

Joint Capital Resource Use Plan 2026/27

Region	Midlands				
ICB	NHS Staffordshire and Stoke-on-Trent				
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Introduction

- Staffordshire and Stoke-on-Trent Integrated Care Board (ICB) commissions a range of services including acute, community, mental health and primary care.
- The ICB works closely with our partners including Midlands Partnership University NHS Foundation Trust, North Staffordshire Combined Healthcare NHS Trust, University Hospitals of North Midlands, Staffordshire County Council, Stoke-on-Trent City Council, primary care practices, independent providers and the voluntary sector.
- The ICB Five Year Strategic Commissioning Plan sets out the purpose and role of the ICB to act as a strategic commissioner for our population of 1.18 million people across Staffordshire and Stoke-on-Trent — a diverse area spanning urban centres, including parts of Stoke-on-Trent among England's most deprived communities, and rural Staffordshire. Our focus is on improving population health and outcomes, reducing inequalities, and ensuring long-term financial sustainability across our health and care system.

The plan is organised around five major changes — shifting care from hospital to community, moving from analogue to digital, redirecting effort from sickness to prevention, improving access to services, and strengthening value and productivity. These shifts are supported by a joint financial vision that aims to return the ICB to a sustainable financial position by 2030/31, no longer reliant on deficit support.

In support of this, the plan sets out the following strategic aims and priorities for capital investment:

- a) Prioritising and aligning capital resources to deliver the greatest health value — guided by a clear, system-wide prioritisation framework that ensures every investment case is assessed consistently against our five major changes, national standards, and impact on equality, quality and safety.
- b) Using capital to enable transformation through strategic investment — supporting service transformation, digital innovation and workforce development to improve quality, efficiency and integration across neighbourhoods, places and the wider system.

Capital planning is fully integrated into the commissioning cycle and aligned with national guidance, including the Medium Term Financial Framework and NHS England capital priorities. Investment will be directed towards:

- Diagnostics — including opportunities for new Community Diagnostic Centres, building on the third CDC due to be operational in Hanley in 2026
- Elective recovery and urgent and emergency care
- Mental health and learning disability services
- Community and primary care infrastructure

All capital schemes will go through a system-wide prioritisation process, with assurance provided through gateway approvals, clinical safety sign-offs, digital technology assessment criteria compliance, and quarterly benefits reporting — ensuring transparency, value for money, and delivery of our strategic commissioning

- The ICB infrastructure draft strategy sets out how we will develop and maintain a system-wide estate that is robust, affordable, and fit for the future. Our ambition is for infrastructure that is safe, compliant, and high quality — enabling fully integrated, accessible services across acute, community, primary, and mental health settings. As a system, we are committed to maximising utilisation of our best estate, reducing backlog, embracing digital solutions, and driving progress toward net carbon zero. Together, these priorities support delivery of the NHS 10 Year Plan and the three 'left shifts': moving care from acute to community settings, from reactive treatment to prevention, and from analogue to digital.
- The joint capital resource use plan for 2026/27 totals £165.5m this is split into £26.52m operational capital , £124.7m national programme capital, £13.3m constitutional standards/left shift capital which includes capital schemes aligned to the NHS Medium-term Planning Framework 'delivering change together' and £4m capital generated from other sources.

2026/27 CDEL allocations and sources of funding

- The joint capital resource use programme for 2026/27 totalling £165.5m will be funded from:
- ICB operational capital CDEL £2.3m (primary care IT)
- Provider operational capital - £24m (replacement and maintenance of equipment, including digital where applicable and the fleet estate).
- National capital programmes - £124m (ICB Strategic Capital £3.7m, Estates Safety £50m, PICU development £24m and Other Estate development £46m)
- Constitutional Standards / Left Shift Capital £13.3m (£2.6m Diagnostics, £5.7m UEC, £2m Community, £2m MHLDA and £1m Primary Care Modernisation and Utilisation Fund)
- Other capital sources £4m
- Appendix 1 provides a table to support the above financial information.

Risks and Mitigations

- The ICB will monitor the risk of in year slippage to capital plans through a System Capital Group and will seek actions to mitigate these risks where appropriate pipeline capital schemes will be brought forward as required.
- There is no contingency included within the current plans, this means that should there be equipment failure or urgent estates repairs required, a reprioritisation of the 2026/27 plan using the agreed capital prioritisation framework will be required to ensure that providers remain within the CDEL limit.
- There is also a risk of programme delays if notification of success in securing nationally capital programme or constitutional standards/left shift funded capital is delayed. This will be monitored and managed closely and material slippage for factors outside of the ICB's control would be subject to conversation with the region to explore options for managing across providers or across financial years.

