

Joint capital resource use plan 2025/26

Region	Midlands
ICB / System	NHS Derby and Derbyshire Integrated Care Board (ICB)
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Introduction

Joined Up Care Derbyshire (JUCD) is responsible for planning and buying NHS services for the 1.06million people living in Derby and Derbyshire. The ambition work collaboratively across the NHS and wider health & care sector in Derbyshire was set out in the joint forward plan. This describes the aim to provide a positive opportunity for Derby and Derbyshire residents to receive joined up care and support to meet their health and care needs. The effective use of Capital Resource is essential to the ability to deliver on that ambition. Joined Up Care Derbyshire include 6 NHS organisations, being:

- Chesterfield Royal Hospital NHS Foundation Trust (CRH);
- Derbyshire Community Health Services NHS Foundation Trust (DCHS);
- Derbyshire HealthCare NHS Foundation Trust (DHcFT);
- East Midlands Ambulance Service NHS Trust (EMAS)*;
- University Hospitals of Derby and Burton NHS Foundation Trust (UHDB);
- Derby & Derbyshire Integrated Care Board (DDICB).

** EMAS are hosted by JUCD care system, however provide services across the East Midlands. The hosting arrangement results in the financial position and capital requirements for all of the East Midlands ambulance needs being inclusive within JUCD financial envelope.*

We serve more than 1 million people, including the populations of Derby city, Chesterfield, Ilkeston and Long Eaton, Amber Valley, the Derbyshire Dales, Bolsover District, High Peak, and Glossop. Our specialised services include treating cardiovascular, respiratory, and musculoskeletal diseases; strokes and cancers; and mental health problems. In addition, we have a core focus on preventative care, and work to ensure that factors contributing to poor health and health inequalities are addressed. We are passionate about our role in the local communities in which we serve and are keen to ensure that our impact on the environment is reduced.



JUCD developed a system-wide Infrastructure Strategy 2024 – 2040 that set out the longer-term vision of the infrastructure and estate requirements aligned to the Joint Forward View. The Infrastructure Strategy provides an overview of our current estate and infrastructure, considers the changing demographics of our population and highlights some of the steps we can take to help meet our strategic aims of prioritising prevention, reducing inequalities, developing personalised care and improving connectivity.

As a system, we will continue to face many challenges which will require increasing levels of

integration and partnership working. Some areas are expected to experience significant population and housing growth, and our elderly population will continue to grow at an increasing rate. These changes will place new and increasing demands on our healthcare services and providers, and our ability to transform our estate and infrastructure will be key in meeting our system aims and ambitions and needs of our population.

All financial information presented in this document is consistent with the ICS Financial & Operational plan submission to NHS England on the 30 April 2025.

2025/26 CDEL & Capital Plan

The Capital Expenditure Limit including primary care capital (CDEL) for the system has been planned as £144.025m. This is inclusive of:

- Provider system operational allocation for 2025/26 of £53.632m
- Provider PFI charges of £7.620m
- GP Primary Care Capital of £2.299m
- Provider internally generated capital of £3.256m
- Additional allocations / PDC of £77.218m*

* Annex A includes details of the additional allocations for 2025/26

Integrated care systems are able to plan for up to a maximum of 5% overspend on the provider system allocation. This is to support systems to maximize the CDEL available within the year and allow for slippage. For JUCD this means the ability to plan for additional expenditure of up to £2.682m. The actual expenditure plan for JUCD in 2025/26 is £145.003m which is inclusive of £0.98m of system overplanning (within the 5% maximum allowed).

