

Report

Report to:	Clyde Valley Learning and Development Joint Committee
Date of Meeting:	6 June 2016
Report by:	Chair of Clyde Valley Learning and Development Project Implementation Steering Group

Subject:	Clyde Valley Learning and Development Project – Integrated Health and Social Care Partnerships – Access to Online Learning
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1. Purpose of Report

1.1. The purpose of the report is to:-

- ◆ update the Joint Committee on actions currently being undertaken by the Clyde Valley Learning and Development Project to ensure that all Integrated Health and Social Care Partnership staff will have common access to online learning

2. Recommendation(s)

2.1. The Joint Committee is asked to approve the following recommendation(s):-

- (1) that the activities that have been undertaken by the Clyde Valley Learning and Development Group to support the newly established Integrated Health and Social Care Partnerships in meeting their learning and development needs effectively be noted; and
- (2) that, due to the structure of the Clyde Valley Learning and Development Group, it has been able to make a significant contribution to help resolve the issue of common access to online learning for all parties.

3. Background

- 3.1. Legislation to implement Health and Social Care integration was passed by the Scottish Parliament in February 2014. This Act came into force on 1 April 2016. The purpose of the Act is to bring together NHS and local council care services under one partnership arrangement for each area.
- 3.2. In total, 31 local partnerships have been set up across Scotland. In the Clyde Valley this will have a direct impact on all 8 of the Member Councils.
- 3.3. Working together, NHS and local council care services are now jointly responsible for the health and care needs of patients, to ensure that those who use services get the right care and support whatever their needs, at any point in their care journey.

- 3.4. Partnerships were initiated based on one of two models of delivery, namely:-
- ◆ The Health Board and Local Authority delegate the responsibility for planning and resourcing service provision for adult health and social care services to an Integration Joint Board; or
 - ◆ The Health Board or the Local Authority takes the lead responsibility for planning, resourcing and delivering integrated adult health and social care services.

4. Learning and Development Implications

- 4.1. Regardless of the integration model selected, it is clear that the workforce from both sides of each partnership is vital to the successful delivery of integration. Accordingly, guidelines from the Scottish Government state that staff can be expected to have consistent support for any new ways of working throughout their organisation and across the sector.
- 4.2. Both partner organisations therefore will rely heavily on learning and development as the primary means of supporting both the smooth transition into the new ways of working and also providing the knowledge and skills to deliver the partnership's objectives.
- 4.3. The use of e-learning is already a well established strategy for the Clyde Valley Councils and the two Health Boards (NHS Greater Glasgow and Clyde Board and Lanarkshire NHS Board) in meeting the learning and development needs of their respective workforces. To this end, a large number of relevant e-learning courses have already been developed and published.

5. The Role of e-Learning

- 5.1. The most effective means of delivering e-learning is by use of a Learning Management System (LMS). Generally this approach is further supported by content development software (authoring tools) which is used to create and publish courses online.
- 5.2. Both the Councils and the Health Boards already have discrete and distinct LMS systems in place which are well used by both learning communities. Although they operate in similar ways, they are bound by contractual arrangements to limit the scope of who can access the learning content. Put simply, only Health Board staff can access courses on the Health Board LMS and only Council staff can access courses on the Council LMS.
- 5.3. Although there is willingness from the NHS and Clyde Valley Councils to share content, the current contractual arrangements mean that the only way of achieving this at present involves sharing course scripts before rebuilding these and, thereafter, republishing them on both platforms.
- 5.4. This approach is inefficient, involves duplication of effort and fails to recognise and build on the sharing arrangements already established through the Clyde Valley Learning and Development Group.

6. The Way Forward

- 6.1. The Clyde Valley Learning and Development Group has been directly involved in discussions with all the key stakeholders in seeking to broker an acceptable solution to this problem. A suitable outcome would be to allow both learning communities to have access to the same relevant e-learning content without involving further rework and wasted time and effort to reproduce it.

6.2. To this end, discussions have taken place with the following stakeholders:-

- ◆ both LMS suppliers
- ◆ Scottish Local Authority Improvement Service
- ◆ NHS Health (national health inequality board)
- ◆ NHS Greater Glasgow and Clyde (Learning and Education)
- ◆ NHS Lanarkshire
- ◆ NHS Education (NES)
- ◆ Clyde Valley Member Councils

6.3. There is goodwill between all of the parties involved to achieve a sensible, practical and economically advantageous solution. However, commercial contracts still need to be respected, therefore, an appropriate solution must be achieved with the involvement of both suppliers and with due consideration to the current terms of both contracts.

7. Conclusion

7.1. To support the successful launch of the Integrated Health and Social Care Partnerships, it is essential that resources are used effectively without compromising the essential delivery of learning and development to the Partnerships' workforce.

7.2. Further work is required to negotiate a practical solution.

7.3. The Clyde Valley Group is well placed to be influential in realising a solution which will produce the desired outcome.

8. Employee Implications

8.1. There are no immediate employee implications.

9. Financial Implications

9.1. There are no immediate financial implications.

10. Other Implications

10.1. The limited risks of this collaborative approach to learning and development are mitigated by the content of the Minute of Agreement between participating authorities.

10.2. There are no implications for sustainability in terms of the information contained in this report.

11. Equality Impact Assessment and Consultation Arrangements

11.1. This report does not introduce a new policy, function or strategy or recommend a change to an existing policy, function or strategy and therefore no impact assessment is required.

11.2. Consultation has been carried out as detailed in paragraph 6.2.of the report.

Gill Bhatti

Chair, Clyde Valley Learning and Development Project Implementation Steering Group

20 May 2016

Previous References

- ◆ None

List of Background Papers

- ◆ Clyde Valley Learning and Development Joint Committee Minute of Agreement

Contact for Further Information

If you would like to inspect the background papers or want further information, please contact:-

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