Department of Health & Social Care

10 Year Capital Plan for Health and Social Care

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Ministerial foreword

Our public estate is emblematic of our public services. And nowhere is this more apparent than in our NHS estate. In the first decade of the 21st century, the government set about rebuilding our NHS estate after years of neglect and underinvestment.

Two years ago, when I woke up in a new hospital after an operation to remove a melanoma, I was proud to have played my part in bringing about an almost new hospital that now serves my city of Bristol so well.

Lord Darzi's independent investigation of the NHS was clear about what has happened in the years since Labour last held office – a "missed opportunity to prepare the NHS for the future". The capital budget was repeatedly raided to plug holes in day-to-day spending. Some £4.3 billion was raided from capital budgets between 2014 to 2015 and 2018 to 2019 to cover in-year deficits that were themselves caused by unrealistically low spending settlements.

People voted for change in 2024 because they could see the consequences of this lost decade with their own eyes – crumbling buildings, faulty technology and mental health patients being accommodated in Victorian-era cells. As I visit facilities across the country, the impact on the public and staff is clear.

This is a government that is getting on with the job and delivering the change that people voted for at the general election. Earlier this year, we set out funding for Pride in Place, which will begin fixing the physical infrastructure of disadvantaged communities like the ones I represent in Bristol.

This 10 Year Capital Plan is another crucial step towards restoring pride in our communities. The Chancellor has provided for the most ambitious capital budget in the history of the NHS, and we are cutting the red tape to get spades in the ground while ensuring every penny of taxpayer money is well spent.

The investment will not just rebuild hospitals, clinics and GP practices – it is the delivery chapter for our 10 Year Health Plan for England: fit for the future.

We are putting the fundamental shifts at the heart of our reform agenda: from hospital to community, from analogue to digital and from sickness to prevention. It backs a neighbourhood health service that brings care closer to home, and it supports world-class hospitals for those who need specialist care.

We are also turning the NHS into a national growth service. We will kickstart supply chains across our country, unlock British talent through our excellence in life sciences and bring footfall back to town centres with 'health on the high street' while regenerating local places.

Our starting point is that people should feel proud of their local hospital and their local communities. Staff should feel proud to work in facilities that are equal to their talent and their ambition. The decade of national decline is over – the decade of national renewal has begun.

Karin Smyth

Karin Smyth MP
Minister of State for Health

Executive summary

Capital investment in high-quality buildings, equipment and digital infrastructure is essential to safe, effective and modern healthcare services. This determines where care is provided, how staff work, and whether the system can adopt new technologies and respond to future challenges.

For too long, inconsistent and short-term capital investment has left large parts of the NHS and wider healthcare system operating from outdated, inefficient or, occasionally, unsafe infrastructure. This undermines productivity and frustrates patients and staff. It also delivers poor value for money.

This government is committed to addressing these failings directly. Through the Spending Review 2025 and the 10 Year Infrastructure Strategy, we have committed the largest healthcare capital budget on record and provided unprecedented long-term funding certainty. We are rebuilding the physical backbone of the healthcare system – hospitals, neighbourhood health facilities, digital infrastructure, research capability and resilience – and reforming the way capital is planned and delivered so that patients and staff feel the benefits quicker.

The 10 Year Health Plan has set the government's long-term vision for the future of the NHS. At its heart are 3 fundamental shifts that will define how healthcare is provided over the next decade: from hospital to community, from analogue to digital and from sickness to prevention. This 10 Year Capital Plan sets out how we will support delivery of that vision through capital investment.

The plan brings together existing capital commitments into a single, coherent framework that is aligned with the 10 Year Health Plan. Supported by long-term funding certainty, it shows how capital investment will enable service reform, support new models of care and drive transformation across the system.

We will enable the shift from hospital to community by investing in new and upgraded neighbourhood health facilities, including primary and community care buildings. We are also funding adaptations to support people to stay in their own homes for longer.

This will bring care closer to home, support more integrated and preventive models of care, and reduce avoidable pressure on hospitals. At the same time, we will take steps to renew and modernise the acute hospital estate that the NHS will continue to rely on, including by:

- tackling critical safety risks
- reducing backlog maintenance
- replacing infrastructure that is no longer fit for purpose
- optimising and right-sizing the estate in line with future service models

We will drive the shift from analogue to digital by investing in technology, data and digital infrastructure that improves access for patients, supports clinicians and reduces administrative burdens. Digital capability will enable new ways of providing care across hospital and community settings. This will improve productivity and secure better value from wider capital investment.

We will support the shift from sickness to prevention by investing in capabilities that enable earlier identification of health risks and more proactive intervention, including genomics, diagnostics and research infrastructure. In parallel, we will strengthen the system's ability to withstand future shocks through sustained investment in pandemic preparedness, biosecurity, cyber security and climate resilience – supporting this government's wider Kickstarting economic growth mission as well.

Alongside enabling our strategic health priorities, our capital plan also supports the delivery of wider cross-government missions, including economic growth, housing and clean energy. The NHS can play a central role in placemaking as an anchor institution at the heart of communities. These are mutually reinforcing with our health objectives,

providing maximum impact from investment for patients, taxpayers and the economy as a whole.

Alongside setting out investment priorities, this plan is clear about how we will deliver differently. We are reforming the capital regime to reduce bureaucracy, speed up delivery and improve value for money.

Longer-term funding certainty, clearer roles and responsibilities, greater autonomy for high-performing organisations, streamlined approvals, and a stronger focus on outcomes will maximise the value we get from healthcare capital spending. This will be a joint endeavour between local and national partners, with both incentivised to deliver this new approach to capital spending effectively. Where appropriate, we will mobilise private investment in a targeted and disciplined way to accelerate delivery.

Taken all together, this plan provides a comprehensive framework for how capital will enable implementation of the government's vision for health and care. By aligning long-term investment with service reform and embedding a more mature approach to capital investment, it ensures infrastructure enables – rather than constrains – the transformation of the NHS over the decade ahead.

Why capital matters

Strategic context

Sustained, strategic capital investment is a vital enabler of a healthcare system that is truly fit for the future. It provides benefits including:

- high-quality, physical infrastructure in the right place, supporting world-class care
- technology and digital innovations that drive productivity
- research and development (R&D) to identify the cutting-edge medicines of tomorrow
- resilience to future shocks

In that context, the findings of Lord Darzi's independent investigation of the NHS are stark. Historic and sustained capital underinvestment has starved the healthcare system of the resources it needed – amounting to a £37 billion shortfall compared with international peers[1] since 2010.

This has been compounded by a short-term capital regime, restricted by a cycle of single year 'cliff edges' in the public sector fiscal cycle, that has discouraged strategic planning, stifled innovation and undermined value for money. This picture is widely recognised by stakeholders and partners within and beyond the NHS and wider healthcare system.

This means opportunities to reap the wide-ranging benefits of consistent capital investment have been missed – and we see the impact of that today. Under the previous government, the hospital backlog maintenance bill has more than doubled since 2015 to nearly £16 billion, with over 4,100 recorded estates-related incidents in 2024 to 2025 – dragging down productivity and damaging patient satisfaction and staff morale. Of the primary care estate, 20% pre-dates the foundation of the NHS itself, with many buildings unfit to house modern models of care.

And, while the UK remains at the forefront of R&D and life sciences innovations, that position is at risk without continued strategic investment. The impact of this ultimately falls on patients, staff, taxpayers and the economy as a whole. It is therefore a challenge that cannot be ignored.

