

Bristol, North Somerset and South Gloucestershire (BNSSG) Joint capital resource use plan 2026/27

Region	South-West
ICB / System	Bristol, North Somerset and South Gloucestershire (BNSSG) Integrated Care Board (ICB) Healthier Together Partnership: Bristol, North Somerset and South Gloucestershire Integrated Care System (ICS)
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1) Introduction

NHS Bristol North Somerset and South Gloucestershire (BNSSG) Integrated Care Board (ICB) is responsible for the day-to-day running of the NHS for our local area, covering a population of around 1.1 million residents. We consider our local population's needs, arrange for the provision of services and manage the NHS budget.

The core mission of the Integrated Care Board (ICB) is to support the health and care system in achieving its primary goals. These goals are

-  **Improving outcomes in population health and healthcare:** This involves enhancing the overall health and well-being of the population through better healthcare services and preventive measures.
-  **Tackling inequalities in outcomes, experience, and access:** The ICB aims to address and reduce disparities in health outcomes, ensuring that all individuals have equal access to high-quality care and positive healthcare experiences.
-  **Enhancing productivity and value for money:** The focus here is on maximizing the efficiency and effectiveness of healthcare services, ensuring that resources are used wisely to deliver the best possible care.
-  **Supporting broader social and economic development:** The ICB recognizes the interconnectedness of health, social, and economic factors, and aims to contribute to

The ICB is part of the wider, regional BNSSG Integrated Care System (ICS), which also became a statutory entity in July 2022. It is comprised of 10 partner organisations, including the three Local Authorities in our area, NHS Trusts, the new Integrated Care Board and community and General Practice providers. It is also known as the Healthier Together Partnership.

Healthier Together Partnership organisations:

-  Avon and Wiltshire Mental Health Partnership NHS Trust (AWP)
-  Bristol City Council
-  Bristol North Somerset, South Gloucestershire Integrated Care Board
-  North Bristol NHS Trust (NBT)
-  North Somerset Council
-  One Care
-  Sirona Care & Health
-  South Gloucestershire Council
-  South-Western Ambulance Service NHS Foundation Trust (SWAST)
-  University Hospitals Bristol and Weston NHS Foundation Trust (UHBW)

Within our ICS, Integrated Locality Partnerships have also been established, operating at a 'place' level and responding to the specific needs of local populations.

Figure 1 - BNSSG System by Numbers

 1 integrated care board	 3 local authorities	 2 acute hospitals (across 14 sites)
 1 community provider	 1 mental health trust	 1 ambulance trust
 20 primary care networks (PCNs)	 64 dental practices + 1 dental committee	 171 pharmacies + 1 pharmacy committee
 C. 50,000 health and care staff	 76 GP surgeries, 1 GP federation and 1 GP Collaborative	 1,000s of voluntary, community and social enterprise organisations
 101 opticians and 1 optometry committee	 1 academic health science centre	 278 care homes
 1 healthwatch	 6 locality partnerships	 56 children's centres

