Department of Health & Social Care

# Estimates Memorandum
# Department of Health and Social Care
# 2025-26 Supplementary Estimate

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## 1. Overview

### 1.1. Objectives

The Department of Health and Social Care (DHSC) supports ministers in leading the nation's health and social care to help people live more independent, healthier lives for longer.

Departmental objectives are:

- An NHS that is there when people need it: provide timely access to high-quality health and care
- Fewer lives lost to the biggest killers: reduce premature mortality
- Fairer Britain, where everyone lives well for longer: reduce the number of years people spend in ill-health (compressed morbidity).

### 1.2. Spending Controls

DHSC's spending is broken down into the different spending totals, for which Parliament's approval is sought. The spending totals which Parliament votes are:

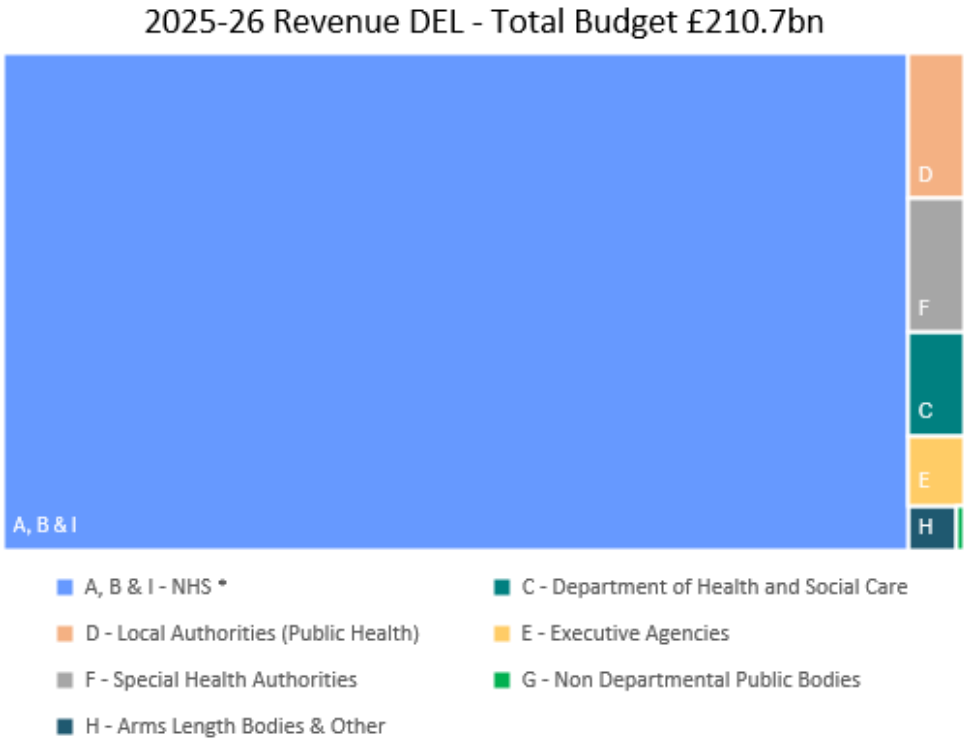
- Resource Departmental Expenditure Limit (Resource DEL) – day to day running costs;
- Capital Departmental Expenditure Limit (Capital DEL) – investment in infrastructure;
- Resource Annually Managed Expenditure (Resource AME) – non-fiscal, less predictable expenditure, in DHSC's case this is mainly litigation provisions for clinical negligence cases managed by NHS Resolution (NHSR); and
- Capital Annually Managed Expenditure (Capital AME) – in DHSC's case this covers the specific budgeting treatment relating to IFRS16 and Infected Blood Inquiry interim compensation payments.

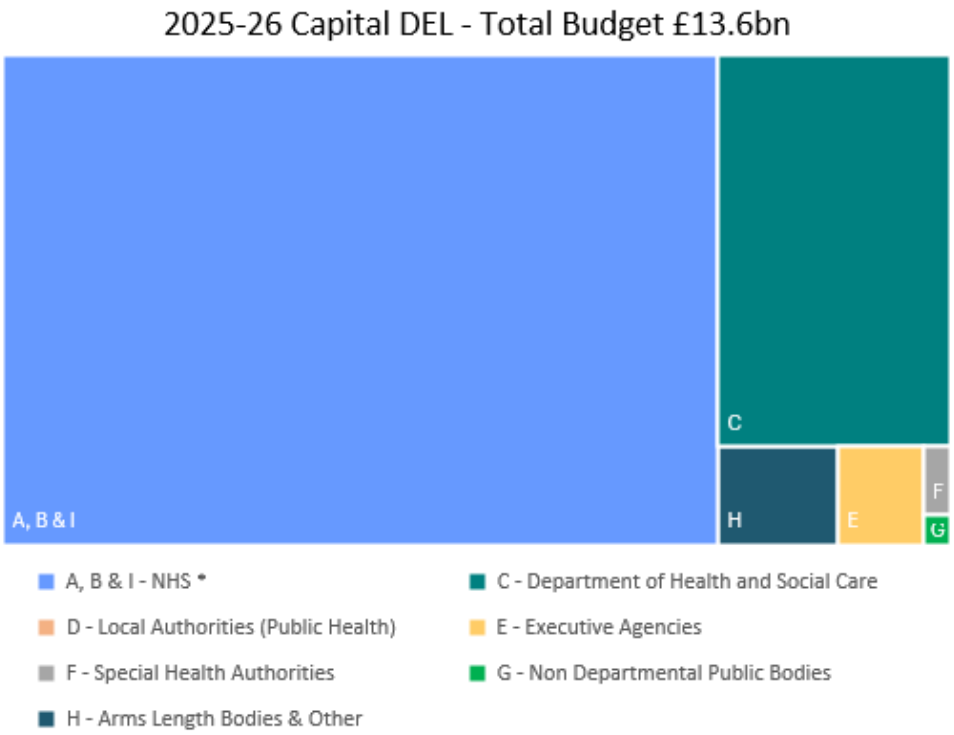
In addition, Parliament votes a net cash requirement, designed to cover the elements of the above budgets which require the DHSC Departmental group to pay out cash in year.

### 1.3. Main Areas of Spending

The graphics below show the main components of DHSC's proposed Resource DEL and Capital DEL spending plans, included in the 2025-26 Supplementary Estimate, and the proportions spent by the different bodies within the group. The letters denote the letter attributed to the lines (known as subheads) in the Estimate.

