

Health and Social Care Cross Third Sector Dialogue Event

Developing the Third Sector's Role in Joint Strategic Commissioning

WE SHOULD MAXIMISE OUR
EXPERTISE & OUR AMBITION
AROUND 'SOCIAL ENTERPRISE'
+ EXTEND INTO NEW AREAS
OF SERVICE & ACTIVITY

SHARED
VALUES.

DESIGNING
SERVICES ROUND
THE SERVICE
USER.

SECTOR GENERALLY
SHARES A COMMON
VALUE BASE →
WE SHOULD BUILD ON
THIS.

This report is based on a dialogue event held by the ALLIANCE, CCPS and VAS on 6 October 2014 in Edinburgh. It was attended by around 40 people from the third sector including representatives from national third sector organisations predominantly focused on health, national third sector organisations who provide registered social care services and Third Sector Interfaces (TSIs).

The report seeks to present the thematic findings from each of the exploratory sessions on the day in the belief that these will, in the main, reflect the current context more generally. It does not attempt to present an accurate picture of the detailed discussions at each table, nor a detailed picture of the full continuum of relationships that currently exist within the sector.

Context

In April 2015 new Integration Authorities will be established across Scotland in line with the Public Bodies (Joint Working) (Scotland) Act 2014.

The Scottish Government expects these new partnerships to be the driving force behind a transformational change in the strategic planning, commissioning and delivery of health and social care support and services.

The ALLIANCE, CCPS and VAS believe that it is crucial that the third sector is in a position to engage with the mechanisms of the new partnerships, particularly in relation to joint strategic commissioning, in a coordinated and coherent way, in order to deliver the kind of transformational change that is required.

In the initial stages of the new arrangements, the Strategic Planning Groups will be the main vehicle for the third sector to influence the direction of travel for Integration Authorities. These groups will devise the joint strategic commissioning plans and implement the Integrated Care Fund and are therefore key to ensuring partnerships invest in person centred, asset-based services which build on the evidence of what works for both individuals and communities.

The Scottish Government has recognised that it will be important that the third sector is able to engage with these processes. They have therefore earmarked some investment for the third sector for capacity building to enable the sector to achieve the following outcomes in relation to health and social care integration:

- Third sector organisations successfully find a route into the new health and social care structures
- Third sector becomes an integral part of that new landscape
- Third sector engage effectively when there; make a difference; and enable change as a result; and
- There is a raised profile for the third sector as contributing partners, including capturing activity at a local level, with evidence to inform outcomes, thus making visible the assets of the whole system.

As a result of the Scottish Government's investment strategy the ALLIANCE, CCPS and VAS have secured £70,000 of this investment to:

- Support the sector to explore how TSIs and national third sector health and care organisations work together to ensure clarity and agreement around the TSI role and a clear path to ensuring integration authorities can access the assets of the national health and social care third sector.
- Invest in building and/or implementing the solutions the sector identifies.

This dialogue event was the start of the process and will be used to both initiate an ongoing dialogue with the sector that further enriches, explores and progresses the thinking and to shape how the remaining investment is targeted going forward.

Purpose and Structure of Dialogue Event



The dialogue event was designed to create a safe and trusted environment to enable participants to discuss their hopes, aspirations, fears and challenges in relation to what they believe the new Integration Authorities will deliver.

The ALLIANCE, CCPS and VAS believe that the third sector agree on a number of high level themes, meaning that it should be possible for the sector to adopt coordinated and coherent approaches when engaging with the mechanisms of the new integrated system, particularly in relation to joint strategic commissioning. However, it would appear that as yet, the sector does not work in this coordinated and coherent manner across the board.

The event sought to explore these assumptions,

why this may be the case and to generate ideas and potential actions that the sector could take to enable this approach going forward.

It did this by firstly asking participants to think about what opportunities they hope the new joint strategic commissioning arrangements will create, before going on to discuss what it is in our current practice that makes this difficult. Following this, participants were asked to think about current good practice that could be built upon and lessons they could learn from this, before suggesting and capturing potential solutions which could be the basis for the next steps in the process.

This paper will outline what came out of each of these sessions.

Vision – what opportunities do you hope integration/ joint strategic commissioning will create?

