know GIRFEC (Getting It Right For Every Child) programme developed an information and training resource aimed at empowering families so that they understand the GIRFEC approach to wellbeing and can make the best use of it to influence and shape the support they need. The ALLIANCE facilitated over 13 seminars across Scotland attended by over 600 participants, including children and young people, parents and carers and practitioners. Many of the parents and practitioners have indicated that they will cascade the information and materials provided to others who use their services or are associated with their organisations. The ALLIANCE’s reach and impact is extended through this cascading method and there have been over 100 visits to the webpage. Participant evaluations of the programmes and materials are consistently very high and the Scottish Government agree the project has exceeded its outcomes. As a result, project funding has been extended for a further year.

ALISS

ALISS (A Local Information System for Scotland) has continued to develop as a vital tool to make local sources of support for health and wellbeing more findable for people who could benefit from them, and more visible to local planning processes.

Following the successful re-launch of the ALISS platform and service in April 2014, the programme has focused on scaling across Scotland - showing a 155% increase in the number of ALISS accounts and a 924% increase in the number of resources listed in the ALISS engine between May 2014 and May 2015.

ALISS has worked across Scotland with communities and health and social care teams, including the InSpire project, funded by the Health Foundation to support people on discharge from the Intensive Care Unit at Glasgow Royal Infirmary, the Links Worker Programme, the Living it Up Programme, community pharmacies, community health partnerships, local authorities, the Scottish Fire and Rescue Service, Govan High School in Glasgow, Volunteer Scotland, SCVO Get Involved, NHS Inform and many more.

In recognition of its success in leveraging digital to transform the UK’s public services and its social and economic opportunities, it was nominated 'Best Health and Social Care Product or Service' in the UK 2015 Digital Leaders awards.
OBJECTIVES AND ACTIVITIES

Delivering Assisted Living Lifestyles and Scale (DALLAS)

The ALLIANCE contribution to the UK wide DALLAS programme was focused on developing and delivering innovative approaches to community engagement, co-production and co-design in partnership with Glasgow School of Art Institute of Design Innovation to engage with people who could be part of the Scottish Living it Up project and benefit from assisted living.

ALISS has additionally been embedded in Living it Up.

The Living it Up programme has developed an 'online self management hub for Scotland' during the first three years of the project. The ALLIANCE has worked to co-design the resource with five communities across Scotland. During 2015 the project will move to a 'managed service' with continued development funding from the Scottish Government.

Third Sector Health and Social Care Support

In 2012 the Scottish Government awarded the ALLIANCE £540,000 over three years to deliver to the Change Fund: Enhancing the Role of the Third Sector Programme. During 2012 and 2013 this programme provided co-ordination and support to the third sector at a strategic level to enable the sector's contribution to the Reshaping Care for Older People (RCOP) agenda and the emerging health and social care integration landscape. In 2014 the Scottish Government awarded the ALLIANCE an additional £100,000 for one year to increase the Programme's capacity to meet the needs of the sector through the implementation phase of the Public Bodies (Joint Working) (Scotland) Act 2014. The Programme, rebranded as the Third Sector Health and Social Care Support Team and delivered by a team of seven, now provides health and social care specific information and signposting; training and networking opportunities; and bespoke one-to-one support to the third sector across Scotland (including Third Sector Interfaces and regional and national third sector organisations with an interest in health and social care).

Self Directed Support and Health

The Creating the Connections programme works with policy makers, service and support providers, people living with long term conditions and the organisations that represent them. It aims to build evidence that demonstrates the opportunities that could be available to disabled people and those living with long term conditions through individual integrated budgets and support plans. The work has contributed to progress towards a vision of a more person centre, joined up framework for SDS.

Employability Project - My Skills, My Strengths, My Right to Work

My Skills, My Strengths, My Right to Work employability campaigning work challenges the individual and employer perceptions of people living with long term conditions, improving access to the labour market for people with long term conditions, reducing discrimination and negative attitudes by spreading good practice and promoting self management. The campaign was a partner in producing the 'Just the Job' animation which received a bronze Best of Health Award.
OBJECTIVES AND ACTIVITIES

Walking Towards Better Health

This partnership project between the ALLIANCE and Paths for All aims to support members of the ALLIANCE to encourage and enable people living with long term conditions to become more active through walking. The project has a particular focus on engaging with a target group of inactive women over 45, and inactive men and women over 65. The project also aims to share good practice examples of initiatives that support those living with long term conditions to become more active.

The ALLIANCE are negotiating with Paths for All to develop and extend the remit of the project in 2015.

People Powered Health and Wellbeing

People Powered Health and Wellbeing (PPHW) has delivered a suite of activity to help 'shift the balance of power' and contribute to the Scottish Government's ambition that by 2020 all health and social care will be person centred. PPHW brings together a significant collection of partners, including the Joint Improvement Team (JIT), Thistle Foundation, the Institute for Research and Innovation in Social Services (IRISS), Scottish Community Development Centre (SCDC) and Scottish Recovery Network (SRN). The programme has worked with health and care teams to support them to work in co-production with those they support, to adopt personal outcomes approaches and to build connections with local community assets.

The year has seen increasing uptake of the learning opportunities provided through the programme. The 'Making it Personal' practice development programme which introduces health and social care practitioners to personal outcomes and asset based approaches continued to be delivered by the Personal Outcomes Partnership.

The PPHW Reference Group has placed lived experience at the heart of this work and made significant contributions to national events, including the National Co-production Conference, taken up many influencing roles, conducted action research and featured in resources about co-production, including a film about health citizenship which has been shown at universities in Scotland and the USA.

The programme successfully produced a number of high quality resources to share learning of how co-production is developed in different settings. The programme website - pphw.alliance-scotland.org.uk was launched and showcases resources, case studies and blogs from across the programme.

PPH continue to promote values-based reflective practice as part of transformational cultural change so that practitioners can have structured opportunities to reflect on their changing practice.

Allied Health Professional (AHP) Lead - Long Term Conditions and Co-production

This post hosted by the ALLIANCE started in January 2013. The project worked with national partners to develop strategic interventions to improve outcomes for people through closer collaboration across the AHP and third sectors. Connections were made in key policy areas including Healthcare Quality Strategy, Reshaping Care for Older People/Change Fund, health and social care integration, self-directed support, active ageing, physical activity and multiple conditions.

The project aimed to stimulate local partnerships between the AHP and third sector to support progress towards the Quality Ambitions, particularly to the areas outlined above, and stimulate innovation led by the third and AHP sectors in co-production with people who use services with a particular focus on increasing the role of technology.
OBJECTIVES AND ACTIVITIES

Primary Care Development

The ALLIANCE is funded by the Scottish Government for a Primary Care Development Programme Manager. The programme is continuing to support initiatives to strengthen links between primary care and non-statutory sectors with the aim of linking people to support. Current activity includes contribution to the Review of Out of Hours Services in Primary Care, which has been commissioned by Scottish Government. Contribution involves gathering and presenting views and suggestions for improvement of health service support when GP practices are closed.

Online access to personal health records and online prescription and appointments - ongoing contribution to introduce improved access to GP and personal health record through memberships of groups.

Ongoing work to support improved connections and strengthened local relationships, particularly between third and statutory sectors. This is being achieved through close collaboration with Scottish Government’s new models of primary care.

Contribution to digital health through membership of DHS ecosystem working group - two projects in particular, Innovation in out patients departments which links well with Out of Hours review. Particular focus on links with general practice and improving continuity for people using services. This has particular relevance in present crisis in GP recruitment and plans for future local health and social care teams.

Health Literacy

ALLIANCE is represented in the newly established Scottish Health Literacy Action Implementation Group. This group is a successor to the previous Health Literacy Action Group and has a focus on implementation and spread of ideas. Highlights include:

- Plans for UK wide health literacy conference on 18th March 2016 – Health Literacy in the Deep End, with pre conference visit to ALLIANCE. Delegates from four nations will hear from Links Workers and ALISS teams about their work in deprived areas and emerging ideas about community health literacy (finding/understanding using support in communities)

- Health Literacy national demonstrator set up in Tayside – this will involve a “walk through” four out-patients departments, from getting appointment to follow up.

- Progress with adding Teach Back on consent forms and improving documentation for high risk medicines, such as warfarin

The ALLIANCE may be approached to support academics in research into health literacy/primary care. Ideas are currently being exchanged about testing a measure in deprived areas in Scotland called OPHeLIA.

House of Care Programme

This programme will seek to bring all the necessary elements for person centred care planning together - changing the approach of health care professionals, creating a supporting infrastructure, enabling people to be in the driving seat of their care, and supporting a rich set of findable and usable community assets. It is a framework which needs to be shaped and populated collaboratively in each local setting with the third sector playing a key role in supporting people and creating community assets.
OBJECTIVES AND ACTIVITIES

Social Media Internship

Through SCVO employability scheme, funds were received to employ an Intern to support the social marketing awareness raising project.

Heart Disease Improvement

Funds were received to develop the Heart Failure and Palliative Care education programme in collaboration with NHS Greater Glasgow and Clyde.

FINANCIAL REVIEW

Reserves policy

Fundraising for umbrella groups like the ALLIANCE presents a different challenge from condition specific long term condition charities. There are limited opportunities for the ALLIANCE in terms of approaching trust funds or for raising funds through individual donations. On the other hand, the organisation does benefit from having a positive relationship with the Scottish Government and receiving funding from them.