Further details are included in paragraphs 1.7 and 2.1.



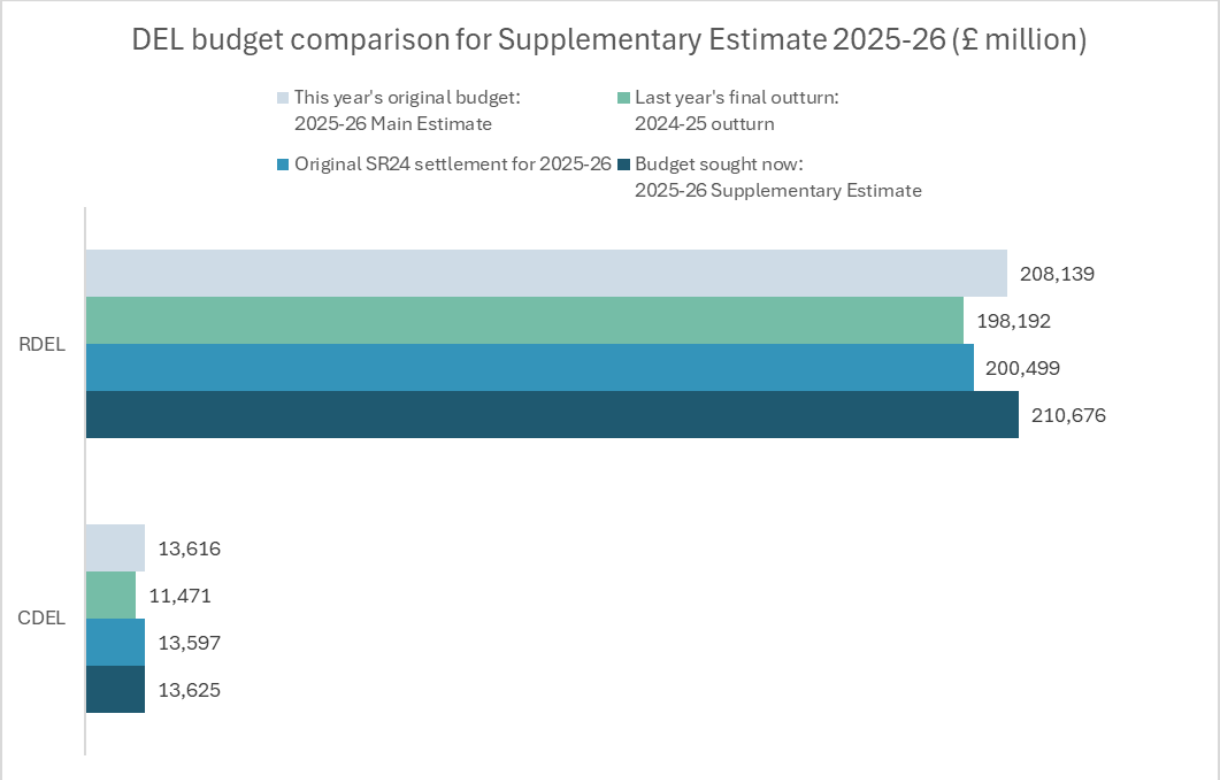



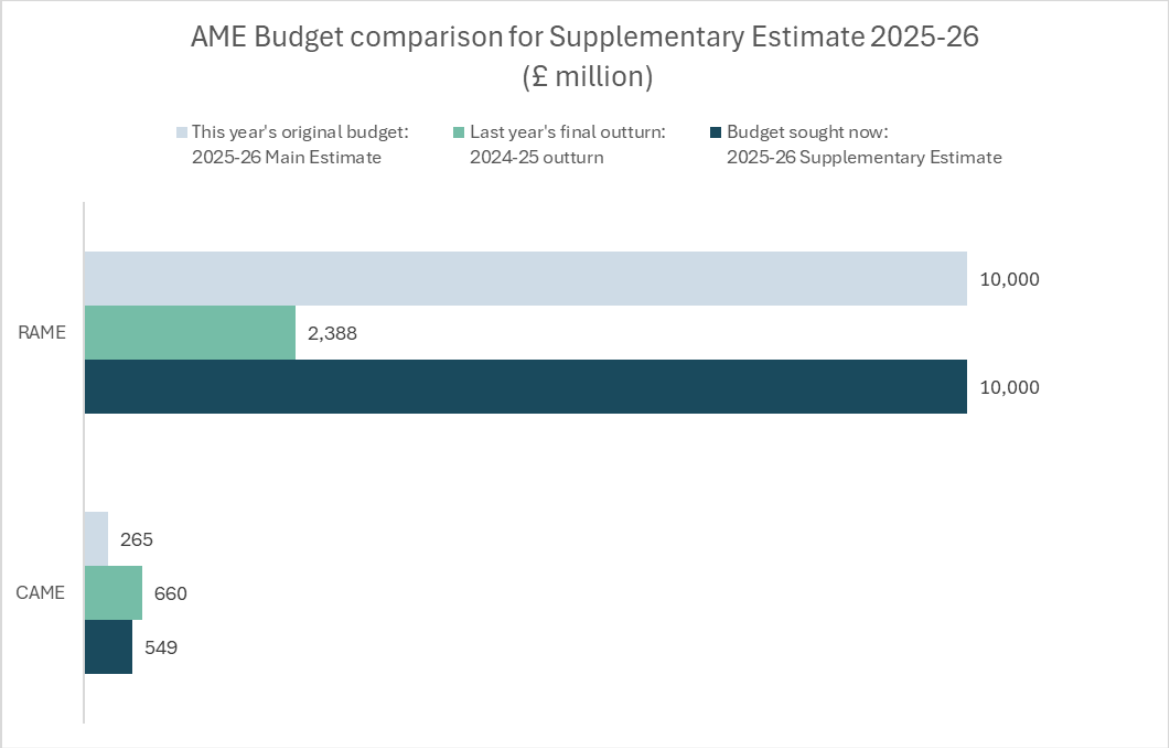

** NHS – this section represents the funding for the NHS and consists of the following Estimate lines: A – NHS England, B – NHS Providers; and I – NHS England financed from National Insurance Contributions.*