This session was designed to get participants thinking about what they hoped the new arrangements around joint strategic commissioning / integration would achieve. It demonstrated that for many of the participants in attendance there was considerable agreement on what they hoped joint strategic commissioning would deliver.

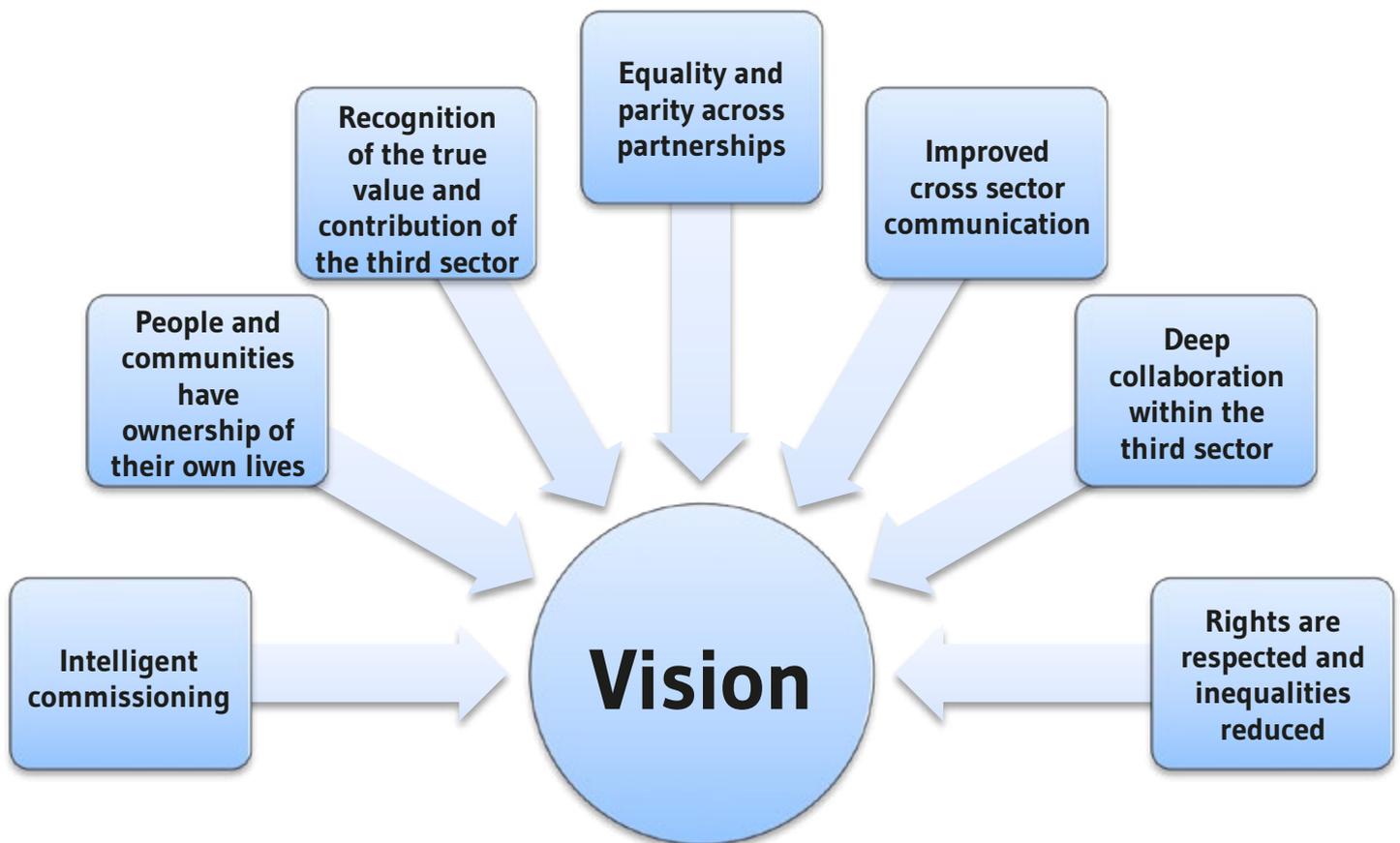
The diagram on page 5 outlines the grouped headings produced by participants and is structured in such a way that the key priorities, according to how participants 'voted' on the day, run from left to right (left being the most popular priority).