Figure 1: facts on Department of Health and Social Care (DHSC) capital spend and the NHS estate

27.8 million square metre (sqm)	The gross internal area (GIA) of the diverse and ever-changing secondary care estate – equivalent to around 4,000 football pitches	**800 buildings**	in community trusts – with 600,000 sqm of space (GIA)	**4,100**	clinical service incidents caused by estates and infrastructure failure in 2024 to 2025
13,400 buildings	in secondary care – 7,900 in acute trusts	**£15.9 billion**	is needed to eradicate the backlog of maintenance in the NHS secondary care estate	**£1.2 billion**	The acute estate energy bill in 2024 to 2025
Over 8,000	primary care buildings	**11%**	of the estate was built pre-1948 – olderthan the NHS itself	**<1%**	of energy consumption from onsite renewables
4,000 buildings	in mental health trusts – with 4 million sqm of space (GIA)	**8,700**	estate-related incidents in 2024 to 2025	**>5,000**	gas boilers older than 10 years in use

As figure 1 above shows, DHSC's capital spend and the NHS estate includes:

- 27.8 million square metres of diverse and ever-changing secondary care estate – this gross internal area (GIA) is equivalent to about 4,000 football pitches
- 13,400 secondary care buildings, 7,900 of which are in acute trusts
- over 8,000 primary care buildings
- 4,000 buildings in mental health trusts with a total of 4 million sqm GIA
- 800 buildings in community trusts, totalling 600,000 sqm of GIA

Of the current physical estate:

- there is a £15.9 billion backlog in maintenance issues (such as building issues that should have already been addressed)
- 11% is older than the NHS (pre-1948)

In terms of energy use, infrastructure and consumption:

- the acute estate energy bill in 2024 to 2025 was £1.2 billion
- there are more than 5,000 gas boilers older than 10 years currently in use
- less than 1% of energy consumption across the NHS estate comes from onsite renewables

As a result of the above deficits, in 2024 to 2025, there were 4,100 clinical service incidents caused by estates and infrastructure failure, and a total of 8,700 estate-related incidents.

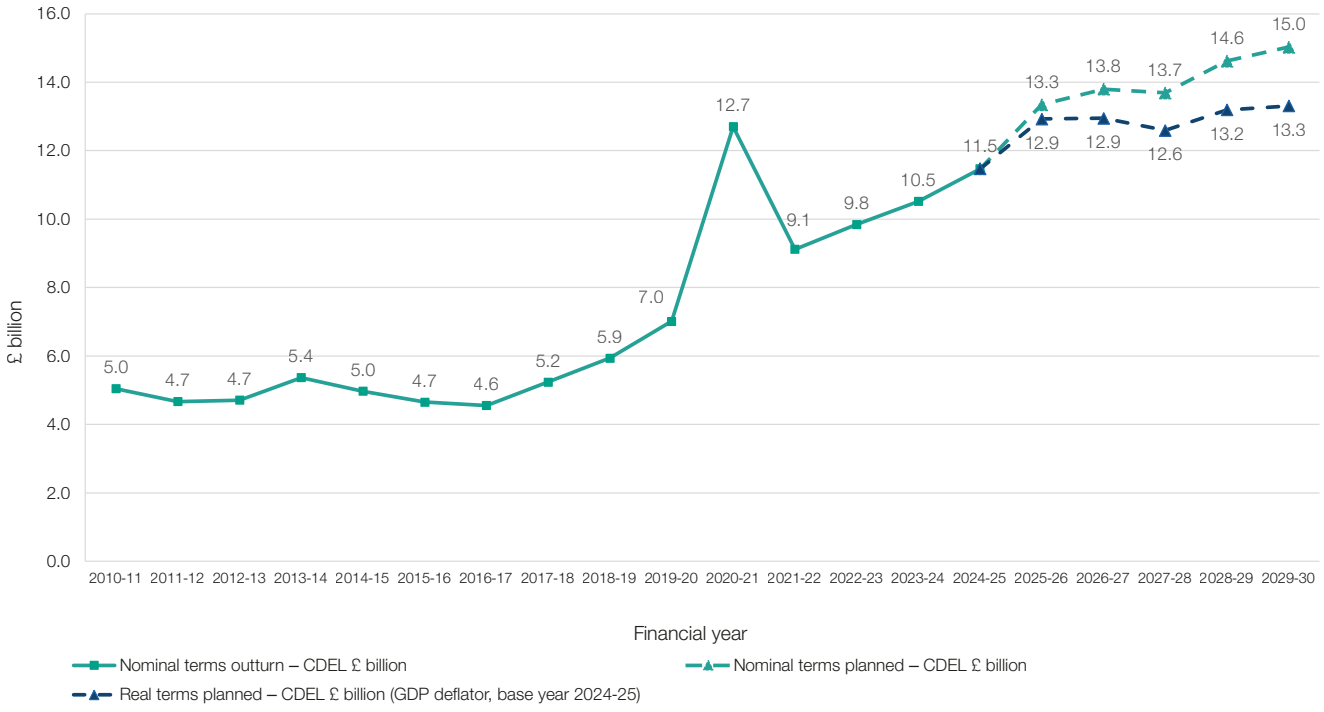
Government action so far

This government is fully embracing this challenge and, since July 2024, has already taken decisive initial steps to address its root causes.

This includes increased investment, with the Spending Review (SR) 2025 and Autumn Budget 2025 confirming that the healthcare capital budget will rise to £15 billion by 2029 to 2030 – the highest it has ever been.

In addition, the government's new fiscal rules prevent the annual cycle of capital funding being used to shore up day-to-day spending rather than investing in high-quality infrastructure.

Figure 2: capital departmental expenditure limit (CDEL) budgets, in nominal and real terms, between financial years 2010 to 2011 and 2029 to 2030



Sources: DHSC annual report and accounts 2024 to 2025 and HM Treasury's Autumn Budget 2025.

Note: CDEL figures are based on control totals confirmed at HM Treasury's Autumn Budget 2025. They take into account 1% savings confirmed by the Prime Minister to fund the Defence Investment Plan, which are to be formalised at Autumn Budget 2026

The chart at figure 2 above shows the change in DHSC CDEL allocations in nominal and real terms since the 2024 to 2025 financial year, adjusted using the GDP deflator. It shows that, in real terms, CDEL budgets will increase by 16% (£1.8 billion) between 2024 to 2025 and 2029 to 2030. CDEL growth was highly constrained between 2010 and 2020 in particular and is now projected to increase from £11.5 billion in 2024 to 2025 to £15 billion by 2029 to 2030.

The government has published its 10 Year Infrastructure Strategy, which takes a long-term approach to social infrastructure investment. This confirms unprecedented long-term budget certainty for healthcare capital – with NHS maintenance budgets extending to 2035, on top of multi-year allocations up to 2030 for wider capital funding streams.

More broadly, the government has committed to a consistent fiscal cycle of 5-year capital budgets, which will be extended every 2 years at regular spending reviews, avoiding funding 'cliff edges' and providing greater certainty. These respond directly to the capital planning challenge most consistently cited by the system and the market, providing the confidence needed for long-term investment decisions and better supporting strategic, multi-year capital projects.

Additionally, in November 2025, NHS England published the Medium-Term Planning Framework, which is designed to encourage system planners to focus on more than the next financial year. This introduced major national reforms to the NHS capital regime in line with commitments made in the 10 Year Health Plan, including:

- expanded capital freedoms and flexibilities
- greater autonomy for high-performing providers
- a streamlined approvals process, enabling faster delivery

Next steps: supporting delivery of the 10 Year Health Plan

With those foundations in place, our focus now turns to delivery. The 10 Year Health Plan sets out 3 fundamental shifts that will define the future of the NHS:

- shift 1: from hospital to community
- shift 2: from analogue to digital
- shift 3: from sickness to prevention

This 10 Year Capital Plan sets out how the government's approach to capital investment over the next decade will enable and deliver those shifts. Capital investment is an enabler, meaning not every investment in this plan sits neatly within a single shift. Many programmes contribute to more than one, and some provide the foundations that underpin all 3. But, taken together, every element of this plan either delivers these shifts directly, enables them or protects them by strengthening the resilience of our healthcare system.

The sections that follow set out how healthcare capital investment will:

- accelerate the shift to community-based care and modernise the estate
- transform services through technology and digital infrastructure
- support prevention, resilience and earlier intervention to improve health outcomes
- drive wider government missions including growth, clean energy and housing
- be delivered more quickly, efficiently and effectively through a reformed capital regime

Together, this creates a comprehensive framework for turning long-term funding certainty into real-world improvements – safer buildings, better services and improved health outcomes. This provides the support and direction the system has asked for, and illustrates how we will maximise impact and value for money in a fiscally constrained context.

From hospital to community – neighbourhood infrastructure and modernising the NHS estate

High-quality, modern buildings with the right capacity in the right places are fundamental enablers of patient care. In the 10 Year Health Plan, the government set out its ambition to move to a neighbourhood health service as a core part of the 'left shift' from hospital to community.