The organisation co-opted an accountant to the board of directors in August 2009 to act as treasurer and assist in developing a robust reserves policy, as well as negotiating the need for reasonable reserves as part of effective business planning. The directors understand the importance of the organisation working towards holding a level of free reserves to support the activities of the charity, should there be a significant decrease in the income.

The latest unrestricted reserves amount at 30 June 2015 is £935,366. The restricted reserves amount at 30 June 2015 is £3,474,224.

Investment performance

The banks chosen by the board reflect a desire to balance ethical standards and safety in relation to funds available to the organisation. It is of particular importance that the self management fund is held in a low risk account as it is effectively held in trust by the organisation on behalf of the Scottish Government for other charitable companies.
FUTURE DEVELOPMENTS

Over the period covered by this report, the organisation has seen extremely significant change and growth. In addition to ongoing projects, the following new programmes have been implemented:

Advocacy

The pilot project with the Scottish Government to enhance advocacy support for welfare benefits process was approved by Ministers. This will fund projects in four areas of Scotland, supporting people through benefit application process, and create learning to influence the future Scottish Welfare System.

Innovation for Health and Wellbeing

The ALLIANCE in partnership with the Digital Health Institute (DHI) have submitted a proposal for funding for this project which aims to create opportunities to harness the contribution of citizens and to ensure that developments in digital health are guided by their insights.

Connecting people who are familiar with using health and social care services with people who are developing new products and systems is often challenging. This project proposes to address this challenge through creating a dedicated post in the Health and Social Care Alliance Scotland. The aim of the post will be to ensure mutual benefit for both people using health systems and the innovation community by creating the conditions for joint learning and sharing diverse skills and experience.

eHealth Programme

The ALLIANCE has secured a new post to lead the development of the eHealth strategy within the Third Sector, in collaboration with colleagues across the Third Sector and guided generally by the National eHealth Strategic Framework. The post holder will develop, implement and lead a five year business plan to meet the needs of the Third Sector eHealth strategy, including service development, financial budgeting and workforce planning.
STATEMENT OF DIRECTORS RESPONSIBILITIES
The directors (who are also the trustees of The Health and Social Care Alliance Scotland for the purposes of charity law) are responsible for preparing the Report of the Directors and the financial statements in accordance with applicable law and United Kingdom Accounting Standards (United Kingdom Generally Accepted Accounting Practice).

Company law requires the directors to prepare financial statements for each financial year which give a true and fair view of the state of affairs of the charitable company and of the incoming resources and application of resources, including the income and expenditure, of the charitable company for that period. In preparing those financial statements, the directors are required to

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

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

In so far as the directors are aware:

- there is no relevant audit information of which the charitable company's auditors are unaware; and
- the directors have taken all steps that they ought to have taken to make themselves aware of any relevant audit information and to establish that the auditors are aware of that information.

AUDITORS
The auditors, Campbell Dallas LLP, will be proposed for re-appointment at the forthcoming Annual General Meeting.

This report has been prepared in accordance with the special provisions of Part 15 of the Companies Act 2006 relating to small companies.

Approved by order of the board of directors on 24 November 2015 and signed on its behalf by:

\[Signature\]
N Henderson - Director
We have audited the financial statements of The Health and Social Care Alliance Scotland for the year ended 30 June 2015 on pages twenty three to forty three. The financial reporting framework that has been applied in their preparation is applicable law and the Financial Reporting Standard for Smaller Entities (effective April 2008) (United Kingdom Generally Accepted Accounting Practice applicable to Smaller Entities).

This report is made solely to the charitable company's members, as a body, in accordance with Chapter 3 of Part 16 of the Companies Act 2006, and to the charitable company's trustees, as a body, in accordance with Section 44(1)(c) of the Charities and Trustee Investment (Scotland) Act 2005 and regulation 10 of the Charities Accounts (Scotland) Regulations 2006. Our audit work has been undertaken so that we might state to the charitable company's members and trustees those matters we are required to state to them in an auditors' report and for no other purpose. To the fullest extent permitted by law, we do not accept or assume responsibility to anyone other than the charitable company and the charitable company's members and trustees as a body, for our audit work, for this report, or for the opinions we have formed.

Respective responsibilities of trustees and auditors
As explained more fully in the Statement of Trustees Responsibilities set out on page twenty, the trustees (who are also the directors of the charitable company for the purposes of company law) are responsible for the preparation of the financial statements and for being satisfied that they give a true and fair view.

We have been appointed as auditors under Section 44(1)(c) of the Charities and Trustee Investment (Scotland) Act 2005 and under the Companies Act 2006 and report in accordance with regulations made under those Acts.

Our responsibility is to audit and express an opinion on the financial statements in accordance with applicable law and International Standards on Auditing (UK and Ireland). Those standards require us to comply with the Auditing Practices Board's Ethical Standards for Auditors.

Scope of the audit of the financial statements
An audit involves obtaining evidence about the amounts and disclosures in the financial statements sufficient to give reasonable assurance that the financial statements are free from material misstatement, whether caused by fraud or error. This includes an assessment of: whether the accounting policies are appropriate to the charitable company's circumstances and have been consistently applied and adequately disclosed; the reasonableness of significant accounting estimates made by the trustees; and the overall presentation of the financial statements. In addition, we read all the financial and non-financial information in the Report for the Trustees to identify material inconsistencies with the audited financial statements and to identify any information that is apparently materially incorrect based on, or materially inconsistent with, the knowledge acquired by us in the course of performing the audit. If we become aware of any apparent material misstatements or inconsistencies we consider the implications for our report.

Opinion on financial statements
In our opinion the financial statements:
- give a true and fair view of the state of the charitable company's affairs as at 30 June 2015 and of its incoming resources and application of resources, including its income and expenditure, for the year then ended;
- have been properly prepared in accordance with United Kingdom Generally Accepted Accounting Practice applicable to Smaller Entities; and
- have been prepared in accordance with the requirements of the Companies Act 2006, the Charities and Trustee Investment (Scotland) Act 2005 and regulation 8 of the Charities Accounts (Scotland) Regulations 2006.
Opinion on other matter prescribed by the Companies Act 2006
In our opinion the information given in the Report of the Trustees for the financial year for which the financial statements are prepared is consistent with the financial statements.

Matters on which we are required to report by exception
We have nothing to report in respect of the following matters where the Companies Act 2006 and the Charities Accounts (Scotland) Regulations 2006 (as amended) requires us to report to you if, in our opinion:
- the charitable company has not kept proper and adequate accounting records or returns adequate for our audit have not been received from branches not visited by us; or
- the financial statements are not in agreement with the accounting records and returns; or
- certain disclosures of trustees' remuneration specified by law are not made; or
- we have not received all the information and explanations we require for our audit; or
- the trustees were not entitled to prepare the financial statements in accordance with the small companies regime and take advantage of the small companies exemption from the requirement to prepare a Strategic Report or in preparing the Report of the Trustees.

Campbell Dallas LLP
Neil Morrison (Senior Statutory Auditor)
for and on behalf of Campbell Dallas LLP
Chartered Accountants
Statutory Auditors
Eligible to act as an auditor in terms of Section 1212 of the Companies Act 2006
Titanium 1
King's Inch Place
Renfrew
PA4 8WF

Date: 24th November 2015
The Health and Social Care Alliance
Scotland

Statement of Financial Activities
for the Year Ended 30 June 2015

<table>
<thead>
<tr>
<th>Notes</th>
<th>Unrestricted funds £</th>
<th>Restricted funds £</th>
<th>Total 2015 funds £</th>
<th>Total 2014 funds £</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>INCOMING RESOURCES</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Incoming resources from generated funds</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Voluntary income</td>
<td>2</td>
<td>870,413</td>
<td>3,635,930</td>
<td>4,506,343</td>
</tr>
<tr>
<td>Activities for generating funds</td>
<td>3</td>
<td>5,885</td>
<td>-</td>
<td>5,885</td>
</tr>
<tr>
<td>Investment income</td>
<td>4</td>
<td>37,790</td>
<td>-</td>
<td>37,790</td>
</tr>
<tr>
<td>Incoming resources from charitable activities</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Events</td>
<td>5</td>
<td>13,562</td>
<td>-</td>
<td>13,562</td>
</tr>
<tr>
<td>Support of long term conditions</td>
<td></td>
<td>285,505</td>
<td>4,550</td>
<td>290,055</td>
</tr>
<tr>
<td>Self Management project</td>
<td></td>
<td></td>
<td></td>
<td>4,000,000</td>
</tr>
<tr>
<td>Other incoming resources</td>
<td></td>
<td>15,745</td>
<td>62,456</td>
<td>78,201</td>
</tr>
<tr>
<td>Total incoming resources</td>
<td></td>
<td>1,228,900</td>
<td>3,702,936</td>
<td>4,931,836</td>
</tr>
</tbody>
</table>

RESOURCES EXPENDED

Costs of generating funds

Costs of generating voluntary income | 6                    | 496,809            | 570              | 497,379            | 480,970            |

Charitable activities | 7                    |

Events | 10                   | 26,169             | 51,726           | 77,895             | 118,579            |
| Support of long term conditions | 10                   | 321,606            | 2,343,313        | 2,664,919          | 2,118,166          |
| Self Management project | 10                   |                    | 468,895          | 468,895            | 5,044,161          |
| Governance costs | 10                   | 54,511             | -                | 54,511             | 57,871             |
| Total resources expended |                      | 899,095            | 2,864,504        | 3,763,599          | 7,819,747          |

