



Strategic Statement - Asset Management – October 2020

1. Background

Aberdeen City Health and Social Care Partnership (ACHSCP) service delivery takes place mainly in four types of physical location: -

1. In a person's own home
2. In a social care establishment – either in-house or in a commissioned service.
3. In a Hospital i.e. Woodend and Royal Cornhill Hospital
4. In a Primary Care setting e.g. Aberdeen Health and Care Village, Community Health Centres or GP Practices.

ACHSCP do not own any of these assets. There is nothing in the Public Bodies (Joint Working) (Scotland) Act 2014 or the Aberdeen City Scheme of Integration that allows for assets to be owned as ACHSCP is not a legal entity.

Social Care establishments are owned either by Aberdeen City Council (ACC), by the commissioned provider, or by a third-party landlord whom the commissioned provider has a lease agreement with.

Hospitals are part of the NHS Grampian (NHSG) Estate and Primary Care premises are owned either by NHSG or private contractors.

ACHSCP work with our statutory partners – ACC and NHSG – to plan the best use of these assets in line with ACHSCP current and future needs and our partners Asset Management Plans.

ACHSCP asset requirements will be articulated as part of our Service Delivery Plans and our Strategic Commissioning and Strategic Plans.

2. Scheme of Integration in relation to Assets

The Scheme of Integration has a section in relation to the use of capital assets as they relate to integration functions. It states: -

- That ownership of capital assets will continue to sit with each Party (statutory partner).
- If the IJB decides to fund a new capital asset from revenue funds, then ownership of the resulting asset shall be determined by the Parties (statutory partners).

- The Strategic Plan will drive the financial strategy and will provide the basis for the IJB to present proposals to the Parties (statutory partners) to influence capital budgets and prioritisation.
- A business case with a clear position on funding is required for any change to the use of existing assets or proposed use of new assets. The Chief Officer of the IJB is to develop business cases for capital investment for consideration by NHS Grampian and the Council as part of their respective capital planning processes.
- The Chief Officer of the IJB will liaise with the relevant officer within each Party (statutory partner) in respect of day to day asset related matters including any consolidation or relocation of operational teams.
- It is anticipated that the Strategic Plan will outline medium term changes in the level of budget allocations for assets used by the IJB that will be acceptable to the Parties (statutory partners).
- Any profits or loss on sale of an asset will be held by the Parties (statutory partners) and not allocated to the IJB.
- Depreciation budgets for assets used on delegated functions will continue to be held by each Party (statutory partner) and not allocated to the IJB operations in scope.
- The management of all other associated running costs (e.g. maintenance, insurance, repairs, rates, utilities) will be subject to local agreement between the Parties (statutory partners) and the IJB.

3. Asset Management Principles

Our key asset management principles are: -

- Quality
- Accessibility
- Rationalisation

We aim to give the client or patient as good an experience as possible and that includes the building environment where they either reside, permanently or temporarily, or visit for GP or clinic appointments or day support services.

In line with the Personalisation aim in our Strategic Plan, ACHSCP plans to deliver services as close to areas of need as possible so that they are in the right place, at the right time.

In terms of commissioned social care services our vision is to commission the service as a whole package including the asset required. Our Strategic Commissioning Plan articulates our commissioning needs and our Market Position Statement will describe how we work with providers to develop the market conditions to meet these needs. We will work with the market to develop assets from which high quality and appropriate services can be delivered. The aim will be to commission services delivered from premises which the provider will either own or lease. ACHSCP will cover the cost of the premises as part of the commissioning budget. ACHSCP will have no direct responsibility in terms of the premises but the quality of the environment within which the service is delivered will be managed via the contract for the commissioned service.

Premises costs are a necessary part of overall service delivery costs. In line with our Medium-Term Financial Framework and our Transformation Programme we aim to maximise service delivery whilst minimising costs. As such, an important aspect of our Asset Management Strategic Statement is the principle of rationalisation, where we will keep our premises requirements under continual review with the aim of using as few premises as possible whilst still meeting client and patient need.

4. Covid-19

The global pandemic of 2020 has impacted on some of the decisions we have to make in terms of premises. Physical distancing measures have reduced bed availability, increased infection prevention and control measures are required, and patient and client usage of services has changed. All of these have impacted on the way we design and deliver services and we are reviewing our asset requirements in light of this.

5. Working with our Statutory Partners in Asset Management

5.1 Aberdeen City Council Asset Management Framework

The Aberdeen City Council Asset Management Framework is aligned with corporate goals and objectives and managed in an active, effective and efficient manner.

