NHS Vale of York Clinical Commissioning Group

Sustainable Development Management Plan

September 2013

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1 Introduction

Welcome to the Vale of York Clinical Commissioning Group's Sustainable Development Management Plan (SDMP) 2013/14. As a newly authorised Clinical Commissioning Group (CCG) we face a number of challenges in our first year, most notably the achievement of financial balance within an environment of increasing demand for services against a flat budget allocation. Our Integrated Operational Plan 2013/14 sets out how we plan to address these challenges.

Our vision for what the health economy will look like in five years is:

- Health care commissioned on delivery of quality outcomes and based on needs of individual, delivered in most appropriate setting.
- Reduced health inequalities.
- Supported self-management.
- A sustainable change in the transformation of health care.
- A more integrated approach to delivery.

A health system that is not just financially sustainable, through a whole systems approach to commissioning, but one that is socially and environmentally sustainable. This SDMP provides a framework for setting and reviewing our sustainability objectives and targets in the context of our overall Integrated Operational Plan.

2 What is Sustainable Development?

There are many definitions of sustainable development, including this landmark one which first appeared in 1987:

"Development that meets the needs of the present without compromising the ability of future generations to meet their own needs.1"

Therefore, a sustainable organisation is one that often has the best chance of long term survival.

Commissioning for Sustainable Development is the process by which commissioners improve both the sustainability of an organisation, and the way it provides services and interacts with people in the community. It is about striking the right balance between the three key areas of financial, social and environmental sustainability when making commissioning decisions.

Commissioning for Sustainable Development:

- saves money;
- saves resources;
- benefits staff and patients.

¹ from the World Commission on Environment and Development's (the Brundtland Commission) report Our Common Future (Oxford: Oxford University Press, 1987).

3 Why is sustainability important?

Being sustainable will help us meet the challenges facing the NHS locally and nationally:

- We have an increasingly ageing population with multiple health needs;
- > The cost of new medical technology is rising;
- > People have higher expectations around clinical outcomes and user experience;
- We are working within financial restraints;
- ➤ We need to use diminishing resources wisely;
- The climate is changing, bringing more extreme weather which has an impact on health;
- We have a legal duty to cut carbon emissions. The **Climate Change Act 2008** is a long term legally binding framework to reduce carbon emissions, mitigate and adapt to climate change. Organisations are required to meet the following UK Climate Change Act Targets reduction in CO2e² by 2050 (1990 baseline):
 - 34% by 2020
 - 50% by 2025
 - 80% by 2050.

In addition the NHS has a separate short-term NHS target of 10% reduction by 2015 based on a 2007 baseline.

² CO2e refers to six greenhouse gases: Carbon dioxide; Hydrofluorocarbons; Methane; Nitrous oxide; Perfluorocarbons and Sulphur hexafluoride. The NHS now measures its carbon footprint in CO2e so we are in line with latest conventions. This convention allows all six greenhouse gases to be measured on a like for like basis. This is important as some of the gases have a greater warming effect than CO2. Now all the gases can be compared relative to one unit of CO2.

4 What can a CCG do about it?

"The NHS has the potential to touch almost every person in this country. By demonstrating how to reduce carbon emissions and promoting healthy, sustainable lifestyles, the NHS can lead the way to a healthier, happier society."

Neil McKay Chief Executive, NHS East of England (2008)

How can CCGs shape a more sustainable NHS?

- 1. By developing a "whole systems" approach to commissioning;
- 2. By understanding their role in improving the sustainability of healthcare;
- 3. By using the commissioning cycle to increase sustainability and to implement the NHS Carbon Reduction Strategy.

Clinical Commissioning Groups can also factor in the additional priorities:

- > Set objective sustainability measures and targets for providers in contracts;
- Assess provider sustainability performance at performance management meetings;
- Consider providers' sustainability credentials as part of tendering process;
- Maintain oversight of local health system carbon emissions;
- Work with local authorities, providers and health and wellbeing boards to reduce health system carbon emissions.

