

Joint capital resource use plan – 2023/24

Overview

The National Health Service Act 2006, as amended by the [Health and Care Act 2022](#) (the amended 2006 Act) sets out that an ICB and its partner NHS trusts and foundation trusts:

- must before the start of each financial year, prepare a plan setting out their planned capital resource use
- must publish that plan and give a copy to their integrated care partnership, Health & Well-being Boards and NHS England
- may revise the published plan - but if they consider the changes significant, they must re-publish the whole plan; if the changes are not significant, they must publish a document setting out the changes.

In line with the amended 2006 Act, ICBs are required to publish these plans before or soon after the start of the financial year and report against them within their annual report.

The relevant section of the Health and Care Act 2022 can be found via the following [Health and Care Act 2022 \(legislation.gov.uk\)](#) and reference should be made to sections **14Z56** and **14Z57**.

Guidance & requirements

Overview

To support ICBs in meeting these requirements of the amended 2006 Act, an ICB joint capital resource use plan this template has been devised and issued to systems via the PFMS organisation ICB portal inboxes.

Joint Plan requirements

The joint planning template covers the following key elements:

- the overall funding envelopes the system is assumed to be working to, with an explanation of assumptions (and related risks) associated with the assumed source and quantum of funding for the ICB and its partner trusts
- a description of how the system prioritises available resource for investments that contribute to the wider local strategic priorities of the ICS, and maximises efficiencies within an affordable envelope
- a description of notable risks and/or contingencies associated with the capital plan, alongside any proposed mitigations

- detail of how ICB plans that support cross-system working.

ICBs and the partner Trusts should complete this template and provide the information as requested in each of the sections, including a high level summary of the total CDEL impact of system plans for the forthcoming financial year as set out in Annex A.

The figures included in Annex 1, should be based upon the total ICB spend, and the sum of total Provider CDEL from all providers in the system. The figures reported must be consistent with the final system and Provider financial plan submissions.

Annex A should also include a narrative on the main CDEL categories of expenditure. This narrative should include;

- An outline of key schemes planned for the year, including funding assumptions
- An outline of the types of schemes, e.g. new buildings and developments, backlog maintenance or other types of expenditure;
- any other relevant information not included in other sections which provides additional supporting information as to how capital is prioritised and spent within the system to support its strategic objectives and ultimately deliver benefits to patients.

Overall any information reflected in the published plan produced by the start of the financial year must be consistent with

- information provided in the template submission.
- information contained within the final System and Provider financial plan submissions.

Submission

The completed 23/24 template should be submitted via the PFMS portal alongside the finance system and provider planning templates by the final plan submission date of **30th March 2023**.

ICBs should follow instructions in the portal submission guide on the steps to be followed to submit documents on the PFMS portal.

Timescales

ICBs and their partner organisations, should prepare their joint capital plans in line with the requirements as set out in the templates and then submit the completed templates and plans to NHS England in line with the following timescales.

	Deadline
Submission of completed Joint plan templates	By 30 th March 2023
Submission of published Joint plans to NHS England	By 21 st April 2023

For 2023/24 the requirement is to share this completed template with NHS England **by 30th March 2023**, which is in line with the final financial plan submission deadline.

The 2023/24 template should be submitted via the PFMS portal alongside the finance system and provider planning templates, by the final plan submission date.

Note this template is a guide as to the type of information the plans should cover and sets out the minimum requirements. ICBs can provide more and in a format of their design when publishing their final plan. In addition this template does not reflect the final format and its not the intention this template reflects the final published plan document.

Therefore, to avoid any additional burden and duplication, where systems have produced final capital plans ready for publication by 30th March 2023, this plan can be submitted in lieu of this template. **However as a minimum the final published plan must still meet the requirements as set out in this template.**

Publication

Once finalised, systems are required to ensure publication of the joint resource plan by the date set out above, and also share with

- (a) the integrated care partnership for the board's area,
- (b) each relevant Health and Wellbeing Board, and
- (c) NHS England.

A copy of the published plan, or link to the website must be shared with NHS England in line with the dates set out above by emailing england.capitalcashqueries@nhs.net.

Revised plans

The Act also sets out the requirements should an ICB significantly revise their capital plans as submitted by 30 March.

In this scenario, the revised plan must be published and a copy of the plan shared with the bodies outlined above as soon as reasonably possible, which is deemed to be within one month.

While revised plans may be published and shared, any financial planning information as submitted in the final system and provider financial planning submissions will not be updated. Instead, any revisions to Joint capital plans should be treated as a revised forecast. The exception to this where a formal capital plan resubmission process is required.

Annual report

In addition, the Act requires an annual report on how an ICB has discharged its functions in the previous financial year. This includes a requirement to review the extent to which the board has exercised its functions in accordance with the plans published under section 14Z56 (capital resource use plan).

Questions

Any further queries should be directed to england.capitalcashqueries@nhs.net.

REGION

Midlands

ICB / SYSTEM

Joined up care Derbyshire

Introduction

Guidance:

Please provide some high level commentary about the joint capital plan which should be developed between the ICB and partner NHS Trust and foundation trusts – key strategic priorities, key schemes throughout the year, background to what happened last year, overview funding sources etc.

The Derbyshire system have prioritised the Dormitories project with Derbyshire healthcare which commits 25% of the total capital allocation for 2023/24, recognising this puts significant pressure on the remaining capital program.