Capital prioritisation

- The ICB holds a monthly System Capital Group, the purpose of this group is to:
- Ensure the 10-year capital programme remains in line with the NHS 10-year plan, medium term planning framework and ICB 5-year commissioning plan strategic priorities as agreed with the Strategic Commissioning & Transformation Committee.
- Ensure the capital plan remains affordable within available capital allocations to include estates and digital capital priorities by applying agreed ICB capital prioritisation framework to maximise capital investment value alongside the Strategic Commissioning & Transformation Committee.
- Monitor and oversee the capital spend in line with the agreed capital plan.
- Ensure effective oversight of capital funding bids.

Capital planning

- Capital planning has been completed for 2026/27, 5-year medium term financial plan and the 10-Year plan, this includes prioritisation of capital schemes within available capital funding sources.
- Appendix 2 sets out the 2026/27 and 2026/27-2029/30 capital plan by spend category in detail and by provider, the high value spend categories are detailed below.
- Backlog Maintenance 2026/27 spend £50m, 2026/27-2029/30 spend £145m.
- IT Cybersecurity infrastructure/Hardware/Other in 2026/27 spend £14m, 2026/27-2029/30 spend £57m.
- New Build/Development – PICU and other £89.4m in 2026/27 , 2026/27-2029/30 spend £369.6m.
- Equipment 2026/27 spend £3.8m, 2026/27-2029/30 spend £14.4m.
- Other 2026/27 spend £10.9m, 2026/27-2029/30 spend £41.6m.

Overview of ongoing scheme progression

The significant capital scheme (i.e. capital cost greater than £10m) including within this plan are as follows:

Community Diagnostic Centres (£15m)

- The Capital plan includes a proposed investment of £15m for Community Diagnostic Centres (CDCs). The programme expands rapid-access, community-based diagnostic capacity across the footprint, reducing reliance on acute hospital settings and supporting earlier detection and treatment. The case for change is driven by the 10-year NHS Plan and Medium-Term Planning Framework requirements:
- Hospital to Community – CDCs are deliberately located away from acute hospital sites, embedded within neighbourhood and community settings alongside primary care and urgent community response services. This ensures patients can access a comprehensive range of diagnostics — including imaging, endoscopy, and physiological measurement — closer to home, reducing unnecessary acute attendance and supporting a fundamental shift toward community-centred care.
- Analogue to Digital – CDCs are designed as digitally-enabled facilities from the outset, with interoperable systems supporting seamless sharing of diagnostic results across care settings. Patients are able to access their results directly through the NHS App, improving transparency and engagement, while digital workflows enhance staff productivity and reduce administrative burden.
- Reactive to Prevention – Expanded and more accessible community diagnostic capacity supports proactive, population-level approaches to health. Improved throughput reduces waiting times, enabling earlier diagnosis and intervention, supporting delivery of cancer and other constitutional standards, and shifting the system's focus from treating illness reactively toward identifying and managing conditions at an earlier, more treatable stage.

Psychiatric Intensive Care Unit (PICU) Estates Investment — Shropshire & Staffordshire (£25m)

- The Capital Plan includes a proposed investment of £25 million for Psychiatric Intensive Care Unit (PICU) estates improvement across both Shropshire and Staffordshire, with investment designed to modernise and expand inpatient environments for individuals experiencing the most acute episodes of mental illness.
- Hospital to Community – Whilst PICU services necessarily remain within inpatient settings, the estates investment enables improved pathways that support timely step-down into community mental health services, reducing length of stay and enabling individuals to continue their recovery closer to home. Enhanced facilities

support clearer integration with community mental health teams, crisis services, and supported accommodation, ensuring appropriate escalation and de-escalation of care across the system.

- Analogue to Digital – The PICU estates investment incorporates modern digital infrastructure, including interoperable clinical systems, digital monitoring, and electronic patient record integration. This supports safer, faster clinical decision-making, improved information sharing across regional mental health networks, and a better experience for service users and their families who can access information about their care more easily.
- Reactive to Prevention – Investment in modern, fit-for-purpose PICU environments supports improved clinical outcomes for individuals at the most acute point of their mental health crisis by ensuring facilities meet contemporary standards for psychiatric intensive care. By reducing avoidable deterioration, supporting timely intervention, and strengthening step-down pathways, the programme contributes to improved mental health outcomes for the population across Shropshire and Staffordshire.