This will benefit patients by improving access to general practice and wider services, and bringing care closer to home. In turn, this will reduce unnecessary reliance on hospitals, and support a fundamental shift from reactive treatment to prevention, proactive care and integrated multidisciplinary working.

The estate is a vital enabler of that objective. However, our primary and community care infrastructure is not currently well equipped to accommodate this shift. Half of GPs regard their own practice as not fit for purpose and nearly a quarter of buildings pre-date the foundation of the NHS itself. Many of these are in converted residential properties without the space or facilities to house multidisciplinary teams providing integrated care.

Our capital plan will change this. The government has already taken initial steps to reverse previous underinvestment by providing £102 million in financial year 2025 to 2026 for the Primary Care Utilisation and Modernisation Fund (PCUMF), the first dedicated capital fund for primary care since 2020. This has supported over 790 capital investment projects across England so far, upgrading GP buildings by bringing unused space into clinical use to enable around 9 million clinical appointments and improving capacity.

UMF case study 1

At Lovemead Group Practice, part of Bath and North East Somerset, Swindon and Wiltshire Integrated Care Board (ICB), almost £144,000 of PCUMF funding was invested to convert a former pharmacy into 5 new rooms, which included a new storeroom, utility room and patient-facing rooms. By making better use of the existing space, the practice will be able to offer 44,200 additional appointments, improving access to care.

UMF case study 2

At South East London ICB's Woolstone Medical Centre, an £8,500 PCUMF investment supported the reconfiguration of an existing underutilised interview room, increasing clinical capacity within the building. This improvement is expected to enable approximately 5,000 additional appointments each year, helping improve access for local patients.

Neighbourhood health centres

To truly enable a neighbourhood health service, we need to go much further to create the required physical capacity in primary and community facilities. That is why, at the Autumn Budget 2025, we committed to delivering 250 neighbourhood health centres (NHCs) with 120 operational by 2030.

NHCs represent the physical manifestation of the neighbourhood health service operating model, bringing together GP services with a mix of community, local council and voluntary sector provision – and the technology to support this. This will allow staff to provide more co-ordinated and effective care, leading to better outcomes for patients.

Neighbourhood health needs to be locally led and tailored to the specific needs of local communities and populations. That core principle runs throughout the programme and so our delivery approach to NHCs is designed with that flexibility in mind.

There will be 2 main routes to establishing NHCs – through the:

- upgrading and repurposing of existing estate. We will capitalise on opportunities to unlock improved utilisation, co-location (physical and digital, driven by our investment in technology to ensure systems are interconnected) and service integration in existing buildings. This will enable us to deliver NHCs to NHS England's recently published design and performance specification quickly and affordably, supported by public capital funding. This approach also supports the government's broader public estate productivity objectives, making better use of the buildings we already have, as well as the wider One Public Estate agenda by partnering with other public sector providers. Some high-street premises, libraries, leisure centres or other civic assets may be suitable for adaptation to host neighbourhood health services
- provision of purpose-built, digitally enabled new facilities, where existing estate cannot provide the scale, condition or configuration required to host NHCs. These schemes will be supported through a combination of public capital and the new public-private partnership (PPP) financing model being developed (and covered in more detail below in section '6. Embedding a mature capital culture – delivering better value more quickly'). This will support the timely provision of high-quality purpose-built NHC infrastructure by harnessing private sector capability to deliver schemes to time and cost

This approach will be supported by around £200 million of public capital funding over the SR period to 2030, alongside funding through PPPs, the cost of which will be subject to development of a national pipeline.

As part of the next phase, ICBs will lead development of specific proposals in their localities based on their deep understanding of population need and local infrastructure requirements, with regions also playing a central role in shaping a coherent pipeline across their geography. NHS England has published detailed guidance for systems to develop these proposals, which includes detail on specific NHC archetypes, funding methodology and approvals.

The first 27 NHC upgrade schemes were announced in March 2026, with delivery expected to be completed by March 2027. We will build on this by bringing forward a pipeline of future projects later this financial year.

This approach represents a decisive step in providing the infrastructure needed to enable the shift from hospital to community. It will:

- work in lockstep with wider neighbourhood health reforms
- bring together capital investment objectives, innovative financing models and overarching national estates priorities
- foster closer collaboration with local partners on opportunities to meet health and growth objectives

This will help deliver genuine change for patients and staff.

General practice and other primary care buildings

The capital dimension of the shift to community is not just about NHCs. We recognise that truly effective neighbourhood health will encompass a range of different facilities and buildings that work together and integrate effectively to ensure universal coverage. For that reason, we will continue the PCUMF, providing £200 million of further investment this Parliament. This will deliver additional upgrades to existing GP practices, increasing capacity and enabling extra appointments. Crucially, moving to a multi-year allocation will allow systems to plan and deliver more strategic projects with this money. Systems should also leverage other

public funding schemes, such as the Pride in Place Programme, to help deliver infrastructure improvements to community health.

We will also ensure we safeguard critical areas of the primary and community care estate for the long term by setting out a clear way forward on Local Improvement Finance Trust (LIFT) buyback. The LIFT programme was set up to invest in primary and community care infrastructure whereby the NHS, Community Health Partnerships and private sector partners set up a LIFT company that owns the facilities and then leases them back to the NHS. This has resulted in more than £2.5 billion of investment in well-maintained facilities across England. At lease expiry, we will work closely with Community Health Partnerships to ensure estate that is needed is safeguarded and remains with the NHS.

We have also launched a voluntary transfer scheme of properties from NHS Property Services to NHS trusts and foundation trusts. Many providers cite disparate ownership arrangements as a significant barrier to achieving maximum utilisation, meaning buildings are not being used as effectively as they could be to provide patient care. By placing appropriate assets with the organisations providing care and ensuring strategic alignment through ICBs, the transfer policy becomes an important part of the 10 Year Health Plan's localisation agenda.

This will help to accelerate the shift to neighbourhood-level, integrated, preventive care while maximising value for money from the NHS estate.

Mental health

We are also providing capital investment to support mental health, learning disabilities and autism, including to establish community-based mental health centres.

These centres use new or existing community-based facilities and redesign existing secondary care mental health services with the aim of providing holistic, relational care to patients and their families in their neighbourhood – thus improving access and continuity.

They will be fully integrated alongside NHCs, as well as other types of community health provision including community diagnostic centres, in local neighbourhood service plans.

Capital investment will also be used to fund crisis accommodation. Such accommodation provides short-term, safe residential support to help people through periods of acute mental health or behavioural crisis, while avoiding unnecessary hospital admission.

Adult social care

We will continue to provide capital investment to support the adult social care system through the Disabled Facilities Grant, which provides funding for home adaptations supporting older and disabled people to live independently and safely.

We will provide over £3 billion in this SR period, partnering with the Ministry of Housing, Communities and Local Government (MHCLG) and local councils (through which funding is administered) to ensure support is targeted as effectively as possible. DHSC is also working closely with MHCLG to provide new specialist and supported housing through the Social and Affordable Homes Programme.

There is strong evidence that living in a home that sustains safe, independent living can help to prevent unnecessary admissions to hospital and ensure people can return home without delays to discharge. This, in turn, releases pressure on the NHS and its estate, releasing capacity to support urgent and elective care patients.

These programmes therefore will continue to form a core part of how our capital plan supports the shifts from hospital to community and sickness to prevention.

Modernising the estate – hospitals and secondary care

Together, these funding streams represent a comprehensive approach to delivering the wide range of digitally enabled physical infrastructure that will facilitate the shift to community-based care.

At the same time, as care increasingly moves into community and neighbourhood settings, the role of the secondary and acute estate will also evolve. Hospitals will clearly continue to play a critical role in providing specialist, emergency and complex care. However, in that context, we must ensure the acute estate is configured, sized and located in a way that supports modern models of care and makes the best use of public resources.

This will create opportunities to optimise and streamline the NHS estate. As activity shifts out of hospitals and digital innovations reduce the need for some traditional uses of space (for example, storage of physical patient records or rooms for outpatient appointments that can be conducted virtually through NHS Online or in NHCs), we expect providers, systems and regions to be proactive in identifying elements of the estate that are no longer required to support future service models.