Geography and Demography

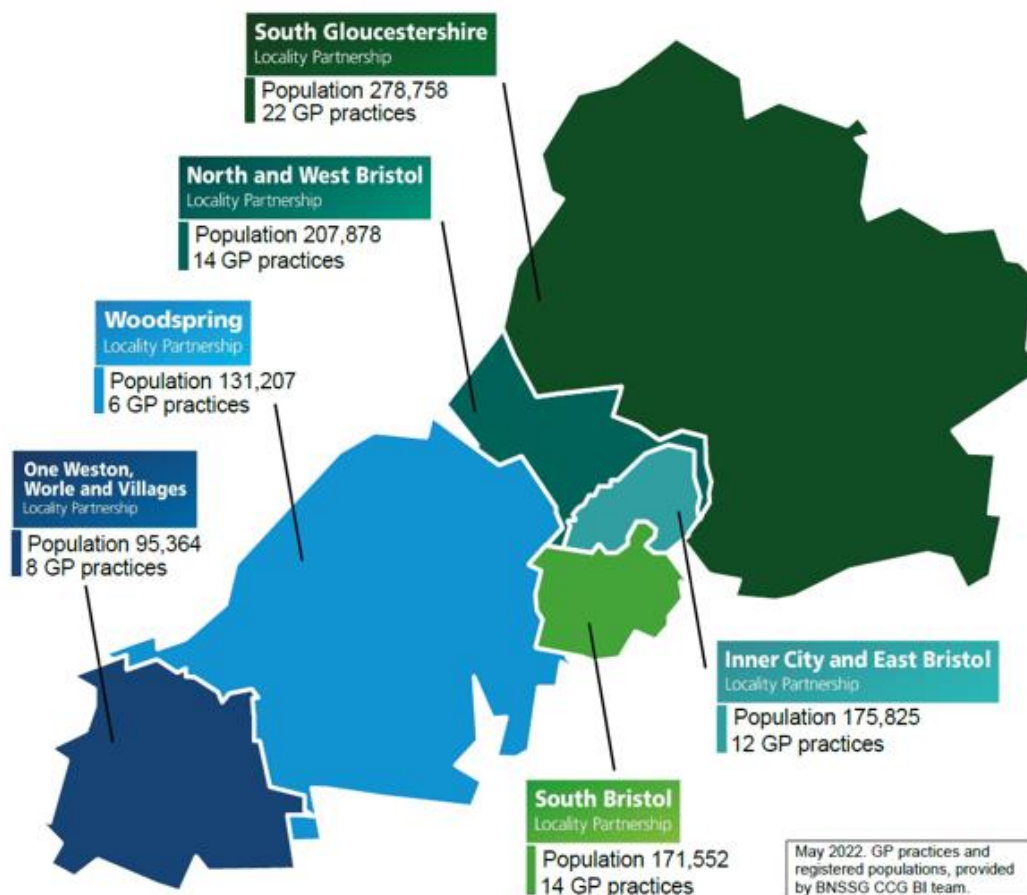
BNSSG has a population of around 1.1 million residents. Approximately half live in Bristol, whilst the remaining is split relatively evenly between North Somerset and South Gloucestershire. BNSSG collectively represents a diverse region with variations in population demographics and health needs, largely influenced by both urban and rural landscapes.

Bristol, as a predominantly urban area, has a slightly younger average population than the national average, 38% of its population aged 18-44 years. This demographic trend is largely attributed to the city's attraction to students and young professionals. North Somerset and South Gloucestershire, being more rural, tended to have older populations, with a higher proportion of residents aged 45 and above, comprising approximately 45% of the population.

The population in the BNSSG area is on the rise, with inbound migration exceeding outward movement. Mirroring national trends, BNSSG's population is projected to increase by approximately 16% between 2022 and 2040. 17% of the total population are now over 65 years old. It is projected that for the next two decades those groups aged over 65 and 85 years will continue to grow at the fastest rate.

Although overall the BNSSG Index of Multiple Deprivation is slightly better than the England average, there are pockets of extreme deprivation within certain neighbourhoods. Places like Weston Super Mare and parts of south Bristol rank among the top 10% highest deprivation areas in England, highlighting disparities within the region.

Figure 2 - Map of BNSSG

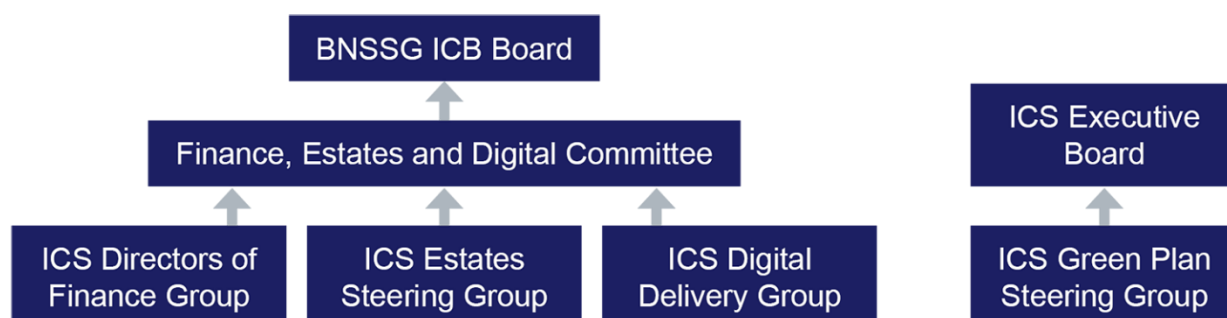


Governance

The BNSSG ICB Estates Steering Group is responsible for ensuring that system estates projects and priorities are aligned, and objectives are progressed. This monthly steering group includes representatives from the estates function from key ICS partners. The Chair is the Deputy Chief Executive and Chief Finance Officer of BNSSG ICB.