5 What does this mean for Vale of York CCG?

Vale of York Clinical Commissioning Group (Vale of York CCG) is a coming together of all GP practices in the Vale of York area to enable patients and primary care clinicians to have a greater say in how health services are delivered locally. The Vale of York CCG Group covers an area including York, Selby, Easingwold, Pocklington and parts of Ryedale. The area comprises 33 GP practices, and a registered population of 332,665.

Our Vision is 'to achieve the best health and wellbeing for everyone in our community'.

Our Mission

We intend to use our clinical knowledge and experience and work with our partners to:

- Commission excellent healthcare on behalf of and in partnership with everyone in our community.
- Involve the wider Clinical Community in the development and implementation of services.
- Enable individuals to make the best decisions concerning their own health and wellbeing.
- Build and maintain excellent partnerships between all agencies in Health and Social Care.
- Lead the local Health and Social Care system in adopting best practice from around the world.
- Ensure that all this is achieved within the available resources.

Our Objectives for 2013/14 are:

• To take ownership of Quality, Innovation, Productivity and Prevention (QIPP) in our geographical area.

- To work with other health and social care professionals, to develop and implement re-design ideas.
- To listen to the people of our community to and to adopt their priorities.
- To encourage closer working between all health and social care professionals, leading to better managed and more responsive services.
- To deliver the recommendations within the North Yorkshire Review Part 2.
- To work closely with our Local Authority colleagues to develop a more integrated approach to service delivery.
- To work in collaboration with our neighbouring CCGs and to share with them the risks involved in commissioning.
- To develop our relationship with the Health and Wellbeing Boards and so ensure the delivery of high quality care focusing on prevention,
 reducing inequalities and making efficient use of available resources.

6 What are we doing about sustainability?

6.1 Governance

- The CCG has looked at examples of similar plans developed by other Clinical Commissioning groups and NHS organisations and has used them as a guide to developing our own SDMP.
- We have appointed a Governing Body level executive, Rachel Potts, Chief Operating Officer and Senior Manager, Lynette Smith
 Head of Integrated Governance, to lead the organisation in developing a sustainability action plan. Oversight of the SDMP action
 plan will be through the CCG Business Committee.
- The risk of not adapting sufficiently to climate change will be reviewed through the CCG risk management process.
- This SDMP will be reviewed and updated annually as appropriate.
- Sustainability will be included in the CCG Annual Report.

The **Good Corporate Citizenship (GCC) Assessment Tool** is designed to help organisations think about how they can contribute to sustainable development by:

- Putting social, economic and environmental considerations at the heart of decision making.
- Ensuring day to day activities support, rather than hinder, progress with sustainable development.
- Using their purchasing power, influence and resources to help deliver strong, healthy and sustainable communities.

We will utilise the GCC Assessment Model to derive a baseline position for the CCG and identify areas for improvement.

6.2 Working with others

Health and Wellbeing Board

Health and Wellbeing Boards are the forum for key leaders from the health and care system to work together to improve the health and wellbeing of their local population and reduce health inequalities. In the context of sustainable development, these boards will have an important role as leaders of their local communities and we will work collectively and individually to promote sustainable development across health and social care, particularly how we integrate the design and delivery of services.

Collaborative Improvement Board

To achieve the degree of change necessary requires all key partners and stakeholders to work together in a 'whole system' approach to meeting the needs of the population within the resources available across the whole local health and social care system.

The CCG has successfully initiated a high level Collaborative Improvement Board consisting of the Chief Executives / Executive Directors of the York Teaching Hospitals NHS Foundation Trust, East Riding CCG, Scarborough and Ryedale CCG and Vale of York CCG to ensure alignment of commissioning for the majority of patients attending the shared acute provider, York Teaching Hospitals NHS Foundation Trust.

The Collaborative Improvement Board has an agreed set of shared objectives and commits the partner organisations to close collaborative working to transform services across the health and social care system to deliver sustainable change to achieve maximum benefit for its populations.

