

Sustainability Plan

NHS Scarborough and Ryedale Clinical Commissioning Group

November 2016

Introduction

“Sustainability” can be defined as meeting the needs of today without compromising the needs of tomorrow.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

The Sustainable Development Unit provides guidance and tools for commissioners to use to support the CCGs discharging their responsibility.

http://www.sduhealth.org.uk/documents/publications/SD_for_CCGs.pdf

Background

It is easy to imagine a sustainable health and care system – it goes on forever within the limits of financial, social and environmental resources. The challenge is the current approach to delivering health and care cannot continue in the same way and stay within these limits.



A sustainable health and care system is achieved by delivering high quality care and improved public health without exhausting natural resources or causing severe ecological damage.

It is useful to think about the relationship between sustainability and health in three distinct ways moving from a narrow focus to a broad focus.

A sustainable health and care system:

1 - Sustainable Health and Care Sector

This involves 'greening' the sector with particular attention to energy, travel, waste, procurement, water, infrastructure adaptation and buildings. This ensures resources (physical, financial and human) used in the sector are:

- Used efficiently (e.g. buildings and homes are well insulated and use less fuel to heat)
- Used responsibly (e.g. clinical waste is disposed of safely to protect local people)

2 - Sustainable Health Care

This is slightly broader (but more health care specific) than point 1 and involves working across the health system and partners to deliver health care that deliver on the triple bottom line i.e. simultaneous financial, social and environmental return on investment. It includes adapting how we deliver services, health promotion, more prevention, corporate social responsibility and developing more sustainable models of care.

A sustainable way of living:

3 - Sustainable Health & Well-being

This is the broadest level and involves considering the sustainability of everything that impacts on health and well-being (e.g. education, farming, banking etc.).

Legal Requirements

The health system is committed to reducing its carbon emissions in line with the UK Climate Change Act.

To help it achieve this ambition organisations are steered by a series of statutory, regulatory, and policy requirements as well as high-level guidance. Very simply there are a number of things which organisations "must do" and some which they "should do" in order to be sustainable in financial, social and environmental terms and deals with this requirement, specifically:

1. Climate Change Act
2. National adaptation programme
3. The Carbon Reduction Commitment
4. Civil Contingencies Act
5. EU ETS

Good Corporate Citizen (GCC) Tool.

The CCG has used the GCC toolkit to assess the baseline against which it can build an action plan and monitor progress against key actions, <http://www.sduhealth.org.uk/gcc/>

About the GCC

The Good Corporate Citizenship Tool is to help you assess how sustainable your organisation is.

By using the tool the CCG can benchmark progress on sustainable development, not just by measuring fuel bills or waste but by evaluating sustainability across the board in financial, social and environmental terms.

This means that the CCG can put a measure on how well the organisation's activities support sustainability inside your organisation and outside in the community.

Who developed the GCC?

The SDU has developed a mark III version of the GCC (Autumn 2012). The first two versions were created by the Sustainable Development Commission, the Department of Health and the NHS Sustainable Development Unit.

The SDU has now taken over the running and hosting of the GCC following the closure of the Sustainable Development Commission and changes in the Department of Health. Taking part in the GCC is one of the four requirements of the NHS Carbon Reduction Strategy, published by the SDU. The GCC is part of a suite of tools and guidance to improve sustainability in the NHS.

Why should the CCG use the GCC?

By using the tool we will not only benefit our staff, our patients, and our community but it will also save money and help the planet.

The NHS, with its focus on improving health and wellbeing and preventing illness has a major role to play in improving sustainability.

It is the largest employer in Europe with the largest property portfolio. It has an annual budget of around £100 billion a year. It therefore is in a prime position and has the influence and capability to make a difference.

It can make a difference in many ways such as being an employer or purchaser, a manager of transport, energy, waste and water, a landholder and commissioner of building work and as an influential partner in many communities.

What is the Good Corporate Citizenship (GCC) Assessment Model?

The tool contains 8 sections

1. **Travel,**
2. **Procurement,**
3. **Facilities Management,**
4. **Workforce,**
5. **Community Engagement**
6. **Buildings**
7. **Models of Care**
8. **Adaptation.**

The scoring system has 3 grades and section has been divided into three parts. This will enable organisations to provide far more accurate GCC scores.

- **Getting Started**
- **Getting There**
- **Excellent**

The updated GCC tool will enable organisations to publish and bench mark their scores against other organisations, regionally, across their sector and against themselves historically. The following guidance provides an idea of where the CCG should be in developing and implementing our sustainability plan. By assessing where we are against the standards, measured against statements and scored against three outcomes:

What should the CCG be aiming for?