NET INCOMING RESOURCES

329,805  838,432  1,168,237  310,534

RECONCILIATION OF FUNDS

Total funds brought forward | 605,561            | 2,635,792          | 3,241,353        | 2,930,819          |

TOTAL FUNDS CARRIED FORWARD | 935,366            | 3,474,224          | 4,409,590        | 3,241,353          |

The notes form part of these financial statements
The Health and Social Care Alliance  
Scotland  

Balance Sheet  
At 30 June 2015  

<table>
<thead>
<tr>
<th>Notes</th>
<th>Unrestricted funds</th>
<th>Restricted funds</th>
<th>Total 2015 funds</th>
<th>Total 2014 funds</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>£</td>
<td>£</td>
<td>£</td>
<td>£</td>
</tr>
<tr>
<td><strong>FIXED ASSETS</strong></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Tangible assets</td>
<td>14</td>
<td>12,384</td>
<td>-</td>
<td>12,384</td>
</tr>
<tr>
<td><strong>CURRENT ASSETS</strong></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Debtors</td>
<td>15</td>
<td>51,974</td>
<td>256,106</td>
<td>308,080</td>
</tr>
<tr>
<td>Cash at bank</td>
<td></td>
<td>1,002,865</td>
<td>4,245,163</td>
<td>5,248,028</td>
</tr>
<tr>
<td></td>
<td></td>
<td>1,054,839</td>
<td>4,501,269</td>
<td>5,556,108</td>
</tr>
<tr>
<td><strong>CREDITORS</strong></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Amounts falling due within one year</td>
<td>16</td>
<td>(131,857)</td>
<td>(1,027,045)</td>
<td>(1,158,902)</td>
</tr>
<tr>
<td><strong>NET CURRENT ASSETS</strong></td>
<td></td>
<td>922,982</td>
<td>3,474,224</td>
<td>4,397,206</td>
</tr>
<tr>
<td><strong>TOTAL ASSETS LESS CURRENT LIABILITIES</strong></td>
<td></td>
<td>935,366</td>
<td>3,474,224</td>
<td>4,409,590</td>
</tr>
<tr>
<td><strong>CREDITORS</strong></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Amounts falling due after more than one year</td>
<td>17</td>
<td>-</td>
<td>-</td>
<td>-</td>
</tr>
<tr>
<td><strong>NET ASSETS</strong></td>
<td></td>
<td>935,366</td>
<td>3,474,224</td>
<td>4,409,590</td>
</tr>
<tr>
<td><strong>FUNDS</strong></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Unrestricted funds</td>
<td>19</td>
<td>935,366</td>
<td>605,561</td>
<td>3,474,224</td>
</tr>
<tr>
<td>Restricted funds</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>TOTAL FUNDS</strong></td>
<td></td>
<td>4,409,590</td>
<td>3,241,353</td>
<td></td>
</tr>
</tbody>
</table>

The notes form part of these financial statements

-24-  
continued...
The Health and Social Care Alliance
Scotland

Balance Sheet - continued
At 30 June 2015

These financial statements have been prepared in accordance with the special provisions of Part 15 of the Companies Act 2006 relating to small charitable companies and with the Financial Reporting Standard for Smaller Entities (effective April 2008).

The financial statements were approved by the Board of Directors on 24 November 2015 and were signed on its behalf by:

[Signature]
N Henderson - Director

[Signature]
A Johnston CA - Director

The notes form part of these financial statements
1. ACCOUNTING POLICIES

Accounting convention
The financial statements have been prepared under the historical cost convention, and in accordance with the Financial Reporting Standard for Smaller Entities (effective April 2008), the Companies Act 2006 and the requirements of the Statement of Recommended Practice, Accounting and Reporting by Charities.

Exemption from preparing a cash flow statement
Exemption has been taken from preparing a cash flow statement on the grounds that the charitable company qualifies as a small charitable company.

Incoming resources
All incoming resources are included on the Statement of Financial Activities when the charity is legally entitled to the income and the amount can be quantified with reasonable accuracy. Where income is received in advance of the period to which it relates, the income is deferred.

Resources expended
Expenditure is accounted for on an accruals basis, includes VAT and has been classified under headings that aggregate all cost related to the category. Where costs cannot be directly attributed to particular headings they have been allocated to activities on a basis consistent with the use of resources. Grants offered subject to conditions which have not been met at the year end date are noted as a commitment but not accrued as expenditure.

Allocation and apportionment of costs
Costs are allocated on a direct basis to the relevant fund.

Tangible fixed assets
Depreciation is provided at the following annual rates in order to write off each asset over its estimated useful life.

<table>
<thead>
<tr>
<th>Asset Type</th>
<th>Depreciation Rate</th>
</tr>
</thead>
<tbody>
<tr>
<td>Fixtures and fittings</td>
<td>- 33% on cost</td>
</tr>
<tr>
<td>Computer equipment</td>
<td>- 33% on cost</td>
</tr>
</tbody>
</table>

Taxation
The charity is exempt from corporation tax on its charitable activities.

Fund accounting
Unrestricted funds can be used in accordance with the charitable objectives at the discretion of the directors.

Restricted funds can only be used for particular restricted purposes within the objects of the charity. Restrictions arise when specified by the donor or when funds are raised for particular restricted purposes.

Further explanation of the nature and purpose of each fund is included in the notes to the financial statements.
1. **ACCOUNTING POLICIES - continued**

**Pension costs and other post-retirement benefits**
The charitable organisation operates a defined contribution pension scheme. Contributions payable to the charitable organisation’s pension scheme are charged to the Statement of Financial Activities in the period to which they relate.

2. **VOLUNTARY INCOME**

<table>
<thead>
<tr>
<th></th>
<th>2015</th>
<th>2014</th>
</tr>
</thead>
<tbody>
<tr>
<td>Grants</td>
<td>£4,506,343</td>
<td>£3,676,506</td>
</tr>
</tbody>
</table>

Grants received, included in the above, are as follows:

<table>
<thead>
<tr>
<th></th>
<th>2015</th>
<th>2014</th>
</tr>
</thead>
<tbody>
<tr>
<td>Scottish Government</td>
<td>£4,332,317</td>
<td>£3,049,653</td>
</tr>
<tr>
<td>Big Lottery</td>
<td>-</td>
<td>£150,812</td>
</tr>
<tr>
<td>Paths For All</td>
<td>14,000</td>
<td>28,000</td>
</tr>
<tr>
<td>Macmillan Lymphodema</td>
<td>62,639</td>
<td>47,787</td>
</tr>
<tr>
<td>NHS 24</td>
<td>-</td>
<td>£77,062</td>
</tr>
<tr>
<td>Royal College Of General Practitioners</td>
<td>-</td>
<td>28,889</td>
</tr>
<tr>
<td>SMC</td>
<td>-</td>
<td>£8,687</td>
</tr>
<tr>
<td>Voluntary Action Fund</td>
<td>84,387</td>
<td>93,623</td>
</tr>
<tr>
<td>NHS NES</td>
<td>-</td>
<td>£1,440</td>
</tr>
<tr>
<td>NHS GG&amp;C</td>
<td>-</td>
<td>£511</td>
</tr>
<tr>
<td>NHS Health Scotland</td>
<td>-</td>
<td>£160,000</td>
</tr>
<tr>
<td>MND Scotland</td>
<td>-</td>
<td>£30,000</td>
</tr>
<tr>
<td>Pioneer Health Foundation</td>
<td>-</td>
<td>42</td>
</tr>
<tr>
<td>Scottish Council of Deafness</td>
<td>10,000</td>
<td>-</td>
</tr>
<tr>
<td>Scottish Enterprise</td>
<td>3,000</td>
<td>-</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th></th>
<th>2015</th>
<th>2014</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>£4,506,343</td>
<td>£3,676,506</td>
</tr>
</tbody>
</table>

3. **ACTIVITIES FOR GENERATING FUNDS**

<table>
<thead>
<tr>
<th></th>
<th>2015</th>
<th>2014</th>
</tr>
</thead>
<tbody>
<tr>
<td>Hub income</td>
<td>£5,885</td>
<td>£6,436</td>
</tr>
</tbody>
</table>
4. **INVESTMENT INCOME**

<table>
<thead>
<tr>
<th></th>
<th>2015</th>
<th>2014</th>
</tr>
</thead>
<tbody>
<tr>
<td>Interest receivable</td>
<td>37,790</td>
<td>52,681</td>
</tr>
</tbody>
</table>

5. **INCOMING RESOURCES FROM CHARITABLE ACTIVITIES**

<table>
<thead>
<tr>
<th></th>
<th>Events</th>
<th>Support of long term conditions</th>
<th>Total activities</th>
<th>Total activities</th>
</tr>
</thead>
<tbody>
<tr>
<td>Events &amp; conference income</td>
<td>13,562</td>
<td>-</td>
<td>13,562</td>
<td>19,916</td>
</tr>
<tr>
<td>Sponsorship</td>
<td>-</td>
<td>6,075</td>
<td>6,075</td>
<td>2,299</td>
</tr>
<tr>
<td>Membership</td>
<td>-</td>
<td>24,364</td>
<td>24,364</td>
<td>20,854</td>
</tr>
<tr>
<td>Other project income</td>
<td>-</td>
<td>259,616</td>
<td>259,616</td>
<td>223,605</td>
</tr>
<tr>
<td>Grants</td>
<td>-</td>
<td>-</td>
<td>-</td>
<td>4,000,000</td>
</tr>
</tbody>
</table>

Grants received, included in the above, are as follows:

<table>
<thead>
<tr>
<th></th>
<th>2015</th>
<th>2014</th>
</tr>
</thead>
<tbody>
<tr>
<td>Scottish Government</td>
<td>-</td>
<td>4,000,000</td>
</tr>
</tbody>
</table>
6. COSTS OF GENERATING VOLUNTARY INCOME

<table>
<thead>
<tr>
<th></th>
<th>2015</th>
<th>2014</th>
</tr>
</thead>
<tbody>
<tr>
<td>Staff costs</td>
<td>£131,085</td>
<td>£138,525</td>
</tr>
<tr>
<td>Staff expenses</td>
<td>£15,421</td>
<td>£14,015</td>
</tr>
<tr>
<td>Stationery &amp; payroll charges</td>
<td>£568</td>
<td>-</td>
</tr>
<tr>
<td>Recruitment</td>
<td>£550</td>
<td>-</td>
</tr>
<tr>
<td>Stationery, recruitment &amp; training</td>
<td>-</td>
<td>£7,294</td>
</tr>
<tr>
<td>Bank charges</td>
<td>£1,022</td>
<td>£840</td>
</tr>
<tr>
<td>Marketing &amp; communications</td>
<td>£36,552</td>
<td>£31,252</td>
</tr>
<tr>
<td>Professional fees</td>
<td>£38,130</td>
<td>£5,213</td>
</tr>
<tr>
<td>Training</td>
<td>£8,411</td>
<td>-</td>
</tr>
<tr>
<td>Depreciation</td>
<td>£17,635</td>
<td>£20,438</td>
</tr>
<tr>
<td>Support costs</td>
<td>£248,005</td>
<td>£263,393</td>
</tr>
<tr>
<td></td>
<td>£497,379</td>
<td>£480,970</td>
</tr>
</tbody>
</table>

7. CHARITABLE ACTIVITIES COSTS

<table>
<thead>
<tr>
<th></th>
<th>Direct costs</th>
<th>Grant funding of activities</th>
<th>Support costs</th>
<th>Totals</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>(See note 8)</td>
<td>(See note 9)</td>
<td>(See note 9)</td>
<td>£</td>
</tr>
<tr>
<td>Events</td>
<td>£77,895</td>
<td>-</td>
<td>-</td>
<td>£77,895</td>
</tr>
<tr>
<td>Support of long term conditions</td>
<td>£1,980,228</td>
<td>£419,932</td>
<td>£264,759</td>
<td>£2,664,919</td>
</tr>
<tr>
<td>Self Management project</td>
<td>-</td>
<td>£468,895</td>
<td>-</td>
<td>£468,895</td>
</tr>
<tr>
<td></td>
<td>£2,058,123</td>
<td>£888,827</td>
<td>£264,759</td>
<td>£3,211,709</td>
</tr>
</tbody>
</table>

8. GRANTS PAYABLE

<table>
<thead>
<tr>
<th></th>
<th>2015</th>
<th>2014</th>
</tr>
</thead>
<tbody>
<tr>
<td>Support of long term conditions</td>
<td>£419,932</td>
<td>£224,305</td>
</tr>
<tr>
<td>Self Management project</td>
<td>£468,895</td>
<td>£5,044,161</td>
</tr>
<tr>
<td></td>
<td>£888,827</td>
<td>£5,268,466</td>
</tr>
</tbody>
</table>
8. **GRANTS PAYABLE - continued**

The total grants paid to institutions during the year was as follows:

<table>
<thead>
<tr>
<th></th>
<th>2015</th>
<th>2014</th>
</tr>
</thead>
<tbody>
<tr>
<td>Self Management Fund</td>
<td>489,524</td>
<td>5,044,161</td>
</tr>
<tr>
<td>Other</td>
<td>419,932</td>
<td>224,305</td>
</tr>
<tr>
<td><strong>Total</strong></td>
<td><strong>909,456</strong></td>
<td><strong>5,268,466</strong></td>
</tr>
</tbody>
</table>

Grants are disbursed from the Self Management Fund to voluntary organisations and community groups throughout Scotland. These grants are to support their work in encouraging people living with long term conditions to learn more about the management of their condition and to become active partners in their own care. During the year grants were made to the following organisations:

- Action for M.E.; Action on Hearing Loss; Carers of West Dunbartonshire; Carers Scotland; dochas Carers; Fairway Advocacy; First Hand Lothian; Haemophilia Scotland; Hearing Link; Homelands Trust Fife; Inverclyde Community Development Trust; LGBT Health and Wellbeing; Mental Health Network; NUS Scotland; PASDA; PBC Foundation; Positive Choices; RAMH; Stroke Association; Talking Mats; West Dunbartonshire CVS; Work4ME.

The Links Worker Programme explores what the primary care team need in order to work more closely with their communities. In order to research this, practices are provided with grants of up to £17,500 per year. Practices apply for this grant and then report on progress every six months using a standardised template. The fund is administered by the programme management team and governed by the Executive Group. During the year the following organisations received grants: Garseadden Burn Medical Practice; Treadgold, Duffy & Morley; Allander Surgery; The Green Practice; Drs Wilson McGinley and Sheppard; S Langridge.

People Powered Health and Wellbeing administer grants for the purpose of bringing together the experience and expertise of the third sector in co-production approaches to enable NHS Scotland and its partners to improve their services by shifting the balance of power towards people who use support and services and enabling people to have more control over their health and wellbeing. During the year the following organisations received grants: Scottish Community Development Centre (SCDC) and The Thistle Foundation.

The House of Care grant exists to support the early adopter sites with project management, training and other practical aspects as they seek to adopt care and support planning, as set out in the House of Care and as supported by the RCGP, amongst others. One grant was issued during this year to The Thistle Foundation in the sum of £70,000.
9. SUPPORT COSTS

<table>
<thead>
<tr>
<th>Management</th>
<th>Information Technology</th>
<th>Totals</th>
</tr>
</thead>
<tbody>
<tr>
<td>£</td>
<td>£</td>
<td>£</td>
</tr>
<tr>
<td>Costs of generating voluntary income</td>
<td>180,459</td>
<td>67,546</td>
</tr>
<tr>
<td>Support of long term conditions</td>
<td>259,617</td>
<td>5,142</td>
</tr>
<tr>
<td></td>
<td>440,076</td>
<td>72,688</td>
</tr>
</tbody>
</table>

The support costs associated with generating voluntary income are included in note 6.

10. GOVERNANCE COSTS

<table>
<thead>
<tr>
<th></th>
<th>2015</th>
<th>2014</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>£</td>
<td>£</td>
</tr>
<tr>
<td>Staff costs</td>
<td>43,688</td>
<td>46,176</td>
</tr>
<tr>
<td>Board expenses</td>
<td>302</td>
<td>832</td>
</tr>
<tr>
<td>Legal fees</td>
<td>938</td>
<td>1,513</td>
</tr>
<tr>
<td>Payroll &amp; recruitment</td>
<td>373</td>
<td>330</td>
</tr>
<tr>
<td>Auditors' remuneration</td>
<td>5,500</td>
<td>5,100</td>
</tr>
<tr>
<td>Auditors' remuneration for non-audit work</td>
<td>3,710</td>
<td>3,920</td>
</tr>
<tr>
<td></td>
<td>54,511</td>
<td>57,871</td>
</tr>
</tbody>
</table>

11. NET INCOMING/(OUTGOING) RESOURCES

Net resources are stated after charging/(crediting):

<table>
<thead>
<tr>
<th></th>
<th>2015</th>
<th>2014</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>£</td>
<td>£</td>
</tr>
<tr>
<td>Auditors' remuneration</td>
<td>5,500</td>
<td>5,100</td>
</tr>
<tr>
<td>Depreciation - owned assets</td>
<td>17,634</td>
<td>20,438</td>
</tr>
<tr>
<td>Auditors' remuneration - non-audit fees</td>
<td>3,710</td>
<td>3,920</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

12. DIRECTORS' REMUNERATION AND BENEFITS

There were no directors' remuneration or other benefits for the year ended 30 June 2015 nor for the year ended 30 June 2014.

Directors' expenses

Expenses were paid to I Paterson and G Grindlay of £29 and £86 (2014: £410 and £402) respectively for out of pocket expenses incurred in their roles as directors.
The Health and Social Care Alliance
Scotland

Notes to the Financial Statements - continued
for the Year Ended 30 June 2015

13. STAFF COSTS

<table>
<thead>
<tr>
<th></th>
<th>2015</th>
<th>2014</th>
</tr>
</thead>
<tbody>
<tr>
<td>Wages and salaries</td>
<td>1,590,306</td>
<td>1,170,254</td>
</tr>
<tr>
<td>Social security costs</td>
<td>134,910</td>
<td>98,623</td>
</tr>
<tr>
<td>Other pension costs</td>
<td>26,608</td>
<td>23,404</td>
</tr>
<tr>
<td></td>
<td>1,751,824</td>
<td>1,292,281</td>
</tr>
</tbody>
</table>

The average monthly number of employees during the year was as follows:

<table>
<thead>
<tr>
<th></th>
<th>2015</th>
<th>2014</th>
</tr>
</thead>
<tbody>
<tr>
<td>Administration</td>
<td>53</td>
<td>37</td>
</tr>
</tbody>
</table>

The number of employees whose emoluments fell within the following bands was:

<table>
<thead>
<tr>
<th></th>
<th>2015</th>
<th>2014</th>
</tr>
</thead>
<tbody>
<tr>
<td>£60,001 - £70,000</td>
<td>1</td>
<td>1</td>
</tr>
</tbody>
</table>