The agreed 2022/23 program pre-committed a significant amount of the 2023/24 program as a number of schemes cross the financial year, the Power at RDH, the Urgent care village at CRH and the Bakewell project for DCHS.

The system will continue to implement the Community Diagnostics Centres across Derbyshire delivering advanced diagnostic capabilities across the whole County. In 2023/24 Ilkeston Hospital, Florence Nightingale will become operational and work will start on the Walton Hospital project.

Assumed Sources of Funding for 2023/24

Guidance:

Please provide detailed of the overall funding envelopes to which the system will be working to.

Explain any assumptions (and related risks) associated with the assumed sources and quantum's of funding for the ICB and Partner Trusts

Draft table inserted which can be expanded upon.

The system has an ICS allocation of £52.4m. Which is made up of £50.2m Charge against capital allocation plus the PICU of £4.9m. Total value 55.1m which includes a 5% planning variance.

There is an additional £1.8m available to the system for primary care services, which is not shown in the table below.

There is an assumption that the Overage of £1.4m is accessible by the system in 2023/24. The system risk is the additional funding on a currently paused scheme is released in year to complete the Bakewell project. If this is not release the system will only be able to complete one of Bakewell or PICU.

	CRH	DCHS	DHcFT	EMAS	UHDB	Total
Total Charge against Capital Allocation	£8,096	£3,878	£14,627	£8,871	£14,702	£50,174
PICU	£0	£0	£4,900	£0	£0	£4,900
Prior Year Capital Schemes	£0	£1,400	£0	£0	£0	£1,400
Externally Funded Schemes	£7,106	£5,023	£48,790	£0	£22,741	£83,660
IFRS 16/Re-measurement	£440	£0	£0	£5,981	£9,802	£16,223
Donated	£100	£0	£0	£0	£1,000	£1,100
IFRIC 12	£0	£0	£0	£0	£13,000	£13,000
Prior Year Capital Proceeds	£0	-£1,400	£0	£0	£0	-£1,400
Total CDEL	£15,742	£8,901	£68,317	£14,852	£61,245	£169,057

The externally funded schemes are pre-approved system schemes which include

- The Dormitories
- KTC, additional beds
- Community Diagnostic Centre
- Belper

Overview of Ongoing Scheme Progression

Guidance:

Please provide an overview of scheme progression. Probably should only be schemes above a certain level

Derbyshire Healthcare commenced the Dormitories project in 2022/23 and will be finalised in 23/24 totalling a combined c£107m, this will eradicate all dormitories.

Work began in the Urgent care village which will revolutionise the way Chesterfield Royal Hospital delivers Urgent and Emergency care to its population this scheme will be finalised in the early months of 23/24.

Risks and Contingencies

Guidance:

Insert any notable risks and/or contingencies associated with the capital plan. Consider RAG rating risks also.

The Main risk within the Derbyshire Capital plan

CRH

- Potential that the digital backup will not have capacity for all clinical systems

DCHS

- That NHSE/I do not provide authorisation to use the overage (£1.4m)

DHcFT

- Brokerage is found by NHSE/I to complete the PICU development (c£4.9m)

EMAS

- Unable to fore fill the ambulance replacement program and see increased revenue costs for maintenance.

UHDB

- The Cath lab is to be completed outside the performance measure of capital.
- Significant amount of high risk as medical equipment replacements are delayed until the following year with potential for revenue repair costs.

Business Cases in 2023/24

Guidance:

Please insert detail of some of the key business cases in the ICB that are likely to be submitted in 2023/24.

There are no current business cases being worked up.

Cross System Working

Guidance:

If applicable, can you detail how your system capital plan is coordinated with other systems or providers located in other systems.

This section is not applicable.

Capital Planning & Prioritisation

Guidance:

Please detail how your system is prioritising available resources for investments which contribute to the wider local strategic priorities of the ICS, and maximise efficiencies within an affordable envelopes as well as how this aligns with and supports the ICS' wider infrastructure strategy - in particular, priorities and plans for future use and development of its estate and assets.

The Derbyshire system as a risk based approach across all providers to maximise the deliverability of the ICS capital priorities.

This is based on 4 key strategic areas,

- Statutory and safety
- Stay in Business
- Transformational
- 5 x 5 risk matrix

These key strategic areas link to the Estates, Equipment and digital strategy.



Annex A – Joined up care Derbyshire 2023/24 CAPITAL PLAN

	CDEL	ICB	UHDB	CRH	DCHS	DHcFT	EMAS	Provider 6	Provider 7	Provider 8	Total Full Year Plan £'000	Narrative on the main categories of expenditure
Provider	Operational Capital		14,702	8,096	3,878	19,527	8,871				55,074	
ICB	Operational Capital	1,799									1,799	
	Total Op Cap		14,702	8,096	3,878	19,527	8,871				56,873	
Provider	Impact of IFRS 16		9,802	440			5,981				16,223	
ICB	Impact of IFRS 16											
Provider	Upgrades & NHP Programmes											
Provider	National Programmes (diagnostics, Front line digitisation, Mental Health, TIF)		22,471	7,106	5,023	48,790					83,660	
Provider	Other (technical accounting)		14,000	100							14,100	
	Total system CDEL	1,799	61,245	15,742	8,901	68,317	14,852				170,856	