The ICB Estates Steering Group regularly reports into the Finance, Estates and Digital (FED) Committee, which reports into the ICB Board.

Figure 3 - BNSSG Governance Structure Diagram



2) Capital Department Expenditure Limit (CDEL) Allocation & sources of funding

For the purposes of planning, systems were asked to submit financial plans including the impact of IFRS16 accounting changes, and against a notified Operational Capital allocation of £76.8m.

In addition to this, the system has been notified of a further £47.5m of national programme funding awards (£13.9m relating to specific allocation to support the system to return to constitutional standards), and £16.2m of other (technical accounting) capital expenditure.

The total planned CDEL spend for the system is £140.6m.

Table 2.1: 2026/27 CDEL Allocation and Funding Sources:

	ICB	UHBW	NBT	AWP	Total
Operational Capital Plan					
Depreciation Funding		34.7	18.1	5.7	58.5
Primary Care BAU	2.0				2.0
Strategic Funding	1.5	1.7			3.2
Business Rules Funding		5.9	4.3	3.0	13.2
Total Charge against Capital Allocation	3.5	42.3	22.4	8.7	76.8
National Programme Funding (PDC)					
Elective Recovery		4.0			4.0
Community		1.0	0.7		1.8
Diagnostics		1.5			1.5
Critical Infrastructure Risk		12.5		3.5	16.0
Other UEC Schemes		3.0		1.4	4.4
Mental Health				2.2	2.2
RAAC Plank		16.9			16.9
Primary Care Utilisation Fund	0.8				0.8
Total National Funding (PDC)	0.8	39.0	0.7	7.1	47.5
PFI capital charges (e.g. residual interest)					
PFI capital charges			15.2	1.1	16.2
Total System CDEL	4.3	81.3	38.2	16.8	140.6

3) Capital Prioritisation

Whilst national capital funding remains constrained, the system is committed to ensuring appropriate investment capital in agreed system priorities that align with its overall vision and strategy, ensure access to funding for the out of hospital sector, and contribute towards delivery of the ICS Green Plan (See Section 9).

To support this, the system has developed a mechanism by which the total operational capital allocation is initially divided into three funding 'pots':

- a) **'retained' provider funding** - predominately maintenance and replacement of existing infrastructure/equipment to ensure existing services can continue to operate, prioritised and allocated to providers using a risk-based approach.
- b) **System 'strategic' priorities** – including schemes that align with strategic priorities, out of hospital investment and delivery of the ICS Green Plan.
- c) **Emerging 2026/27 risks** – schemes that require immediate funding to address emerging risks

Table 3.1: Operational Capital allocation into 'pots'

Operational Capital Allocation	ICB	UHBW	NBT	AWP	Total
a) Retained provider funding					
Retained BAU Provider Funding		34.7	18.1	5.7	58.5
Primary Care BAU & GPIT	2.0				2.0
Strategic Funding	3.2				3.2
b) System strategic risks					
System pre-commitments from (25/26 planning round)				3.0	3.0
Net Zero projects - prioritized by Green Plan Steering Group		3.0			3.0
c) Emerging 2026/27 priorities					
Priority 1 schemes approved by Capital Board	(1.7)	4.6	4.3		7.2
Total System Operational Capital	3.5	42.3	22.4	8.7	76.8

i. Retained provider funding / business as usual capital allocation (£63.7m)

From 2026/27 Operational capital will flow directly to individual provider trusts, rather than being managed by Integrated Care Systems. Due to the limited operational capital budget (circa £63m annually before additional allocations linked to revenue performance), there is not enough capital to fund all capital schemes required by the system. Therefore, it has been agreed that the annual CDEL allocation should be first and foremost allocated for capital investments that address critical risks to the system, rather than for the delivery of strategic ambitions.

Trusts have the autonomy to prioritise their CDEL allocation according to their internal prioritisation processes. Although trusts independently prioritise their needs, all capital plans are shared and reviewed by system finance and estates partners to identify shared opportunities for joint initiatives. Throughout the year, organisations are responsible for managing their own capital plans, adjusting for any delays or new funding opportunities. However, major changes and any emerging risks will be communicated to the wider system partners for oversight.

ii. System prioritised strategic investments (£3m)

During 2025/26 it was agreed to prioritise £3m of system funding for the agreed scheme at Callington Road in 2026/27. This scheme was previously approved but utilisation of the funding delayed until 2026/27.