	DDICB £000	CRH £000	DCHS £000	DHcFT £000	EMAS £000	UHDB £000	Total £000
Strategic Capital							
Making Room for Dignity Programme	0	0	0	13,650	0	0	13,650
Belper Health Hub Development	0	0	10,006	0	0	0	10,006
Community Diagnostic Centres	0	2,664	6,336	0	0	1,500	10,500
Net Zero - Solar	0	6,581	0	0	0	1,898	8,479
Acute Front Door	0	0	0	0	0	5,580	5,580
Outwoods	0	0	0	0	0	5,246	5,246
Site Wide Power	0	0	0	0	0	10,000	10,000
Public sector decarbonisation	0	0	0	0	0	2,668	2,668
Cath Lab	0	0	0	0	0	4,000	4,000
Cancer Linear Accelerator	0	0	0	0	0	2,391	2,391
Electronic Patient Record System	0	4,483	0	0	3,500	4,298	12,281
BAU Capital							
Backlog Maintenance	0	2,079	200	1,900	377	6,297	10,853
Routine Maintenance	0	492	0	565	0	1,500	2,557
Estates (non-maintenance)	2,937	1,500	0	0	1,330	4,650	7,480
Equipment	0	4,836	273	100	0	2,111	7,320
Fleet, Vehicles & Transport	0	0	0	100	8,972	0	9,072
IT - Software	0	441	0	0	210	3,300	3,951
IT - Hardware	1,284	200	1,250	772	0	0	2,222
Leases							
Building Lease	0	0	0	600	2,502	0	3,102
Vehicle Lease	0	0	0	0	5,222	0	5,222
Equipment Lease	0	250	0	0	0	0	250
PFI Lifecycle	0	0	0	876	0	6,744	7,620
Total Capital Expenditure	4,221	23,526	18,065	18,563	22,113	62,183	148,671
Less Grant & Donation Funding	0	0	0	0	0	-3,668	-3,668
Planned Capital Limit	4,221	23,526	18,065	18,563	22,113	58,515	145,003

All allocations within the plan are aligned to submissions made to NHSE; at the time of writing this document, pre-approval had been received in relation to those bids. As such there are no specific funding risks in the 2025/26 plan as presented other than the £0.98m over commitment on system capital, which will be operationally managed through system slippage. There remains however funding pressure in relation to the multiyear scheme, details of key risks have been included later in this document.

The capital plan includes £4.221m shown in the table as ICB capital; this budget is set by NHSE and is for the investment in primary care for replacement IT and maintenance of GP practices.

We will work with our primary care partners to ensure that we target investment in the appropriate areas. The NHS Premises Costs Directions 2013 under the Act provide for a range of eligible circumstances where a general practice contractor may seek non-recurrent financial assistance for maintenance works. We will work closely with NHSE to complete its review processes

The buildings and the structures that support primary care health services for our local communities need to be safe, modern and fit for the purpose of caring for patients. Recognising the complex ownership model in primary care, and that the capital budget allocated to primary care nationally is comparatively small and our ability to meet the requirements of commercial developers is currently limited, we are giving focus to what our priorities are and how we can target transformational investment as part of our system-wide estates and infrastructure strategy development.

Return to Constitutional Standards; the capital plan includes £17.2m national funding towards improving constitutional standards of NHS care. Following publication of the planning guidance, it has been confirmed that resource has been made available nationally for 2025/26 to support the delivery of a return to constitutional performance standards. Systems have been provided an indicative allocation across Diagnostics, Electives and UEC programmes. Annex C details the bid submission which has been approved in principle with schemes moving to business case stage.

Capital prioritisation

The system needs to live within a finite budget in which we need to ensure that our services and environments are safe and fit-for-purpose, as such, consideration is given to the prioritisation of capital investment.

The system has aimed to earmark resource to maintain safe and functional estate, vehicles & equipment such as for backlog maintenance and running repairs & replacements. In addition, an agreed element of system capital is set aside for transformative or innovative new spending such as to support the system to deliver care pathways which address the health needs of the population. The following broad approach to the allocation and prioritisation of funds has been agreed within the system for planning:

- Agree prior year precommitments are the first call on the capital envelope. This includes any slippage or unexpected cost increases.
- Prioritisation to address operational priorities using an agreed assessment of need across the provider organisations.
- National funding to be used to support strategic priorities where possible.
- Remaining funding to be used to address larger strategic schemes – prioritised at a system level.