Medium Secure Unit for Male Mentally Disordered Offenders (£38m)

- The Capital Plan includes a proposed investment of £38 million related to services concerning male mentally disordered offenders, supporting the provision of facilities that provide a purpose-built environment that is both therapeutic and homely in character. The units offer a comprehensive range of services spanning intensive care, high dependency, and rehabilitation wards, supporting a continuum of care from admission through to community reintegration. The case for change is driven by the 10-year NHS Plan and Medium-Term Planning Framework requirements:
- Hospital to Community – The upgraded units will be designed with rehabilitation and recovery at its centre, with the physical environment and care model explicitly oriented toward enabling service users to progress through the care pathway and return to community living, reducing long-term dependence on secure inpatient settings and improving outcomes for some of the most vulnerable individuals in the health and justice system.
- Analogue to Digital – The facilities should incorporate modern digital clinical infrastructure, supporting safe and effective information sharing across forensic, mental health, and justice system partners.
- Reactive to Prevention – By providing a structured, therapeutic environment that addresses the complex mental health needs of mentally disordered offenders, the units will support prevention of further deterioration, reoffending, and crisis. Investment in high-quality rehabilitation provision reduces the risk of revolving-

door presentations, promotes recovery and social inclusion, and contributes to wider public health and public safety outcomes across the region.

Appendix 1 - Joint Capital Resource Use Plan 2026/27

Staffordshire and Stoke on Trent	ICB	MPFT	NSCHT	UHNH	Total Full Year Plan £'000	Narrative on the main categories of expenditure
CDEL	£000's	£000's	£000's	£000's	£000's	
Operational Capital - ICB	2,310				2,310	GP IT
Operational Capital - Provider		4,026	4,579	15,603	24,208	MPFT/NSCHT/UHNH - IT Equipment, Fleet Vehicles and Cybersecurity Infrastructure
Total Operational Capital	2,310	4,026	4,579	15,603	26,518	Published capital allocation
National Capital Programmes	3,690	109,609	320	11,095	124,714	ICB - £3.69m ICB Strategic Capital MPFT - £38m - Estates Safety/High Risk Backlog, £38m - Hatherton Centre, £24m - PICU - Redwood/Norbury NSCHT - £0.3m - Estates Safety/High Risk Backlog UHNH - £11m - Estates Safety/High Risk Backlog
Constitutional Standards / Left Shift National Capital Programme	1,000	4,000	-	8,310	13,310	ICB - £1m Primary Care Modernisation and Utilisation Fund, MPFT - £2m Community, £0.5m - UES and £1.5m MHLDA, UHNH - £2.6m - Diagnostics, £5.7m - UEC.
Total CDEL	7,000	117,635	4,899	35,008	164,542	
Other Capital	-	-	200	3,758	3,958	NSCHT - £0.2m Leases, UHNH - £3.7m Plant & Machinery
Total Capital Spend 2026/27	7,000	117,635	5,099	38,766	168,500	

Appendix 2 - Capital Planning

Capital planning £'000	2026/27					2026/27 - 2029/30				
	ICB	MPFT	NSCHT	UHNM	Total	ICB	MPFT	NSCHT	UHNM	Total
Backlog Maintenance - Significant and high risk (CIR)		38,719	320	11,095	50,134		99,798	1,530	44,380	145,708
CS/LS - Existing Build - Community		2,000			2,000		7,500			7,500
CS/LS - Existing Build - Diagnostics				2,600	2,600				9,962	9,962
CS/LS - New Build - UEC		500		5,710	6,210		7,000		21,622	28,622
CS/LS - New Build - MHLDA		1,500			1,500		27,220		2,000	29,220
Equipment - clinical Other		946	30	2,760	3,736		2,924	130	11,040	14,094
Fixtures & Fittings			75		75			335		335
Fleet, Vehicles & Transport		669			669		1,018			1,018
Premises Improvement Grants & PCMUF	1,700				1,700	6,800				6,800
IT - Cybersecurity, Infrastructure/Networking	581	1,092	100	6,790	8,563	3,106	5,527	400	27,160	36,193
IT - Hardware	704		574		1,278	2,348		2,444		4,792
IT - Other	3015	1,319	50		4,384	13,454	2,567	200		16,221
New Build - Land, Buildings and Dwellings		70,890	3,750		74,640		278,530	6,050		284,580
New Build - Multiple areas/Other	1000			6,053	7,053	3,000			24,212	27,212
Other - including investment property			200	3,758	3,958			1,270	15,032	16,302
Totals	7,000	117,635	5,099	38,766	168,500	28,708	432,084	12,359	155,408	628,559