14. TANGIBLE FIXED ASSETS

<table>
<thead>
<tr>
<th></th>
<th>Fixtures and fittings</th>
<th>Computer equipment</th>
<th>Totals</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>£</td>
<td>£</td>
<td>£</td>
</tr>
<tr>
<td>COST</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>At 1 July 2014</td>
<td>70,482</td>
<td>87,659</td>
<td>158,141</td>
</tr>
<tr>
<td>Disposals</td>
<td>(6,446)</td>
<td>(21,619)</td>
<td>(28,065)</td>
</tr>
<tr>
<td>At 30 June 2015</td>
<td>64,036</td>
<td>66,040</td>
<td>130,076</td>
</tr>
</tbody>
</table>

DEPRECIATION

<table>
<thead>
<tr>
<th></th>
<th>Fixtures and fittings</th>
<th>Computer equipment</th>
<th>Totals</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>£</td>
<td>£</td>
<td>£</td>
</tr>
<tr>
<td>At 1 July 2014</td>
<td>63,768</td>
<td>64,353</td>
<td>128,121</td>
</tr>
<tr>
<td>Charge for year</td>
<td>4,973</td>
<td>12,661</td>
<td>17,634</td>
</tr>
<tr>
<td>Eliminated on disposal</td>
<td>(6,444)</td>
<td>(21,619)</td>
<td>(28,063)</td>
</tr>
<tr>
<td>At 30 June 2015</td>
<td>62,297</td>
<td>55,385</td>
<td>117,692</td>
</tr>
</tbody>
</table>

NET BOOK VALUE

<table>
<thead>
<tr>
<th></th>
<th>Fixtures and fittings</th>
<th>Computer equipment</th>
<th>Totals</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>£</td>
<td>£</td>
<td>£</td>
</tr>
<tr>
<td>At 30 June 2015</td>
<td>1,739</td>
<td>10,645</td>
<td>12,384</td>
</tr>
<tr>
<td>At 30 June 2014</td>
<td>6,714</td>
<td>23,306</td>
<td>30,020</td>
</tr>
</tbody>
</table>
15. DEBTORS: AMOUNTS FALLING DUE WITHIN ONE YEAR

<table>
<thead>
<tr>
<th></th>
<th>2015</th>
<th>2014</th>
</tr>
</thead>
<tbody>
<tr>
<td>Trade debtors</td>
<td>56,801</td>
<td>2,086,563</td>
</tr>
<tr>
<td>Other debtors</td>
<td>13,112</td>
<td>994</td>
</tr>
<tr>
<td>Prepayments and accrued income</td>
<td>238,167</td>
<td>23,307</td>
</tr>
<tr>
<td><strong>Total</strong></td>
<td><strong>308,080</strong></td>
<td><strong>2,110,864</strong></td>
</tr>
</tbody>
</table>

16. CREDITORS: AMOUNTS FALLING DUE WITHIN ONE YEAR

<table>
<thead>
<tr>
<th></th>
<th>2015</th>
<th>2014</th>
</tr>
</thead>
<tbody>
<tr>
<td>Trade creditors</td>
<td>56,447</td>
<td>59,559</td>
</tr>
<tr>
<td>Social security and other taxes</td>
<td>37,512</td>
<td>33,186</td>
</tr>
<tr>
<td>Other creditors</td>
<td>5,995</td>
<td>8,782</td>
</tr>
<tr>
<td>Grants to distribute</td>
<td>848,129</td>
<td>2,383,969</td>
</tr>
<tr>
<td>Accruals and deferred income</td>
<td>210,819</td>
<td>197,938</td>
</tr>
<tr>
<td><strong>Total</strong></td>
<td><strong>1,158,902</strong></td>
<td><strong>2,683,434</strong></td>
</tr>
</tbody>
</table>

17. CREDITORS: AMOUNTS FALLING DUE AFTER MORE THAN ONE YEAR

<table>
<thead>
<tr>
<th></th>
<th>2015</th>
<th>2014</th>
</tr>
</thead>
<tbody>
<tr>
<td>Grants to distribute</td>
<td></td>
<td>432,663</td>
</tr>
</tbody>
</table>

18. OPERATING LEASE COMMITMENTS

The following operating lease payments are committed to be paid within one year:

<table>
<thead>
<tr>
<th></th>
<th>2015</th>
<th>2014</th>
</tr>
</thead>
<tbody>
<tr>
<td>Expiring:</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Within one year</td>
<td>1,136</td>
<td></td>
</tr>
<tr>
<td>Between one and five years</td>
<td>83,400</td>
<td>92,887</td>
</tr>
<tr>
<td><strong>Total</strong></td>
<td><strong>84,536</strong></td>
<td><strong>92,887</strong></td>
</tr>
</tbody>
</table>
19. MOVEMENT IN FUNDS

<table>
<thead>
<tr>
<th></th>
<th>At 1.7.14</th>
<th>Net movement in funds</th>
<th>Transfers between funds</th>
<th>At 30.6.15</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>£</td>
<td>£</td>
<td>£</td>
<td>£</td>
</tr>
<tr>
<td>Unrestricted funds</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>General fund</td>
<td>603,456</td>
<td>329,805</td>
<td>2,105</td>
<td>935,366</td>
</tr>
<tr>
<td>Future Jobs Fund</td>
<td>2,105</td>
<td>-</td>
<td>(2,105)</td>
<td>-</td>
</tr>
<tr>
<td></td>
<td>605,561</td>
<td>329,805</td>
<td>-</td>
<td>935,366</td>
</tr>
<tr>
<td>Restricted funds</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Advocacy</td>
<td>-</td>
<td>33,053</td>
<td>-</td>
<td>33,053</td>
</tr>
<tr>
<td>AHP</td>
<td>66,991</td>
<td>(66,991)</td>
<td>-</td>
<td>-</td>
</tr>
<tr>
<td>ALISS Project</td>
<td>54,116</td>
<td>355,571</td>
<td>-</td>
<td>409,687</td>
</tr>
<tr>
<td>Big Lottery Active Ageing: Awards for All</td>
<td>7,615</td>
<td>76</td>
<td>-</td>
<td>7,691</td>
</tr>
<tr>
<td>Carer Opinion</td>
<td>43,000</td>
<td>(34,812)</td>
<td>-</td>
<td>8,188</td>
</tr>
<tr>
<td>Children, Young People and Families</td>
<td>24,964</td>
<td>(20,633)</td>
<td>-</td>
<td>4,331</td>
</tr>
<tr>
<td>Delivering Assisted Living Lifestyles at Scale</td>
<td>113,627</td>
<td>(113,627)</td>
<td>-</td>
<td>-</td>
</tr>
<tr>
<td>Dementia Carers Voices</td>
<td>19,157</td>
<td>1,088</td>
<td>-</td>
<td>20,245</td>
</tr>
<tr>
<td>E Health</td>
<td>-</td>
<td>(505)</td>
<td>-</td>
<td>(505)</td>
</tr>
<tr>
<td>Emotional and Psychological Support</td>
<td>25,455</td>
<td>-</td>
<td>-</td>
<td>25,455</td>
</tr>
<tr>
<td>Emotion Matters</td>
<td>5,267</td>
<td>-</td>
<td>-</td>
<td>5,267</td>
</tr>
<tr>
<td>Equalities Fund</td>
<td>82,217</td>
<td>18,088</td>
<td>-</td>
<td>100,305</td>
</tr>
<tr>
<td>Health and Social Care Academy</td>
<td>89,126</td>
<td>39,394</td>
<td>-</td>
<td>128,520</td>
</tr>
<tr>
<td>Heart Improvement</td>
<td>-</td>
<td>20,000</td>
<td>-</td>
<td>20,000</td>
</tr>
<tr>
<td>House of Care</td>
<td>210,000</td>
<td>80,000</td>
<td>-</td>
<td>290,000</td>
</tr>
<tr>
<td>Improving Links</td>
<td>8,264</td>
<td>(7,477)</td>
<td>-</td>
<td>787</td>
</tr>
<tr>
<td>Joint Improvement Partnership: Active Ageing</td>
<td>9,982</td>
<td>-</td>
<td>-</td>
<td>9,982</td>
</tr>
<tr>
<td>Links Worker</td>
<td>687,815</td>
<td>385,309</td>
<td>-</td>
<td>1,073,124</td>
</tr>
<tr>
<td>Long Term Care Revolution</td>
<td>6,020</td>
<td>(6,020)</td>
<td>-</td>
<td>-</td>
</tr>
<tr>
<td>Macmillan Lymphoedema Project</td>
<td>25</td>
<td>(25)</td>
<td>-</td>
<td>-</td>
</tr>
<tr>
<td>National Neurological Advisory Group</td>
<td>26,576</td>
<td>(19,021)</td>
<td>-</td>
<td>7,555</td>
</tr>
<tr>
<td>Partnership and Practice Development Project</td>
<td>134,527</td>
<td>28,062</td>
<td>-</td>
<td>162,589</td>
</tr>
<tr>
<td>People Powered Health and Wellbeing</td>
<td>192,243</td>
<td>574,753</td>
<td>-</td>
<td>766,996</td>
</tr>
<tr>
<td>Person Related Outcomes Project</td>
<td>5,013</td>
<td>5</td>
<td>-</td>
<td>5,018</td>
</tr>
<tr>
<td>Prescription for Excellence</td>
<td>-</td>
<td>14,044</td>
<td>-</td>
<td>14,044</td>
</tr>
<tr>
<td>Primary Care Development</td>
<td>18,351</td>
<td>8,070</td>
<td>-</td>
<td>26,421</td>
</tr>
<tr>
<td>Scottish Enterprise</td>
<td>-</td>
<td>3,000</td>
<td>-</td>
<td>3,000</td>
</tr>
<tr>
<td>Self Directed Support</td>
<td>92,480</td>
<td>(19,195)</td>
<td>-</td>
<td>73,285</td>
</tr>
<tr>
<td>Self Directed Support (joint project with SCLD, In Control Scotland, and ENABLE Scotland)</td>
<td>28,500</td>
<td>(20,500)</td>
<td>-</td>
<td>8,000</td>
</tr>
<tr>
<td>Carried forward</td>
<td>1,951,331</td>
<td>1,251,707</td>
<td>-</td>
<td>3,203,038</td>
</tr>
</tbody>
</table>
### 19. MOVEMENT IN FUNDS - continued