To help you understand where your organisation should aim to be (at a minimum) over the period from here to 2020, here is some guidance:

- > By 2016 Yes to all “getting started” actions and answering “yes” to at least five of the 18 “getting there” questions.
- > By 2018, yes to all “getting started” and “getting there” actions.
- > By 2020, Yes to all “getting started” and “getting there” actions and answering “yes” to at least 9 of the 18 “excellent” questions.

Where is the CCG at on the journey towards “excellent”

In June 2016 the GCC toolkit was completed on line and the CCG scored 15% and work has taken place to address some of the areas where we need

In November 2016 an assessment against the standards was completed and the evidence recorded on the attached plan. The CCG scored 54% of those applicable standards:

Getting There- Yes- 70

Getting there- No – 60

Getting There N/A- 12

The following report is an action plan based on the outcome of the assessment and progress against the plan will be reported annually and the Audit and Governance Committee will receive a bi annual assurance report.

Sally Brown

Associate Director of Corporate Affairs

November 2016

Making us a Good Corporate Citizen

Sustainability Action Plan

November 2016

SECTION 1 - Overall corporate approach to domains					
Getting Started					
Responsibility and accountability for sustainable development is clear in our organisation	Yes	No ●	N/A	Previous No	<p>Evidence: Job descriptions allocate responsibility and accountability in the CCG with the SMT reviewing progress in the development of the plan and progress against actions.</p> <p>The induction handbook sets out that all employees are responsible for working towards the CCG objectives.</p> <p>Actions:</p> <ol style="list-style-type: none"> 1. Reinforce roles and responsibilities for making us a Good Corporate Citizen at team meetings and through the staff newsletter. SB- by Dec 2016.
Report SDMP key performance indicators to the board on a regular basis (at least 6 monthly)	Yes	No ●	N/A	Previous No	<p>Evidence: Each year the Governing Body receive the CCG Annual Report which contains a summary of the approach , and progress against objectives but 6 monthly reports are not currently reported the Governing Body. Required resources and expertise have been highlighted on the SMT risk register however an initial baseline assessment on the SDMP toolkit was completed in June 2016 with an overall score of 15%</p> <p>Actions:</p> <ol style="list-style-type: none"> 2. Report the outcome of the assessment to the Governing Body in November 2016 for approval of the action plan. SB by Dec 2016.
We share good practice on sustainable development with other organisations	Yes	No ●	N/A	Previous No	<p>Evidence: The CCG has not as yet shared good practice with other organisations.</p> <p>Actions:</p> <ol style="list-style-type: none"> 3. Corporate Services team to identify best practice in other CCGs. EP by Dec 2016.

SECTION 2 TRAVEL					
2.1 Travel Policies and Performance					
Getting Started					
We have assessed our transport and travel options and have calculated the carbon footprint of our business travel, fleet and patient transport.	Yes	No ●	N/A	Previous No	Evidence: In 2015 the CCG secured specialist support to help develop a plan for the CCG which included the calculation of the carbon footprint. This specialist skill has been lost. Actions: 4. Work with Finance and workforce team to establish how the travel carbon footprint for the CCG can be calculated. EP/VB – by Jan 2017.
We have developed a plan which sets out ambitious objectives to reduce travel and traffic. Promote active travel and reduce carbon emissions consistent with the carbon reduction strategy	Yes	No ●	N/A	Previous No	Evidence: We do not have baseline so have not been able to set targets although we do promote Actions: 5. Set targets once baseline is established and promote active travel.SB by March 2017
We have a clear vehicle policy which limits the cG02 allowed for company/fleet/lease cars and encourages staff to choose the cleanest powered vehicle. Our policy actively discourages driving as a primary form of transport.	Yes	No ●	N/A	Previous No	Evidence: The lease car policy and is currently being reviewed and information from other organisation’s policies have been reviewed Actions: 6. Inclusion of electric/hybrid cars will be considered as inclusion in policy. RM by March 2017

2.2 Area Planning					
Getting Started:					
We regularly review how transport provision in the local areas local to our main hubs are meeting the needs of our community and we engage with our local strategic partnerships and other key partners to influence and improve access where it is not meeting those needs	Yes	No ●	N/A	Previous No	Evidence: we complete a sustainability impact assessment (SIA) as part of project development Actions: 7. Reinforce importance of SIA and outcome of actions and recommendations in particular with joint commissioning decisions through Ambitions for Health and the HCV STP. SC/BB by March 2017.
We look for ways to work with key partners to provide healthy sustainable travel options and provide safe routes for cyclists and pedestrians	Yes	No ●	N/A	Previous No	Evidence: we have not as yet included this level of detail in service change redesign Actions: 8. As action 7
We have started to map our supply chain emissions.	Yes	No ●	N/A	Previous No	Evidence: we have not yet started to map the supply chain admissions Actions: 9. We will source specialist advice to support