Disposing of surplus or unsuitable 'tail' estate can:

- reduce running costs
- help address backlog maintenance
- realise capital receipts for re-investment
- support wider public sector objectives, including housing and regeneration

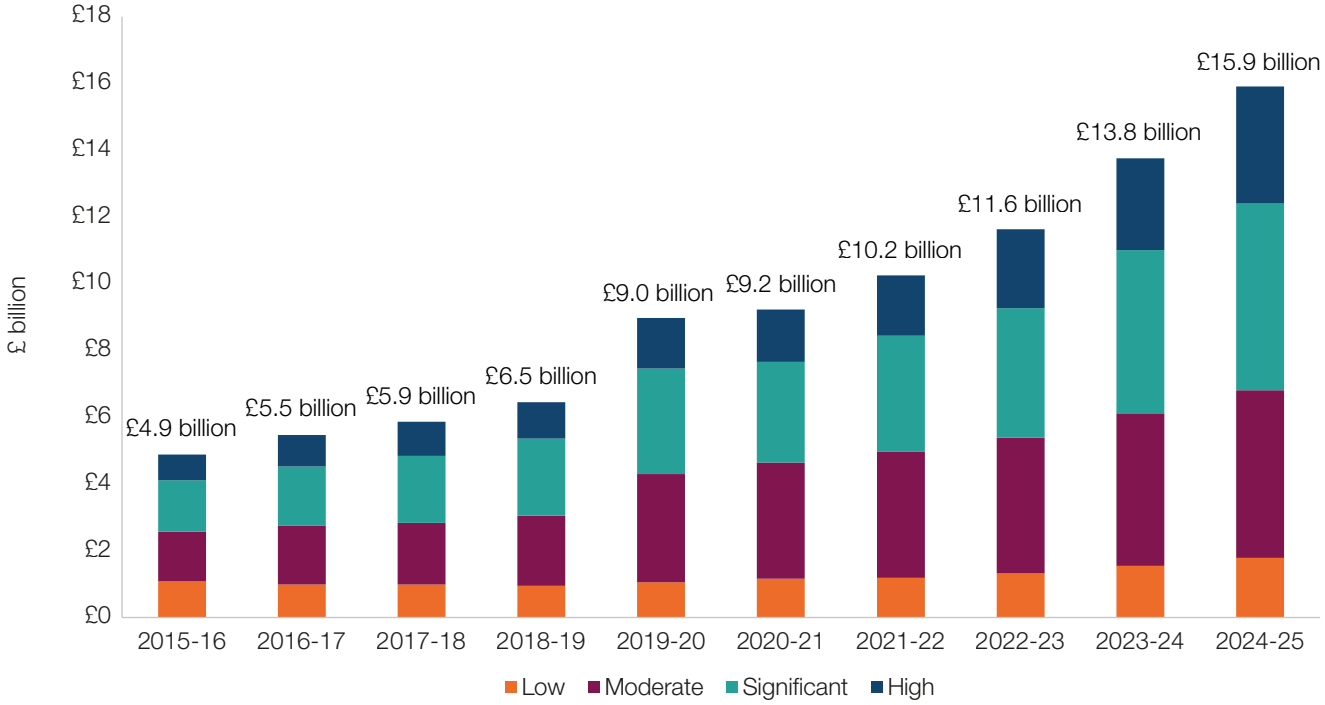
All integrated care systems (ICSs) have undertaken detailed core, flex and tail assessments of their estate through NHS England's ICS infrastructure strategy programme. We expect local capital investment plans to align with these assessments and wider service transformation priorities, ensuring that funding is focused on buildings the NHS needs to retain rather than being diverted into inefficient or underutilised facilities.

Our approach to capital investment in the acute estate

While the shift to community will, in the long term, change the demands placed on hospitals, it does not reduce the importance of having a safe, well maintained and high-quality acute estate.

However, prolonged capital underinvestment, as identified by Darzi, has left many of our hospital buildings in poor condition.

Figure 3: cost to eradicate backlog maintenance between financial years 2015 to 2016 and 2024 to 2025



Source: NHS England Estates returns information collection (ERIC).

As the stacked bar chart at figure 3 above shows, backlog maintenance has more than tripled since 2015, with the highest-risk categories increasing most rapidly. The cost to eliminate low, moderate, significant and high-risk backlog maintenance issues has increased from £4.9 billion in financial year 2015 to 2016 to £15.9 billion in 2024 to 2025.

In the last year alone, over 4,100 service disruption incidents were recorded by NHS trusts as a result of estates failures, including issues with fire safety systems, electrical infrastructure and water ingress that led to ward closures.

Such failures result in cancelled appointments, delayed treatment for patients and unacceptable working conditions for staff – undermining productivity and performance.

The government will therefore embark on a decade of renewal of the NHS estate. We are committed to sustained investment to address crumbling buildings across the NHS, and resolve the issues that put patients and staff at risk and hold back productivity.

While increased capital investment is vital, this is not a quick or easy fix. The NHS needs to operate sustainably in the context of wider fiscal constraints. For that reason, our approach will maximise the opportunity presented by longer-term funding certainty to embed stronger, more effective strategic planning and create a more efficient and better-utilised estate.

At its heart, our capital investment strategy anchors around the following 3 main elements:

- repair and renew
- rebuild and replace
- optimise and strengthen

Repair and renew – estate safety and condition

We are clear that a more comprehensive and systematic approach to maintenance and renewal of the estate is required to turn the tide on its deteriorating condition.

As a first step, we have invested £826 million through the Estates Safety Fund in financial year 2025 to 2026, delivering over 1,000 maintenance schemes in hospitals across England.

These projects have delivered a wide range of targeted and critical safety works, including in the maternity estate where there are well documented issues with inadequate space and poorly maintained physical infrastructure (see the Maternity and neonatal infrastructure review findings for more detail on this). Investment through the Estate Safety Fund will help to address these issues and improve the physical environment in which women give birth and babies receive their earliest care.

Examples of projects funded through the Estates Safety Fund in financial year 2025 to 2026 include:

- an acute trauma theatre refurbishment at Hull Royal Infirmary, Hull University Teaching Hospitals NHS Trust. Works included replacing a theatre that was around 50 years old, allowing for critical patient and staff safety improvements. The fund also facilitated a new plant room and upgraded ventilation on site to allow for the refurbishment
- the replacement of obsolete boilers at Queen Mary's Hospital, Oxleas NHS Foundation Trust. The original boiler plant was installed in the early 1970s. The improvement works have had a direct positive impact on patient experience by providing more reliable heating across wards and clinical areas. Improved temperature stability also supports staff in providing care without avoidable disruption, and reduces the risk of service interruption caused by heating failures or unplanned shutdowns
- the replacement of passenger lifts at the maternity unit at Croydon University Hospital, Croydon Health Services NHS Trust, which has ensured that patients can safely access theatres, the emergency department and the maternity ward

These are tangible examples of schemes that are already delivering material benefits to patients and staff. However, the scale of the challenge here means we need to go further. That is why, as set out in the NHS capital guidance, we will deliver a step change in estates investment by providing a minimum of £6.75 billion through the Estates Safety Fund over the next 9 years (between financial years 2026 to 2027 and 2034 to 2035).

This funding forms part of the £65 billion 10-year funding settlement for operational capital and maintenance funding confirmed through the 10 Year Infrastructure Strategy. We will make the most of this unprecedented long-term certainty by supporting providers and systems to:

- plan confidently over longer-term horizons
- address urgent operational risks
- maximise the impact of every pound spent

As well as enabling a rolling programme of maintenance works, this approach will also support the delivery of higher-value, strategic estates refurbishment, reconfiguration and replacement schemes that address some of the most longstanding chronic infrastructure risks in the NHS.

To maximise the impact of this funding, we will digitise NHS estate condition data through a national asset survey, giving local and national leaders consistent, accessible information to target investment where need is greatest and improve value for money. Alongside this, NHS England's Estates Digital Maturity Assessment provides a baseline to support development of a more interoperable and future-ready estate.

Beyond the Estates Safety Fund, we will continue providing targeted support to NHS trusts affected by reinforced autoclaved aerated concrete (RAAC), with our aim to eradicate RAAC from the NHS estate by 2035. Over the next 4 years, we will eradicate RAAC from 22 hospitals and progress works at the remaining hospital sites to protect patients, staff and the public, backed by £1.6 billion of investment. This includes targeted safety mitigations to keep the 7 hospitals that are most severely impacted by RAAC safe to operate until completion of wave 1 of the New Hospital Programme (NHP) by 2033.

