

**Report To:** Inverclyde Integration Joint Board    **Date:** 7<sup>th</sup> November 2017

**Report By:** Louise Long  
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Inverclyde Health and Social Care  
Partnership (HSCP)    **Report No:**  
IJB/66/2017/HW

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**Subject:** GREENOCK HEALTH AND CARE CENTRE PROGRESS

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## **1.0 PURPOSE**

1.1 The purpose of this report is to advise the Integration Joint Board on the progress of the new Greenock Health and Care Centre.

## **2.0 BACKGROUND**

2.1 Funding has been agreed by the Scottish Government to provide a new health and care centre. The Scottish Government approved the Outline Business Case at the Capital Investment Meeting on 13<sup>th</sup> October 2017.

2.2 The new Health and Care Centre is regarded as hugely significant for the local population we serve, as the existing health centre facilities are old and unfit for purpose in meeting the changing needs of patients in the years ahead.

2.3 Through the project board and delivery group, we have arranged information sessions which have been set up in early November where residents, service users, patients and staff can meet the Design Team to view the plans. HSCP representatives will be available to discuss new ways of accessing our services that will improve referral pathways.

The public will also be able to find out more about what services will be in the new centre which is set to be located on the former Wellington Academy site in the town.

The new facility is planned to open in 2020 replacing the current, ageing Greenock Health Centre in Duncan Street.

The new centre will aim to provide new modern health and social care premises and will expand the range of services available from the current health centre.

2.4 As part of the planning stage, we have established an Arts and Environment Group. The group involves staff and community representatives to:

- Be proactive and supportive with arts and health communication initiatives;
- Enhance the health and care centre environment;
- Build relationships and involve the local community, staff, patients and their families;
- Green the healthcare environment with inclusion of living plants and

- involvements in landscaping (where appropriate);
- Provide a strategic direction in relation to arts and ongoing creative and performing arts activity influencing health and wellbeing at the new Greenock Health and Care Centre.

2.5 The project programme dates for the new health and care centre are detailed in the table below:

Outline Business Case	Full Business Case	Financial Close	Construction	Completion
October 2017	July 2018	August 2018	September 2018	April 2020

2.6 The NHS Greater Glasgow & Clyde hub Project Steering Group has established governance and reporting structure which will be implemented to deliver this project.

The Inverclyde Project Board reports to the NHSGGC Hub Steering Group which oversees the delivery of all NHSGGC hub projects, through the HSCP Chief Officer. The local Delivery Group is chaired by Helen Watson, Head of Service and includes representatives from other Project Boards within NHSGGC, Facilities, Finance and Hubco.

### 3.0 RECOMMENDATIONS

3.1 The Integration Joint Board is asked to note the progress to date.

**Louise Long**  
**Corporate Director, (Chief Officer)**  
**Inverclyde HSCP**

## 4.0 HSCP OFFICE RATIONALISATION

4.1 The new development has presented opportunities to rationalise some elements of the HSCP estate and bring related services together at a single location. There is also a wider piece of work ongoing to complete an accommodation plan within the HSCP incorporating both local authority and community health buildings. A key driver for the development is for it to be revenue neutral.

The new development will not only assist with the new Health and Social Care Partnership working but will enable full engagement for GP practices to be involved in the integration agenda.

The new development will be one of the HSCP key sites with integrated teams co-located, and through the rationalisation of the HSCP estate, this will result in the decommissioning of 4 health buildings which will release revenue for re-investment in the new centre.

As part of the rationalisation process the following sites are incorporated within the final options:-

- Staff currently based in the CAMHS building adjacent to the current hospital site would be relocated to the Greenock new health and care centre development.
- Speech and Language Therapy staff currently based in Port Glasgow Health Centre would also relocate to the Greenock new development.
- Integrated Drugs Team currently based at Cathcart Centre will relocate to the Wellpark Centre.
- Community Learning Disability Team from Cathcart Centre will relocate to other HSCP accommodation.

Based on the above proposals the schedule of accommodation has been completed which the design team has used to develop outline options.

## 4.2 OUTLINE BUSINESS CASE

The Outline Business Case for the new Health and Care Centre was approved at the Scottish Government Capital Investment Group on 13<sup>th</sup> October 2017 with a follow up letter of approval from Paul Gray, NHS Scotland Chief Executive and a formal invite to submit a Full Business Case.

## 4.3 PROJECT PROGRAMME

The project programme dates for the new health and care centre are detailed in the table below:

Outline Business Case	Full Business Case	Financial Close	Construction	Completion
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## 5.0 IMPLICATIONS

### Finance

### 5.1 Financial Implications:

One off Costs

Cost Centre	Budget Heading	Budget Years	Proposed Spend this Report £000	Virement From	Other Comments

Annually Recurring Costs/ (Savings)

Cost Centre	Budget Heading	With Effect from	Annual Net Impact £000	Virement From (If Applicable)	Other Comments

**Legal**

5.2 There are no legal issues within this report.

**Human Resources**

5.3 There are no human resources issues within this report.

**Equalities**

5.4 Tackling inequalities is one of the key drivers in our proposed operating model, so we anticipate a positive impact for those groups that experience a more negative experience of care and outcomes.

Has an Equality Impact Assessment been carried out?

	YES (see attached appendix)
X	NO- This report does not introduce a new policy, function or strategy or recommend a change to an existing policy, function or strategy. Therefore, no Equality Impact Assessment is required.

5.4.1 How does this report address our Equality Outcomes.

5.4.1.1 People, including individuals from the above protected characteristic groups, can access HSCP services.

5.4.1.2 Discrimination faced by people covered by the protected characteristics across HSCP services is reduced if not eliminated.

5.4.1.3 People with protected characteristics feel safe within their communities.

5.4.1.4 People with protected characteristics feel included in the planning and developing of services.

5.4.1.5 HSCP staff understand the needs of people with different protected characteristic and promote diversity in the work that they do.

5.4.1.6 Opportunities to support Learning Disability service users experiencing gender based violence are maximised.

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5.4.1.7 Positive attitudes towards the resettled refugee community in Inverclyde are promoted.

### **Clinical or Care Governance Implications**

5.5 There are no governance issues within this report.

### **5.6 NATIONAL WELLBEING OUTCOMES**

How does this report support delivery of the National Wellbeing Outcomes.

5.6.1 People are able to look after and improve their own health and wellbeing and live in good health for longer.

5.6.2 People, including those with disabilities or long term conditions or who are frail are able to live, as far as reasonably practicable, independently and at home or in a homely setting in their community.

5.6.3 People who use health and social care services have positive experiences of those services, and have their dignity respected.

5.6.4 Health and social care services are centred on helping to maintain or improve the quality of life of people who use those services.

5.6.5 Health and social care services contribute to reducing health inequalities.

5.6.6 People who provide unpaid care are supported to look after their own health and wellbeing, including reducing any negative impact of their caring role on their own health and wellbeing.

5.6.7 People using health and social care services are safe from harm.

5.6.8 People who work in health and social care services feel engaged with the work they do and are supported to continuously improve the information, support, care and treatment they provide.

### **6.0 CONSULTATION**

6.1 This report has been prepared by the Chief Officer, Inverclyde Health and Social Care Partnership (HSCP) after due consultation as noted within the body of the report.

### **7.0 LIST OF BACKGROUND PAPERS**

7.1 None.