The Property Asset Management Framework sets out how property asset management is delivered to enable the authority to meet its long-term corporate goals and objectives. The Framework forms part of a three-document approach to property asset management. Comprising:

1. Property Asset Management Policy
2. Property Asset Management Framework / Strategy
3. Property Asset Management Action Plan

The Strategic Asset and Capital Plan Board has overall responsibility for assets, with the Heads of Land & Property Assets and Policy, Performance & Resources tasked with the delivery of the overall strategy. The Strategic Asset and Capital Board has an oversight and stewardship role for the delivery of the Strategic Infrastructure Plan (SIP) and the Council's Non-Housing Capital Plan. The Board provides strategic direction and makes decisions, where relevant, on Council assets and strategic infrastructure proposals, and as such provides stewardship to the delivery of the Council's Corporate Asset Management Plan (CAMP) and associated Asset Management Plans.

ACHSCP work with colleagues in ACC Property and Assets to ensure the current assets that we use are managed appropriately and that our future needs are considered in their asset management process.

Most of the Council assets utilised for social care provision are not used directly by ACHSCP in-house services. 99% of adult social care services are externally commissioned and the services are delivered on premises either owned or leased by the commissioned provider. Should an externally commissioned service utilise an ACC asset there tends to be a formal lease agreement and maintenance etc. is arranged directly between ACC as the Landlord and the Provider as the lessee.

5.2 NHS Grampian Asset Management Plan

NHS Grampian's Asset Management Group (AMG) continuously reviews the status of the Board's infrastructure plans including:

- Major site developments
- Primary Care Premises Strategy
- Strategic Risk Assessments

The NHS Grampian Primary Care Premises Plan sets out the key overall priorities as assessed by the NHSG Primary Care Premises Group (PCPG). The plan is reviewed and updated annually prior to submission to the NHS Grampian Asset Management Group. This review is undertaken in conjunction with ACHSCP.

Small improvement grants can offset the need for major redevelopments, but there comes a point when the condition of a building and the volume of activity they can sustain requires a new build to be planned. As such the PCPG agrees priorities across Grampian for capital investment

The NHSG Primary Care Premises Group has representation from across ACHSCP including:

- Clinical Lead
- Primary Care Lead GP Services
- Primary Care Lead – Dentistry, Optometry, Pharmacy & Psychology
- Programme Manager (Capital)
- Buildings and Admin Support Services Manager

Through membership of AMG and PCPG, ACHSCP are able to influence decisions and planning in relation to assets.

5.3 Capital Programme Boards

There are three Capital Programme boards in place to oversee the four capital projects that are being developed by NHSG to benefit service delivery for ACHSCP. These include:

- Denburn/ Greenferns (overseen by the City Programme Board)
- North Corridor
- Countesswells (Overseen by the City Programme Board)
- Danestone

These boards have a wide representation from ACHSCP and both strategic partners, including from Leadership Team, Property and Assets, Primary Care and Social Care. The boards review progress on all capital projects ensuring the strategic vision for service delivery will be achieved.

Currently we are only progressing those projects that are currently funded i.e. Denburn/Greenferns and Countesswells. Work has been undertaken on other projects, but this has been paused pending funding decisions.

The Covid-19 situation described at section 3. above has led us to review our needs for major asset developments and the strategic needs assessment within the Outline Business Case for Denburn/Greenferns is currently being reviewed in light of our current needs post pandemic.

6. Directions

There is an established mechanism whereby IJB can formally request one or both of the Statutory Partners to take action in relation to assets. This is achieved via a Direction made in relation to a decision taken at an IJB meeting. The use of Directions is governed by the Scheme of Integration and the implementation of Directions is monitored by the Risk Audit and Performance Committee of the IJB.

7. Actions and Timelines

ACHSCP will continue to work in partnership with ACC, NHSG and commissioned providers in relation to the building assets they use. This will be done on an ongoing basis by

- Continuing to input into the Asset Management Plans of ACC and NHSG
- Including infrastructure requirements in the Service and Strategic Plans
- Continuing to oversee Capital Programme Boards to ensure any new build projects are fit for Health and Social care services.
- Continuing to promote the use of Improvement Grants where appropriate.
- Refreshing our Strategic Commissioning Plan to clarify commissioning requirements
- Developing a Market Position Statement to help shape the market in relation to asset requirements.

Specific actions to deliver on this Asset Management Strategic Statement are: -

Action	By When	By Who
Refreshed OBC Denburn/Greenferns	October 2020	Strategy Lead
Develop Market Position Statement	December 2020	Lead Commissioner
Review Primary Care Premises Plan	October 2021	Strategy Lead
Refreshed Commissioning Plan	March 2022	Lead Commissioner
Refreshed Strategic Plan	March 2022	Strategy Lead
Refresh Service Delivery Plans	March 2022	Strategy Lead