### 1.4. Comparison of Spending Totals Sought

The table and graphic below show how the totals sought for DHSC in its Supplementary Estimate compare with last year and the latest Spending Review settlement. See sections 1.5 and 1.6 for explanations of the changes.

| Amounts sought this year | | Difference (+/-) compared to original budget for current year | | Difference (+/-) compared to final outturn for prior year | | Difference (+/-) compared to Spending Review | |
|---|---|---|---|---|---|---|---|
| Supplementary Estimate 2025-26 | | Main Estimate 2025-26 | | Outturn 2024-25 | | SR24 | |
| | £m | £m | % | £m | % | £m | % |
| Resource DEL | 210,676 | +2,536 | 1% | +12,484 | 6% | +10,177 | 5% |
| Capital DEL | 13,625 | +9 | 7% | +2,153 | 16% | +28 | 0% |
| Resource AME | 10,000 | +0 | -9% | +7,612 | 76% | | |
| Capital AME | 549 | +284 | -72% | -112 | -20% | | |






### 1.5. Key Drivers of Spending Changes Since Last Year

This section identifies the key drivers of change since last year for Resource DEL, Capital DEL, Resource AME and Capital AME. Further detailed analysis of changes can be found in section 2.

**Resource DEL**

The £12.5 billion increase in RDEL primarily reflects the higher budget allocation for 2025-26 compared to 2024-25.

At the Autumn Budget 2024, the RDEL non-ringfenced budget (excluding depreciation and impairments) was set £8.9 billion higher than 2024-25. This formed part of the government's overall commitment to increase day-to-day health spending by £22.6 billion across 2024-25 and 2025-26. The RDEL allocation for 2025-26 was subsequently raised in the Spring Statement 2025, which provided an additional £1.5 billion to support changes to employer National Insurance Contributions announced in Autumn Budget 2024.

The 2025-26 RDEL budget was further increased through the Supplementary Estimate, mainly:

- £0.4 billion increase in each of 2025-26 and 2026-27 in return for a reduced budget in 2027-28 and 2028-29 to facilitate DHSC, NHS England and wider NHS restructuring and reform, which was agreed at Autumn Budget 2025.
- Net budget transfers between DHSC and other Government departments of circa £0.9 billion, and
- £0.2 billion reserve cover for Immigration Health Surcharge collected by the Home Office in 2024-25 in addition to the amount transferred to DHSC in 2024-25.

**Capital DEL**

The £2.2 billion rise in CDEL is mainly due to a larger budget being set for 2025-26 than for 2024-25. In the Autumn Budget 2024, the allocation for 2025-26 was £1.8 billion greater than that for 2024-25.

The 2025-26 CDEL budget was revised via the Supplementary Estimate, with the primary changes as follows:

- CDEL budget exchange of £0.2 billion into future financial years. This relates to NHS Trust land disposal receipts to be carried forward into 2026-27 and 2029-30, and reprofiling of the New Hospitals Programme into 2029-30.

- Net budget transfers between DHSC and other Government departments of circa £0.2 billion,

**Resource AME**

RAME is £7.6 billion higher in the 2025-26 Supplementary Estimate compared to 2024-25 outturn. The Department's RAME expenditure is demand led and is largely driven by HMT discount rates, which are used to value long-term provisions and can cause large fluctuations in the AME outturn. The 2025-26 budget of £10 billion reflects our best estimate of provisions and impairments expenditure for the DHSC group.

**Capital AME**

CAME is £0.1 billion lower in the 2025-26 Supplementary Estimate compared to 2024-25 outturn. This relates to Infected Blood interim compensation payments.

### 1.6. Key drivers of change since the Spending Review

The levels of DEL funding for DHSC for 2025-26 are based on plans published in the 2024 Spending Review. Since that time, the Government has made a number of changes to 2025-26 spending plans including announcements of some additional funding in Budgets and Spring Statements.

The 2025-26 budget for RDEL has increased from £200.5 billion in the Spending Review 2024 (SR24) to £210.7 billion in the 2025-26 Supplementary Estimate, an overall increase of approximately £10.2 billion. The main changes are:

- £1.5 billion to support changes to Employer National Insurance Contributions (NICs) included in the Spring Statement 2025.
- £0.4 billion increase in each of 2025-26 and 2026-27 in return for a reduced budget in 2027-28 and 2028-29 to facilitate DHSC, NHS England and wider NHS restructuring and reform.
- Net budget transfers between DHSC and other Government departments of circa £1.9 billion across both the Main Estimate (£1.0 billion) and the Supplementary Estimate (£0.9 billion).
- £6.2 billion for depreciation and impairments not included in the Spending Review, which sets RDEL excluding depreciation and impairments only.

The 2025-26 budget for CDEL has increased from £13.60 billion in the Spending Review 2024 (SR24) to £13.62 billion in the 2025-26 Supplementary Estimate, an overall increase of approximately £28 million. The main changes are:

- CDEL Budget Exchange of £19 million relating to the transfer of disposal receipts from 2024-25 into 2025-26.
- £13 million reduction to the ODA budget to fund increases in defence spending, as announced by the Prime Minister in February 2025.
- Net budget transfers between DHSC and other Government departments of circa £172 million across both the Main Estimate (-£0.4 million) and the Supplementary Estimate (£172.7 million).
- CDEL budget exchange of £151 million into future financial years. This relates to NHS Trust land disposal receipts to be carried forward into 2026-27 and 2029-30, and reprofiling of the New Hospitals Programme into 2029-30.

### 1.7. New policies and programmes

The DHSC makes all announcements on new policies and programmes during the year on the government website, details can be found at DHSC announcements.

### 1.8. Administration costs and efficiency plans

| Amounts sought this year | | Difference (+/-) compared to original budget for current year | | Difference (+/-) compared to final outturn for prior year | | Difference (+/-) compared to Spending Review | |
|---|---|---|---|---|---|---|---|
| Supplementary Estimate 2025-26 | | Main Estimate 2025-26 | | Outturn 2024-25 | | SR24 | |
| | £m | £m | % | £m | % | £m | % |
| Resource DEL | 3,839 | +504 | 13% | +1,285 | 33% | +951 | 25% |

The key drivers of the changes set out in the table are as follows:

- Main and Supplementary Estimates publish Resource DEL administration budgets including ring-fenced funding to cover depreciation, whereas SR24 published Resource DEL administration excluding depreciation.
- Of the £1.5 billion Resource DEL increase for employer NICs support received through the Spring Statement 2025, £70 million was allocated to the administration budget.