Participants notably identified outcomes for the people they support as being of highest priority, followed by the outcomes that enable them as organisations / a sector to deliver on these.

Delivering a vision which included intelligent commissioning was voted to be a priority for 27 participants, and was the most popular of the seven headings. Intelligent commissioning was seen as a key method of delivering an improved health and social care system. Characteristics of a commissioning process that is "intelligent" would include:

- Improved outcomes for people
- Third sector has strategic influence on all commissioning
- Commissioning strategy prioritises investments that impact on the outcomes that are important to individuals and communities
- Commissioning strategy leads to smart investments that maximise the impact of the investment over the longer term
- Commissioning decisions consider the global impact of the investment i.e. the potential impact across the national outcomes and across the desired outcomes for individuals and communities, rather than solely on their ability to impact on one or a couple of significant process measures such as emergency bed days or delayed discharges
- Genuine Best Value
- Integration should build on existing good practice – particularly utilising the learning of what has worked well, and not so well, during the implementation of Reshaping Care for Older People
- A greater focus on upstream/prevention.

Sector's Role in Joint Strategic Commissioning



The second most popular priority for joint strategic commissioning / integration to deliver was that people and communities have ownership of their lives. This was voted as a priority by 19 participants. This would be achieved by ensuring the following:

- Integration is a person centred process
- Services are commissioned with people's lived experience at their heart and make a real difference to people's lives
- People are able to shape their lives
- The sector continues to support, but also enables people to co-produce their own solutions as active citizens
- Taking an asset-based approach to communities.

Many of the other categories reflect what the sector hopes joint strategic commissioning / integration will deliver for them as providers and partners in the integration process. Included in this are:

- Improved relations with statutory and non-statutory partners, moving towards equality

- Greater inclusion and contribution in the process
- Third sector (i.e. national and local organisations) are able to collaborate effectively when appropriate
- Shared understanding, language, access and engagement routes across the third sector which have a level of consistency – making them easier to navigate across Scotland
- A better understanding of the third sector
- Parity of recognition
- Recognition of the quality and outcomes the third sector delivers
- The removal of silos and strengthened partnerships

This session helped to identify what the vision for integration / joint strategic commissioning should be and assisted participants to think about "how" this vision could be achieved in the later sessions of the day.

Understanding Barriers – what is it about our current practice, relations or understanding of each other that makes this difficult?

In this session participants were asked to think about what the barriers were in current practices that prevented them from achieving the vision set out in the first session. Participants were encouraged to have a frank and open discussion about their experiences.

Many of the barriers captured were similar in each of the small groups and have therefore been clustered into categories.

Lack of trust

**Fear for
survival**

**Competitive
tendering**

Competitors

**Varied
sector**

Role of TSIs

**Funding
arrangements**

**Lack of
resources**

**Partnership /
collaboration**

**Cynicism /
nothing
changes**

**Change
process**

Sector's Role in Joint Strategic Commissioning

Lack of trust

This was mentioned in several different ways by a number of participants and included lack of trust towards statutory partners, TSIs and other third sector organisations. In many cases this lack of trust was more related to a lack of knowledge and understanding about each other than the behaviours directly evidenced. This was also particularly evident when third sector interfaces or other third sectors organisations were being given the responsibility of 'representing' the sector on groups/boards such as the Strategic Planning Groups.

There was a perception that third sector representatives on groups may simply articulate their own interests, rather than the interests of the sector as a whole. From the discussions it seemed that participants are concerned that their views will not be reflected if they are not "in the room". This links in with the point below that in the procurement process third sector organisations become competitors and are all vying for a place in the "market".

Fear for survival

Much of the discussion around integration and joint strategic commissioning is focused on partnership working and collaboration. Some participants noted that this type of work brings anxiety to organisations as they fear that partnership and collaboration may lead to take-overs or mergers. There was some recognition however that there are situations in which consolidation is positive, but only if it is driven by the organisations themselves.