					the learning and development of the CCG to enable supply chain emissions to be mapped. EP by March 2017.
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Service Delivery and Estates Design					
Getting Started					
We have formally reviewed the accessibility of our estates and services	Yes	No ●	N/A	Previous No	Evidence: we have reviewed the accessibility of the estate (Town Hall and Sovereign House) but not recorded it. Actions: 10. We will review the accessibility of our estate and record it as part of the GCC plan. EP by March 2016.
We have developed plans that maximise access, minimise traffic and promote active travel and use of public transport	Yes	No ●	N/A	Previous No	Evidence: we have not developed plans as yet. Actions: 11. We will develop plans through a steering group to promote active travel.
These plans have been communicated to all staff and are made available for patients and visitors.	Yes	No ●	N/A	Previous No	Evidence: We do not have plans in place. Actions: 12. We will develop plans and communicate to staff and visitors. Q1 2017-18

Active Travel					
Getting Started					
We have reviewed the facilities, information and incentives we provide to encourage active travel (e.g. walking, running, cycling)	Yes	No ●	N/A	Previous No	Evidence: we have not formally reviewed our facilities or offer incentives to encourage active travel. Actions: 13. We will consider opportunities to promote active travel. SMT Q1 2017-18.
We have engaged with staff, patients, visitors and the local community and developed a plan to encourage active travel	Yes	No ●	N/A	Previous No	Evidence: We have not developed our active travel plan. Actions: 14. As action 13
We have an active travel plan to encourage staff/patients/visitors to take regular exercise.	Yes	No ●	N/A	Previous No	Evidence: We have not developed our active travel plan. Actions: 15. As action 13

Business Travel					
Getting Started					
We have reviewed our current business travel practices	Yes	No ●	N/A	Previous No	Evidence: We have not reviewed our current business travel practices. Actions: 16. We will review our current business travel practices. EP- Q1

We capture data on the number of journeys taking, mode of transport, cost and carbon emissions associated with business travel, including grey fleet (i.e. private vehicles used for business travel)	Yes	No ●	N/A	Previous No	Evidence: we record the number of journeys and mileage but not the train travel or type of fuel used. Actions: 17. We will investigate how more detailed information can be recorded which may be possible through the introduction of the Electronic staff record (ESR) SMT Q1 2017-18
We have developed plans to minimise demand for travel and promote a shift to active travel and use of public transport	Yes	No ●	N/A	Previous No	Evidence: We have not recorded plans but actively work to minimise business travel through use of conference calls Actions: 18. We will develop a plan to minimise travel. SB/EP Q1 2017-18

We can demonstrate that our action is producing health benefits and reducing environmental impacts, including carbon emissions.	Yes	No ●	N/A	Previous No	Evidence: We are looking to implement the Work Place Health Charter in 2017-18 Actions: 19. As action 18
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Traffic Management					
Getting Started					
We have worked with our partners and stakeholders to develop plans to reduce our traffic impacts and promote the use of public transport and active travel.	Yes	No ●	N/A	Previous No	Evidence: we use the SIA to understand the impact of service change. Actions: 20. Raise the profile and importance of the SIA and deliver training to service improvement team. SB Q1.2017-18
Our organisation captures the commute habits of its staff, patients and visitors and makes recommendations to the board following the findings.	Yes	No ●	N/A	Previous No	Evidence: we do not capture commute habits. Actions: 21. We will look at capturing commute habits of staff. SB/EP Q1 2017-18
We communicate our travel plans clearly to its staff, patients, visitors, suppliers and the local community.	Yes	No ●	N/A	Previous No	Evidence: we do not have recorded travel plans in place as yet. Actions: 22. Once plans are approved we will communicate through staff newsletters and team meetings. SB/EP Q1

Procurement Policies and Performance					
Getting started					
Responsibility for sustainable procurement is clear in our organisation.	Yes	No ●	N/A	Previous No	Evidence: The NHS standard contract set out the responsibilities and requirements of service providers and all contracts utilise this document. Actions: 23. Ensure all contracts use the standard

					contract. RM by March 2017.
We have developed policies for sustainable procurement in line with procuring for carbon reduction (PC4R) tool that address our significant social and environmental impacts, including carbon emissions.	Yes	No ●	N/A	Previous No	Evidence: The CCG procurement policy includes reduction in carbon footprint. Actions: 24. To review procurement policy. RM by March 2017
We have engaged with those involved in procurement, including clinicians and suppliers, in the development of the policy,	Yes	No ●	N/A	Previous No	Evidence: We have not reviewed the procurement policy recently. Actions: 25. When we review the policy we will engage appropriately. RM by March 2017