6.3 Reducing Carbon

Travel Plan

We support opportunities for telephone, web and videoconferencing to reduce the need for travel and will promote other initiatives to reduce car usage e.g. active travel. The CCG is based at West Offices in York a City of York Council facility with good public transport links.

We will use our commissioning role to change the way services are delivered that will reduce travel for patient. For example Vale of York and Scarborough and Ryedale Clinical Commissioning Groups (CCGs) have announced joint plans to reduce the number of patient follow-up appointments that are provided in local hospitals. Currently, patients who have an appointment with a specialist consultant are offered a follow-up appointment as a matter of routine, with some patients having a regular schedule of appointments with a consultant. However, in a bid to streamline the service, improve convenience for patients and reduce the costs associated with providing appointments in a hospital setting, the CCG is changing the system so that patients are discharged back to their GP, as soon as clinically possible, who will manage any subsequent care requirements.

Procurement

The CCG is committed to putting the patient first in all of its procurement activities. While procuring patient centred services the CCG recognises that it has a key role to play in it the achievement of wider social obligations. As a result the CCG has developed an overarching approach to Sustainable Procurement. Sustainability within procurement includes:

- **Social Sustainability**: Social Sustainability is a key consideration for the CCG as the providers, contractors and supply chain partners who deliver our services employ significant workforces. The workforce maybe locally, nationally or internationally based. The CCG will ensure that its providers, contractors and supply chain partners are committed to good work force management, meeting legal and ethical working requirements, offering fair employment conditions and delivering high levels of health and safety.
- **Economic Sustainability**: The CCG is committed to playing its role in the development of a sustainable local economy. This requires a range of small, medium and large providers who can contribute to the local economic health.
- Environmental Sustainability: The CCG is committed to reducing its environmental footprint and increasing its use of renewable resources.

The CCG takes social and environmental factors into consideration alongside financial factors in making decisions on the purchase of goods and the commissioning of services. Our purchasing decisions where practicable consider whole life cost and the associated risks and implications for society and the environment.

Procurement can make a significant contribution to our goals of sustainable economic development and resource minimisation by ensuring that the goods and services we buy consider optimum environmental performance. Procurement has an additional role to play in minimising any risk of social exploitation within the supply chain.

The NHS standard contract requires providers to report performance against their carbon reduction management plan and provide a summary in their annual report³.

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³ In line with the NHS Carbon Reduction Strategy: "Saving Carbon, Improving Health", the Provider shall, as applicable, demonstrate its progress on climate change

We will ensure sustainable procurement is gradually embedded into tender and contact management especially for key areas such as energy, waste, water and transport, through the use of the Sustainable Procurement Policy. We will commit to the development of key performance indicators for sustainable procurement performance monitoring across the supply chain.

Workforce

The CCG, through its activities as an employer and commissioner, aims to positively enhance the health and wellbeing of staff, patients, visitors and suppliers. We have in place a number of human resource policies that aim to develop a healthy workplace: Flexible Working Policy, Home Working Policy, Promoting Wellbeing and Managing Stress in the Workplace, Special Leave Policy, Equal Opportunities Policy. We value the views of our staff and have implemented a staff survey and development days to share ideas and drive improvements. We have a range of measures in place to support staff which, include sickness absence management, turnover and vacancy monitoring and occupational health support.

Community Engagement

We intend to allow everyone the opportunity to have their say in order to influence decisions relating to NHS services provided in the Vale of York CCG locality, thus truly embracing the concept of 'no decision about me without me'. Vale of York CCG have established two key mechanisms for facilitating engagement with patients and the public:

adaptation, mitigation and sustainable development, including performance against carbon reduction management plans and provide a summary in its annual report

- Public & Patient Engagement Steering Group monitoring and overseeing engagement, also provides guidance to CCG on appropriate use of engagement methods.
- Public & Patient Forum open to the public, stakeholder and patient reference groups and held twice a year. It receives reports from the Steering Group on work being undertaken by CCG, as well as being encouraged to contribute to discussions on CCG activities.

