

**Calderdale and Huddersfield Service Reconfiguration  
Update Report for the Calderdale and Kirklees Joint Health Scrutiny Meeting  
4<sup>th</sup> August 2021**

## **1. Background**

In December 2018 the Department of Health and Social Care (DHSC) announced that £196.5m of public capital funding had been allocated for investment at Huddersfield Royal Infirmary (HRI) and Calderdale Royal Hospital (CRH). In 2019 the Strategic Outline Case (SOC) describing the future service model this investment will enable was completed and NHS England (NHSE) and the Department of Health and Social Care (DHSC) confirmed approval of the SOC in January 2020.

At CRH the investment will enable the provision of additional wards, theatres and a new A&E including a dedicated paediatric emergency department. At HRI the investment will enable the build of a new A&E department and the improvement of existing buildings to address the most critical estate maintenance and safety requirements. To progress the programme of service reconfiguration an Outline Business Case (OBC) for CRH and a Full Business Case (FBC) for HRI will be submitted to NHSE and DHSC for approval in 2021.

A progress report was previously submitted to the Calderdale and Kirklees Joint Health Scrutiny Committee in March 2021.

## **2. Purpose**

The purpose of this report is to provide the Calderdale and Kirklees JHSC with a further update in relation to:

- the reconfiguration programme timeline;
- the structure and content of the business case documents;
- an update on the engagement undertaken during 2021

## **3. Programme Update**

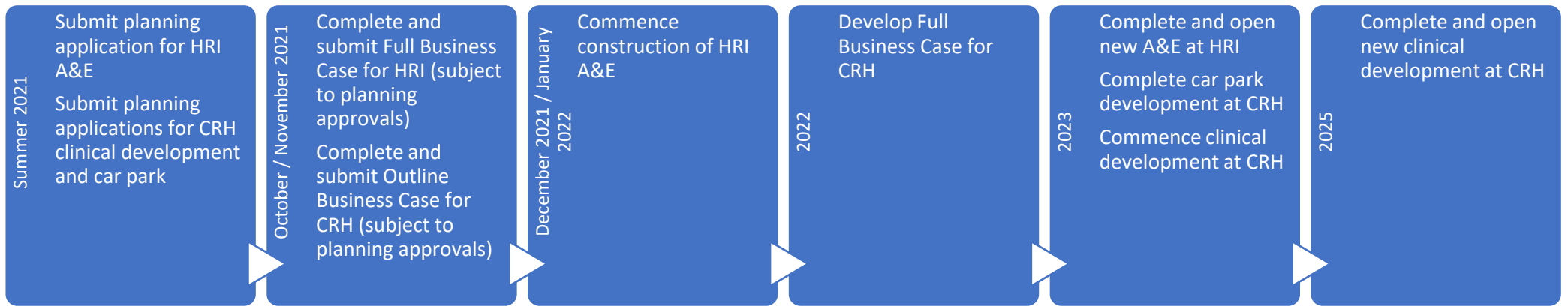
Following approval of the SOC in January 2020, work has been undertaken to clarify the process of developing the next stage of business cases required by NHSE and DHSC. This has taken account of the fact that the estate at HRI carries a high risk in relation to the condition and reliability of the existing buildings. It has therefore been agreed with NHSE and DHSC that to enable the commencement of estate improvement work as early as possible a Full Business Case for the investment at HRI will be developed and submitted for approval by NHSE and DHSC in 2021.

For the investment at CRH an Outline Business Case will be developed and submitted in 2021 and subject to NHSE and DHSC approval a subsequent Full Business Case will be developed for approval by 2023.

A detailed Programme plan and timeline was developed and shared with JHSC in March 2021 when it was reported that the planned dates for submission of planning applications to Calderdale and Kirklees Councils was planned for May 2021, however these dates were further revised.

The planning application for the new A&E at HRI was submitted to Kirklees Council on 16<sup>th</sup> June 2021 and the planning applications for the clinical development and car park at CRH will be submitted to Calderdale Council at the end of July 2021.

The programme timeline is shown below.



#### 4. Business Case Structure

The content of the OBC and FBC(s) will align with and take account of Her Majesty's Treasury (HMT) Green Book guidance on public investment business cases. The necessary external capacity and capability to deliver the business cases has been appointed and this includes specialist technical advisors such as architects, engineers and healthcare planners.

The OBC and FBC documents will be structured to explain the proposed service changes from 5 interdependent dimensions, known as the Five Case Model and these are described below.

<b>Strategic Case</b>	The strategic case sets out the rationale for the proposal, it makes the case for change at a strategic level. It sets out the background to the proposal and explain the objective that is to be achieved. The strategic policy context and the fit with the wider public policy objectives and the department's corporate plan must also be satisfactorily explained.
<b>Economic Case</b>	This section of the business case assesses the economic costs and benefits of the proposal to society as a whole. These are not the same as the financial costs to the department or body undertaking the expenditure
<b>Commercial Case</b>	The commercial case is concerned with issues of commercial feasibility and sets out to answer the question "can the proposed solution be effectively delivered through a workable commercial deal or deals?" The procurement strategy should be clearly set out in the commercial case and the ownership of any assets should be clearly defined and key contractual issues identified and explained, together with the proposed solution.
<b>Financial Case</b>	The financial case is concerned with issues of affordability, and sources of budget funding. It covers the lifespan of the scheme and all attributable costs.
<b>Management Case</b>	The management case is concerned with the deliverability of the proposal and is sometimes referred to as programme management or project management case. The management case must clearly set out management responsibilities, governance and reporting arrangements

#### 5. Engagement Update

In the last update report to JHSC we outlined the pre-planning engagement and involvement completed in March 2021 to support the development proposals.

During March 2021, members of the public were invited to learn more about the project and provide their feedback via a digital consultation. A programme of stakeholder engagement with key politicians, officers, civic and community groups to either inform about the project or to continue existing dialogue also took place. CHFT colleagues, many of whom live local to the hospital sites, were also been engaged throughout this process. This work will continue throughout the project.

The engagement feedback including surveys, written letters, telephone conversations and emails have helped inform the development of the planning application. CHFT has also engaged during the pre-application process with planning and other technical officers at Kirklees and Calderdale Councils to ensure a robust planning application was submitted.

A particular emphasis has been placed on engaging with seldom heard groups and those who are digitally excluded. We made materials available in other languages, sent leaflets or letters to the nearest 1,000 households, printed and sent copies of materials to residents without internet access, discussed the plans on the telephone and via email and promoted the engagement at both hospital sites. During the engagement we analysed the equality monitoring and proactively targeted contact with groups who were underrepresented.

It is clear from the feedback forms completed that the community is broadly supportive of the proposals. In particular, respondents have advised that the project team ensure the future buildings are well-designed, sustainable, and easily navigated.

In summary, it has been demonstrated that a robust and detailed public involvement and stakeholder engagement programme has been undertaken by the Trust in advance of the submission of the planning applications. The Trust will continue to involve local people and stakeholders regarding the development and will provide information via CHFT website.

## **6. Recommendation**

Members of the Joint Health Scrutiny Committee are requested to:

- Note the programme update and timeline, including the detail of the business case document structure;
- Note the process of involvement of public and colleagues that has informed the proposed developments at CRH and HRI.