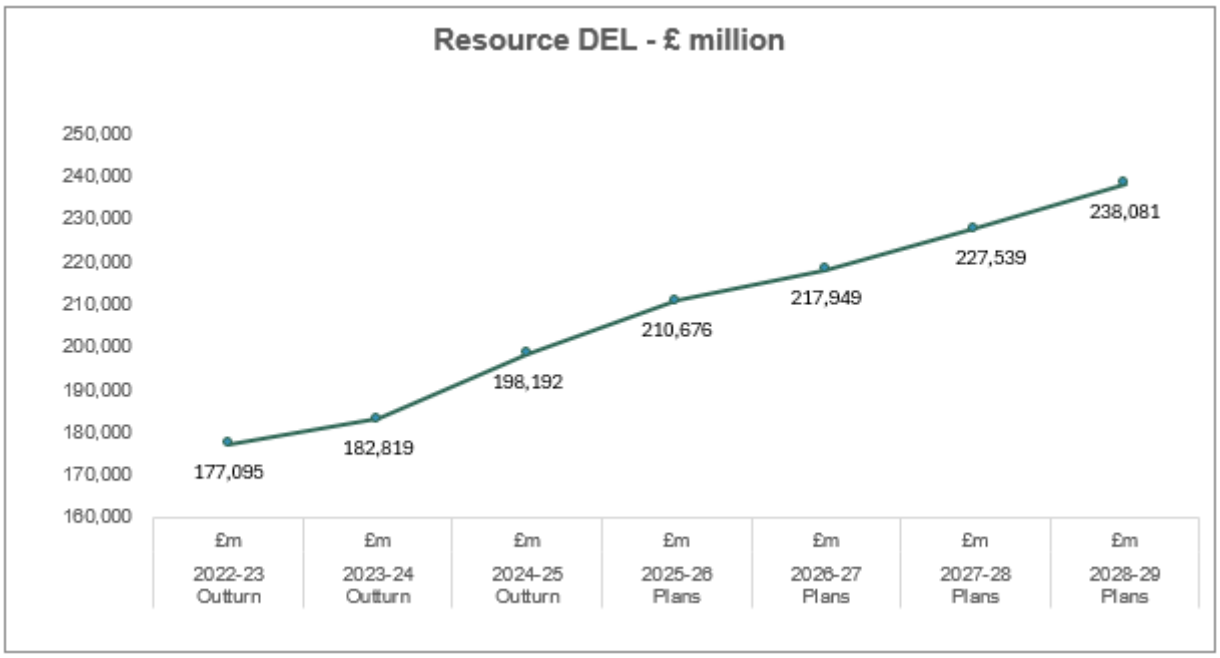
The department identifies, monitors and reports efficiencies as set out in the Government Efficiency Framework. This includes improving NHS productivity and efficiency, in addition to delivering efficiencies across the department and our other arm's length bodies, in areas such as project delivery, technology and procurement. Efficiency plans for 2026-27 to 2028-29 period are set out in greater detail within the department's Efficiency Delivery Plan published alongside Spending Review 2025.

The Secretary of State has announced plans to bring NHS England back into the Department of Health and Social Care, alongside wider NHS reform and restructuring. DHSC and NHSE are now implementing these plans, which will continue into 2026-27. These reforms and will result in a significantly smaller, leaner and more agile future centre, equipped with better technology and data insights to drive health and social care delivery, efficiency and productivity. These changes will also generate very significant savings which will be reinvested in frontline services.

### 1.9. Spending Trends

The graphs show the outturn for the last 3 years (2022-23 to 2024-25), plans presented in the 2025-26 Main Estimates and in Spending Review 2025 for Resource DEL, Capital DEL, Resource AME and Capital AME.

Resource DEL




**2022-23**
In 2022-23, DHSC incurred £12.6 billion resource expenditure on the emergency response to Covid-19. Details of the Covid-19 programmes this was incurred on are detailed in the 2022-23 Annual Report and Account.

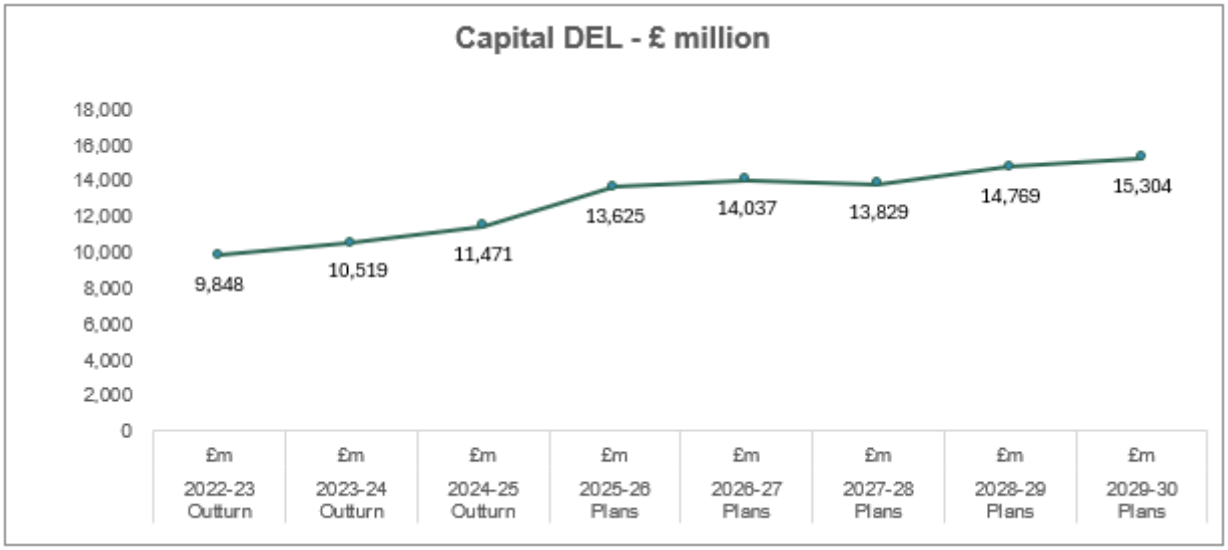
**2023-24**
Details of DHSC group resource outturn are included in the 2023-24 Annual Report and Account.

**2024-25**
Details of DHSC group resource outturn are included in the 2024-25 Annual Report and Account.

See further detail on DHSC group Resource DEL expenditure in section 4.3.