Capital prioritisation is on a risk-based approach, based on scoring each bid against eight weighted key criteria;

- Clinical Safety
- Stay in Business
- Statutory Compliance
- Physical condition of the estate
- Operational efficiency / financial sustainability
- Health gain / transformation
- Environmental
- Ease of implementation

In 2025/26, system partners have several pre-commitments that require funding from the operational capital envelope. Much of these pre-commitments arise from lease renewals early in the financial year and inflationary pressure on nationally funded schemes. Due to timing of available funds, inflation or changes in scope, local capital funding has been required to supplement the capital funds provided.

Overview of ongoing scheme progression

£13.6m in 2025/26 is expected to conclude the ongoing Mental Health Dormitory Eradication programme across Derbyshire. Named the "Making Room for Dignity" programme, this major investment into mental health inpatient facilities in Derbyshire forms part of the national eradication of dormitory programme.

£10m system finance has been earmarked in 2025/26 for the Belper Health Hub which is in addition to national STP funding of £5m from 2024/25. Further additional spending is anticipated in future years to complete the programme which addresses key issues of backlog maintenance by replacing 19th century estates with modern fit for purpose facilities which are more cost effective and providing high quality services closer to communities.

£10.5m of national funding has been planned to be used in 2025/26 to support the Community Diagnostic Centre developments in Chesterfield and Derby. The centres will provide a one stop shop of diagnostics for patients, reducing the time to receive a diagnosis and provide a joined-up care pathway.

£5.6m in 2025/26 has been provided from national STP funding to support the redesign of the Acute Front Door services at Derby Royal Hospital. This will facilitate the delivery of comprehensive patient assessment and on-going quality urgent care to the residents of South Derbyshire.

The development on the Outwoods site near Queens Hospital Burton had a total program allocation of £21.88m of STP funding, of which £5.2m is planned for 2025/26. The scheme is to build a nursery, GP surgery and residential accommodation as part of the Healthcare Village plans, Medical Education Centre and newly-built dementia centre. This scheme is an example of collaborative working across the Derbyshire and Staffordshire systems to deliver a new primary care centre for local GPs and to provide additional estate capacity for acute sector use.

The Electronic Patient Record (EPR) system has a planned £12.3m spend in 2025/26. EPR systems are a centralised way of holding detailed information about a person's care and health. The JUCD EPR project is a collaborative approach to procuring an integrated EPR solution across neighbouring Trusts which will bring significant benefits to patients and staff.

New Business Cases within the 2025/26 Capital Plan

Return to Constitutional Standards

The system has an allocation of £17.2m to support the improvement in operational performance as part of constitutional standards. Annex C details the bid submission which has been approved in principle with schemes moving to business case stage. The £17.2m is inclusive within the £145m capital plan.

Net zero carbon strategy

NHS England has made it mandatory for all Trusts and Integrated Care Systems (ICSs) to produce a board-approved Green Plan which establishes a sustainability strategy for the next three years. JUCD has a system-level strategy for sustainability. Firstly, it presents our regional-level carbon footprint data and outlines our commitment to sustainability. Then it summarises our organisation-level Green Plans, including our carbon hotspots and the sustainability strategies employed to address them.

Lastly, we present a total of 11 interventions through which the strategies and priorities of Derby and Derbyshire Integrated Care Partnership (ICP) will be coordinated and integrated. A separate document outlines the ways and timescales by which our organisations will be held to account over reducing carbon emissions and making progress on net-zero.

The system recognises a wider responsibility towards Net Zero Carbon ambitions and to ensure we make the most of digital advancements to provide a more accessible and efficient service. Capital procurements consider environmental impacts when prioritizing how we use our limited resources most effectively. We have ambitious local targets and timelines to reduce carbon emissions, air pollution and waste within our system which will seek to make our system Carbon Zero by 2040.

The NHS estate and its supporting facilities services – including primary care, trust estates and private finance initiatives – comprises 15% of the total carbon emissions profile. There are opportunities for emissions reductions in the secondary and primary care estates respectively, with significant opportunities seen in energy use in buildings, waste and water, and new sources of heating and power generation.