Several participants also expressed concerns about how intelligent commissioning would impact on their organisations / the organisations that hold the sector's seats on the various commissioning groups. There was recognition that intelligent commissioning should change the types of services that are commissioned and this was universally viewed as positive, as long as the changes were focused on improving outcomes for individuals and communities and capitalising on their assets. There were however concerns about whether this process would be implemented in a sensible and rational manner. Several participants felt that their current delivery models would not necessarily 'fit' within the

new world but they were also aware that the current regulatory and contracting requirements constrained their ability to move towards services that were fit for this new purpose. It was felt that commissioning strategies needed to reflect the reality of this so that the support vulnerable individuals and communities currently access was not compromised. Some national organisation participants also expressed concerns that TSIs may not have a full understanding of this context and hence could not enable these discussions. There were also concerns that, if there were not robust information sharing protocols in place, the organisations that hold the sector's seats on the various commissioning groups would use this position to their commercial advantage by using the soft intelligence to shape their services rather than ensure that the sector as a whole was able to respond to the changing local context. Despite this there was general consensus that with the right processes and protocols the seat at the table could enable organisations across the sector to proactively redesign their 'offer' in a way that reflected the local context.

Competitive tendering

A significant number of participants commented on the detrimental impact and barriers of competitive tendering, in contrast to the value and benefits of collaborative commissioning. It was suggested that traditional commissioning arrangements had left the sector powerless to influence the tendering process and that as a result this had dictated how the sector operated. It had driven organisations into a "race to the bottom" mentality, where their mission was being diluted by the environment that expects and requires business growth, a "low cost" mind-set and restrained workforce conditions / development opportunities. Furthermore, adopting this way of doing business was required if organisations wanted to survive. Several participants commented that although in theory third sector organisations could have influenced the environment by not engaging in tendering processes, the reality was that tendering would still have happened as private sector providers would still have engaged. These participants were also very clear that despite the constraints, they believed that their services offered individuals and communities significantly better services and outcomes than would have been the case if they had not engaged.

Participants also felt that competitive tendering had created a system where the work of the sector is now valued in monetary terms, rather than in the outcomes that are achieved. "Best value" is now taken as meaning low unit cost in the immediate term, rather than a more balanced quality / outcomes / cost ratio that considers the costs over the lifetime of the intervention.

This has led some organisations to a position where they have to operate in a highly competitive environment, which does not foster partnership, collaboration or trust. It also leads to a landscape in which the uniqueness and values of individual organisations is being squeezed out as they try to compete for business. Several participants also reflected that for the majority of the sector the nature of tender 'lots' had been the primary driver for their commissioning behaviour, as they had been forced to tender for 'lots' that had been defined by the commissioners rather than being able to tender to continue supporting the people they had long term trusting relationships with, and who wanted their continued support.

Tender Lot: When a statutory sector agency procures services from external agencies they tend to want to divide their purchase across more than one provider to manage the risk. When this procurement process is for support services the services are usually divided by either geographic area or the nature of someone's support need (e.g. everyone who receives support because they experience mental health difficulties). The services that are being re-commissioned are therefore offered to potential providers as different 'lots' based on how they have been divided. Providers do not then have the option to tender to provide some of the services in the lot – it is all or nothing.

Competitors

As outlined in the previous points the present environment will not easily encourage third sector organisations to collaborate, trust and work together in the ways needed to deliver improved health and care services and support. It was felt that although some of this was environmental, the perceptions of statutory partners and other funders that third

sector organisations were, at their core, competitors and the behaviours these perceptions elicited in them, also played a key role.

Many participants did not agree that the characterisation of the sector as being driven by competition was accurate and were able to provide a number of examples of active and proactive collaboration. All were however clear that capacity within the sector and the current tendering rules and arrangements inhibited and curtailed the sector's ability to collaborate in ways that can enable third sector providers to work together effectively, preventing joint / collective responses that really improve outcomes for individuals and communities and put them in the driving seat.

Varied sector

Third sector organisations are hugely varied in scope, size and function. The nature of the sector is complex and cluttered, making it impossible to represent the "sector" and know about all the supports and services available.

The diverse nature of the sector also means that people and organisations have travelled their own journey and bring their own experiences to the table. Although this is one of the gifts the sector offers the joint strategic commissioning process, this is also uncomfortable for statutory sector partners who want a solution that fits neatly within their vision of a transparent democratic process and enables them to explicitly capture and codify information.