**Autumn Budget 2025**
Budget 2025 confirmed that annual NHS day-to-day spending will increase by £15 billion in real terms (£29 billion cash increase) by 2028-29 compared to 2025-26. This will take the NHS resource budget to £225 billion by 2028-29. Overall, over the course of this Parliament, DHSC's resource budget (excluding depreciation and impairments) will increase by over £53 billion (in cash terms) from £177.9 billion in 2023-24 to £231.2 billion in 2028-29.

Capital DEL



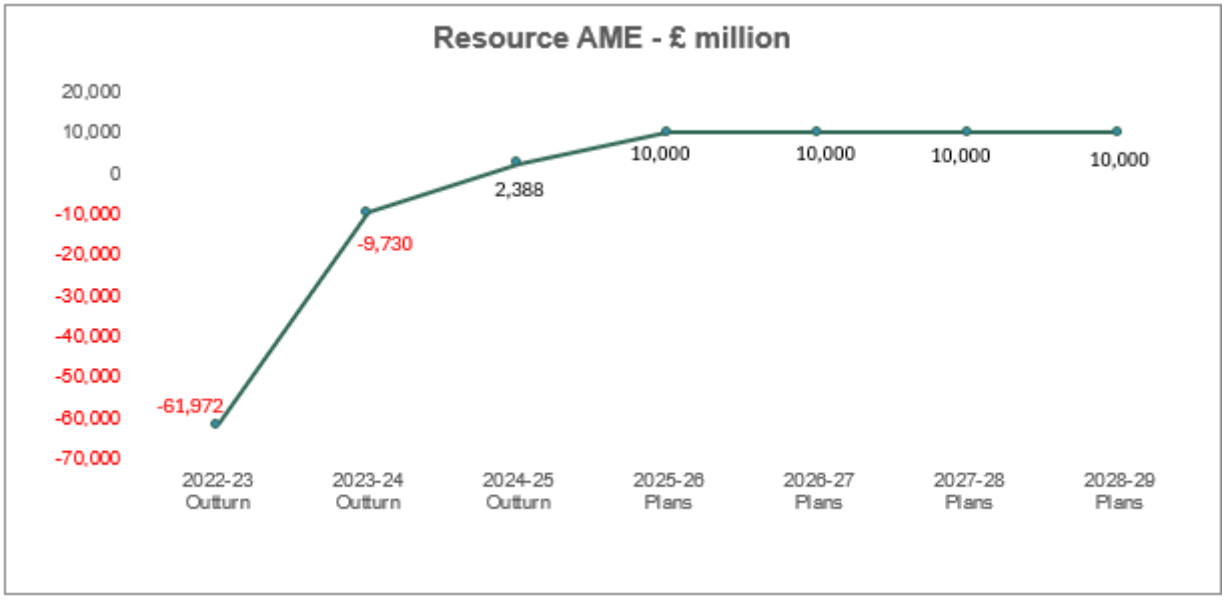

**2022-23**
In 2022-23, DHSC incurred negative £0.1 billion capital expenditure on the emergency response to Covid-19. Details of the Covid-19 programmes this was incurred on are detailed in the 2022-23 Annual Report and Account.

**2023-24**
Details of DHSC group resource outturn are included in the 2023-24 Annual Report and Account.

**2024-25**
Details of DHSC group resource outturn are included in the 2024-25 Annual Report and Account.

**Autumn Budget 2025**
Autumn Budget 2025 confirmed that DHSC's capital budgets will rise to £15.2 billion by the end of the Spending Review period (2029-30), to invest in the NHS and wider health infrastructure. This will deliver the largest ever health capital budget, representing a more than 20% real terms increase by the end of the SR period. This investment takes steps to address the recommendations set out in Lord Darzi's review, increasing the health capital budget by over 75% compared to 2019 levels.

Resource AME

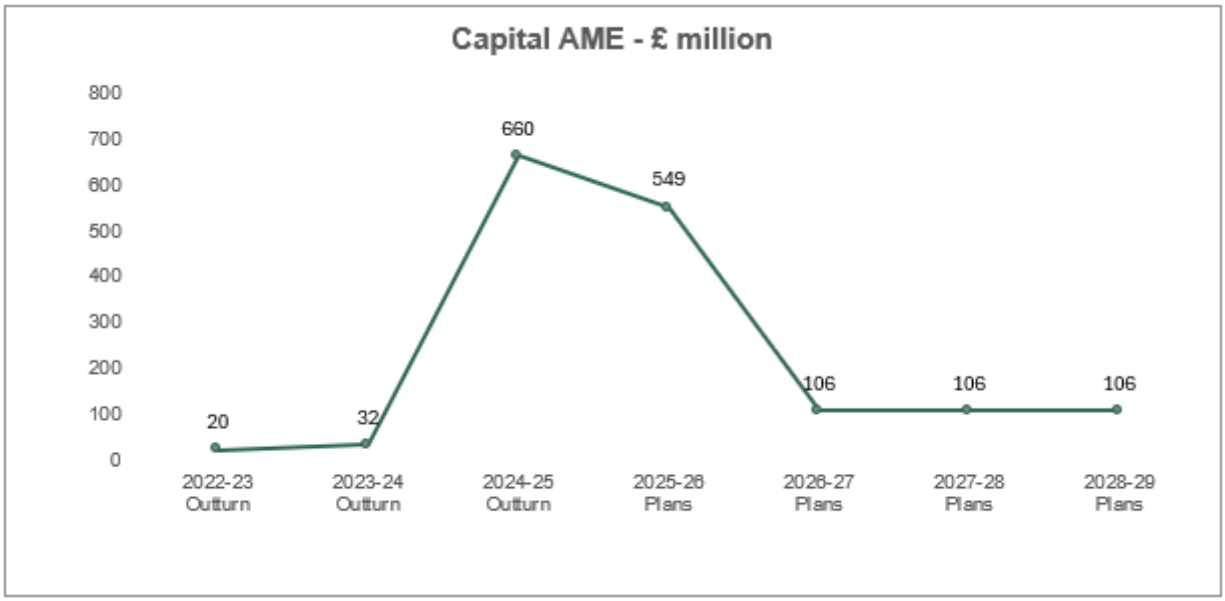



The Department's AME does not have an immediate impact on the fiscal framework. It relates to accounting provisions and impairments that are demand-led, volatile and subject to many variables outside the Department's direct control, such as changes to the discount rates used to measure the value of long-term provisions liabilities.