Delivering a net-zero health service will require work to ensure that new hospitals and buildings are net-zero compatible, as well as improvements to the existing estate. Joined Up Care Derbyshire ICS's strategy will support the capital and estates elements of the net-zero agenda in several ways. To ensure that the most disadvantaged communities, staff, and patients can have equal access to the NHS estate, Joined Up Care Derbyshire ICS will promote active travel – through, for example, using salary sacrifice schemes – and next-best low carbon alternatives where possible.

To improve access to a greener estate, Joined Up Care Derbyshire ICS will also ensure that all opportunities to 'green' the estate are maximised, with a focus on those areas within the most deprived communities. Joined Up Care Derbyshire ICS are planning for all major refurbishments and new builds to consider the need to reduce emissions, and that wherever possible maintenance or the replacement of equipment is undertaken in a way that improves

energy efficiency and reduces emissions. For example, the Making Room for Dignity programme is inclusive of aspects of greenery and greenspace at the heart of its estate

Our 2025/26 capital plan includes £2.6m Salix funded schemes for decarbonisation priorities and £8.5m Net Zero – Solar Panel funding along with core capital expectations of reducing emissions such as low or zero emission vehicles, lower power Estates schemes and sustainable supply chain.

Risks and contingencies

Risks in the delivery of capital plans include the risk of inflationary pressure on plan values and the ability to manage the over commitment in the system plan effectively. The system's capital planning and prioritisation group is responsible for overseeing the delivery of the capital programme, effectively identifying and managing in year risks and ensuring that the programme is delivered within the resources available to the system.

However more specific risks to the JUCD plan include:

Belper Health Hub, which received business case approval in 2020, to be funded in part from national allocation and in part from local system capital. The scheme has incurred inflationary pressure of circa £7.5m since the original case approval however national funding has not been increased resulting in the full inflationary impact being a pressure on system capital. This is unaffordable in 2024/25 and as such the system is exploring opportunity for additional national allocation; if this is not possible the programme will require extension into future financial years.

The Making Room for Dignity program has previously received additional national allocation to support financial pressures. The scheme remains a live program with the final unit to be rebuilt through 2025/26. The Trust closely manages this scheme progress and provide assurance through system financial reporting. The success to this program will support a financially sustainable future by bringing out of area patient placement back within the system estate.

Trusts have highlighted critical infrastructure risks and the subsequent impact that this has on addressing ongoing backlog maintenance; this has in part been mitigated in the plan through the inclusion of additional national allocation for Estates Safety. The continued limited availability of system capital means that providers are often faced with challenging decisions about how best to spend their limited capital. It also means that some critical elements of buildings' infrastructure remain very fragile, which may impact on future service delivery

The system will continue to carefully monitor these risks throughout the year taking escalation for action through system CFO meetings and onward through Finance Committee and Boards of partner organisations.

Annex A – JUCD Additional Allocations Planned for 2025/26

Additional Allocations	DDICB £000	CRH £000	DCHS £000	DHcFT £000	EMAS £000	UHDB £000	Total £000
Mental Health Dormitories				11,810			11,810
Front Line Digitisation		4,483			3,500	4,298	12,281
Cancer LINAC Replacement						2,391	2,391
STP Wave 1						5,580	5,580
STP Wave 4						5,247	5,247
Net Zero (GB Solar Energy)		6,581				1,898	8,479
Ambulance Replacement					4,525		4,525
Diagnostic Constitutional Standards		2,797	4,836			2,118	9,751
UEC Constitutional Standards						3,935	3,935
Elective Constitutional Standards		1,500				2,000	3,500
2025/26 Estates Safety		1,500				6,297	7,797
Primary Care Utilisation Fund	1,922						1,922
Planned / Bid for Funding	1,922	16,861	4,836	11,810	8,025	33,764	77,218

