

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 \(legislation.gov.uk\)](https://legislation.gov.uk) and reference should be made to sections **14Z56 and 14Z57**.

REGION	South East
ICB / SYSTEM	Frimley Health and Care

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.

A high level breakdown of the key areas included in the FHFT programme can be seen below. The M Block redevelopment supports the system elective recovery with completion expected in 24/25 and follows approval of the OBC in February 2023.

£21m M Block Redevelopment (TIF funded element)

£13m M Block Redevelopment (non TIF funded element)

£11m site estate programmes – refurb, maintenance upgrades etc

£5m RAAC Estates works

£5m IT – LAN refresh, Epic optimisation, hardware replacements

£5m Medical Equipment – rolling replacement programme, interventional radiology kit, cardiac cath lab replacement

A major focus of the ICB plan is the continued development of GP IT to improve the delivery of primary care. A new lease of GP premises in Sandhurst results in an IFRS 16 adjustment of £1.7m

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.

FHFTs capital programme is working within the provider allocation of £39.3m as set out as part of the 3 year capital spending review. Of this, £34.3m is to be funded by cash reserves that are available in the Trust's brought forwards cash position, and £5m is to be funded by PDC through the national RAAC programme.

In addition to this, a further £20.7m TIF funding has been assumed subject to successful completion and approval of the M Block redevelopment FBC, following OBC approval in Feb 2023.

ICB funding will be provided by NHSE and contributions from GP practices, the major risk is from increasing costs putting pressure on budgets.

Overview of Ongoing Scheme Progression

Guidance:

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

The two main ongoing schemes for FHFT are the M Block Redevelopment and ongoing RAAC fail safes programme.

The M Block Redevelopment scheme achieved OBC approval in Feb 2023 and is progressing towards FBC completion in Q1 23/24.

The RAAC fail safes programme continues to address the critical areas on the Frimley Park site and is subject to review by the national RAAC team.

Risks and Contingencies

Guidance:

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

Timely approval of the M Block Redevelopment FBC is the main risk within the FHFT programme as this could have a significant impact to the capital expenditure on year. This risk is being mitigated by having a number of smaller schemes prioritised and ready to be brought forwards if required in order to meet the provider allocation funding allocation.

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.

The key business cases for FHFT relates to the M Block Redevelopment and RAAC fail safes programme as previously referred to.

In addition, the ICB is expecting to received funding from the Wave 2 programme as nationally it has now been confirmed that the programme is going ahead. The Frimley System was award £28.4m as part of this programme. Schemes are being developed to set up Integrated Care Hubs, this capital must be utilised by March 2025.

FHFT have submitted a business case for a Community Diagnostic Centre in Slough, £25m of capital is available for this scheme nationally to be utilised by March 25. A business case is currently being developed for the South Imaging Spoke, if approved, then this will also receive capital funding.

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.

n/a

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.

FHFT uses the provider operational allocation to set out an initial budget against the estates, IT and medical equipment programmes against which projects and applications are considered against the Trust's strategic ambitions and alignment with the ICB strategy. The programme budgets are based on prior year commitments, longer term projects and prioritised strategic developments and opportunities.

The ICB allocates the capital resource received between IT programmes and Primary Care minor improvement grants. The minor improvement grants are 64% funded from the capital resource and 34% by the practice. The applications are considered and evaluated on the basis of a prioritisation process, they must comply with the premises cost directions and fit with the ICB's Primary Care strategy. The aim is to ensure that Primary care are able to maximise clinical space, have space that is fit for purpose, complies with infection control and is mindful of patient and staff safety.

Annex A – FRIMLEY HEALTH AND CARE 2023/24 CAPITAL PLAN

	CDEL	ICB	Provider 1	Provider 2	Provider 3	Provider 4	Provider 5	Provider 6	Provider 7	Provider 8	Total Full Year Plan £'000	Narrative on the main categories of expenditure
Provider	Operational Capital		39,258								39,258	Estates programme work, IT and medical equipment
ICB	Operational Capital	1,236									1,236	£700k will be spent on GPIT with £500k being BAU and £200k future infrastructure. A refresh of N365 licences to support both GPIT and Corporate access will cost £175k. MIG schemes aimed at increasing capacity and improving access and infection control will require £361k.
	Total Op Cap	1,236	39,258								40,494	
Provider	Impact of IFRS 16											
ICB	Impact of IFRS 16	1,739									1,739	Transfer of two GP Premises leases to the ICB for a practice population of 18,000.
Provider	Upgrades & NHP Programmes											
Provider	National Programmes (diagnostics, Front line digitisation, Mental Health, TIF)		20,675								20,675	Redevelopment project
Provider	Other (technical accounting)											
	Total system CDEL	2,975	59,933								62,908	