The 'Patient Engagement Continuum' will be utilised to identify the methods for of engaging with the public/stakeholders and the 'Patient Experience and Engagement Cycle' will be used to identify at what points within the commissioning process to work with patients and stakeholders.

Buildings

The CCG is based at West Offices, York a City of York Council facility. The building has received praise as an excellent example of sustainable regeneration of a historic building, due to its sustainable design, construction and operation. Rainwater harvesting, solar panels, bio fuels for heating and natural daylight and ventilation are just some of the ways it achieves this.

6.4 Adaptation

While the health system is implementing measures to mitigate climate change, by reducing its emissions and acting more sustainably, this will not protect it from the effects of climate change such as longer and more frequent heat waves, increased flooding, harsher cold snaps and the impact these events will have on healthcare services. Adapting to climate change is a necessary strategy. It will ensure high quality services are maintained when there is an influx of patients during critical climate events.

In the UK increases in deaths, disability and injury as a result of climate change are likely to occur from the:

- Increased frequency and severity of hot and cold weather;
- Increased risk of flooding and storms, and subsequent health consequences. These may include contaminated drinking water, exposure to pollutants, water borne infections, injury and psychological issues;
- Increase in infectious diseases, with cases of food poisoning and water borne infections rising;
- Air pollution and respiratory problems from the damaging effects of surface ozone during the summer and mould growth in housing;
- Increased UV radiation leading to an increase in skin cancer, sunburn and cataracts;
- Insect-borne disease from increases in flies and fleas (although malaria outbreaks are likely to be rare).

For the local health system adaptation is not just about procurement practices and energy supply, but about higher quality, and less wasteful service design. It aligns well with our integrated care agenda and the integrated planning and commissioning that the Health and Well-Being Board is charged with doing. Improved service design is about the right care, in the right place, at the right time and this is good for adaptation and resilience as well as carbon reduction.

6.5 Models of care

We want to encourage closer working between all health and social care professionals, leading to better managed and more responsive services. For example, we plan to support the increasing numbers of individuals living with long term conditions by:

- Ensuring patients are at the right level of care at the right time.
- Ensuring we have productive community teams incorporating an integrated approach to working.

- Providing seamless service provision between health, social care and third sector organisations, enhancing benefits for users through:
 - An improved less confusing experience for all those concerned;
 - Optimum care provision and improved communications;
 - Timely and accurate liaison with all relevant providers;
 - Maximising independence and enabling resumption of living at home in a safe and time efficient manner through supporting care at home.

We have been working closely with our partners from City of York Council and North Yorkshire County Council to ensure that the re-ablement programme is fully implemented. Initiatives we have agreed to implement include:

- · Enhancing existing intermediate care provision;
- Supporting the START approach to re-ablement through the recruitment of generic workers and increasing therapy support;
- Facilitate a more integrated approach working through recruitment of project managers to scope out requirement and develop a
 programme approach to development/implementation;
- Utilise third sector expertise to support community service development e.g. Home from Hospital scheme.

Vale of York CCG Sustainability Objectives

The Sustainable Development Management Plan will assist the CCG to fulfil its commitment to conducting all aspects of its activities with due consideration to sustainability, whilst commissioning high quality patient care. The key objectives are:

Domain	Objective
Governance	Embed sustainability within the CCG's policies and procedures and reinforcement of Board level commitment and
	responsibility. Raise awareness of sustainability across the workforce.
	Work in partnership with local groups (e.g. Health and Wellbeing Boards, Local Strategic Partnership) to support sustainable
	development and better prepare and adapt to the predicted effects of a future changing climate.
	Complete the Good Corporate Citizenship Self-Assessment Tool to set a baseline and identify opportunities for improvement.
	Review the plan on an annual basis and report on sustainability in the CCG Annual Report
Travel	Identify opportunities to reduce car usage by staff and patients: encouraging active travel; promoting low carbon models of
	care; encouraging the use of remote communication in place of face to face meetings and encouraging home working.
Procurement	Commission health services which are environmentally, socially and economically sustainable.
	Through the contracting processes ensure that the providers of services commissioned by the CCG are complying with
	national and local requirements on sustainability, including carbon reduction
Facilities Management	Minimising impacts on the environment (reduce energy and water demand, minimise waste) and supporting the local
	community and economy.
Workforce	Respond to local employment conditions and needs and proactively building a skilled local workforce, promoting the health
	and wellbeing of employees through our HR policies.
Community Engagement	Understanding the local community and involving its members in decision making and scrutiny, the planning and delivery of
	healthcare and supporting a strong and sustainable local economy. Identify innovative solutions from engagement.
Buildings	Consider all relevant sustainability issues in the design and operation of new or refurbished buildings to reduce waste, energy
	and resource use e.g. promoting active travel, expanding green and natural spaces.
Adaptation	Contribute to the development of strategic multi-agency plans for responding to emergencies in partnership with the Local
	Health Resilience Partnership (LHRP).
Models of Care	Collaborate with cross sector partners to prevent illness, promote health and develop sustainable joint service plans.
	Tailor healthcare so it is closer to home.
	Work with cross sector partners and individuals to reduce inequalities.

Resources

NHS Sustainable Development Unit (SDU)

Commissioning for Sustainable development

Fit for the Future – scenarios for low-carbon healthcare 2013

Sustainability in the NHS: Health Check 2012

Sustainable Development Management Plan Guidance

Adaptation to Climate Change for Health and Social Care Organisations

A Guide to Sustainable Development for Clinical Commissioning Groups

GPs and Sustainability – 5 to Survive series of SDU documents

Commissioning for Sustainability – what GP consortia need to know

NHS Carbon Reduction Strategy

Management Plan (SDMP) Guidance - Guidance for writing a board level SDMP

Procuring for Carbon Reduction (P4CR)

Examples of NHS organisations embracing more sustainable practices

Sustainability Reporting Framework

Carbon Footprinting Pharmaceuticals and Medical Devices

NHS SDU and Royal College of General Practitioners

A Guide to Sustainable Development for Clinical Commissioning Groups

Health Protection Agency

Health Effects of Climate Change in the UK 2012

The King's Fund

Sustainable health and social care: connecting environmental and financial performance by Chris Naylor and John Appleby 2012

Vale of York Clinical Commissioning Group

Integrated Operational Plan 2013/14

Ethical / Sustainable Procurement Strategy

North Yorkshire and York Clinical Services Review

Legal Requirements

Below is a summary of the statutory, regulatory and policy requirements.

The **Social Value (Public Services) Act 2012**, in force from early 2013, will include a duty to consider social value ahead of procurement involving public services contracts (within the meaning of the Public Contracts Regulations 2006). This means CCGs must consider how they might use contracts to improve the economic, social and environmental wellbeing of their communities.

The **Climate Change Act 2008** includes a legal requirement for the UK to reduce carbon emissions by 80% by 2050. For the NHS to meet this, an interim target has been set for the NHS to reduce emissions by 10% by 2015 from a 2007 baseline. It is not yet clear how this will apply to CCGs, for whom no 2007 baseline exists.

The **NHS Carbon Reduction Strategy** asks all NHS organisations to sign up to the Good Corporate Citizenship Assessment Model and to produce a Board-approved Sustainable Development Management Plan (SDMP).

The **Civil Contingencies Act 2004** requires all NHS organisations to prepare for adverse events and incidents, to undertake risk assessments, and to ensure Carbon Reduction Delivery Plans are in place in accordance with emergency preparedness and civil contingency requirements.

HMT Sustainability Reporting Framework: the Government Financial Reporting Manual (FReM), the basis for NHS annual financial reporting, includes mandatory sustainability reporting.