Rebuild and replace – New Hospital Programme

We have reset the NHP with a credible plan to deliver. Upon coming into office, this government has reviewed and rebuilt the programme and, in January 2025, we published the New Hospital Programme: plan for implementation. This has put the programme on a firm footing to deliver multiple hospital schemes at the same time across the country through consecutive waves of investment. As part of this, we have committed significant long-term investment that will average around £3 billion a year from 2030.

Our credible approach to the programme aims to transform the way new health infrastructure is implemented across the NHS. Using 'Hospital 2.0' (our standardised model for hospital design, implementation and operation), we will more effectively build hospitals that are aligned to the needs of patients and staff, including:

- single bedrooms to improve patient outcomes
- easier-to-navigate layouts to boost efficiency and productivity
- dedicated staff spaces to support wellbeing

We will support market capacity to grow by giving the industry a stable pipeline of investment in manufacturing and supply chains. In March 2026, we announced that 10 contractors had joined the Hospital 2.0 Alliance, which brings together NHS England, NHS trusts, construction partners and the wider supply chain in a true alliance model designed to drive systemic change across the sector.

With a funded and credible plan now in place, our focus over the course of the next 10 years will be on delivery. Seven schemes in wave 0 are already in construction. By 2030, we expect to begin construction and substantially progress development of all 16 hospitals in wave 1 across all regions in England, including 7 hospitals predominantly built with RAAC. By 2035, a further 9 schemes will be in progress as part of wave 2.

Optimise and strengthen: supporting the return to constitutional standards

Our 10 Year Capital Plan also prioritises investment to optimise the estate, and provide the transformation and capacity needed to:

- support the return to elective constitutional standards
- improve urgent and emergency care performance

These are centrepiece commitments within both the 10 Year Health Plan and the government's Plan for Change, and are supported by significant funding of around £5 billion over this SR period up to 2030.

This funding will support:

- a range of interventions to deliver local transformation priorities, including diagnostics, urgent treatment centres and emergency departments
- the completion of elective and surgical hub schemes

The programme will maximise opportunities to optimise estate utilisation, alongside providing improvements to patient care. It will also provide additional bed capacity and rebalance this into the community to support those whose needs can be better met there than in hospital. Collectively, capital investments must work alongside new service models if we are to meet the stretching improvements in service provision that we have set ourselves – this means a renewed focus on outcomes is crucially important.

Regions are working with ICBs to develop comprehensive local plans that:

- are aligned with national objectives
- offer demonstrable performance impact against core outcome measures
- demonstrate clear value for money and productivity benefits

Returning the quality of care to constitutional standards also relies on efficient care pathways – and the secondary care estate is critical in enabling this. Configuring the estate in the right way means that patients are seen by the appropriate staff in the right setting, which contributes to a steady flow of patients through the system. This means better health outcomes and supports the shift towards prevention and community-based care.

From analogue to digital – transforming care through digital technology

The 10 Year Health Plan set out a bold ambition to create the most digitally accessible healthcare system in the world. Technological advances are profoundly reshaping our economy and will:

- revolutionise NHS patient care
- transform the experience of clinicians
- drive productivity
- enable new models of care

We will ensure we capitalise on these opportunities. This section sets out how sustained capital investment in technology and digital infrastructure will drive the shift from analogue to digital and transform the way services operate – providing better outcomes and value for money.

As the technological revolution evolves, so must our investment strategy. Capital has a core role to play in delivering the critical digital infrastructure required and, alongside support on implementation, is the central way in which our capital plan contributes to the shift from analogue to digital. Over the SR period, alongside more than £6 billion of revenue funding, the government will invest over £4.4 billion of capital in technology and digital programmes.

Together, these investments are expected to deliver more than £38 billion of benefits over the next decade. This includes:

- delivering a world-leading tool for patient access through the NHS App
- embracing artificial intelligence (AI) to support clinicians
- introducing a new single patient record to make sure patients get seamless care no matter where they are in the NHS

Improving access and patient experience through digital services

The NHS App will help to ensure seamless navigation and communication between primary and secondary care. It will also guide patients to self-care, primary care and urgent care through a single user-facing service, giving patients a unified view of their medical history and enabling 2-way communication and active management of their own health needs.

Improving productivity on the frontline is also driven by tech investment and implementation support. This will liberate staff from bureaucracy by funding investment to digitise clinical documentation and enable mobile access to patient records.

Capital investment in digital platforms also underpins the introduction of the single patient record, supporting seamless information sharing across primary, community and secondary care. Patients will experience joined-up care regardless of where they are treated – reducing duplication, improving safety and supporting earlier intervention.

We will also continue to invest in the Federated Data Platform – representing almost £40 million of capital spend last year – which enables the use of new and emerging technologies and supports our growth mission. This pilots the use of AI to reduce both the clinical and administrative burden for staff – leading to improved productivity, reduced waste and freeing up more time to provide high-quality patient care – and, in turn, decrease the amount of time patients spend in hospitals.

Driving productivity and supporting the workforce

Digital investment plays a crucial role in addressing the productivity and workforce challenges across the healthcare landscape. Increased digital integration and connectivity has the potential to significantly change the way the workforce interacts with patients by automating processes, reducing paperwork and increasing the amount of time for direct patient care. These opportunities should be harnessed to address the critical retention challenges many provider organisations are facing.

Ensuring that the workforce is digitally enabled is essential to securing value for money from capital investment. Digital tools that are well integrated into clinical workflows improve staff experience, support retention and ensure that infrastructure investments translate into real improvements in care provision.

A digitally-enabled estate and smart infrastructure

The shift from analogue to digital is not just limited to clinical systems. A digitally mature estate also enables the shift towards smart buildings, where real-time data from building management systems, sensors and digital platforms supports safer, more efficient and more sustainable operations.

We will build on steps already taken to set digitally enabled buildings as a core expectation, including through the NHP standardised design and full digital connectivity in NHCs.

Over time, this will ensure that new technologies are able to be deployed more easily and support more efficient operation of the NHS estate.

A digital NHS fit for the future

These investments will support a decisive shift from analogue to digital across the health and care system. Capital investment provides the foundations for modern, flexible and interoperable digital infrastructure that:

- supports service transformation and improved productivity
- enhances staff and patient experience

Digital capability is not an end in itself. It is a critical enabler of the wider reforms set out in this plan, supporting:

- care closer to home
- earlier intervention
- a more resilient and sustainable NHS

By investing in digital infrastructure now, this plan ensures that the health and care system is equipped to meet the demands of the next decade and beyond.

From sickness to prevention – supporting earlier intervention and strengthening resilience

The third shift in the 10 Year Health Plan is from sickness to prevention – identifying risks earlier and intervening sooner to help people live healthier, more independent lives.

This section sets out how our capital plan supports this in 2 core ways by:

1. enabling earlier identification of long-term health conditions and more proactive intervention
2. strengthening system-wide resilience so that future threats to patient health are anticipated, mitigated and withstood

Research and development enabling earlier intervention

Investment in health R&D is a core enabler of the shift from sickness to prevention. Advances in medicines, diagnostics, genomics and data-driven technologies are transforming our ability to:

- identify health risks earlier
- intervene more precisely
- prevent conditions from progressing to illness that requires intensive treatment

Capital investment underpins these advances by supporting the infrastructure, facilities and data platforms needed to develop and deploy innovation at scale.

The government's investment in research through the National Institute for Health and Care Research (NIHR) supports the development of faster, safer and more effective care pathways. This includes new diagnostic tools and treatments that enable earlier and more accurate identification of risk. Research-active NHS organisations are better able to integrate innovation into routine care, helping to embed preventive approaches and improve system sustainability over the long term.

We are increasingly directing research investment towards prevention and long-term conditions that have the greatest impact on people's ability to remain healthy and independent. Priority conditions such as musculoskeletal disorders, cardiovascular disease and mental health are central to this approach. NIHR's £157 million investment in a new set of Applied Research Collaborations focuses on improving care for long-term conditions, tackling health inequalities and supporting practical interventions that help people stay healthier for longer.

