

Report

Report to:	Clyde Valley Learning and Development Joint Committee
Date of Meeting:	13 September 2010
Report by:	Chair of Clyde Valley Learning and Development Project Implementation Steering Group

Subject:	Clyde Valley Learning and Development Project - Shared Services in Social Care
----------	---

1. Purpose of Report

1.1. The purpose of the report is to:-

- ◆ update the Joint Committee on activities undertaken during the last quarter in relation to the Clyde Valley Integrated Health and Social Care Collaboration Group agenda

2. Recommendation(s)

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

- (1) that it be noted that the Clyde Valley Learning and Development Project Social Care Sub Group had been asked by Clyde Valley Integrated Health and Social Care Collaborative Group to rationalise the number of SVQ centres with a view to establishing a Clyde Valley SVQ centre;
- (2) that it be noted that the Clyde Valley Learning and Development Project Social Care Sub Group would pursue the option to develop a Clyde Valley model for behaviour management training, in partnership with the Scottish Qualifications Authority (SQA), and in the short term seek to deliver joint training for existing models;
- (3) that it be noted that the development of the e-learning course for protection training would continue with the intention of releasing the course in October 2010; and
- (4) that it be noted that the Clyde Valley Social Care Sub Group would continue to develop a partnership arrangement with Clyde Valley NHS, and would seek out opportunities for shared working across both sectors.

3. Background

3.1. The review of shared services in the Clyde Valley which was undertaken in recent months by Sir John Arbuthnott has led to a number of review groups seeking to generate significant savings to the Clyde Valley through a variety of workstreams. The social care and health agenda is being led by Renfrewshire Council. The Clyde Valley Learning and Development Group has been invited to contribute to this work by developing a business case for making savings in the field of learning and development.

- 3.2 At the meeting of the Clyde Valley Integrated Health and Social Care Collaborative Group on 24 June 2010, it was agreed that further information and commitments were required from members of the Group before pursuing the proposals.
- 3.3 As a result of this request, the Clyde Valley Learning and Development Social Care Sub Group has developed proposals as outlined below.

4. Proposals

4.1. Behaviour Management

- 4.1.1 Following analysis of the current approaches being adopted by Clyde Valley member councils and gathering anticipated demand for training in this subject, there is merit in moving towards a common approach to behaviour management.
- 4.1.2 The recommendations suggest that the maximum savings could be achieved by adopting the BSS (Behaviour Support Strategy) model across the Clyde Valley. This model is currently only used by Renfrewshire Council. In many Clyde Valley Council's it is a stated policy to use one or other of the alternative models i.e. CALM (Crisis, Aggression Limitation, and Management) or TCI (Therapeutic Crisis Intervention).
- 4.1.3 Projected numbers requiring training in behaviour management suggest around 400 require first time training in adult care with some 1,600 requiring refresher training. In child care the projected numbers are 160 for first time training and 640 for refresher training.
- 4.1.4 The cycle for refresher training as defined by the training providers is annually for adult care and 6 monthly for child care. In both cases, these requirements place a significant strain on service delivery, due to both the attendance and replacement commitments.
- 4.1.5 Analysis of the current delivery arrangements for Behaviour Management training incurred across the Clyde Valley indicates that each Council is bound by constraints and conditions imposed by the training provider or owner of the methodology. This dictates such issues as how and where the training may be delivered and the frequency of refresher training. These constraints generally benefit the training provider rather than the purchaser, therefore it is recommended that the medium term objective should be to seek to develop a common and bespoke Clyde Valley model which shifts the benefits more towards the Clyde Valley.
- 4.1.6 To this end, preliminary discussions have been planned to discuss this concept with the Scottish Qualifications Authority (SQA). Initial soundings are extremely positive, indeed it has been noted that SQA already has existing units covering managing challenging behaviour (for both children and adults), which may form the basis of the discussion. The initial detailed discussion is scheduled for 1 September 2010. Subject to a positive outcome from this meeting, the Group will produce a detailed proposal with projected timescales and resource implications for consideration by Clyde Valley Integrated Health and Social Care Collaboration Group.
- 4.1.7 In the short term the Group proposes negotiation with existing training providers of Behaviour Management Training in order to allow joint purchase and delivery of the training by members of the Clyde Valley Group.