Procurement Skills					
Getting Started					
We understand that any member of staff in our organisation may need to make purchasing or procurement decisions in the course of their work in line with NHS standards of procurement.	Yes	No ●	N/A	Previous No	Evidence: we have not raised the importance of all staff being aware of the importance of meeting NHS standards of procurement Actions: 26. We will include reference to standards in the staff handbook and raise awareness at team meetings and in staff newsletters. Q1 2017-18
We have identified the key skills required for sustainable procurement.	Yes	No ●	N/A	Previous No	Evidence: we have not mapped skills required for sustainable procurement within the CCG team but utilise specialist procurement teams for larger procurement plans. Actions: 27. We will review the service level agreement with procurement services and identify training to address gaps in knowledge. Q2 2017-18
We raise awareness of our policies for sustainable procurement amongst all staff (e.g. in induction)	Yes	No ●	N/A	Previous No	Evidence: we have information in the staff handbook Actions: 28. We will arrange training and awareness session for staff. Q2 2017-18.

Procurement Process					
Getting started					
We utilise the Government Buying Standards as appropriate and address significant sustainability aspects on major procurement projects.	Yes ●	No	N/A	Previous No	Evidence: We utilise the Government Buying Standards Actions: 29. Ensure standards are applied to procurement activities. RM ongoing.
Where possible our tendering documents and contracts contain sustainable development clauses	Yes ●	No	N/A	Previous No	Evidence: Our tendering documents and contracts contain sustainable development clauses

and make reference to our sustainable procurement policy. We assess potential products and suppliers at the start of our procurement process.					Actions: 30. Continue to include clauses.RM ongoing
We have begun to use whole life costing and value for money analysis in our evaluation of some bids.	Yes •	No	N/A	Previous No	Evidence: we have used whole life costings and value for money in our evaluations Actions: 31. Continue to use whole life costings and value for money in our evaluations. RM ongoing.

Engaging with Suppliers

Getting Started

We have assessed the impacts of our key suppliers on our sustainable development objectives.	Yes	No •	N/A	Previous No	Evidence: we have yet to assess the impact of our key suppliers on our sustainable development objectives Actions: 32. We will start to assess the impact of our suppliers on our plans. SB/EP Q2 2017-18
Suppliers understand that sustainable development is a priority for our procurement process.	Yes	No •	N/A	Previous No	Evidence: Our procurement processes emphasise the importance of sustainability. Actions: 33. Continue to emphasise in procurement exercises. RM ongoing.
We ensure all tender/contract opportunities are appropriately advertised to reach the widest and divers possible audience including local and smaller suppliers (e.g. local newspapers, contract finder, supply2health,ebravo)	Yes •	No	N/A	Previous No	Evidence: We advertise appropriately for the type and size of procurement exercise. Actions: 34. Continue to advertise appropriately. RM ongoing.

Procuring for Resource efficiently

Getting Started

We engage with staff from across our organisation to raise awareness of the impact of procurement decisions on energy, water and waste.	Yes	No •	N/A	Previous No	Evidence: we do not routinely engage wit staff about this. Actions: 35. Look to raise awareness of the impact procurement decisions can have. EP Q2 2017-18
We actively seek to identify and realise opportunities for reducing demand through procurement (e.g. energy efficient machines, least energy costly pharmaceuticals, green utilities etc.)	Yes	No •	N/A	Previous No	Evidence: we do not routinely make assessments. Actions: 36. To include assessments and opportunities to reduce demand through procurement. RM Q3 2017-18

We have an effective process in place for stock management, product standardisation, and optimising order quantities to help minimise waste.	Yes	No •	N/A	Previous No	Evidence: We have informal processes to manage stock with designated budget holders responsible for departmental budgets. Actions: 37. Continue to be aware of need to manage stock effectively.
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Ethical Procurement					
Getting Started					
A board approved business case for ethical procurement is included in our procurement policies. The policy has been communicated to all relevant staff and suppliers.	Yes	No •	N/A	Previous No	Evidence: This is not currently an approved policy Actions: 38. Investigate development of a policy or revision of existing procurement policy. RM Q2 2017-18
We have undertaken labour standards risk assessments on all our major procurements.	Yes •	No	N/A	Previous No	Evidence: we involve workforce team to assess the impact on procurement exercises Actions: 39. Continue to include workforce impact assessments in procurement exercises. RM ongoing
We have identified priority areas, and have started to engage with suppliers on these (e.g. surgical instruments, textiles, rubber products, ethically sourced certified timber)	Yes	No	N/A •	Previous No	NOT APPLICABLE