<table>
<thead>
<tr>
<th>Restricted funds</th>
<th>1,951,331</th>
<th>1,251,707</th>
<th>-</th>
<th>3,203,038</th>
</tr>
</thead>
<tbody>
<tr>
<td>Brought forward</td>
<td>1,951,331</td>
<td>1,251,707</td>
<td>-</td>
<td>3,203,038</td>
</tr>
<tr>
<td>Self Management Fund</td>
<td>560,076</td>
<td>(468,895)</td>
<td>-</td>
<td>91,181</td>
</tr>
<tr>
<td>Sensory Impairment Strategy</td>
<td>-</td>
<td>10,000</td>
<td>-</td>
<td>10,000</td>
</tr>
<tr>
<td>Social Marketing</td>
<td>24,312</td>
<td>6,386</td>
<td>-</td>
<td>30,698</td>
</tr>
<tr>
<td>Stronger Voice</td>
<td>-</td>
<td>3,624</td>
<td>-</td>
<td>3,624</td>
</tr>
<tr>
<td>Talking Points</td>
<td>-</td>
<td>(852)</td>
<td>-</td>
<td>(852)</td>
</tr>
<tr>
<td>TCAT Macmillan</td>
<td>(1,147)</td>
<td>9,774</td>
<td>-</td>
<td>8,627</td>
</tr>
<tr>
<td>Third Sector Health and Social Care</td>
<td>85,504</td>
<td>25,359</td>
<td>-</td>
<td>110,863</td>
</tr>
<tr>
<td>Support</td>
<td>85,504</td>
<td>25,359</td>
<td>-</td>
<td>110,863</td>
</tr>
<tr>
<td>TW Secondment</td>
<td>-</td>
<td>6,548</td>
<td>-</td>
<td>6,548</td>
</tr>
<tr>
<td>Walking Towards Better Health</td>
<td>15,716</td>
<td>(5,219)</td>
<td>-</td>
<td>10,497</td>
</tr>
<tr>
<td></td>
<td>2,635,792</td>
<td>838,432</td>
<td>-</td>
<td>3,474,224</td>
</tr>
<tr>
<td><strong>TOTAL FUNDS</strong></td>
<td>3,241,353</td>
<td>1,168,237</td>
<td>-</td>
<td>4,409,590</td>
</tr>
</tbody>
</table>
19. **MOVEMENT IN FUNDS - continued**

Net movement in funds, included in the above are as follows:

<table>
<thead>
<tr>
<th>Unrestricted funds</th>
<th>Incoming resources £</th>
<th>Resources expended £</th>
<th>Movement in funds £</th>
</tr>
</thead>
<tbody>
<tr>
<td>General fund</td>
<td>1,228,900</td>
<td>(899,095)</td>
<td>329,805</td>
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</table>

<table>
<thead>
<tr>
<th>Restricted funds</th>
<th>Incoming resources £</th>
<th>Resources expended £</th>
<th>Movement in funds £</th>
</tr>
</thead>
<tbody>
<tr>
<td>Advocacy</td>
<td>64,288</td>
<td>(31,235)</td>
<td>33,053</td>
</tr>
<tr>
<td>AHP</td>
<td>4,699</td>
<td>(71,690)</td>
<td>(66,991)</td>
</tr>
<tr>
<td>ALISS Project</td>
<td>615,378</td>
<td>(259,807)</td>
<td>355,571</td>
</tr>
<tr>
<td>Big Lottery Active Ageing: Awards for All</td>
<td>2,605</td>
<td>(2,529)</td>
<td>76</td>
</tr>
<tr>
<td>Carer Opinion</td>
<td>71</td>
<td>(34,883)</td>
<td>(34,812)</td>
</tr>
<tr>
<td>Children, Young People and Families</td>
<td>56,000</td>
<td>(76,633)</td>
<td>(20,633)</td>
</tr>
<tr>
<td>Delivering Assisted Living Lifestyles at Scale</td>
<td>(107,452)</td>
<td>(6,175)</td>
<td>(113,627)</td>
</tr>
<tr>
<td>Dementia Carers Voices</td>
<td>96,606</td>
<td>(95,518)</td>
<td>1,088</td>
</tr>
<tr>
<td>E Health</td>
<td>-</td>
<td>(505)</td>
<td>(505)</td>
</tr>
<tr>
<td>Equalities Fund</td>
<td>82,567</td>
<td>(64,479)</td>
<td>18,088</td>
</tr>
<tr>
<td>Equality Internship SCVO</td>
<td>2,134</td>
<td>(2,134)</td>
<td>-</td>
</tr>
<tr>
<td>Health and Social Care Academy</td>
<td>140,438</td>
<td>(101,044)</td>
<td>39,394</td>
</tr>
<tr>
<td>Heart Improvement</td>
<td>20,000</td>
<td>-</td>
<td>20,000</td>
</tr>
<tr>
<td>House of Care</td>
<td>150,000</td>
<td>(70,000)</td>
<td>80,000</td>
</tr>
<tr>
<td>Improving Links</td>
<td>1,200</td>
<td>(8,677)</td>
<td>(7,477)</td>
</tr>
<tr>
<td>Links Worker</td>
<td>975,086</td>
<td>(589,777)</td>
<td>385,309</td>
</tr>
<tr>
<td>Long Term Care Revolution</td>
<td>(5,657)</td>
<td>(363)</td>
<td>(6,020)</td>
</tr>
<tr>
<td>Macmillan Lymphoedema Project</td>
<td>-</td>
<td>(25)</td>
<td>(25)</td>
</tr>
<tr>
<td>National Neurological Advisory Group</td>
<td>43,748</td>
<td>(62,769)</td>
<td>(19,021)</td>
</tr>
<tr>
<td>Partnership and Practice Development Project</td>
<td>150,000</td>
<td>(121,938)</td>
<td>28,062</td>
</tr>
<tr>
<td>People Powered Health and Wellbeing</td>
<td>930,949</td>
<td>(356,196)</td>
<td>574,753</td>
</tr>
<tr>
<td>Person Related Outcomes Project</td>
<td>-</td>
<td>5</td>
<td>5</td>
</tr>
<tr>
<td>Prescription for Excellence</td>
<td>47,500</td>
<td>(33,456)</td>
<td>14,044</td>
</tr>
<tr>
<td>Primary Care Development</td>
<td>43,221</td>
<td>(35,151)</td>
<td>8,070</td>
</tr>
<tr>
<td>Scottish Enterprise</td>
<td>3,000</td>
<td>-</td>
<td>3,000</td>
</tr>
<tr>
<td>Self Directed Support</td>
<td>26,813</td>
<td>(46,008)</td>
<td>(19,195)</td>
</tr>
<tr>
<td>Self Directed Support (joint project with SCLD, In Control Scotland, and ENABLE Scotland)</td>
<td>-</td>
<td>(20,500)</td>
<td>(20,500)</td>
</tr>
<tr>
<td>Self Management Fund</td>
<td>-</td>
<td>(468,895)</td>
<td>(468,895)</td>
</tr>
<tr>
<td>Sensory Impairment Strategy</td>
<td>10,000</td>
<td>-</td>
<td>10,000</td>
</tr>
<tr>
<td>Social Marketing</td>
<td>25,000</td>
<td>(18,614)</td>
<td>6,386</td>
</tr>
<tr>
<td>Stronger Voice</td>
<td>12,095</td>
<td>(8,471)</td>
<td>3,624</td>
</tr>
<tr>
<td>Talking Points</td>
<td>-</td>
<td>(852)</td>
<td>(852)</td>
</tr>
<tr>
<td>TCAT Macmillan</td>
<td>62,639</td>
<td>(52,865)</td>
<td>9,774</td>
</tr>
<tr>
<td>Third Sector Health and Social Care Support</td>
<td>220,008</td>
<td>(194,649)</td>
<td>25,359</td>
</tr>
<tr>
<td>TW Secondment</td>
<td>16,000</td>
<td>(9,452)</td>
<td>6,548</td>
</tr>
<tr>
<td>Walking Towards Better Health</td>
<td>14,000</td>
<td>(19,219)</td>
<td>(5,219)</td>
</tr>
</tbody>
</table>

<p>| | | | |</p>
<table>
<thead>
<tr>
<th></th>
<th></th>
<th></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>3,702,936</td>
<td>(2,864,504)</td>
<td>838,432</td>
</tr>
</tbody>
</table>
19. MOVEMENT IN FUNDS - continued

<table>
<thead>
<tr>
<th>TOTAL FUNDS</th>
<th></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>4,931,836</td>
<td>(3,763,599)</td>
</tr>
</tbody>
</table>
19. MOVEMENT IN FUNDS - continued

Restricted funds shown are for the following purpose:

Advocacy: The pilot project with the Scottish Government to enhance advocacy support for welfare benefits process was approved by Ministers. This will fund projects in four areas of Scotland, supporting people through benefit application process, and create learning to influence the future Scottish Welfare System.