To accelerate the development and adoption of preventive innovation, we will reduce the time it takes to bring game-changing technologies into use through a new R&D innovation plan. NIHR's Innovation Catalyst:

- strengthens the government's offer to small and medium-sized biotech and medtech enterprises to develop and evaluate high-value innovation
- pulls through technologies that address core system needs and support earlier intervention

Data and digital infrastructure are also critical to prevention-led research. The Health Data Research Service (HDRS) will transform researchers' ability to access and use linked NHS data securely and efficiently, enabling faster discovery of new medicines, diagnostics and technologies. By simplifying access to high-quality data and accelerating clinical research, the service supports a more predictive, preventive and personalised approach to care.

Together, these investments ensure that R&D plays a central role in shifting the health system upstream – away from reacting to

illness towards identifying risk earlier and intervening sooner to prevent harm.

Genomics

Likewise, continued investment in genomics is central to prevention. That is why this government has underlined its long-term commitment to genomics by pledging more than £650 million of investment, over 5 years, in Genomics England so that:

- by 2035, we anticipate up to half of all healthcare interactions will be informed by genomic insights and other predictive analytics
- by 2030, the UK will be the leading life sciences economy in Europe and, by 2035, it will be the third-most-important life sciences economy globally, behind only the USA and China

The NHS was the world's first healthcare system to systematically embed genomic testing in routine clinical care for patients with rare diseases and cancer, including whole genome sequencing. Genomics England will support the NHS to go further in harnessing the potential of genomics for improving care throughout life by delivering world-leading research studies and strengthening national digital infrastructure. Investing in technology and digital capacity to support this will be vital to the success of significant genomic investment.

Working in partnership with the NHS, Genomics England will complete the Generation Study, which will sequence the genomes of up to 100,000 newborn babies, with their parents' consent, to screen for more than 200 rare conditions. Insights from this study will inform the government's ambition to offer genomic sequencing at birth for all newborns by 2035. Genomics England will also deliver a new adult population genomics programme, which will sequence the genomes of up to 150,000 adults and explore the integration of results into routine care to enable more preventive, personalised and data-driven healthcare.

By 2030, Genomics England will host one of the largest and richest genomic research databases globally, with over 500,000 genomes. Partnering closely with academia and industry, this will support the development of cutting-edge diagnostics and treatments to improve patient outcomes, and sustain life sciences sector growth. Genomics England will also support ground-breaking work on cancer innovation to promote growth and better patient outcomes, including clinical trials and AI.

Strengthening resilience to support prevention

Prevention also relies on a healthcare system that is resilient and ready to withstand future shocks. Pandemics, biosecurity threats and cyber attacks all pose material threats to population health and service provision.

The following sections set out how our capital investment will ensure the system can anticipate these risks, respond effectively when they arise and continue to provide care without disruption.

Pandemic preparedness

A pandemic is the greatest natural hazard risk on the National Risk Register. As the COVID-19 response and module 3 of the UK Covid-19 Inquiry findings have demonstrated, the importance of prior investment is crucial – in particular to:

- build systems that can scale up and work in response to any type of disease
- increase capacity in urgent and emergency care
- improve data collection

The government's Pandemic Preparedness Strategy, published in March 2026, sets out a mission to rebuild the UK's readiness up to 2030 and prepare our underlying capabilities for future pandemics.

Investment in preparedness funds capabilities that identify and act on emerging risks, and enable us to respond to limit spread of the disease, save lives and protect the NHS and social care. We will invest up to £1 billion of capital and revenue funding over the course of this SR period to replenish and expand stockpiles, in line with lessons learned from COVID-19.

In practice, this means ensuring we have:

- sufficient stockpiles of personal protective equipment to protect frontline health and social care staff from the start of a pandemic
- stockpiles of medical countermeasures at clinically advised target volumes to prevent infection, illness and death, supported by arrangements such as the strategic partnership with Moderna
- the kit and systems to stand up population-level testing within 16 weeks and 20,000-per-week genomic sequences

As well as maintaining stockpiles, we will also continue to invest in the underpinning scientific research and innovation to be able to both rapidly evaluate existing countermeasures and develop novel products when needed. This will allow the physical infrastructure required for population-level testing and genomic sequencing to be activated at pace. We anticipate that other NHS buildings, including NHCs, will play a role in contributing to this capacity, offering flexible space that can be rapidly scaled for population-level testing when needed.

Additionally, we will mitigate the growing risk posed by vector-borne disease and pathogens to the UK. Once a vector is established, it becomes exponentially harder to eliminate, with interventions to control and respond to incidents being very costly.

The UK Health Security Agency (UKHSA) will invest in the expansion of the tick and mosquito surveillance infrastructure in the north of England, strengthening our ability to identify changing patterns in vectors while building regional capacity. UKHSA will also develop a tick-borne disease plan and deliver tick pathogen surveillance programmes.

National Biosecurity Centre

Long-term prevention and resilience also depend on sustained investment in health security infrastructure. As announced at SR 2025, the government is investing in a new state-of-the-art health security campus – including new high-containment laboratory facilities – in Harlow, Essex. This world-leading facility will play a central role in building the long-term resilience of our healthcare system, ensuring the country is better protected from emerging public health threats and future pandemics.

This multibillion-pound investment, with over £250 million of revenue and capital to be spent over this Parliament, will consolidate UKHSA's critical high-containment laboratories and research, diagnostic and emergency response functions into one purpose-built campus. This represents a once-in-a-generation strengthening of the UK's scientific infrastructure, enabling faster, more co-ordinated responses to dangerous pathogens and accelerating the development of life-saving vaccines and treatments.

Phased occupation will begin in the mid-2030s, with the National Biosecurity Centre fully operational by 2038. Once complete, it will form part of a wider national network of biosecurity facilities – an essential backbone of the UK's health resilience ambitions as set out in the National Security Strategy and the government's long-term plan to make the UK a life sciences superpower.

Cyber resilience

Protecting our health and social care system against growing cyber threats is central to strengthening resilience.

We are investing almost £1 billion of both capital and revenue investment in the cyber resilience programme over the SR period to support the 10 Year Health Plan ambition to improve public trust and digital resilience. The work will:

- strengthen cyber security across health and social care
- embed a security-conscious culture
- manage cyber risks proactively
- ensure all digital and data initiatives are protected, enabling safe, continuous patient services

This work will be a mix of central remediation and frontline funding to enable our end-to-end cyber resilience to grow, ultimately improving the safety, security and quality of patient care provided.

Supporting our wider mission and health outcomes

The sections so far set out how capital will support and enable delivery of our core health priorities and long-term strategic objectives. But we also know that the benefits of capital investment spread much more widely. It can:

- drive economic growth and productivity
- directly support the government's housing agenda and help create healthy new places to live
- support continued progress towards net zero and clean energy goals

This section sets out how our 10 Year Capital Plan will contribute to government's wider missions as set out in the Plan for Change. Crucially, these objectives are mutually reinforcing health outcomes – and work together to maximise the overall impact and value of capital investment.

Economic growth and productivity – research and Life Sciences

The previous section '4: From sickness to prevention: supporting earlier intervention and strengthening resilience' set out how capital investment in health R&D will support the shift to prevention – however, it is also a powerful engine of economic growth. The UK's life sciences sector supports thousands of high-value jobs and attracts crucial investment into the UK, as well as delivering better healthcare.

Evidence shows that every £1 invested by DHSC through NIHR generates a return of £13 in economic benefit that is driven by improved health outcomes, increased productivity and commercial impacts.

Through the Life Sciences Sector Plan, the government is taking targeted, concerted and ambitious action to unlock growth by:

- supporting high-growth businesses
- providing better health outcomes
- cementing the UK's global leadership in life sciences

Our ambition is that, by 2030, the UK will be the leading life sciences economy in Europe and, by 2035, the third most important globally, behind the USA and China.

The government aims for the UK to be one of the world's top destinations for clinical trials so that patients benefit from innovative cutting-edge treatments. To achieve this, NIHR has set up a Life Sciences Industry Hub to co-ordinate a compelling strategy for life sciences companies across all sectors and drive delivery of clinical research across the country. This includes funding for 15 commercial research delivery centres (CRDCs) and 14 primary care CRDCs in England to enhance the speed and efficiency of commercial clinical research delivery.