Facilities Management Policies and Performance					
Getting Started					
We have reviewed our environmental impacts and developed an ambitious sustainable development management plan including carbon emissions, energy use, water, waste, transport, chemical impacts and biodiversity.	Yes	No •	N/A	Previous No	Evidence: In 2015 we started to measure our environmental impact and agreed some objectives to reduce the carbon emissions Actions: 40. Review actions and methodology to calculate carbon footprint. Q1 2017-18
We communicate this plan to staff, patients, visitors and the local community.	Yes	No •	N/A	Previous No	Evidence: we display notices in the offices encouraging recycling and reduction of waste Actions: 41. Continue to identify ways to reduce

					waste. EP 2017-18
We regularly report to the Board on progress being made in relation to carbon reduction and CRC.	Yes	No •	N/A	Previous No	Evidence: we do not have a robust way to measure and calculate carbon emissions which can be consistently measured and reported Actions: 42. Establish a robust way to measure and calculate carbon emissions which can be consistently measured and reported. RM Q2 2017-18

Energy use and carbon

Getting Started

We have reviewed our energy use and developed plans to reduce our energy demand and improve our energy efficiency, in line with the NHS Carbon Reduction Strategy	Yes	No •	N/A	Previous No	Evidence: We lease our offices in Scarborough Borough Council who calculate the energy used for York House and we calculate the percentage used by SRCCG based on floor area occupied. The York office at Sovereign House is leased and there is a limit to what measures the tenants can take. Actions: 43. As part of the relocation from Sovereign House (SRCCG York office) in 2017 and working with NHS Property Services ,the energy use and efficiency will be considered when deciding on alternative facilities.RM 2017
We provide advice to staff and visitors on reducing their energy usage.	Yes •	No	N/A	Previous No	Evidence: we display notices in the offices as a reminder of how to reduce energy use. Actions: 44. Continue to display notices and include reminders at team meetings.
We monitor our energy use closely, across different parts of our organisation and over time.	Yes •	No	N/A	Previous No	Evidence: we work with our landlords to establish energy usage in the offices we occupy. Actions: 45. We will continue to monitor usage but take into account the increased number of staff working in the offices. RM March 2017

Waste

getting started

We have reviewed our waste outputs and developed plans to apply the waste minimisation hierarchy in our organisations (i.e. rethink, reduce, reuse, repair and recycle)	Yes •	No	N/A	Previous No	Evidence: We have introduced recycle bins for plastic as well as shredding of confidential waste and card and paper recycle bins so as to segregate waste. We reuse crockery instead of disposable cups etc. Actions: 46. Continue to expand the number of items recycled including glass segregation. EP March 2017
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We eliminate as much waste as possible at source, including waste deriving from food, grounds, IT, equipment and medical supplies.	Yes •	No	N/A	Previous No	Evidence: WE utilise double sided printing and have a coded system for printing so that unnecessary printing is avoided. Officers use laptops and mobile devices for accessing meeting papers. Actions: 47. Continue to use ways of avoiding printing documents. SB ongoing
We actively raise awareness about waste minimisation, including in staff learning and development	Yes •	No	N/A	Previous No	Evidence: We remind staff about the importance of recycling and reducing waste at team meetings Actions: 48. We will include information and reminders in the new staff newsletter.SB Q1 2017-18

Water					
Getting started					
We have reviewed our water use and developed ambitious plans to reduce our water demand and improve our water efficiency.	Yes •	No	N/A	Previous No	Evidence: we use the information from our landlords about water usage to understand our water usage. We utilise the dishwasher when it is full so as to minimise water usage. Actions: 49. We will monitor our usage and look at setting targets based on the number of staff using the offices in Scarborough and York.RM March 2017
We provide advice to staff and visitors on reducing their water usage.	Yes •	No	N/A	Previous No	Evidence: We display signs in the offices and reminders and the need reduce water usage. Actions: 50. Continue to display notices and remind staff and visitors of need to reduce water waste. EP ongoing 2017-18
We have a known system in place for reporting faults/leaks. We regularly report progress to our Board.	Yes	No •	N/A	Previous No	Evidence: We report faults to the landlord but do not maintain a log on incidents and faults Actions: 51. We look to maintain a log of reported faults at SBC and York office and report these to the Board on an annual basis. EP Q2 2017-18

Hazardous Substances					
Getting Started					
We have reviewed the use of hazardous substances and chemicals on our estate.	Yes •	No	N/A	Previous No	Evidence: We have reviewed the chemicals used and have a log of those used by the contracted cleaners by SBC and a log through the COSHH register at York. Actions: 52. Continue to maintain and review log on an annual basis. EP Q2 2017-18

We have a known system in place for recording their use and for ensuring that all legal requirements are met.	Yes	No	N/A	Previous No	NOT APPLICABLE
We procure products containing non/less hazardous chemicals where possible (e.g. non-toxic paints and cleaning solutions)	Yes	No	N/A	Previous No	NOT APPLICABLE