Allied Health Professionals (AHP) project: The ALLIANCE have been awarded grant funding from the Scottish Government for two years for this programme which involves working with national partners to develop strategic interventions that improve outcomes for people through closer collaboration across the AHP and third sectors.

ALISS Project: The ALLIANCE are hosting this post on behalf of the Scottish Government, to develop a network of local information to support self management.

Big Lottery Active Ageing: The ALLIANCE were awarded funding to support a consultancy post to develop materials to promote the evidence base on active ageing, share good practice and evidence, and work with older people and their representative organisations to ensure older people and their unpaid carers have a strong voice within the Year of Active Ageing.

Carer Opinion: The ALLIANCE received a grant for a one year pilot for the use of a new online service allowing patients and carers the facility to share experiences about Care in the Community (in addition to experiences about healthcare already covered by Patient Opinion). The ALLIANCE is working jointly with the organisation Patient Opinion on this.

Children, Young People and Families: The ALLIANCE have been awarded funding for 1.5 years for a Development Co-ordinator post working to support disabled children and young people and their families.

Delivering Assisted Living Lifestyles at Scale: This is a joint project with Glasgow School of Art and Carers Scotland. The ALLIANCE have been awarded funding to support the development and delivery of the DALLAS Programme in Scotland.
19. MOVEMENT IN FUNDS - continued

Dementia Carers Voices: The ALLIANCE have been awarded grant funding from the Scottish Government for four years to host a project harnessing the awareness raising work undertaken to date by the "Tommy on Tour" campaign.

eHealth Programme: The ALLIANCE has secured a new post to lead the development of the eHealth strategy within the Third Sector, in collaboration with colleagues across the Third Sector and guided generally by the National eHealth Strategic Framework. The post holder will develop, implement and lead a five year business plan to meet the needs of the Third Sector eHealth strategy, including service development, financial budgeting and workforce planning.

Emotional and Psychological Support: Funding to support the process of improving access to emotional and psychological support for people with long term conditions.

Emotion matters: The ALLIANCE received a small grant from the Scottish Government to cover costs of producing film on emotional and psychological support for people with long term conditions.

Equalities Fund: The ALLIANCE was awarded funding from the Scottish Government Equality Fund for an Employability Development Officer, to work in partnership with key employability organisations in order to improve understanding of how employers can work in a flexible and mutually beneficial way to support those living with long term conditions.

Health and Social Care Academy: The ALLIANCE have been awarded a grant of £210,000 for two years for the creation of a partnership driven Academy and Journal to support all sector leadership, thinking, development and sharing of evidence and practise in relation to health and social care. The ALLIANCE commissioned some consultancy research work on this in order to support our proposal for funding for the Health and Social Care Academy. The deficit will be covered by grant funding received in 2013/14.

Heart Improvement: Funds were received to develop the Heart Failure and Palliative Care education programme in collaboration with NIS Greater Glasgow and Clyde.

House of Care: The House of Care grant exists to support the early adopter sites with project management, training and other practical aspects as they seek to adopt care and support planning, as set out in the House of Care and as supported by the RCGP, amongst others.
19. MOVEMENT IN FUNDS - continued

Improving Links for Primary Care: The ALLIANCE is a partner with RCGP in this project. The ALISS and LINKS projects have both produced important findings and recommendations which will be developed in this new project. The aim is to produce evidence that approaches and recommendations which have emerged are operationally sustainable for practices and emerging Health and Social Care Partnerships, previously known as Community Health Partnerships. This will be achieved by working in 4 sites across Scotland. A collaboration with one GP practice and Health and Social Care Partnerships in four Health Boards.

Joint Improvement Partnership: Active Ageing: This is a joint ALLIANCE/JIT/European Commission project to highlight and publish the benefits of physical activity to the health and wellbeing of older people. The work took the form of a knowledge exchange and good practice conference held in the Scottish Parliament with a subsequent publication The Patch to Active Ageing which formed the Scottish Contribution to the European Year of Active Ageing in 2012. Ongoing work includes developing the conference recommendations - the 12 Propositions of Active Ageing and contributing to the work of the national reference group on Active Ageing.

Links Worker National Programme: The ALLIANCE received funding for a two year pilot programme to test the potential for a link worker role to connect primary care with community based resources.

Long Term Care Revolution: The Long Term Care Revolution's aim is to create diverse, vibrant and cutting-edge services addressing the lifestyle needs and wishes of dependent individuals, their carers, and families and delivering improved quality of life. To ensure that everyone can approach later life with confidence, secure in the knowledge that a wide range of affordable and dignified options exist, offering a continuum of support that will help people live as they choose and sustain social and family contacts as capabilities change.

Macmillan Lymphoedema Project: Macmillan are funding a Strategy Project Manager post hosted by the ALLIANCE for 2 years, in order to develop a framework for Scotland for the care and management of Lymphoedema.

National Neurological Advisory Group: The ALLIANCE took over hosting of a post from the Neurological Alliance of Scotland, and grant funds from the Scottish Government have been transferred to the ALLIANCE. The post supports the work of the National Neurological Advisory Group.
19. **MOVEMENT IN FUNDS - continued**

<table>
<thead>
<tr>
<th>Project Type</th>
<th>Description</th>
</tr>
</thead>
<tbody>
<tr>
<td>Partnership and Practice Development Project:</td>
<td>The ALLIANCE has received a grant for a three year programme to support the spread of good practice and the development of partnership in order to promote self management.</td>
</tr>
<tr>
<td>People Powered Health and Wellbeing:</td>
<td>The ALLIANCE awarded grant funding from the Scottish Government for three years for a programme to support health and social care teams to work in partnership with individuals and their communities, building on their assets to design, deliver and improve support and services. The ALLIANCE will be working with its third sector members, the Scottish Government, Healthcare Improvement Scotland and NHS Education for Scotland.</td>
</tr>
<tr>
<td>Person Related Outcomes Project:</td>
<td>The ALLIANCE have been awarded funding for 1 year to employ a consultant to develop a framework to embed a personalised outcomes approach in health and social care services in Scotland.</td>
</tr>
<tr>
<td>Prescription for Excellence:</td>
<td>The Prescription for Excellence Inclusion Officer arrived in post in September 2014. In November 2014 the ALLIANCE’s Prescription for Excellence Consultation Forum was set up, including people living with long term conditions, unpaid carers, and representatives of third sector health and social care organisations, to give a voice to people with lived experience in the journey towards new models of pharmaceutical care. The forum explored current pharmaceutical care provision and independent pharmacist prescribing. Contributors to the session included Community Pharmacy Scotland, the Royal Pharmaceutical Society and NHS Education for Scotland. Moving forward the consultation forum will test ideas and models of care proposed in the Prescription for Excellence working groups.</td>
</tr>
<tr>
<td>Primary Care Development:</td>
<td>The ALLIANCE have been awarded a grant from the Scottish Government for a three year programme to support the improvement of access to information and promote health literacy for people living with long term conditions, in line with the Delivery Quality in Primary Care National Action Plan.</td>
</tr>
</tbody>
</table>
19. MOVEMENT IN FUNDS - continued

Self Directed Support: The ALLIANCE have been awarded funding for 4 years for a Senior Policy and Outcomes Officer post, to work on building the capacity of care and support providers.

Self Directed Support (joint project with SCLD, In Control Scotland, and ENABLE Scotland): The ALLIANCE have been awarded funding for this programme to build the capacity of care and support providers. The majority of this funding will be used for research purposes.

Self Management Fund: A grant of £2m was received from the Scottish Government. This grant was distributed to fund projects that help people self manage long term conditions. Unspent self management grant funds were returned by grantees to The ALLIANCE.

Sensory Impairment Strategy: Funded by Scottish Council on Deafness, this project would investigate how sensory impairment is managed as a long term condition.

Social Marketing: Funding to aid the Health and Social Care Alliance Scotland Self Management Awareness Raising campaign.

Stronger Voice: The Alliance continues to contribute to the work of the Stronger Voice national project team and reference groups. An ALLIANCE paper on the Stronger Voice has set out our particular thoughts and preferred outcomes which have been fed into the national work. On 14 May 2015, Stronger Voice held a Participation Event to help to shape the Stronger Voice framework and develop a strong identity. The Cabinet Secretary for Health and Wellbeing Shona Robison attended the event and emphasised her commitment to listening to the voice of lived experience. She praised the partnership work done by the ALLIANCE, the Scottish Government, the Scottish Health Council, COSLA and Healthcare Improvement Scotland on a Stronger Voice. The ALLIANCE continues to be key strategic partners in both the project team and the communications sub group.

Talking Points: The ALLIANCE received one-off funding for a series of workshops as part of the Change Fund programme, designed to support those working on the Reshaping Care for Older People Programme in the third sector.
19. **MOVEMENT IN FUNDS - continued**

TCAT Macmillan: The ALLIANCE has received grant funding from Macmillan Cancer Support to host a post, and will work in partnership with Macmillan on this Transforming Care After Treatment (TCAT) programme, a major component of the Scottish Cancer Taskforce Work Plan.

Third Sector Health and Social Care Support: The ALLIANCE have been awarded funding for a 3 year programme to address the issues affecting the third sector's engagement with the Reshaping Care for Older People Programme.