Role of Third Sector Interfaces

The Third Sector Interfaces (TSIs) are funded by the Scottish Government to provide a mechanism for local statutory partners to engage with the third sector. Despite this role, there were a number of national organisation participants who did not know what a TSI was, had never engaged with one and were unaware that their remit expanded beyond the sector locally. There was however consensus that this role and function made sense and had the potential to provide a useful 'front door' for statutory partners. Of the participants who were aware of TSIs and their role there were however some concerns about how some TSIs function. These participants felt there was some confusion over the role, structure and purpose of the TSIs and this was reflected in differences across the country.

Sector's Role in Joint Strategic Commissioning

The vast majority of participants acknowledged that if one of the roles of the TSIs was to provide a conduit through which the sector can engage, more robust, consistent and effective mechanisms for enabling this needed to be co-produced with all of the third sector stakeholders. Several participants commented that the evolution of the Reshaping Care for Older People Partnerships provided strong evidence of this requirement as, although they had strengthened local partnership arrangements, in general, the TSIs had only been able to facilitate engagement and involvement for organisations who were able to invest their own resources in building connections with them locally.

Finally, some participants commented that some organisations also feel that TSIs, whether intentionally or unintentionally, appear to take advantage of their position / the soft intelligence they gather and sometimes appear to favour certain organisations / providers both in development of partnership and collaborations and when representing the sector at strategic meetings.

Funding arrangements

Many of the participants noted that short-term funding was a barrier to further collaboration and innovation. The nature of short term funding, particularly for new partnerships puts undue pressure on organisations to build relationships and demonstrate success within unreasonable timescales. The time and resource required to develop a new service, or support, means that it is extremely challenging to demonstrate that the service or support has delivered on outcomes. This is in part because outcomes are often much longer term goals and are difficult to meet within a 12 month period. Many people reflected that the lessons from the RCOP Change Fund needed to be learned and applied. Many organisations entered into the initial stages of the RCOP process with a belief that investment beyond the lifetime of the fund would be resourced if the intervention provided robust evidence of impact on agreed outcomes. However, as we near the end of the investment period there is little evidence of mainstreaming of Change Fund funded investments, regardless of the evidence base.

Short term funding also makes it difficult to invest the substantial resources required to undertake

workforce development, especially in situations where organisations are unsure whether the service or project will continue to receive funding.

Lack of resources

As a consequence of the economic situation and the competitive tendering environment, many organisations have a real lack of resources to enable them to commit the time and create the opportunities to build relationships with other organisations, statutory partners and TSIs. Strong relationships are the first step toward developing partnerships and enabling deeper collaboration.

Indeed, many participants noted that running the organisation can get in the way of building key relationships.

Partnership / collaboration

Partnerships and collaboration will only happen once a relationship has been established with a potential partner. However, expectations to collaborate are not resourced, therefore it makes it increasingly difficult to prioritise building relationships over meeting commitments within your organisation.

Cynicism / nothing changes

Participants acknowledged that transforming health and care services has been on the agenda for a number of years, and yet the sector is still discussing many of the same issues it did 10 and 20 years ago. This has led to a cynicism that nothing will really change, and therefore it is difficult to prioritise engaging with the processes.

Change process

Participants commented that throughout any change process it is difficult to manage the fears of those affected. This creates a barrier as people/ organisations/statutory bodies retreat back to the entrenched positions of what they know, making it more difficult to create the environment and opportunity for change.

This often happens when people are unclear about what change will deliver and links back to the first session which looked at what the vision for integration / joint strategic commissioning should be.

Enablers – what foundations exist that we could build on? What currently works well?

This session focussed on examining the current good practices which overcame these barriers and worked in collaboration and partnership to deliver improved services to people, supporting them to meet their outcomes.

This section of the paper outlines what participants felt were the main enablers to making these examples a success.