Healthy Lifestyles					
Getting started					
We take steps to provide green and natural areas on our estate even where land is constrained (e.g. window boxes, verges and potted plants)	Yes	No	N/A	Previous No	Evidence: We are restricted with what we can do in our leased premises Actions: 53. We will consider natural green spaces when a new location is agreed for the York Office. RM Q2 2017-18
We promote the health benefits of green space to our staff, patients and the wider community and wherever possible make our green spaces available to them,	Yes	No	N/A	Previous No	Evidence: We have been involved with the Scarborough Borough Council Planning documents for 2015-2030 Actions: 54. Where possible consider opportunities to introduce green space into plans to improve the estate when working with providers and NHS Property Services. RM ongoing
We have a system in place to track the sourcing, transportation, consumption and disposal of food and drink products.	Yes	No	N/A	Previous No	Evidence: We do not have a system in place Actions: 55. Explore how this might be monitored. SB Q3 2017-18

Workforce Policies and Performance -					
getting started					
A process is in place for sustainable development objectives to be included in all inductions.	Yes	No	N/A	Previous No	Evidence: we currently include this in staff induction Actions: 56. We will update staff handbook to ensure it is current. EP Q1
We report sustainability performance via our annual report.	Yes	No	N/A	Previous No	Evidence: we report the actions we have taken during the year and include this in our published annual report Actions: 57. Continue to report annually and expand the information reported. SB March 2017
We have an active communications strategy to raise awareness about	Yes	No	N/A	Previous No	Evidence: we do not currently have a communication strategy which includes sustainability at all levels but have a comprehensive

sustainability at every level of the organisation and to promote leadership competencies and deliver carbon reduction.					plan for the Sustainable and transformation plans. Actions: 58. We will look to include a greater emphasis on sustainability at all levels of the organisation.SB Q2 2017-18
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Diversity and Inclusion					
Getting Started					
We work with a range of skill providers and employment support organisations (e.g. higher education, careers services, job centre plus)	Yes •	No	N/A	Previous No	Evidence: we are working with agencies, University of Coventry, University of York, HYMS and Y&H HEE to enhance skills across the CCG. Actions: 59. Continue to work with skills providers. SB ongoing
We offer entry-level training schemes and mentoring opportunities.	Yes	No •	N/A	Previous No	Evidence: we do not currently offer these but have had apprenticeship schemes and a supporting policy. Actions: 60. Consider apprenticeship scheme.SB Q2 2017-18
We include sustainability in all joint strategic needs assessment templates and documentation to complete and lead at focus group discussions.	Yes •	No	N/A	Previous No	Evidence: All our projects have sustainability impact assessments completed and these are included in discussions when decisions are made. Work on the Ambitions for Health will include sustainable services and travel options and different models of care. Actions: 61. Deliver Ambitions for Health plans. SC 2017-18

Valuing Workforce					
Getting started					
We conduct regular staff surveys and report back on their findings. We have used this data to develop an action plan on staff wellbeing.	Yes •	No	N/A	Previous No	Evidence: We conduct annual staff surveys and report back outcomes and agree action plans. These are discussed at quarterly team meetings Actions: 62. Continue with surveys and benchmark against other CCGs in 2016. SB Dec 2016.
We demonstrate a commitment to sustainability nationally by participating in national sustainability campaigns (e.g. NHS sustainability day, Climate week, energy saving week, green office week) encourage staff to be involved.	Yes	No •	N/A	Previous No	Evidence: we have not yet taken part in national campaigns Actions: 63. Consider inclusion in Communication and Engagement plans. SB Q2 2017-18
We take steps to protect	Yes	No	N/A	Previous	Evidence: We have policies in place and undertake

our workforce and ensure our workplace is safe secure and free from bullying and harassment.	•		No	surveys which include questions on harassment. We have health and safety group which highlights where measures can be taken to improve the safety of staff. The whistle blowing policy has been updated with national guidance in Nov 2016. Actions: 64. Investigate reports of bullying and harassment and encourage staff to highlight risks to security of building of employees
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Healthy workplace

Getting Started

We have a designated health and workplace programme.	Yes	No •	N/A	Previous No	Evidence: we are looking at signing up for the Healthy Workplace charter by March 2017 Actions: 65. Report outcome of Healthy Workplace steering group assessment against charter EP Dec 2016.
We have an action plan to promote and support health choices in all part of the workplace, including off site. This includes a proactive absence management policy, alcohol drugs and stress management strategies and promotion of healthy food choices.	Yes	No •	N/A	Previous No	Evidence: we do not have an action plan but have all supporting policies to promote healthy work place. Actions: 66. Explore developing a plan. EP March 2017
Our organisation and estate is totally smoke free.	Yes •	No	N/A	Previous No	Evidence: our work place is completely no smoking and we work with providers to impose smoke free environments Actions: 67. Continue to support the programme of work to reduce smoking in SRCCG localities. On going