Walking Towards Better Health: Paths For All funded a Walking Development Officer post hosted by the ALLIANCE for 3 years, in order to promote walking to people living with long term conditions.

20. **RELATED PARTY DISCLOSURES**

During the year grants were disbursed to the following organisations where The ALLIANCE directors were also employees:

<table>
<thead>
<tr>
<th>Name of organisation:</th>
<th>Common Director:</th>
<th>Total Funding:</th>
</tr>
</thead>
<tbody>
<tr>
<td>RNIB</td>
<td>Kate Storrow</td>
<td>£ 22,998</td>
</tr>
<tr>
<td>Thistle Foundation</td>
<td>Mark Hoolahan</td>
<td>£ 77,939</td>
</tr>
<tr>
<td>Work4ME</td>
<td>Shona Sinclair</td>
<td>£ 23,310</td>
</tr>
</tbody>
</table>

As part of the grant allocation process, the Board of the Health and Social Care Alliance Scotland gave final approval of the grant awards. The Directors with a conflict of interest declared this and were not involved in any part of the grant process.

21. **MEMBERS' LIABILITY**

The charity is limited by guarantee. In the event of it being wound up the members may be required to contribute a sum not exceeding £1 each.
### INCOMING RESOURCES

<table>
<thead>
<tr>
<th></th>
<th>2015</th>
<th>2014</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Voluntary income</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Grants</td>
<td>4,506,343</td>
<td>3,676,506</td>
</tr>
<tr>
<td><strong>Activities for generating funds</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Hub income</td>
<td>5,885</td>
<td>6,436</td>
</tr>
<tr>
<td><strong>Investment income</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Interest receivable</td>
<td>37,790</td>
<td>52,681</td>
</tr>
<tr>
<td><strong>Incoming resources from charitable activities</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Sponsorship</td>
<td>6,075</td>
<td>2,299</td>
</tr>
<tr>
<td>Membership</td>
<td>24,364</td>
<td>20,854</td>
</tr>
<tr>
<td>Events &amp; conference income</td>
<td>13,562</td>
<td>19,916</td>
</tr>
<tr>
<td>Grants</td>
<td>-</td>
<td>4,000,000</td>
</tr>
<tr>
<td>Other project income</td>
<td>259,616</td>
<td>223,605</td>
</tr>
<tr>
<td></td>
<td>303,617</td>
<td>4,266,674</td>
</tr>
<tr>
<td><strong>Other incoming resources</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Miscellaneous income</td>
<td>30,188</td>
<td>42,940</td>
</tr>
<tr>
<td>Additional project income</td>
<td>48,013</td>
<td>85,044</td>
</tr>
<tr>
<td></td>
<td>78,201</td>
<td>127,984</td>
</tr>
<tr>
<td><strong>Total incoming resources</strong></td>
<td>4,931,836</td>
<td>8,130,281</td>
</tr>
</tbody>
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### RESOURCES EXPENDED

<table>
<thead>
<tr>
<th>Costs of generating voluntary income</th>
<th>2015</th>
<th>2014</th>
</tr>
</thead>
<tbody>
<tr>
<td>Wages</td>
<td>114,677</td>
<td>121,490</td>
</tr>
<tr>
<td>Social security</td>
<td>11,804</td>
<td>11,984</td>
</tr>
<tr>
<td>Pensions</td>
<td>4,604</td>
<td>5,051</td>
</tr>
<tr>
<td>Staff expenses</td>
<td>15,421</td>
<td>14,015</td>
</tr>
<tr>
<td>Stationery &amp; payroll charges</td>
<td>568</td>
<td>-</td>
</tr>
<tr>
<td>Recruitment</td>
<td>550</td>
<td>-</td>
</tr>
<tr>
<td>Stationery, recruitment &amp; training</td>
<td>-</td>
<td>7,294</td>
</tr>
<tr>
<td>Bank charges</td>
<td>1,022</td>
<td>840</td>
</tr>
<tr>
<td>Marketing &amp; communications</td>
<td>36,552</td>
<td>31,252</td>
</tr>
<tr>
<td>Carried forward</td>
<td>185,198</td>
<td>191,926</td>
</tr>
</tbody>
</table>

This page does not form part of the statutory financial statements
## Costs of generating voluntary income

<table>
<thead>
<tr>
<th></th>
<th>2015</th>
<th>2014</th>
</tr>
</thead>
<tbody>
<tr>
<td>Brought forward</td>
<td>£185,198</td>
<td>£191,926</td>
</tr>
<tr>
<td>Professional fees</td>
<td>£38,130</td>
<td>£5,213</td>
</tr>
<tr>
<td>Training</td>
<td>£8,411</td>
<td>-</td>
</tr>
<tr>
<td>Fixtures and fittings</td>
<td>£17,635</td>
<td>£20,438</td>
</tr>
<tr>
<td><strong>Total</strong></td>
<td>£249,374</td>
<td>£217,577</td>
</tr>
</tbody>
</table>

## Charitable activities

<table>
<thead>
<tr>
<th></th>
<th>2015</th>
<th>2014</th>
</tr>
</thead>
<tbody>
<tr>
<td>Wages</td>
<td>£1,437,410</td>
<td>£1,008,267</td>
</tr>
<tr>
<td>Social security</td>
<td>£119,172</td>
<td>£82,644</td>
</tr>
<tr>
<td>Pensions</td>
<td>£20,469</td>
<td>£16,669</td>
</tr>
<tr>
<td>Stationery &amp; payroll charges</td>
<td>£1,004</td>
<td>-</td>
</tr>
<tr>
<td>Marketing</td>
<td>£84,429</td>
<td>£25,010</td>
</tr>
<tr>
<td>Sundries</td>
<td>£29,382</td>
<td>£138,430</td>
</tr>
<tr>
<td>Recruitment cost</td>
<td>£1,100</td>
<td>-</td>
</tr>
<tr>
<td>External consultancy</td>
<td>£287,252</td>
<td>£395,816</td>
</tr>
<tr>
<td>Conference &amp; event costs</td>
<td>£72,124</td>
<td>£118,579</td>
</tr>
<tr>
<td>Catering &amp; travel</td>
<td>£5,781</td>
<td>-</td>
</tr>
<tr>
<td>Grants to institutions</td>
<td>£888,827</td>
<td>£5,268,466</td>
</tr>
<tr>
<td><strong>Total</strong></td>
<td>£2,946,950</td>
<td>£7,053,881</td>
</tr>
</tbody>
</table>

## Governance costs

<table>
<thead>
<tr>
<th></th>
<th>2015</th>
<th>2014</th>
</tr>
</thead>
<tbody>
<tr>
<td>Wages</td>
<td>£38,219</td>
<td>£40,497</td>
</tr>
<tr>
<td>Social security</td>
<td>£3,934</td>
<td>£3,995</td>
</tr>
<tr>
<td>Pensions</td>
<td>£1,535</td>
<td>£1,684</td>
</tr>
<tr>
<td>Board expenses</td>
<td>£302</td>
<td>£832</td>
</tr>
<tr>
<td>Legal fees</td>
<td>£938</td>
<td>£1,513</td>
</tr>
<tr>
<td>Payroll &amp; recruitment</td>
<td>£373</td>
<td>£330</td>
</tr>
<tr>
<td>Auditors' remuneration</td>
<td>£5,500</td>
<td>£5,100</td>
</tr>
<tr>
<td>Auditors' remuneration for non-audit work</td>
<td>£3,710</td>
<td>£3,920</td>
</tr>
<tr>
<td><strong>Total</strong></td>
<td>£54,511</td>
<td>£57,871</td>
</tr>
</tbody>
</table>

## Support costs

### Management

<table>
<thead>
<tr>
<th></th>
<th>2015</th>
<th>2014</th>
</tr>
</thead>
<tbody>
<tr>
<td>Rent &amp; other property costs</td>
<td>£162,309</td>
<td>£228,000</td>
</tr>
<tr>
<td>Telephone</td>
<td>£15,967</td>
<td>-</td>
</tr>
<tr>
<td>Postage and stationary</td>
<td>£2,162</td>
<td>-</td>
</tr>
<tr>
<td>Bad debts</td>
<td>£20</td>
<td>-</td>
</tr>
<tr>
<td>Share of overheads</td>
<td>£219,617</td>
<td>£196,825</td>
</tr>
<tr>
<td>Carried forward</td>
<td>£400,076</td>
<td>£424,825</td>
</tr>
</tbody>
</table>

This page does not form part of the statutory financial statements
The Health and Social Care Alliance
Scotland

Detailed Statement of Financial Activities
for the Year Ended 30 June 2015

<table>
<thead>
<tr>
<th></th>
<th>2015</th>
<th>2014</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Management</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Brought forward</td>
<td>400,076</td>
<td>424,825</td>
</tr>
<tr>
<td>Management fee</td>
<td>40,000</td>
<td>26,779</td>
</tr>
<tr>
<td>GAP expenses</td>
<td></td>
<td>50</td>
</tr>
<tr>
<td><strong>Information technology</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>IT support</td>
<td>52,647</td>
<td>38,764</td>
</tr>
<tr>
<td>Website hosting &amp; development</td>
<td>20,041</td>
<td></td>
</tr>
<tr>
<td><strong>Total resources expended</strong></td>
<td>3,763,599</td>
<td>7,819,747</td>
</tr>
<tr>
<td><strong>Net income</strong></td>
<td>1,168,237</td>
<td>310,534</td>
</tr>
</tbody>
</table>