Norfolk & Suffolk Joint Capital Resource Plan 2026/2027

Background

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

- Prepare a plan setting out their planned capital resource use.
- Publish the plan and give a copy to the integrated care partnership for the relevant ICB's area, any relevant health and wellbeing 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.

Introduction

The aim of NHS Norfolk and Suffolk ICB is to improve health and care for people and communities in Norfolk and Suffolk, and was formed on 1 April 2026. Its partner trusts include:

- The Norfolk and Waveney University Hospitals Group (N&WUHG) which comprises the Queen Elizabeth Hospital (QEH) NHS Foundation Trust, the Norfolk & Norwich University Hospitals (NNUH) NHS Foundation Trust and the James Paget University Hospital (JPUH) NHS Foundation Trust;
- The West Suffolk (WSH) NHS Foundation Trust;
- The East Suffolk and North Essex Foundation Trust (ESNEFT);
- The East of England Ambulance Service NHS Trust (EEAST);
- The Norfolk and Suffolk Foundation NHS Trust (NSFT);
- The East of England Community Health and Care NHS Trust (EECHC)
- Primary Care GP practices and co-operatives

Wider partner organisations include:

- East Coast Community Healthcare (ECCH) Community Interest Company
- Norfolk County Council (Note: by April 2028 the county and district councils will be replaced by three new unitary authorities: East Norfolk, West Norfolk, and Greater Norwich).
- Suffolk County Council
- VCSE and independent sectors, Healthwatch, local universities etc

ICB Population Health and Commissioning Strategy

The ICB published its Population Health and Commissioning Strategy 2026/27 – 2030/31 in March 2026 which can be found on the ICB's website here . There is also a summary within the same area on the website.

The ICB's Strategy was built upon a deep and thoughtful Integrated Needs Assessment that considered productivity, quality, activity & performance, finance, workforce and population health management data, evaluation findings and lived experience.
The Strategy has three published population level health Outcomes that it sets out to achieve which are:

- Improve Health Life Expectancy for All
- Reduce Health Inequalities
- Improve access to consistently high-quality services

Our four ambitions are aligned to the NHS 10 Year Plan:

- Sickness to prevention;
- Care closer to home;
- Analogue to digital; and also
- Social and economic development

The ICB's Strategy will be delivered through its Population Health Improvement Plan (PHIP) which sets out a series of strategic commissioning intentions. These will be delivered through a life course approach of Start Well through to Die Well.

ICB's Operating Model

The ICB's operating model is based around the NHS Strategic Commissioning Framework[1], and capital finance is a key enabler. Within this context, facilities and infrastructure are a key part of strategic commissioning. The ICB's strategic commissioning role is perfectly positioned to join health and sustainability issues together and deliver sustainable value.

The ICB's Green Plans set out how we will drive change to address health inequalities, environmental improvements and use resources sustainably. This will be approached through the sustainable care principles which are about prevention, patient self-care and/or empowerment, being lean and using environmentally friendly and lower carbon alternatives.

The ICB estates function provides strategic oversight of all NHS funded premises, ensuring the local estate is used effectively to support multidisciplinary teams and integrated care. This will enable modern, flexible facilities that support integrated neighbourhood teams and place-based models of care, including Neighbourhood Health Centres and Hubs. By maximising utilisation, attracting investment and ensuring leases and capital decisions reflect long term priorities, this function supports system wide financial sustainability. The estates and digital teams will jointly deliver digitally enabled buildings that help staff and patients adopt new technologies and support programmes such as the New Hospital Programme.

Providers Prioritisation of CDEL

Providers have aligned their five year Integrated Delivery Plans with the ICB's Strategy and PHIP, including how we will work together within the multi-year capital plan. All the provider delivery plans refer to the NHS 10 year plan. This is reflected in the Norfolk and Suffolk capital plan ambitions which see providers stepping up the use of digital capability and AI aligned with the analogue to digital shift, and less emphasis on traditional buildings/estates and equipment which is consistent with the hospital to community shift.

Some estates requirements feature within the providers plans for refurbishments, but there is a renewed focus on digital transformation of those services that are to be retained and delivered on site. Three of our hospitals are part of Wave 1 of the New Hospital Programme and form part of the timeline for the capital plan.

Providers' operating models are based on the provision of health and care services and are different depending upon whether they deliver acute, community, ambulance or mental health services. Within the context of capital this includes examples such as Electronic Patient Record systems, diagnostic equipment, vehicle fleet (pool cars and ambulances), estate and buildings upgrades, IT kit and equipment.

Providers are generally similar in their methods of prioritisation and resource allocation. Provider operational divisions request and prioritise their capital requirements and then submit bids to a Trust

[1] https://www.england.nhs.uk/long-read/strategic-commissioning-framework/

Capital committee or working group. These bids are assessed and prioritised at Trust level based on that Trust's criteria.

The final proposals are then subject to oversight, governance and approval in the same way as provider revenue plans are prepared, assessed and approved. Providers Finance Committees and Boards will usually expect to receive a detailed proposal for the utilisation of their CDEL resource to enable the provider to assess for strategic fit and continuation of operational activities. Appendix A shows the approved CDEL resource by organisation and CDEL category.

