
Report To: Inverclyde Integration Joint Board **Date:** 20 March 2018

Report By: Louise Long
Corporate Director, (Chief Officer)
Inverclyde Health & Social Care Partnership **Report No:** IJB/20/2018/HW

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Subject: CATHCART CENTRE PROPOSAL

1.0 PURPOSE

- 1.1 The purpose of this report is to update the IJB on proposed changes and movements in relation to staff accommodation for staff currently based at Cathcart Centre, Greenock.

2.0 SUMMARY

- 2.1 There are 103 staff currently based at Cathcart Centre, Greenock, 67 within the Drugs Team and 36 within the Community Learning Disabilities Team (CLDT). Cathcart Centre is due to be closed by 2021 as part of the new Greenock Health Centre project and associated team moves. This proposal would allow for that building to be freed up earlier, releasing some non-recurring money for essential maintenance work in Inverclyde.

3.0 RECOMMENDATIONS

- 3.1 It is recommended that the Integration Joint Board notes the contents of this report.

Louise Long
Corporate Director (Chief Officer)

Lesley Aird
Chief Financial Officer

4.0 BACKGROUND

- 4.1 Cathcart Centre in Greenock is a Health Board owned building which is due to be closed by 2021 as part of the new Greenock Health Centre project and associated team moves. This proposal would allow for that building to be freed up earlier, releasing some non-recurring money for essential maintenance work in Inverclyde.
- 4.2 There are 103 staff currently based at Cathcart Centre, 67 within the Drugs Team and 36 within the Community Learning Disabilities Team (CLDT). These teams would be better located elsewhere to allow greater integration of services.

5.0 PROPOSAL

- 5.1 Phase 1 Community Learning Disabilities Team (CLDT) moving to Port Glasgow Health Centre – by September 2018

There are 36 staff within CLDT currently based within Cathcart Centre. It is proposed that these staff are moved earlier than originally intended to Port Glasgow Health Centre rather than Greenock to allow greater integration with the other services offered in Port Glasgow and to free up Cathcart Centre and associated facilities costs earlier than previously planned.

- 5.2 These staff would be moving from a Health owned building to another Health owned building. There would be some work required to the Port Glasgow Health Centre to help facilitate that move. The costs of that work are estimated at £50k and would be covered from early delivery of 17/18 Health savings which is currently held within an IJB Earmarked Reserve.

- 5.3 Phase 2 Drugs Team moving to Wellpark – by November 2018

There are 67 staff within the Drugs Team currently based within Cathcart Centre. It is proposed that these staff are moved earlier than originally intended on a permanent basis to Wellpark. This move will allow for better integration with the other local services and free up Cathcart Centre and associated facilities costs earlier than originally planned.

- 5.4 These staff would be moving from a Health owned building to a Council owned building. There would be some work required to the Wellpark building to make it fit for the new purpose. The costs of that work are estimated at £115k and would be covered from an anticipated underspend in Addictions for 2017/18 circa £28k together with the use of the IJB Earmarked Reserve created by Social Care Fund underspend in 2016/17.

6.0 IMPLICATIONS

6.1 FINANCE

One off investment to allow the moves to occur earlier than originally planned will free up space and resource elsewhere which can be used for reinvestment in the Inverclyde estate.

One off Costs

Cost Centre	Budget Heading	Budget Years	Proposed Spend this Report £000	Virement From	Other Comments
PGHC Capital		18/19	£50k	Early Delivery of Health Savings	

Wellpark Capital			£115k	Additions u/spend and EMR	
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Annually Recurring Costs / (Savings)

Cost Centre	Budget Heading	With Effect from	Annual Net Impact £000	Virement From	Other Comments
N/A					

LEGAL

6.2 There are no specific legal implications arising from this report.

HUMAN RESOURCES

6.3 There are no specific human resources implications arising from this report.

EQUALITIES

6.4 There are no equality issues within this report.

6.4.1 Has an Equality Impact Assessment been carried out?

	YES (see attached appendix)
√	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.

6.4.2 How does this report address our Equality Outcomes

There are no Equalities Outcomes implications within this report.

Equalities Outcome	Implications
People, including individuals from the above protected characteristic groups, can access HSCP services.	None
Discrimination faced by people covered by the protected characteristics across HSCP services is reduced if not eliminated.	None
People with protected characteristics feel safe within their communities.	None
People with protected characteristics feel included in the planning and developing of services.	None
HSCP staff understand the needs of people with different protected characteristic and promote diversity in the work that they do.	None
Opportunities to support Learning Disability service users experiencing gender based violence are maximised.	None
Positive attitudes towards the resettled refugee community in Inverclyde are promoted.	None

6.5 **CLINICAL OR CARE GOVERNANCE IMPLICATIONS**

There are no governance issues within this report.

6.6 NATIONAL WELLBEING OUTCOMES

How does this report support delivery of the National Wellbeing Outcomes

There are no National Wellbeing Outcomes implications within this report.

National Wellbeing Outcome	Implications
People are able to look after and improve their own health and wellbeing and live in good health for longer.	None
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	None
People who use health and social care services have positive experiences of those services, and have their dignity respected.	None
Health and social care services are centred on helping to maintain or improve the quality of life of people who use those services.	None
Health and social care services contribute to reducing health inequalities.	None
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.	None
People using health and social care services are safe from harm.	None
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.	None
Resources are used effectively in the provision of health and social care services.	Better use of physical infrastructure will assist service integration to improve the quality of services offered

7.0 CONSULTATION

7.1 This report has been prepared by the Health of Strategy & Support Service. The Chief Officer, and Chief Financial Officer have been consulted.

8.0 BACKGROUND PAPERS

8.1 None.