Table 3.2: 2026/27 strategic priorities

System Strategic Priorities	ICB	UHBW	NBT	AWP	Total
System pre-commitments from (25/26 planning round)				3.0	3.0

iii. Net Zero sustainability schemes (£3.0m)

It has been agreed to allocate £3m CDEL per year for investment in sustainability schemes which contribute to the goal of reducing carbon emissions, improving local air quality, and staff/patient health. This has been agreed in recognition of the urgency of the threat that climate change poses to the health of our population, and the system's commitment to a carbon neutrality target of 2030.

The allocation of these funds sits within the Green Plan Steering Group. The priority for this funding is to leverage in additional funding to the system such as government Salix Grants which require bidders to match funding, with the understanding that achieving carbon neutrality across the acutes would cost an estimated £150m which is unaffordable at present.

4) Capital Planning

Table 4.1: 2026/27 Capital plan by expenditure type

(A) Capital Departmental Expenditure Limit (CDEL)						
	AWP	NBT	UHBW	Provider Total	BNSSG ICB	Total Plan
National Allocation						
Provider Operational Capital Allocations	5.7	18.1	34.7	58.5		58.5
ICB BAU operational capital				0.0	2.0	2.0
ICB Strategic capital				0.0	3.2	3.2
2025/26 Revenue Fair Shares Allocation Adjustment				0.0	13.2	13.2
Notified Capital Resource Limit (CRL)	5.7	18.1	34.7	58.5	18.4	76.8
Transfer of ICB Strategic capital to provider			1.7	1.7	(1.7)	0.0
System allocation as agreed by Capital Board:						
Callington Road	3.0			3.0	(3.0)	0.0
Net Zero schemes			3.0	3.0	(3.0)	0.0
ED Minors		2.3		2.3	(2.3)	0.0
Clock Tower		2.0		2.0	(2.0)	0.0
Estates Safety			2.9	2.9	(2.9)	0.0
Adjusted Capital Resource Limit (CRL)	8.7	22.4	42.3	73.3	3.5	76.8
National Programme spend						
RAAC Plank			16.9	16.9		16.9
Constitutional Standards:						
Community: Other		0.7	1.0	1.8		1.8
Diagnostics: Imaging			1.5	1.5		1.5
Elective Recovery: Surgical Hubs			4.0	4.0		4.0
Estates Safety: High Value Schemes			12.5	12.5		12.5
Estates Safety: Other Schemes	3.5			3.5		3.5
Mental Health: Digital	0.4			0.4		0.4
Mental Health: LDA Crisis Accommodation	1.2			1.2		1.2
Mental Health: Neighbourhood MH Centres	0.6			0.6		0.6
UEC: Other UEC Schemes	1.4		3.0	4.4		4.4
Primary Care Utilisation and Modernisation Fund				0.0	0.8	0.8
Programme and non-operational capital	7.1	0.7	39.0	46.8	0.8	47.5
Other						
PFI capital charges (e.g. residual interest)	1.1	15.2	0.0	16.2		16.2
Total CDEL limit	16.8	38.2	81.3	136.3	4.3	140.6
(B) Planned charge against CDEL - Draft Plan Submission						
	AWP	NBT	UHBW	Provider Total	BNSSG ICB	Total Plan
Gross capital expenditure						
Property, land and buildings	(15.0)	(3.7)	(56.7)	(75.4)		(75.4)
Plant and equipment	(0.3)	(16.5)	(9.2)	(26.0)		(26.0)
IT	(0.4)	(3.4)	(15.0)	(18.8)		(18.8)
Other	(1.4)	0.0	(7.2)	(8.6)		(8.6)
ICB Capital Acquisitions				0.0	(1.7)	(1.7)
ICB Capital Grants				0.0	(1.8)	(1.8)
Primary Care Utilisation and Modernisation Fund				0.0	(0.8)	(0.8)
Charge after additions/deductions	(17.2)	(23.6)	(88.0)	(128.8)	(4.3)	(133.0)
Less grants, donations and peppercorn leases	0.0	0.5	1.5	2.0		2.0
Less PFI capital (IFRIC12)	1.4			1.4		1.4
Plus PFI capital charges	(1.1)	(15.2)		(16.2)		(16.2)
Total CDEL	(16.8)	(38.2)	(86.5)	(141.6)	(4.3)	(145.8)
Elimination of intra-DHSC group lease liabilities			5.2	5.2		5.2
Total Charge against CDEL	(16.8)	(38.2)	(81.3)	(136.3)	(4.3)	(140.6)
Variance to allocation	0.0	0.0	0.0	0.0	0.0	0.0

5) Overview of ongoing scheme progression

The following tables summarises the key strategic projects currently underway within BNSSG.