4.1.8 This approach will be addressed by Directors of Social Work from South Lanarkshire and Renfrewshire Councils on 9 September 2010.

4.2 Delivery of SVQs

4.2.1 The business case proposed is that the Clyde Valley Group should consolidate the SQA Accredited Centre management and administration under one or possibly 2 partners within the Clyde Valley.

4.2.2 Not all Clyde Valley members deliver SVQs internally, as they have concluded that purchasing externally offers a cheaper delivery option (West Dunbartonshire and East Dunbartonshire Councils). The counter argument to this remains one of control of quality and outcomes delivered within agreed timescales.

4.2.3 Primary analysis of projected savings generated by the creation of a single Clyde Valley SVQ centre suggested an initial saving of some £104,000. This figure is based on the assumption that all Clyde Valley members would sign up to delivery through the single centre.

4.2.4 Whilst the financial return on this proposal is relatively modest, the greater benefit to the Clyde Valley lies in establishing a consistent approach with the highest standards of quality assurance and achieved outcomes to meet service delivery requirements across the board.

4.3 Basic Awareness Training in Protection

4.3.1 This business case was proposed and recommended on the basis of providing basic awareness training to all employees within the Clyde Valley via e-learning. This case can be more fully explained in terms of cost avoidance rather than direct savings. That is, choosing to deliver basic awareness training by e-learning avoids incurring significant training costs through traditional classroom based delivery methods.

4.3.2 Development work is already underway on producing e-learning course materials. The approval of the first draft of content is expected by early September 2010. Subject to agreement on this, it is anticipated that a final course will be ready for testing by late October 2010.

4.3.3 In order to fully realise the benefits of this approach, a clear recommendation is required from the Clyde Valley Health and Social Care Collaborative Group as to whether the training should be delivered to all employees.

4.3.4 Subject to this aspect of the project being successfully evaluated, it is recommended that the Clyde Valley should commit to a protocol that e-learning should be the preferred delivery medium for all appropriate training (e.g. basic awareness, high volume etc.).

4.4 Additional Actions

4.4.1 Discussions have taken place with representatives of NHS Lanarkshire and members of the Clyde Valley Learning and Development Group to investigate opportunities for shared working in common areas of interest.

4.4.2 As a result of this meeting, it has been agreed to investigate the following:-

- ◆ possible shared development and usage of e-learning content between health and local government

- ◆ online portfolios for SVQs
- ◆ participation in the Clyde Valley community of practice
- ◆ collaboration in development of e-learning strategy
- ◆ evaluation of merits of formal associate membership of the Clyde Valley Group

5 Employee Implications

5.1. None.

6. Financial Implications

6.1. The potential savings and cost avoidance realised from these proposals will depend ultimately on which models are adopted and by which Councils. The selected models will be detailed and reported at a future meeting of the Joint Committee.

7. Other Implications

7.1. There are limited risks associated with this type of collaborative approach, which can be mitigated by effective project management and governance arrangements.

8. Equality Impact Assessment and Consultation Arrangements

8.1. No implications identified to date.

8.2. The issues and proposals discussed in the report have been considered and agreed by both the Project Implementation Steering Group and the Social Care Sub Group at each stage of the process.

Gill Bhatti

Chair

Clyde Valley Learning and Development Project Implementation Steering Group

31 August 2010

Previous References

Clyde Valley Learning and Development Project - Shared Services in Learning and Development in Social Care – 14 June 2010

List of Background Papers

None

Contact for Further Information

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

Gill Bhatti, Chair, Clyde Valley Learning and Development Project Implementation Steering Group

Ext: 5604 (Tel: 01698 455604)

E-mail: gill.bhatti@southlanarkshire.gov.uk