Below provides summary narrative how partner organisations are aligning elements of their capital resource to support the objectives of the 10 year plan.

- The N&WUHG has developed a two year "One Recovery" plan across the three hospitals with five common programme delivery areas underpinned by some site-specific actions. Outpatient transformation and diagnostics capability are specifically referenced in the Delivery Plan. In addition, there are seven group transformation aims and one of these is "Place – Plan the right services and environments" linked to the New Hospital Programme.

- ESNEFT have clearly articulated Estates and Facilities as a key enabler and set out principles that support flexibility of use, working across the public estate, maximum utilisation, sustainability and maximising the use of technology to complement estates. The Trust is seeking to support community partners where possible as part of the hospital to community ambition.

- Digital, data and technology within the WSH delivery plan has been aligned with their 'Fit for tomorrow' ambition within their Strategy.

- NSFT have articulated their capital plan within their Integrated Provider Plan and describe Estates and Digital vision and actions within their enabling functions. The Electronic Patient Record and ward refurbishments/reconfigurations are part of the plan as well as some IT equipment.

- EECHC are developing their clinical and care strategy with their current focus having been on their merger of two Trusts, but there is clear reference to digital transformation such as telehealth as part of the hospital to community and analogue to digital ambitions.

- EEAST have set out a clear intent to develop a refreshed estates and facilities plan. This is aligned with their Trust Strategy and Patient Plan to develop their ambition to become the clinical navigator for the East of England. Their overarching strategic vision is structured around its four missions of Patients, People, Partnership and Productivity. EEAST is looking to modernise its estate and fleet and has articulated its vision across a multi-year capital plan, linked to the Green Plan.

The overarching ICB Population Health and Commissioning Framework sets the strategic framework for the Providers five year Integrated Delivery Plans. Commissioners and providers are well aligned with each other, and to the ambitions within the NHS 10-year plan. The strategic capital plan is an enabler to support delivery.

Appendix A – CDEL Resources per Category & Organisation

CDEL Category	Norfolk & Waveney Hospitals Group										
	JPUH	NNUH	QEHKL	NHG Total	ESNEFT	WSH	NSFT	EECHC	EEAST	N&S ICB	Total
	£'000	£'000	£'000	£'000	£'000	£'000	£'000	£'000	£'000	£'000	£'000
Operational Capital:											
Operational Capital - ICB	0	0	0	**0**	0	0	0	0	0	9,526	**9,526**
Operational Capital - Provider	10,846	19,833	10,820	**41,499**	27,371	14,351	10,416	11,552	34,502	0	**139,691**
Total Operational Capital	**10,846**	**19,833**	**10,820**	**41,499**	**27,371**	**14,351**	**10,416**	**11,552**	**34,502**	**9,526**	**149,217**
National Programme Spend:											
Cancer LINAC Replacement	0	0	0	**0**	0	0	0	0	0	0	**0**
Estates Safety	0	886	0	**886**	5,907	1,813	739	1,574	666	0	**11,585**
Mental Health Dormitories	0	0	0	**0**	0	0	0	0	0	0	**0**
Mental Health: Reducing Out of Area Placements	0	0	0	**0**	0	0	0	0	0	0	**0**
NHP	37,122	0	82,817	**119,939**	0	12,867	0	0	0	0	**132,806**
RAAC	17,467	0	18,509	**35,976**	0	0	0	0	0	0	**35,976**
STP - Hospital Upgrades	0	0	0	**0**	0	0	0	0	0	0	**0**
Frontline Productivity	0	2,460	2,114	**4,574**	0	0	1,200	0	0	0	**5,774**
Other Adjustments - Provider	0	0	0	**0**	0	0	0	1,250	0	0	**1,250**
Total National Programme Spend	**54,589**	**3,346**	**103,440**	**161,375**	**5,907**	**14,680**	**1,939**	**2,824**	**666**	**0**	**187,391**
Return to Constitutional Standards:											
RtCS: Diagnostics	0	6,610	0	**6,610**	15,250	5,390	0	0	0	0	**27,250**
RtCS: Elective Recovery	0	27,750	0	**27,750**	5,000	7,500	0	0	0	0	**40,250**
RtCS: MHLDA	0	0	0	**0**	0	0	0	0	0	0	**0**
RtCS: Ambulance Replacement	0	0	0	**0**	0	0	0	0	6,193	0	**6,193**
RtCS: Community	0	0	0	**0**	0	3,100	0	0	0	0	**3,100**
RtCS: UEC	10,000	7,366	15,520	**32,886**	10,000	0	0	300	6,500	0	**49,686**
RtCS: Primary Care Modernisation Fund (UMF)	0	0	0	**0**	0	0	0	0	0	1,500	**1,500**
Total Return to Constitutional Standards	**10,000**	**41,726**	**15,520**	**67,246**	**30,250**	**15,990**	**0**	**300**	**12,693**	**1,500**	**127,979**
Total CDEL	**75,435**	**64,905**	**129,780**	**270,120**	**63,528**	**45,021**	**12,355**	**14,676**	**47,861**	**11,026**	**464,587**