Annex B – System CDEL template for allocation of capital resource 2025/26

Provider Key Data and Joint Capital Resource Use Plan	ICB £'000	CRH £'000	DCHS £'000	DHcFT £'000	EMAS £'000	UHDB £'000	Total JUCD £'000
Operational Capital - ICB	2,299						2,299
Operational Capital - Provider		6,666	13,229	5,877	14,088	18,008	57,868
Total System Operational Capital	2,299	6,666	13,229	5,877	14,088	18,008	60,167
Provider National Programme Spend:							
2025/26 Ambulance Replacement		0	0	0	4,525	0	4,525
2025/26 Cancer LINAC Replacement		0	0	0	0	2,391	2,391
2025/26 Estates Safety		1,500	0	0	0	6,297	7,797
Diagnostics		2,796	4,836	0	0	2,118	9,750
Elective Recovery/Targeted Investment Fund		1,500	0	0	0	2,000	3,500
Mental Health Dormitories		0	0	11,810	0	0	11,810
Net Zero (GB Energy Solar)		6,581	0	0	0	1,898	8,479
STP - Hospital Upgrades		0	0	0	0	10,826	10,826
Technology Schemes		4,483	0	0	3,500	4,298	12,281
UEC Capacity		0	0	0	0	3,935	3,935
Other Adjustments - Provider		0	0	876	0	6,744	7,620
ICB Primary Care Utilisation Fund	1,922						1,922
Total System CDEL	4,221	23,526	18,065	18,563	22,113	58,515	145,003
Return to Constitutional Standards: Diagnostics		2,796	4,836	0	0	2,118	9,750
Return to Constitutional Standards: Elective Recovery		1,500	0	0	0	2,000	3,500
Return to Constitutional Standards: UEC		0	0	0	0	3,935	3,935
Return to Constitutional Standards Total		4,296	4,836	0	0	8,053	17,185

Annex C – Return to Constitutional Standards Bid Submissions

Diagnostics

Each system has been provided with an indicative total of additional elective waiting list diagnostic activity it needs to deliver in 2025/26 compared to 2024/25 to meet the government's target of Referral to Treatment (RTT) target at 118% by the national Diagnostics team. This elective waiting list activity total is broken down by diagnostic modality. JUCD capital plan improvements include:

- UHDB; Estates - Expansion of Florence Nightingale Community Hospital Community Diagnostics Centre £1.500m
- DCHS; Estates - Expansion of Walton Community Hospital Community Diagnostics Centre £4.836m
- CRH; Equipment - Walton Community Diagnostics Centre £2.664m
- UHDB; Equipment for Physiological Science £0.618m
- CRH; Equipment for Physiological Science £0.133m

Elective

The government has committed to achieving the NHS Constitutional standard that 92% of patients should wait no longer than 18 weeks from Referral to Treatment (RTT) by the end of this parliament. To deliver the additional activity required to return to the 18-week standard, modelling shows that a combination of additional bed capacity, increased day case rates, and improved planning and utilisation of theatre capacity is needed. This can be supported through investment in elective facilities. JUCD capital plan improvements include:

- CRH; Estates - Additional capacity Eye Centre Day Case Facility / Additional Day Case Capacity £1.500m
- System wide scheme (included within UHDB plan); Consolidation and expansion of patient portal systems £2.000m

UEC

the intent behind the UEC funding is to make a meaningful contribution to returning systems and providers back to constitutional standards for ED 4-hour performance and / or Ambulance Category 2 Response performance.

- UHDB; Estates - Co-located Urgent Treatment Centre at Queens Hospital Burton with the Emergency Department £2.000m
- UHDB; Estates - Discharge assessment unit improvements £0.500m
- UHDB; Estates - Ward 6 Opens as Discharge to Assess Unit £1.000m
- UHDB; Software - eTrauma and Medisight £0.050m
- UHDB; Estates - Stroke (ward 410 improvements) £0.150m
- UHDB; Equipment - 3x Histology Microscopes £0.040m
- UHDB; Equipment - Urine Analyser £0.045m