The **NHS Annual Governance Statement**, an annual reporting requirement for NHS organisations, includes mandatory disclosures on climate change adaptation and mitigation to ensure risks have been assessed and plans are in place to comply with the Climate Change Act and the Civil Contingencies Act. The **Carbon Reduction Commitment Energy Efficiency Scheme (CRC)** is a mandatory energy efficiency scheme affecting the majority of NHS organisations. The scheme's aim is to improve energy efficiency, reduce carbon emissions and save organisations money by cutting fuel bills. It will also help drive changes in behaviour and infrastructure and generate corporate awareness of emissions. Participating trusts are required to report their baseline energy use and their carbon emissions in their annual reports.

The European Union Emissions Trading System (EU ETS) was the first large emissions trading schemes in the world. Launched in 2005 to combat climate change it requires participating organisations to monitor and report their CO2 emissions. Members of the scheme are given an emissions allocation. At the end of each year they are required to account for their actual emissions. Installations can emit more than their allocation by buying allowances from the market. Similarly, an installation that emits less than its allocation can sell its surplus allowances. The environmental outcome is not affected because the amount of allowances allocated is fixed. A number of NHS organisations participate in the EU ETS, which has been simplified to make it easier for users to take part.

Sustainability Impact Assessment

Staff preparing a policy, Governing Body Report, service development or project are required to complete a Sustainability Impact Assessment (SIA). The purpose of this SIA is to record any positive or negative impacts that this is likely to have on sustainability.

Title of the document	
What is the main purpose of the document	
Date completed	
Completed by	

Domain		Impact of activity	Brief description of impact	If negative, how can it be
		Negative = -1		mitigated?
		Neutral = 0		If positive, how can it be
		Positive = 1		enhanced?
		Unknown = ?		
		Not applicable = n/a		
Travel	Will it provide / improve / promote alternatives to car based transport? Will it support more efficient use of cars (car sharing, low emission vehicles, environmentally friendly fuels and technologies)? Will it reduce 'care miles' (telecare, care closer) to home? Will it promote active travel (cycling, walking)? Will it improve access to opportunities and facilities			
Procurement	for all groups? Will it specify social, economic and environmental outcomes to be accounted for in procurement and delivery? Will it stimulate innovation among providers of services related to the delivery of the organisations' social, economic and environmental objectives? Will it promote ethical purchasing of goods or			
	Will it promote ethical purchasing of goods or services?			

	Will it promote greater efficiency of resource use?		
	Will it obtain maximum value from pharmaceuticals		
	and technologies (medicines management,		
	prescribing, and supply chain)?		
	Will it support local or regional supply chains?		
	Will it promote access to local services (care closer to		
	home)?		
	Will it make current activities more efficient or alter		
	service delivery models		
Facilities	Will it reduce the amount of waste produced or		
Management	increase the amount of waste recycled?		
	Will it reduce water consumption?		
Workforce	Will it provide employment opportunities for local		
	people?		
	Will it promote or support equal employment		
	opportunities?		
	Will it promote healthy working lives (including health		
	and safety at work, work-life/home-life balance and		
	family friendly policies)?		
	Will it offer employment opportunities to		
	disadvantaged groups?		
Community	Will it promote health and sustainable development?		
Engagement	Have you sought the views of our communities in		
	relation to the impact on sustainable development for		
	this activity?		
Buildings	Will it improve the resource efficiency of new or		
	refurbished buildings (water, energy, density, use of		
	existing buildings, designing for a longer lifespan)?		
	Will it increase safety and security in new buildings		
	and developments?		
	Will it reduce greenhouse gas emissions from		
	transport (choice of mode of transport, reducing need		
	to travel)?		
	Will it provide sympathetic and appropriate		
	landscaping around new development?		
	Will it improve access to the built environment?		

Adaptation to Climate Change	Will it support the plan for the likely effects of climate change (e.g. identifying vulnerable groups; contingency planning for flood, heatwave and other		
	weather extremes)?		
Models of Care	Will it promote prevention and self-management? Will it provide evidence-based, personalised care that achieves the best possible outcomes with the resources available? Will it deliver integrated care, that co-ordinate different elements of care more effectively and remove duplication and redundancy from care pathways?		