Trust

- Time to build relationship and subsequently trust
- Trust in process and organisations who are at the table
- Working with integrity brings trust and must be at heart

Planning

- Make and agree a plan and stick to it
- Everyone agrees plan and is tied to delivering it
- Enabling partners to invest and then let go
- Person centred and sustainable

Outcomes

- Focus on outcomes and welcome all who can contribute
- Designing services around the people who use services
- Organisations understanding what they can and cannot deliver in terms of outcomes

Sector's Role in Joint Strategic Commissioning

Shared values

- Having shared values, holding to those values, building on them and communicating how this is being done
- Acknowledging the commonalities between each other, TSIs and the wider sector eg quality
- All experience the same/similar frustrations - can make a good starting point for change

Goals

- Having long term goals that are realistic and appropriate - measuring the impact of investment in prevention against specific long term outcomes after 12 months is not appropriate

Leadership

- Leadership which is facilitative and alliance building
- Having a clear message about what you are trying to achieve and communicating this effectively
- Leadership which embraces that the outcome might be about mission not financial return
- Leadership which is brave

Other enablers that participants discussed included:

- Demonstrating early success and then building on that – success breeds success
- Working with organic structures and processes
- Shifting the balance of power by Public Social Partnership experience
- The sector's desire to go over and above for the people we support

This session demonstrated that the basis for good partnership and deeper collaboration requires people to build strong relationships first. This allows a trust to be built up, which in turn makes partnership working and collaboration much more likely to succeed.

The other enablers outlined above both help build and then foster relationships and trust.



Potential actions / next steps

Integration and joint strategic commissioning offer real potential for the third sector to drive forward transformational change in health and care in Scotland. However, the ALLIANCE, CCPS and VAS feel that this will be far more likely if the sector can begin to approach this in a coherent and coordinated manner.

This dialogue event sought to explore what participants hoped joint strategic commissioning would achieve, what barriers exist and identify potential enablers to overcoming these barriers.

Using the learning from the event, the ALLIANCE, CCPS and VAS hope to begin to chart the next steps to making it possible for the sector to engage in a coherent and coordinated manner.

Using the information gathered from the day potential next actions could include:

- Creating or utilising an already existing innovation network which is focussed on looking for solutions.
- Developing and implementing strategic workforce development across statutory partners and voluntary sectors to help skill up the workforce and breakdown “perception” barriers.
- Begin to explore how to embed a rights based approach into joint strategic commissioning.
- Identify and agree a set of fundamental principles that third sector ‘representatives’ can use to inform their contribution to joint strategic commissioning discussions

- In the shorter term, identify and agree a set of fundamental principles that enable TSIs to make a more informed judgement about whether they feel able to sign off their local Integrated Care Fund Plan on behalf of the sector.
- Creating more opportunities and facilitating organisations to build relationships with other organisations and TSIs.
- Providing greater clarity about the role and scope of TSIs across Scotland, helping national third sector organisations to understand their remit better and build effective relationships with them.
- Develop a common framework for evaluation, which is based on realistic outcomes and goals which could then be used to drive forward outcome based commissioning.
- Develop a protocol for third sector members who sit on locality and strategic planning groups that outlines their responsibilities and accountability.

This paper is intended to be a starting point for identifying the next steps. With the vision, barriers and enablers identified, it is hoped that the sector will begin to identify what mechanisms and solutions they believe need to be implemented in order to overcome the barriers and enhance the enablers.

Sector's Role in Joint Strategic Commissioning



Third Sector Health and Social Care support team

The Third Sector Health and Social Care Support Team, hosted by the ALLIANCE, is funded by the Scottish Government and Joint Improvement Team to support and enable the third sector to make its contribution to the Reshaping Care for Older People (RCOP) agenda and simultaneously to support the sector to prepare for the imminent implementation of the Public Bodies (Joint Working) (Scotland) Act 2014.

The support the Team offers third sector organisations has been designed to enhance the current structures available to the sector and includes:-

- Providing an information and signposting service
- Producing a monthly newsletter, **ENGAGE&INSPIRE**, to keep the sector up-to-date with policy and practice developments and opportunities
- Maintaining a resource page on the ALLIANCE website that help organisations to find useful information, tools and resources
- Producing information on 'hot topics'
- Producing policy briefings
- Producing report summaries
- Organising training and networking events in response to the priorities identified by the third sector.



- Providing more intensive support to Third Sector Interfaces (TSIs); regional and national third sector organisations with a focus on health and / or social care, Housing Associations, Carers organisations and other national interest groups such as disability right organisations and advocacy groups.