We will also invest £500 million to support the HDRS, alongside a further £100 million from the Wellcome Trust – making this one of the most significant investments in health infrastructure the UK has ever made. The HDRS aims to support economic growth by:

- making the UK the best place in the world for medical research
- transforming how researchers access and use NHS data
- enabling faster discovery of new treatments and technologies

This government is also investing up to £520 million in the Life Sciences Innovative Manufacturing Fund to attract and scale high-value medicines and medtech manufacturing in the UK. This capital commitment:

- strengthens sovereign capability
- supports supply chain resilience
- positions the UK as a competitive global hub for life sciences production

Clean energy, net zero and climate resilience

The 10 Year Health Plan confirmed that we will prioritise the NHS's existing commitments set out in the Delivering a Net Zero National Health Service report. It was clear that all NHS bodies will be expected to decarbonise, reduce environmental impact and increase resilience to climate risk.

Healthcare capital is critical to this agenda. It affects emissions and climate resilience right across the NHS, including areas like building design, energy systems, travel infrastructure and waste. Moreover, strategic capital and estates planning on environmental issues can help provide:

- better patient outcomes: climate-resilient environments support positive mental and physical health outcomes – often for the most vulnerable patient groups
- greater energy and resource efficiency: the NHS spends over £1.2 billion a year on energy and much of that is exposed to global gas price volatility. Cutting avoidable consumption frees up resources for the frontline
- wider growth: climate-aligned investment drives wider economic value by creating green jobs and strengthening UK supply chains in clean heat, power generation and transportation

The system has made excellent progress in recent years, achieving a 14% reduction in NHS carbon emissions since 2019, as set out in the recent Progress report – delivering a greener NHS: five years on. This included a 10% reduction in estates emissions – and we have recently seen the Countess of Chester Hospital NHS Foundation Trust become the first hospital to meet the NHS Net Zero Building Standard. The report also highlighted the wide-scale adoption of zero-emission vehicles (ZEVs) across the NHS fleet, with 1 in 10 now being ZEVs compared with 1 in 100 in 2021, and confirmed that all trusts and ICBs now have a green plan in place.

These initiatives to deliver net zero and reduce costs will also increase the NHS's climate resilience. Delivering the Third National Adaptation Programme by introducing system-level climate change risk assessments is set to strengthen health system resilience through adaptation of NHS sites and services, alongside reducing population health risks, by 2028.

This government continues to drive change. In 2025 to 2026 alone, we worked in collaboration with Great British Energy to invest £130 million in NHS solar projects that will return over £300 million to the frontline. In addition, £8 million of investment in NHS electric vehicle charging infrastructure, provided in partnership with the Department for Transport (DfT), will save millions of pounds, as well as improving air quality and enabling decarbonisation outcomes.

More broadly, the government's Design for Life roadmap has set a clear intent to better align supporting physical and digital infrastructure with the expected demands of a more circular healthcare system. Looking forward, the NHS clinical waste strategy will save around £11 million a year and reduce waste-related emissions by 30% over its first decade.

We must build on this progress. This government is committed to maintaining this momentum and so we will:

- continue to set standards and show climate leadership. We will work to secure as many co-benefits as possible for net zero, efficiency and resilience through the smarter use of the programmes set out in this plan. This includes requiring all NHP schemes from wave 1 onwards, all major upgrades and all new-build NHCs to comply with the NHS Net Zero Building Standard. Subject to legislation, statutory guidance will continue to be issued to trusts and ICBs requiring them to maintain green plans that align with the NHS's core ambitions on climate and environmental issues

- work across the system to break down barriers to financing and delivery. We will continue to work across government to secure new investment for net zero. In 2026 to 2027, we will invest a further £25 million in collaboration with Great British Energy to deliver solar installations at up to 40 more NHS sites. We will also provide £4 million of electric vehicle charger funding with DfT. Alongside this, we will continue to work with the National Infrastructure and Service Transformation Authority (NISTA), the Department for Energy Security and Net Zero and wider government partners to develop alternative financing mechanisms for decarbonisation and clean energy projects, including power purchase agreements. We will also develop and maintain a pipeline of electrical demand projects suitable for the Connections Accelerator Service announced in the Industrial Strategy, supported by NHS England's deployment of an electricity demand mapping tool
- renew our focus on climate resilience. Adaptation planning has been strengthened within trust and ICB green plans, and there are plans to conduct an adverse weather emergency response exercise in every NHS region by 2030. We will continue to work with UKHSA and others to model future heat impacts on population health, strengthen the evidence base on heat-related morbidity and hospital admissions, and assess the health and cost benefits of interventions. Guidance will be provided to NHS estates on minimising the impact of adverse weather on service provision and patient outcomes, and we will explore expanding estates data collections to inform our approach to adaptation, and options for piloting structural adaptation measures, including passive cooling

Health, housing and place based growth

The NHS estate will play its part in supporting the government's wider housing mission. Disposing of surplus NHS land, when it is no longer required for health services, can support the delivery of new homes and contribute to regeneration in local communities.

Section '2. From hospital to community: neighbourhood infrastructure and modernising the NHS estate' set out how we expect the shift towards community-based care to unlock additional opportunities here as areas develop and systems implement service transformation plans. This will build on the work undertaken by systems to develop infrastructure strategies that establish a clear understanding of future estate requirements.

This also raises capital receipts for investment locally. The 10 Year Health Plan was clear that all trusts have the authority to retain 100% of receipts from the disposal of assets they own and the freedom to use these flexibly across multiple financial years by notifying DHSC.

It is crucial that new communities are designed with health infrastructure from the outset to support healthy populations and create places where people want to live, particularly as our population ages. We will work with MHCLG to ensure the planning system properly and responsively supports delivery of health infrastructure, including neighbourhood health facilities, in areas of housing growth and new towns. 'Health on the high street' also has the potential to bring footfall to businesses in new towns and areas of housing growth, supporting our wider growth mission.

We expect the NHS, local planning authorities, local councils and other partners to work collaboratively and effectively to ensure that:

- local plans properly reflect future health infrastructure requirements
- developer contributions (section 106 planning obligations and the Community Infrastructure Levy) for health are secured and deployed effectively to unlock delivery
- the NHS is an active partner in local regeneration plans

Finally, we will support and enable NHS trusts to provide keyworker accommodation for NHS staff. This is a major challenge, particularly in areas where housing costs are high, impacting staff recruitment and retention. We will work with a selection of pilot trusts to explore a concessionary financial route to delivering investor-led keyworker housing on NHS land, with a view to scaling it nationally with supporting guidance and frameworks following a successful trial.

Embedding a mature capital culture – delivering better value more quickly

The preceding sections have set out how we will align increased overall capital funding with our strategic priorities to deliver the 3 shifts and wider government priorities. However, we know that we also need to change how capital funding is allocated, planned and deployed.

For too long, the benefits of capital investment have been constrained by the way capital flows through our healthcare system. Lord Darzi's investigation was clear that short-term funding horizons, overly complex approvals processes and restricted autonomy at the frontline have contributed to:

- an inefficient delivery of capital spend
- an inability to plan strategically
- poor value for money on programmes

In order for our capital plan to succeed, we need to change that – and this government will.

We have already taken steps to implement additional capital freedoms and flexibilities to cut burdensome bureaucracy and stimulate delivery. We now need to build on those to embed a mature capital culture at every level of the healthcare system. This will be a joint endeavour, with national government setting guidance and providing wider support, and local teams focused on delivery and demonstrating the benefits of this approach.

This section sets out how we will achieve this by:

- setting clear roles, responsibilities and expectations of main actors in the system, as well as providing the tools to support them in discharging these effectively
- reforming the capital regime to streamline processes, and foster dynamism and swifter delivery
- over time, rebalancing our focus to outcomes of spend over micromanagement of inputs, with a stronger emphasis on evidence, evaluation and benefits realisation

Clear roles, responsibilities and greater local autonomy

The 10 Year Health Plan set out how this government is devolving more control over capital budgets to the NHS frontline, in line with the wider direction towards decentralisation and local autonomy. Capital funding for routine maintenance and equipment replacement will now flow to NHS providers, allowing regions to work with ICBs to prioritise investment of strategic capital in new services and capacity, as set out in local population health plans.