Childcare and carer support

Getting started

We make sure staff understand their rights and the support available to them.	Yes •	No	N/A	Previous No	Evidence: we have suit of policies which sets out employee rights and a workforce team who provide guidance and support. Staff are informed of this on induction and at team meetings. Actions: 68. Continue to review policies and raise awareness. SB ongoing.
We offer flexible working, leave and advice to accommodate specific needs of parents and carers.	Yes •	No	N/A	Previous No	Evidence: we have policies which support flexible working patterns and needs of carers and parents. Actions: 69. Continue to review policies and raise

					awareness. SB ongoing.
We are planning to provide facilities and schemes (e.g. childcare vouchers, play areas, space for breastfeeding, school holiday play schemes or vouchers for these) to support parents and carers.	Yes	No •	N/A	Previous No	Evidence: we currently do not offer these schemes. Actions: 70. Explore opportunities to offer schemes. SB Q2 2017-18

Learning and Development					
Getting Started					
Sustainability is part of our organisations induction programme.	Yes •	No	N/A	Previous No	Evidence: The staff induction handbook and contracts highlight the importance of sustainability Actions: 71. Review content of handbook. March 2017
We have developed a learning and development strategy for all staff and have allocated budget to support this.	Yes •	No	N/A	Previous No	Evidence: Managers have responsibility for highlighting training and development needs and working within their budgets. Actions: 72. Continue to use appraisal process and develop personal development plans and where necessary refer requests for training to Learning and Development Panel SB ongoing
Staff have a clear view of their potential career development plan within the organisation, if they wish to advance. This includes sustainable development objectives.	Yes •	No	N/A	Previous No	Evidence: A comprehensive appraisal process and supporting policies are in place to identify and support employee career opportunities. Actions: 73. Ensure appraisal process is implemented for all employees and Governing Body.SB/SC ongoing

Community Engagement Policies and performance					
Getting started					
We understand what engagement means and why it is important both for our organisation and in helping our local population build healthy sustainable lives.	Yes •	No	N/A	Previous No	Evidence: We are Customer Service Excellence accredited and have a Communication and Engagement Strategy which was reviewed and updated in October 2016 Actions: 74. Deliver Communication and engagement plans. SB ongoing.
We have assessed our work and developed an engagement plan with	Yes •	No	N/A	Previous No	Evidence: we will be including in our engagement questions about environmental issues such as travel.

clear social, economic and environmental objectives.					Actions: 75. Review plans for communication and engagement activities. March 2017
We have communicated this plan to all our staff.	Yes	No •	N/A	Previous No	Evidence: We are working on finalising the plan which will be communicated to staff Actions: 76. We will communicate to staff through team meetings and staff newsletters. SB March 2017

Partnership and Planning Policies and performance					
getting started					
We engage with strategic partners in our area in the early stages of developing our organisations plan.	Yes •	No	N/A	Previous No	Evidence: We have robust plans in place developed with our partners and the CCG is a member of the Health and wellbeing Board Actions: 77. Continue to develop and deliver plans SC 2017-18
We play a key role in strategic partnerships locally and actively influence their strategies to promote health and sustainable development.	Yes •	No	N/A	Previous No	Evidence: The HCV STP and Ambitions for Health are joint plans developed to ensure services are sustainable Actions: 78. Continue to develop and deliver plans.SC 2017-18
When opportunities arise we contribute effectively to the plans of our key partners in the local area and use these opportunities to discuss and promote sustainable development.	Yes •	No	N/A	Previous No	Evidence: There are a number of joint committees and partnership committees which allow the CCG to work with partner organisations. Actions: 79. Continue to contribute to these committees and develop joint plans. SC 2017-18

Engaging with people collectively					
Getting started					
We have a clear strategy for understanding patient and carer experience of our services with regular data gathering, which is promptly analysed and fed back to appropriate parts of the organisation.	Yes •	No	N/A	Previous No	Evidence: We collect a lot of data from patients as well as information from providers through FFT and satisfaction surveys which are reported to the Quality and performance Committee and The Governing Body Actions: 80. Continue to collect and analyse information CW ongoing
We have clear mechanisms for gathering views and comments of patients, carers and members of our community and for	Yes •	No	N/A	Previous No	Evidence: we are accredited with Customer Service Excellence which demonstrates we gather views of patients and stakeholders. Actions: 81. Maintain CSE and deliver C& plan. SB 2017-18

feedback and dialogue.					
We seek the views of our community in relation to our sustainable development objectives (e.g. by holding annual surveys, meetings and debates.)	Yes •	No	N/A	Previous No	Evidence: we engage about plans to ensure our services are sustainable and have meetings and focus groups. Actions: 82. Continue to deliver Ambition for Health engagement plans.BB 2017-18.