The main driver in the fluctuation in AME outturn from 2022-23 to 2024-25 is changes in these discount rates. HMT issue updated discount rates each year, which directly affect the valuation of long-term provisions. A small change in the discount rate has a significant effect on the value of future provisions, resulting in volatility in AME outturn. The discount rates have the most significant impact on NHS Resolution relating to clinical negligence claims.

2025-26 to 2028-29 AME covers the latest forecast of DHSC Group net provisions expenditure and impairments expenditure.

Capital AME




DHSC's Capital AME expenditure includes specific budgeting relating to IFRS16, the accounting standard for leases. In 2024-25 and 2025-26, Capital AME budgets also include Infected Blood Inquiry interim compensation payments. This relates to the budget cover for the payments for Infected Blood Support Schemes, announced by Government on 21 May 2024.

### 1.10. New policies and programmes; ambit changes

The DHSC makes all announcements on new policies and programmes during the year on the government website, details can be found at DHSC announcements.

The following items have been added to the ambit:

- DEL expenditure arising from the treatment of gambling-related harm.
- DEL income arising from the statutory levy on gambling operators.
- DEL income arising from insurance revenue related to insurance contracts under IFRS 17.
- DEL expenditure arising from enabling access to UK health and care data for research.
- DEL income arising from enabling access to UK health and care data for research.

## 2. Spending Detail

The tables below detail the changes in the 2025-26 Supplementary Estimate (SSE) compared to the 2025-26 Main Estimate.

As per Estimates Memorandum convention, explanations for proportionally significant changes are provided in a referenced note under each table, where changes are either:

- over £10 million and over 10%, or
- over £200 million and over 5%.

### 2.1. Resource DEL

| | Description | Resource | | | | See Note 2.1 |
|---|---|---|---|---|---|---|
| | | 2025-26 SSE | 2025-26 Main Estimate | Change from 2025-26 Main Estimate | | |
| | | £m | £m | £m | % | |
| A | NHS England (net) | 39,476 | 39,113 | | | |
| B | NHS Providers (net) | 127,346 | 126,329 | | | |
| I | NHS England financed from National Insurance Contributions | 31,461 | 31,268 | | | |
| **Sub Total - NHS** | | **198,282** | **196,711** | **1,571** | 1% | |
| C | DHSC programme and admin expenditure | 2,573 | 2,260 | 313 | 14% | a) |
| D | Local Authorities (Public Health) | 3,607 | 3,607 | 0 | 0% | |
| E | Executive Agencies | 1,734 | 1,165 | 568 | 49% | b) |
| F, G & H | Special Health Authorities, NDPBs and ALBs and Other Bodies | 4,480 | 4,396 | 83 | 2% | |
| **TOTAL (Voted and Non-Voted)** | | **210,676** | **208,139** | **2,536** | **1%** | |

** Estimate lines A, B and I represent the funding available to the NHS as detailed in section 1.3.*

a) **DHSC Programme and Admin Expenditure**: The £313 million increase relates to budget additions received in the SSE, offset by intragroup budget transfers, mainly to NHS England (section A) and UKHSA (section E).

b) **Executive Agencies:** The net increase of £568 million mainly comprises the redistribution of funding within the DHSC Group, in particular the transfer of the Vaccines Countermeasures and Response (VCR) budget from DHSC to UK Health Security Agency (UKHSA).

### 2.2. Capital DEL

| | Description | Capital | | | | See Note 2.2 |
|---|---|---|---|---|---|---|
| | | 2025-26 SSE | 2025-26 Main Estimate | Change from 2025-26 Main Estimate | | |
| | | £m | £m | £m | % | |
| A | NHS England (net) | 573 | 394 | | | |
| B | NHS Providers (net) | 9,699 | 9,837 | | | |
| I | NHS England financed from National Insurance Contributions | | | | | |
| **Sub Total - NHS** | | **10,272** | **10,231** | **41** | **0%** | |
| C | DHSC programme and admin expenditure | 2,674 | 2,783 | (109) | -4% | |
| D | Local Authorities (Public Health) | 0 | 0 | 0 | 0% | |
| E | Executive Agencies | 253 | 184 | 69 | 38% | a) |
| F, G & H | Special Health Authorities, NDPBs and ALBs and Other Bodies | 426 | 418 | 8 | 2% | |
| **TOTAL (Voted and Non-Voted)** | | **13,625** | **13,616** | **9** | **0%** | |

*Estimate lines A and B represents the funding available to the NHS as detailed in section 1.3.*

a) **Executive Agencies**: The net increase of £69 million mainly comprises the redistribution of funding within the DHSC Group, from DHSC to UK Health Security Agency (UKHSA).

### 2.3. Resource AME:

| | Description | Resource | | | | See Note 2.3 |
|---|---|---|---|---|---|---|
| | | 2025-26 SSE | 2025-26 Main Estimate | Change from 2025-26 Main Estimate | | |
| | | £m | £m | £m | % | |
| J | NHS England (net) | 250 | 250 | 0 | 0% | |
| K | NHS Providers (net) | 2,500 | 2,500 | 0 | 0% | |
| **Sub Total - NHS** | | **2,750** | **2,750** | **0** | **0%** | |
| L | DHSC programme and admin expenditure | 2,169 | 2,169 | 0 | 0% | |
| M | Executive Agencies | 1 | 1 | 0 | 0% | |
| N, O & P | Special Health Authorities, NDPBs and ALBs and Other Bodies | 5,080 | 5,080 | 0 | 0% | |
| **TOTAL** | | **10,000** | **10,000** | **0** | **0%** | |

**2.4. Restructuring -** There are no restructuring changes to report.

## 2.5. Ring Fenced Budgets

Within the totals, the following elements are ring fenced (i.e. any reductions in these budgets may not be used to offset pressures or fund increases in other budgets).

| Ring-fences | 2025-26 SSE | 2025-26 Main Estimate | Variance to 2025-26 Main Estimate | |
|---|---|---|---|---|
| | £m | £m | £m | % |
| ODA Total | 316 | 331 | (15) | -4% |

- **Official Development Assistance** (ODA) - For international comparability and consistency, the Organisation for Economic Co-operation and Development (OECD) and the Development Assistance Committee (DAC) require ODA reporting to be on a cash and calendar year basis.