This ultimately means that the responsibility for achieving the ambitions set out in this long-term capital plan is a shared one. At national level, the government is responsible for:

- setting the overall strategic direction for the healthcare system, which has been established through the 10 Year Plan
- translating that direction into specific priorities for capital and infrastructure, which this publication outlines
- allocating investment towards those priorities, through previous and future SRs

This is supplemented by a range of estates technical guidance to the system provided by NHS England, including health building notes, technical memoranda and national commercial frameworks and guidance (such as NHS ProCure 23). These provide a strong, consistent national baseline, setting minimum

expectations for safety, quality, value for money and risk management, and giving organisations clarity and confidence to plan and invest within well defined parameters.

NHS England will build on this by publishing a revised 'Estatecode' in autumn 2026. This will bring standards into line with modern-day NHS structures and operating models, asset and data management principles, and other major commitments including net zero.

It consolidates 5 legacy publications into a single, coherent framework with significantly strengthened expectations around robust estates strategies, infrastructure appraisals and development control plans, all of which are critical to credible long-term capital planning and delivering better value for taxpayers' money. These NHS England publications are:

- Health Building Note 00-08: strategic framework for the efficient management of healthcare estates and facilities
- Land and property appraisal
- A risk-based methodology for establishing and managing backlog
- Best practice advice: establishing and managing backlog
- Developing an estate strategy

We will continue to champion and support our 124,000-strong estates and facilities management workforce across England, who are fundamental to the provision of safe and productive care. We will fulfil the ambitions of the NHS estates and facilities workforce action plan by working with our partners to improve workforce supply through scaled apprenticeships and graduate pathways, therefore strengthening wellbeing and future-proofing the skills required to support a modern, resilient NHS estate.

Supported by these tools, regions, ICBs and providers have a crucial role to play in ensuring capital investment is prioritised effectively and in line with robust long-term planning to deliver clear and measurably improved outcomes. We expect:

- regions and systems to develop and maintain robust long-term infrastructure investment plans, building on ICS infrastructure strategies already produced for their geographies – and for these to be aligned with resources allocated as a whole
- board-level oversight of investment appraisal and capital delivery to be consistently strong, with active portfolio management at provider and regional level to deliver on time and within capital profiles
- business case capability to be developed to support the achievement of quicker approvals – including through:
  - consistently rigorous outcomes appraisal and benefits tracking
  - clearly communicated submission and critical approval dates with regions
  - use of the NHS Estates Capital Investment Fundamental Criteria Tool as standard
- comprehensive spend and delivery reporting, in line with our wider renewed focus on investment outcomes and evaluation in order to improve outcomes
- collaboration between NHS organisations to spread best practice on addressing and rectifying shared estates challenges

These core principles will be vital in maximising the benefits of a more autonomous capital framework and unlocking innovation, while also retaining core principles of disciplined capital management and investment planning.

The picture for technology will be more complex, with a mix of nationally built and provided capabilities that will be standardised in order to maximise productivity and patient and staff experience, and combined with an enhanced devolved approach to frontline capital for local assets and systems. This balance will be set out separately in forthcoming work on the national target state architecture.

Reforming the capital regime to support delivery

We have already taken decisive steps to address some of the main issues with the capital framework, which has been stifling effective planning and delivery.

First and foremost, we have restored longer-term certainty for capital funding with multi-year envelopes published up to 2030 and extending to 2035 for maintenance spending. We are maximising these by asking regions to develop long-term investment pipelines for estates safety, demonstrating the benefits of longer-term capital certainty. Later this year, we will publish a national pipeline of schemes prioritised by NHS regions for delivery through these multi-year capital allocations.

The NHS Medium Term Planning Framework also introduced several national reforms to the capital regime, including:

- multi-year operational capital envelopes, which are allocated directly to providers for the first time, providing firm funding until the end of the financial year 2029 to 2030 and indicative assumptions for a further 5 years
- a new balance between national control and regional autonomy, giving regions a lead role in strategic estates planning and delivery oversight
- expanded capital freedoms and flexibilities, including greater delegated authority and the ability for high-performing providers and newly authorised foundation trusts to re-invest surpluses
- streamlined approvals and higher delegated limits, with HM Treasury approval required only for schemes above £300 million, and no further approval required at full business case stage unless total costs exceed £1 billion or scope changes materially

We will also seek to reform the public dividend capital (PDC) charge regime. PDC is a unique form of financing provided to public sector organisations, principally NHS trusts and foundation trusts. There is evidence this no longer operates as originally intended and there is a case for lowering this barrier to investment. We will consult with the systems and partners on these options.

This will be further supported by the recent MHCLG planning reforms, including the Planning and Infrastructure Act 2025, which will help unblock and speed up the delivery of capital schemes by streamlining planning decisions and giving greater weight to essential social infrastructure, such as hospitals, primary care and neighbourhood health facilities.

Focusing on outcomes and value for money

Alongside greater autonomy, we will strengthen the system's focus on outcomes and value for money.

To achieve this, we will develop and implement a capital investment outcomes framework that supports decision-making. The framework will be built on robust data for assessing the impact of capital investment on patient outcomes, productivity and sustainability.

Alongside this, we will set clear best practice expectations around evaluation of impact of spend, and introduce funding conditionality to ensure the right incentives are in place and that clear evidence is provided to demonstrate improved health outcomes.

A stronger focus on outcomes also supports better prioritisation. In a fiscally constrained environment, it is essential that investment decisions are guided by clear evidence of benefit, alignment with service transformation and contribution to the 3 shifts set out in the 10 Year Health Plan.

We will strengthen alignment between NHS capital investment with wider public funding streams to maximise place-based impact and value for money. This includes:

- supporting NHS participation in place-based business cases
- ensuring health infrastructure investment is co-ordinated with regeneration, housing and economic growth priorities

This will enable more strategic prioritisation of capital, improving health outcomes while supporting wider community regeneration and resilience.

Mobilising private investment where it adds value

Public capital funding will remain the foundation of health infrastructure investment. However, as set out in the 10 Year Infrastructure Strategy, in specific circumstances, private investment can bring in private sector discipline to reduce risk because the private sector is incentivised to deliver to budget and time.

As confirmed at the Autumn Budget 2025, the NHS will deliver new NHCs by upgrading and repurposing existing buildings, and building new facilities through a combination of public sector investment and a new model of PPPs. The approach will allow the government to build further evidence and better compare different models of infrastructure delivery.

This new PPP model is being developed by NISTA and supported by DHSC, and will ensure private sector expertise is harnessed to deliver these assets on time and on budget. The new model will build on other models currently in use and will draw on lessons learned, including the National Audit Office's 2025 Lessons learned: private finance for infrastructure report on private finance.

PPPs are being developed with:

- a simpler and more transparent payment mechanism
- greater flexibility to accommodate service change over time
- stronger oversight of asset condition and maintenance, including use of digital tools

The focus is on providing assets that support modern models of care, represent good value for money and remain aligned to local health priorities.

In line with the 10 Year Infrastructure Strategy and Autumn Budget 2025, DHSC will also continue to explore the role of private investment for projects that decarbonise the public sector estate, working with other government departments to address barriers to financing and delivery where appropriate.

Conclusion

This 10 Year Capital Plan sets a new course for how healthcare capital is planned and delivered.

By combining sustained long-term investment with reform of the capital regime, it moves the system away from short-term fixes and towards a more disciplined, strategic approach. It sets out how our capital investment plans align with and enable the 3 shifts and the government's long-term vision for health and care, ultimately delivering improved outcomes and better value for money. It also reiterates how health infrastructure investment supports wider government missions, including economic growth, clean energy and community regeneration.

The priority now is delivery. Turning these ambitions into reality will be a shared endeavour across government, DHSC and its arm's length bodies, NHS England, regions, ICBs and providers, working in close partnership with local councils and industry.

This plan provides the tools, freedoms and clarity needed to do things differently and for capital to become a true enabler of reform. This government is committed to delivering on this vision and, in turn, supporting a health and care system that is fit for the future.

1 This shortfall is between UK domestic healthcare capital spend and that of international peer countries in the Organisation for Economic Co-operation and Development – namely all EU members (the EU15), Australia, Canada and the USA, where data is available.

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