

**AGENDA ITEM NO: 8**

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<b>Report To:</b>	<b>Inverclyde Integration Joint Board</b>	<b>Date:</b>	<b>10<sup>th</sup> November 2015</b>
<b>Report By:</b>	<b>Brian Moore Chief Officer Inverclyde Health and Social Care Partnership (HSCP)</b>	<b>Report No:</b>	<b>IJB/15/2015/HW</b>
<b>Contact Officer:</b>	<b>Helen Watson Head of Planning, Health Improvement &amp; Commissioning</b>	<b>Contact No:</b>	<b>01475 715285</b>
<b>Subject:</b>	<b>UPDATE ON PLANS FOR REPLACEMENT GREENOCK HEALTH CENTRE</b>		

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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 SUMMARY**

- 2.1 NHSGGC invited a number of partnerships to carry out a Feasibility Study in August 2014, in anticipation that funding would be available to build a new health centre within the Greater Glasgow & Clyde area. The Greenock Health Centre submission was approved at the NHS Board's Quality and Performance meeting in January 2015 and it was agreed that this would go forward for a replacement Health Centre. Following this approval and the announcement by the Scottish Government to fund a new-build, a Project Board and Delivery Group were formed and an initial project plan developed. The membership of these groups includes a number of service, community and staff side representatives.
- 2.2 To date the HSCP has held four engagement workshops. The first was an AEDET Workshop (Achieving Excellence Design Evaluation Toolkit), and was delivered by Health Facilities Scotland looking at the quality of the existing health centre along with the access, the staff and patient environment as well as the space available. Following on from this, two Design Workshops were delivered by Architecture and Design Scotland which had representation from staff and community, looking at what the design of the facility must enable. This workshop also focused on the look and feel of the new build, the arrival area and the entrance space. The workshop allowed staff and community representatives to engage with the planning and design stage of the new development and influence what success might look like for a new health and care centre. The fourth was a Site Options Appraisal Workshop, and had representatives from key partners and community groups and was held in the Beacon Arts Centre. This had independent facilitation and also a presentation by the appointed architects regarding the potential sites. The workshop enabled the participants to express their preferences based on identified criteria.
- 2.3 An Initial Agreement has been developed, outlining the improvements that are envisaged through the development of a new health centre facility, and this will be submitted to the NHS Board for approval prior to formally submitting it to the Scottish Government. It had been

hoped that this would be the October 2015 NHS Board meeting, however a technical issue around procurement procedures and European Union requirements has stalled the process. We await resolution by the Scottish Government before submitting our Initial Agreement for formal approval.

Other public sector projects have been delayed across the whole of Scotland whilst a solution to the ESA 10 issue is sought.

### **3.0 RECOMMENDATIONS**

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

**Brian Moore**  
**Chief Officer**  
**Inverclyde HSCP**

## 4.0 BACKGROUND

- 4.1 NHSGGC invited a number of partnerships to carry out a Feasibility Study in August 2014, in anticipation that funding would be available to build a new health centre within the Greater Glasgow & Clyde area. The Greenock Health Centre submission was approved at the NHS Board's Quality and Performance meeting in January 2015 and that this would go forward for a replacement Health Centre. Following this approval and the announcement by the Scottish Government to fund a new-build, a Project Board and Delivery Group were formed and an initial project plan developed. The Project Board assessed that the current Health Centre building is no longer fit for purpose and cannot service the population to best effect due to constraints of space, poor condition of the estate and lack of flexibility in how the existing building is able to be used. In assessing the options, the Project Board considered refurbishment and expansion, but the location, design and land footprint mean that this was not a feasible option. In considering improved ways of working to deliver better outcomes, premises are an important factor, and the most economical and sustainable option to emerge from the assessment was for a new-build facility.
- 4.2 NHSGGC's purpose, as set out in the Board's Corporate Plan 2013-2016 is to "Deliver effective and high quality services, to act to improve the health of our population and to do everything we can to address the wider social determinants of health which cause health inequalities." This is entirely in line with NHSScotland's strategic priorities, particularly in relation to the 2020 Vision and Quality Strategy. From the HSCP perspective, our planning is underpinned by the five strategic themes.
- Early intervention and preventing ill-health
  - Shifting the balance of care
  - Reshaping care for older people
  - Improving quality, efficiency and effectiveness
  - Tackling inequalities
- 4.3 In scoping the options, the Project Board has considered that the future model of service provision needs to be delivered from premises that are fit for purpose. The premises need to support the level of integrated working required to make a more positive impact on reducing unequal health outcomes and supporting self-management, particularly in regard to multi-morbidities. The current facilities have been assessed as not meeting the basic needs, so the "Do Nothing" option is not viable. The poor repair and ongoing maintenance of the building mean that from a repairs perspective it is "money hungry". There is a current maintenance backlog of £933k which will only grow in the future. The preferred solution is a new-build facility, to be delivered within an overall funding envelope of £19M.
- 4.4 The proposal for a new Greenock Health Centre is therefore vitally important in terms of tackling health inequalities, promoting supported self-management, fostering the principles of multi-disciplinary anticipatory approaches and maximising effectiveness in how the HSCP works with colleagues in the Acute Sector. It will also contribute to local economic generation and the wider Council and Community Planning Partnership objectives of improving population health and valuing citizens by providing modern, well-equipped public spaces and buildings.
- 4.5 In considering new ways of working we have considered who is affected by our proposal and worked to engage their views at an early stage. We have also

considered how our objectives align with and help to deliver the wider strategic NHS priorities, both at national and NHSGGC levels (section 3.2). Finally, we have taken account of the key external factors that influence or are influenced by our proposal.

4.6 NHSScotland’s strategic investment priorities are aligned to the Quality Strategy as:

- Person centred.
- Safe
- Effective quality of care.
- Health of population.
- Value and sustainability.

These themes and priorities directly reflect the vision and values of the HSCP and its ambitions to deliver a healthier future for Greenock and Inverclyde through improved working practice and better integration, both across health services and between health, social care, Community Planning and the local voluntary and Independent sectors.

The HSCP is committed to deliver these priorities by retaining a focus on the five themes above, the Inverclyde Single Outcome Agreement objectives, and the nine national outcomes noted below.

- Outcome 1: People are able to look after and improve their own health and wellbeing and live in good health for longer.
- Outcome 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.
- Outcome 3: People who use health and social care services have positive experiences of those services, and have their dignity respected.
- Outcome 4: Health and social care services are centred on helping to maintain or improve the quality of life of people who use those services.
- Outcome 5: Health and Social Care services contribute to reducing health inequalities.
- Outcome 6: People who provide unpaid care are supported to look after their own health and wellbeing, including to reduce any negative impact of their caring role on their own health and wellbeing.
- Outcome 7: People using health and social care services are safe from harm.
- Outcome 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.
- Outcome 9: Resources are used effectively and efficiently in the provision of health and social care services.

**5.0 IMPLICATIONS**

**FINANCE**

5.1 Financial Implications: NHSGGC is leading on this project and will hold the budget. The HSCP will work within the constraints of that budget.

One off Costs

<b>Cost Centre</b>	<b>Budget Heading</b>	<b>Budget Years</b>	<b>Proposed Spend this Report £000</b>	<b>Virement From</b>	<b>Other Comments</b>

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Annually Recurring Costs/ (Savings)

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

## LEGAL

- 5.2 The ESA10 issue needs to be resolved however this will be managed by the NHS Board via the Scottish Government.

## 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 strate or recommend a change to an existing policy, function strategy. Therefore, no Equality Impact Assessment required.

## 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 N/A.