## 2.6. Changes to Contingent Liabilities.

Contingent Liabilities - new

There are four new contingent liabilities in the 2025-26 Supplementary Estimate. These are:

i) There were contingent liabilities within the NHS England Group account (which incorporates ICBs, Supply Chain Coordination Ltd, Health Education England and NHS England). These were mainly in respect of an off-payroll liability to HMRC.

ii) The core department holds an obligation to indemnify reasonable capital and operating costs incurred by the following water companies that fluoridate water in England:

- Anglian Water
- Northumbrian Water
- Severn Trent Water
- South Staffs Water
- United Utilities

iii) UK Health Security Agency holds unquantifiable contingent liabilities in relation to potential remedial works relating to radiological contamination at its radiological scientific sites at the end of their lifespans.

iv) The Nursing and Midwifery Council has an unquantifiable contingent liability for potential additional liabilities following the High Court's ruling on Virgin Media's pension scheme. There is uncertainty with regards to monetary value of the potential additional liabilities.

Contingent Liabilities - removed

The following five contingent liabilities have been removed:

i) Notified legal claims relating to NHS England, predominantly for contract and procurement dispute cases.

ii) NHS England holds a contingent liability for GP Non Reimbursable property costs.

iii) NHS England holds a contingent liability for a possible legacy clinician IR35 tax liability.

iv) NHS England is involved in a number of Employment Tribunal cases.

v) The Clinical Negligence Scheme for Coronavirus (CNSC) was launched on 3 April 2020 in response to the need for Government to provide indemnity cover for clinical negligence arising from the NHS healthcare arrangements put in place to respond to the COVID-19 pandemic. Any clinical negligence liabilities arising prior to or after this date from these coronavirus-related NHS activities are covered by CNSC by direction from Secretary of State under

section 11 of the Coronavirus Act 2020 or, prior to the commencement of that section, under general powers to provide indemnity for clinical negligence.

## 3. PRIORITIES AND PERFORMANCE

### 3.1. How Spending Relates to Objectives

See section 1.1.

### 3.2. Measures of Performance against each Priority

The Department's priorities are detailed in paragraph 1.1. More information on DHSC's performance against its objectives can be found in the DHSC 2024-25 Annual Report.

### 3.3. Commentary on steps being taken to address performance issues

Details of DHSC's performance can be found in the DHSC 2024-25 Annual Report, and summarised below;

- DHSC continued to prioritise elective recovery during 2024–25, stabilising waiting lists and expanding diagnostic and surgical capacity through community diagnostic centres and surgical hubs. These measures supported progress towards reducing delays in planned care and improving patient flow across acute services.
- Targeted investment in cancer and cardiovascular disease pathways enabled earlier diagnosis and treatment. Screening programmes and rapid access clinics were expanded, contributing to improved outcomes and aligning with the Department's commitment to tackling major causes of premature mortality.
- The launch of the 10-Year Health Plan marked a significant step in driving systemic transformation across health and social care. Initiatives included obesity prevention, mental health support, and digital innovation in social care, aimed at improving quality and efficiency while reducing health inequalities.
- Despite progress, demand pressures and regional disparities persist. DHSC advanced reforms to strengthen primary care access and introduced workforce support measures in social care to improve resilience and ensure equitable service delivery across regions.
- Delivery against these priorities will continue to be tracked through Outcome Delivery Plan metrics, with a focus on accelerating prevention programmes and sustaining elective recovery gains. Performance updates will be reported in future Annual Reports.

### 3.4. Major Projects

The DHSC has several major projects which are financed from Resource and Capital DEL. Details of project aims, commentary on actions planned or taken and timescales for implementation can be found at DHSC Government Major Projects Portfolio data 2024.

## 4. Other Information

### 4.1. Research & Development Expenditure

The following is provided as contextual information on R&D expenditure at the request of the Science, Innovation & Technology Committee. In contrast to the spending outlined in previous sections, it does not represent a firm spending commitment as part of the estimates process.

| Amounts sought this year | | Difference (+/-) compared to previous estimate | | Difference (+/-) compared to Spending Review | |
|---|---|---|---|---|---|
| Supplementary Estimate 2025-26 | | Main Estimate 2025-26 | | SR24 | |
| | £m | £m | % | £m | % |
| R&D | 2,029 | -3 | 0% | -7 | 0% |

### 4.2. NHS England

The resources made available to NHSE in 2025-26 are set out in NHSE's Financial Directions published in March 2025.

The table below reconciles the NHSE 2025-26 Supplementary Estimate provision to NHSE's 2025-26 Financial Directions.

| Reconciliation between the Estimate and the Mandate | | Resource £m | Capital £m |
|---|---|---|---|
| **Last published NHSE Financial Directions (March 25)** | | **200,361** | **394** |
| a) | In-year changes to budget | 1,571 | 179 |
| **Current estimate for NHSE Financial Directions (as at SSE publication)** | | **201,932** | **573** |
| **Less:** | | | |
| b) | Transactions with other bodies within the group | (130,996) | |
| c) | NHSE net expenditure financed from National Insurance Contributions (non-voted) - Estimate line I | (31,461) | |
| **NHSE net expenditure - estimate line A** | | **39,476** | **573** |

The figures in the 2025-26 Parliamentary Estimate will not reconcile to those in the Financial Directions for the following reasons:

a) Timing differences and the way elements of funding are allocated within the DHSC Group over the course of the financial year.

b) In line with HM Treasury Estimates conventions, figures are presented on a consolidated basis (i.e. adjusted for intra-group trading transactions).

c) NHSE expenditure is part-financed by non-voted National Insurance Contributions.

### 4.3. DHSC Intra-Group Transactions

HM Treasury designates that Estimates are prepared on a consolidated basis, meaning that all intra-group transactions are removed.

Across government, the DHSC 'internal market' of circa £135 billion is unique to the DHSC and adds an additional layer of complexity, as all intra-group trading needs to be eliminated on consolidation when preparing the DHSC Estimate. These mainly relate to transactions between NHS Commissioners and NHS Providers.

NHS Providers are not directly funded, instead they generate income to cover their spending via trading activity with NHS Commissioners. Commissioners pay Providers for each patient seen or treated, taking into account the complexity of the patient's healthcare needs, under a national tariff system.