The more intensive support the Team offers is significantly more labour intensive as it involves one or more members of the team working alongside the organisation to address a specific need that they have identified and their ability to respond is based on the available capacity when the request is made. The team's engagement is therefore prioritised based on the following criteria: the reach of the organisation making the request; the resources required to generate the solution; the potential for the piece of work to offer learning for the wider sector; and the potential contribution of the work to the Programme's outcomes.

For more information about the programme please contact Jaqui Reid, the Programme Director or check out the [programme information](#) on the ALLIANCE website.

The programme is being delivered by a partnership. The partners are: The Health and Social Care Alliance Scotland (the ALLIANCE); the Coalition of Care and Support Providers in Scotland (CCPS); Voluntary Action Scotland (VAS); the Scottish Council for Voluntary Organisations (SCVO); the Coalition of Carers in Scotland; Social Enterprise Network Scotland (SENScot); Voluntary Health Scotland (VHS); Community Health Exchange (CHEX); Evaluation Support Scotland (ESS); the Scottish Federation of Housing Associations (SFHA) and Inclusion Scotland.

Sector's Role in Joint Strategic Commissioning



The Health and Social Care Alliance Scotland (The ALLIANCE)

The ALLIANCE 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.

It is the national third sector intermediary for a range of health and social care organisations. It brings together over 800 members, including a large network of national and local third sector organisations, associates in the statutory and private sectors and individuals.

The ALLIANCE has three core aims; we seek to:

- Ensure people are at the centre, that their voices, expertise and rights drive policy and sit at the heart of design, delivery and improvement of support and services.
- Support transformational change, towards approaches that 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 Coalition of Care and Support Providers in Scotland (CCPS)

The CCPS mission is to identify, represent, promote and safeguard the interests of third sector and not-for-profit social care and support providers in Scotland, so that they can maximise the impact they have on meeting social need.

CCPS exists to:

- Champion quality care and support provided by the third sector
- Challenge policy and practice that inhibits or undermines the sector's ability to provide quality care and support
- Prepare providers for future challenges and opportunities
- Support providers to understand, negotiate and influence the complex policy and practice environment in which they operate.

CCPS membership comprises over 70 of the most substantial care and support providers in Scotland's third sector, providing high quality support in the areas of community care for adults with disabilities and for older people, youth and criminal justice, addictions, homelessness, and children's services and family support. The combined membership of CCPS:

- Supports approximately 350,000 people and their families in Scotland
- Manages a total annual income in excess of £1.3 billion (2011-12), a significant proportion of which relates to publicly funded service provision
- Employs approximately 43,000 staff and mobilises the support of over 7,000 volunteers in providing services
- Works in all 32 of Scotland's council areas, with many members also providing services elsewhere in the UK and internationally.



Voluntary Action Scotland (VAS)

Voluntary Action Scotland is the national network that supports, co-ordinates and advocates for Scotland's Third Sector Interfaces (TSIs). Our ambition is to see a Scotland in which voluntary and social enterprise action in all its forms flourishes and delivers strong resilient communities. We believe that Scotland's local third sector infrastructure organisations have a crucial role to play in making this happen. VAS gives a national voice to the TSIs local impact. We advocate for the best possible environment in which the third sector locally can thrive and contribute to better outcomes for the people we serve.

TSIs are charged with the task of supporting and developing third sector activity locally in all its forms. There is one TSI in each of Scotland's 32 local authority areas. Like the third sector they serve Scotland's TSIs are diverse, reflecting local needs, priorities and heritage. They are a mix of single agencies and partnerships all focussed on delivering four key functions which form the bedrock of their role:

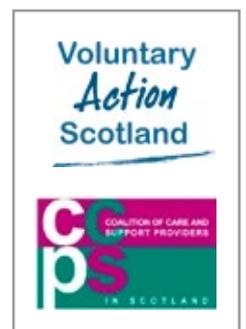
- Developing volunteering
- Supporting social enterprise
- Supporting and developing voluntary and community organisations
- Building the third sector relationship with community planning



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The ALLIANCE is supported by a grant from the Scottish Government. The ALLIANCE is a company registered by guarantee. Registered in Scotland No.307731 Charity number SC037475