Project	Lead Organisation	Stage of Delivery	Status
Central Weston Health Hub	BNSSG ICB	Construction	Construction commenced December 2025
Thornbury Health Centre	BNSSG ICB / South Gloucs. Local Authority	Business Case Approved	Construction to commence Summer 2026
Wells Road / Knowle Clinic	BNSSG ICB	Business Case Approved	Construction to commence Autumn 2026
Broadmead	BNSSG ICB	Business Case Development	Business Case due in 26/27
Callington Road	AWP	Construction	Construction commenced – completion due February 2027

6) Risks and contingencies

The key challenge faced in delivery of the system wide capital programme are managing dynamic programmes within the constraining rules around capital funding within the NHS. Specifically, the requirement for capital budgets to be spent within year and a degree of uncertainty the value of budgets in unconfirmed HMT Comprehensive Spending Review periods make managing multi-year projects where the profiling of spend is likely to change over time a challenge.

To mitigate these issues as best as possible, the BNSSG system has developed close working relationships between partners to jointly manage annual cost pressures and opportunities within budgets and joint governance arrangements to enable dynamic in-year reallocations of budgets to match requirements.

7) Business cases in 2026/27

Broadmead Medical Centre – relocation to alternative premises due to planned closure of the Galleries Shopping Centre. Business case design team appointment commenced.

Wellington Road – Extension of existing GP Premises to accommodate an increase in patient numbers

Bradley Stoke / The Stokes - Extension of existing GP Premises to accommodate an increase in patient numbers

8) Cross-system and collaborative working

AWP is the primary provider of healthcare for individuals with serious mental illness, learning disabilities, and autism within both BNSSG ICB and Bath and North-East Somerset, Swindon and Wiltshire (BSW) ICB. The AWP CDEL allocation is channelled through BNSSG ICS, however, the total is allocated to AWP sites in both BNSSG and BSW localities, serving the population of both systems.

BNSSGs provide a range of specialised acute services to the population, serving patients from across the South-West Region. The ICB will continue to discuss with NHS England the allocation of sufficient capital to meet the true needs of patients, including those accessing specialised services in the BNSSG area.

9) Net-zero carbon strategy

ICS partners across the system have been working to embed our ambitious sustainability goals and create a governance structure and delivery plan that sees us working together to achieve our immediate and future goals. This year has seen the publication of the ICS revised Green Plan, setting out our sustainability commitments and outcomes and confirming our aim to be a leader in delivering sustainable healthcare for our region.

All ICS partners have signed up to the Green Plan, aligning our efforts and amplifying our action and outcomes. The ICS has also developed a delivery plan to drive implementation and monitor progress against the Green Plan commitments.

The Green Plan sets out three clear outcomes that we are working towards:

Improve the environment  We will improve the overall environmental impact and sustainability of our services, especially the damaging local impacts of air pollution. This will create a cleaner, safer, more ecologically sound environment locally and globally, including restoring biodiversity as much as possible	Address Net zero carbon targets  We particularly recognise the pressing urgency to address our carbon footprint and will reduce the impact of our services on the environment, by achieving net zero carbon across all our emissions, by 2030.	Generate a BNSSG-wide movement  Our sustainability behaviours, actions and innovations as anchor institutions, will support a cultural change amongst local citizens and businesses, resulting in wider improvements in air quality, biodiversity and quality of the natural environment
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The ICS' organisations have committed to a net zero target of 2030 through the One City Plan and One City Climate Strategy, ahead of the national NHS target of achieving net zero

carbon emissions by 2045. This ambitious target is supported by the actions outlined in our Green Plan delivery plan.

Embedding sustainability into decision-making and how we operate as a system is core to meeting the aims and objectives of our ICS, delivering a sustainable health and care system and the long-term health of our population. In developing our ICS, we aim to deliver a truly sustainable health and care system that will bring multiple mutually reinforcing benefits.