For the Estimate, the DHSC takes a pragmatic approach and eliminates only the material transactions between Departmental group bodies. The table below illustrates how the funds flow between the different bodies within the DHSC Group.

| Estimate Line | | Before Consolidation | Intra-Group Eliminations | | | | Consolidated |
|---|---|---|---|---|---|---|---|
| | | | NHSE to Providers | Providers to SpHAs | Providers to ALBs and Other Bodies | Providers to DHSC | |
| | | £m | £m | £m | £m | £m | £m |
| A | NHS England | 170,472 | (130,996) | | | | 39,476 |
| B | NHS Providers | 100 | 130,996 | (2,690) | (850) | (210) | 127,346 |
| C | DHSC | 2,363 | | | | 210 | 2,573 |
| D | Local Authorities (Public Health) | 3,607 | | | | | 3,607 |
| E | Executive Agencies | 1,734 | | | | | 1,734 |
| F | Special Health Authorities expenditure | 670 | | 2,690 | | | 3,360 |
| G | Non Departmental Public Bodies | 163 | | | | | 163 |
| H | Arm's Length and Other Bodies | 106 | | | 850 | | 956 |
| I | National Insurance Contributions | 31,461 | | | | | 31,461 |
| **TOTAL** | | **210,676** | **0** | **0** | **0** | **0** | **210,676** |

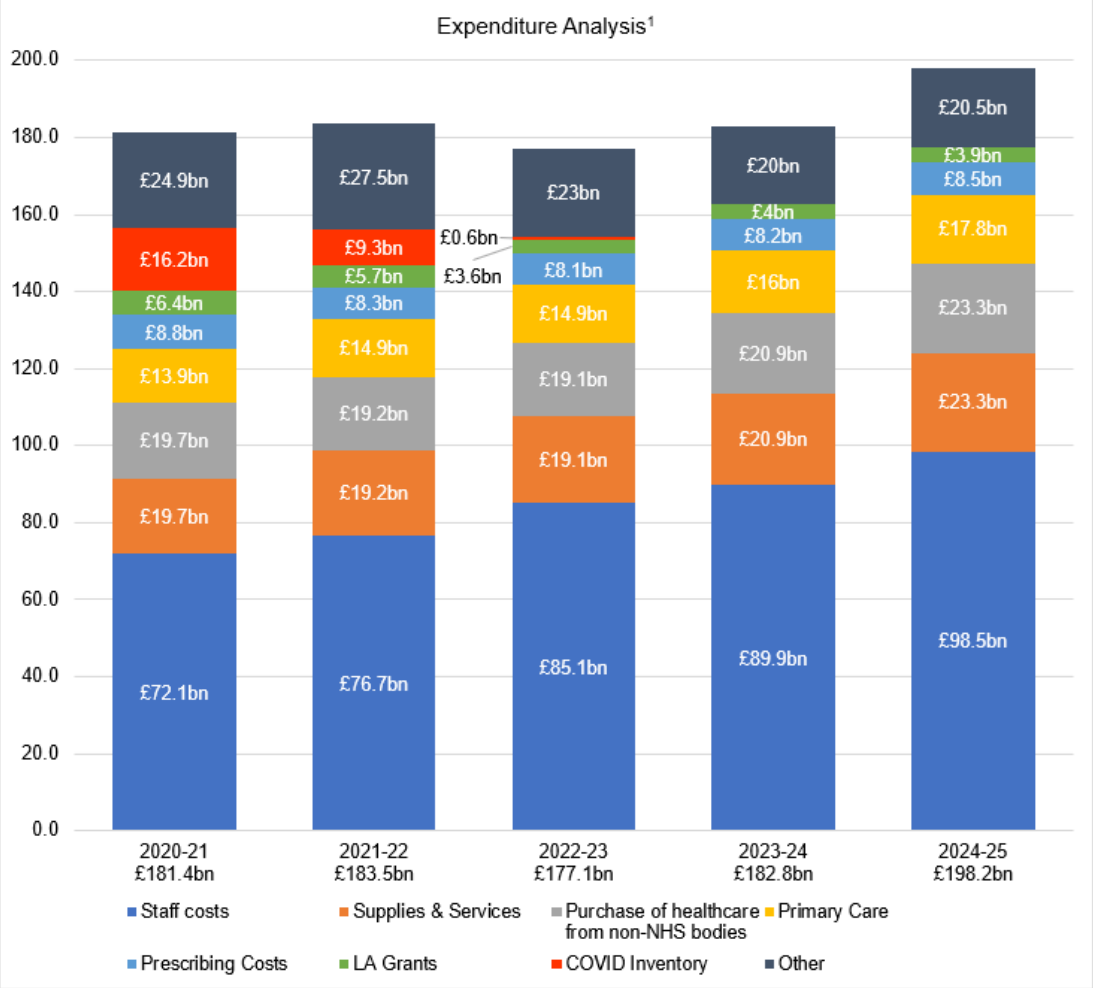
*Please note – this table does not include the funding that flows to NHS Providers from the Public Health Grant, as that funding is allocated to Local Authorities (outside the DHSC Group)*

### 4.4. DHSC Resource Expenditure Analysis

The majority of planned resource expenditure for 2025-26 in the Departmental group sits in the NHS Provider sector, spent on staff costs, drugs and procurement of supplies and services to deliver healthcare. Other significant expenditure includes primary care (including general practice, dentistry, ophthalmology, pharmaceutical) and prescribing costs.

Further information on the NHS Provider sector can be found in the 2024-25 Consolidated NHS Provider accounts and NHSE Board Reports.

The chart below shows resource expenditure for 2020-21 to 2024-25 broken down to show the material categories as per the DHSC Annual Report and Account - Departmental Group Summary tables (2.2 Expenditure and 2.3 Income) for the relevant financial year.

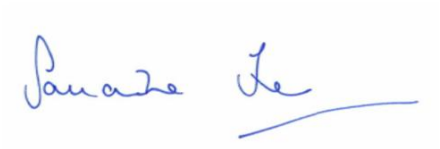



[1]*Figures are net of income.*

### 4.5. Accounting Officer Approval

This memorandum has been prepared according to the requirements and guidance set out by the House of Commons Scrutiny Unit, available on the Scrutiny Unit website.

The information in this Estimates Memorandum has been approved by myself as Departmental Accounting Officer.



Samantha Jones OBE
Permanent Secretary
Department of Health and Social Care
15.01.2026