Engaging with people individually					
Getting Started					
Our contacts with individual patients fulfil the undertaking of not decision about me without me. We assist patients and the public to understand that the NHS constitution gives them a right to be given information in order to make choices about their healthcare. Our services fulfil these pledges.	Yes •	No	N/A	Previous No	Evidence: Our providers of services utilise information leaflets and the CCG delivers campaigns to inform patients. We commission services to help people make the right choice about healthcare e.g. RSS. Actions: 83. Continue to include in service specifications the need to inform patients about choices and the need to include patients in decisions. CW ongoing
We make sure patients are given information about the sustainability of their choices, for example in making health and sustainable food choices and in self-management practices with the support of a clinician wherever possible and clinically appropriate.	Yes •	No	N/A	Previous No	Evidence: We commission services to help people with self-management and support to make healthy lifestyle choices Actions: 84. Ensure all service specifications include the need to include patients in decisions. CW ongoing
Our Board ensures that effective individual engagement is embedded in the day to day business of our organisation and is taking place through the commissioning and or delivery of services.	Yes •	No	N/A	Previous No	Evidence: The CCG has a signed of plan by the Governing Body in our Communication and Engagement Strategy and delegates responsibility for delivery of plans to the C&E committee Actions: 85. Report regularly to the Board on progress against C&E plans. SB Q2 2017-18

Assets and Resources					
Getting started					
We have reviewed the assets and resources beyond healthcare that	Yes	No •	N/A	Previous No	Evidence: We have not reviewed our assets and how they can be used by the community.

we have available to share with our local community (e.g. green space, commercial space, staff, volunteers)					Actions: 86. We will explore if this is possible.
We have developed coherent plans for sustainability within our assets.	Yes	No •	N/A	Previous No	Evidence: we have not developed these plans Actions: 87. We will consider if we need these plans. RM Q2 2017-18
We promote the implementation of our plans by communicating with our staff, patients, carers and service users, the public and other stakeholders.	Yes	No •	N/A	Previous No	Evidence: we have not started communicating any plans about use of assets Actions: 88. We will consider the plans and communications channels. SB Q3 2-17-18

Communication and Engagement					
Getting Started					
We recognise the way we engage with people is critical. We understand the way we approach sustainable development can affect our reputation.	Yes •	No	N/A	Previous No	Evidence: We have a comms and engagement strategy and we are CSE accredited and have STP and local plans. Actions: 89. Maintain CSE accreditation and deliver Ambition for Health plans.BB 2017-18
We work with our corporate and press communications team, to promote sustainable development widely. We use different techniques to target different demographic groups.	Yes •	No	N/A	Previous No	Evidence: We have a Comms and Engagement team who provide specialist support for engagement and our strategy includes different ways to communicate Actions: 90. Deliver plans and evaluate effectiveness of communication and engagement work. Report outcomes of engagement.SB ongoing 2017-18
We monitor the effectiveness of our communications and engagement activities on health and sustainable development.	Yes •	No	N/A	Previous No	Evidence: we review the effectiveness and report back the outcome of engagement and include the information gathered in our decision making. Actions: 91. Maintain CSE and evaluate effectiveness of plans.SB 2017-18

Buildings Policies and Performance					
Getting Started					
Responsibility for sustainable buildings and refurbishment projects is clear in our organisation.	Yes •	No	N/A	Previous No	Evidence: The CCG cannot hold lease or own property and the responsibility, lies with NHS Property Services. Each scheme has its own advisers Actions: 92. Work with NHS property services when reviewing buildings for CCG.RM ongoing 2017-18
We have reviewed our building stock and developed a sustainable buildings strategy. We have communicated this clearly to key partners.	Yes	No •	N/A	Previous No	Evidence: NHS property services provide specialist advice. Actions: 93. Liaise with NHS Property Services.RM 2017-18
As a minimum, we meet the Governments requirement to achieve and excellent BREEAM Healthcare rating in new buildings and a very good rating in refurbishment where appropriate.	Yes	No •	N/A	Previous No	Evidence: NHS Property services would advise on this Actions: 94. As above 93.

Planning					
Getting started					
We engage with our local authority, local strategic partnership staff and local community from the outset of new projects and involve them in our planning of buildings and refurbishments.	Yes •	No	N/A	Previous No	Evidence: we have been working with NHS Property Services to develop the CCG Strategic Estates Plan and Feasibility plan and this includes working with the local planners at SBC Actions: 95. Continue to review and strengthen plans for estate utilisation.RM Q1 2017-18
We gather robust evidence of service and community needs from our buildings.	Yes •	No	N/A	Previous No	Evidence: we have reviewed extensively the use and ate of each of the primary care facilities and are now planning the requirements for the next 5-10 years Actions: 96. Continue to develop plans working with primary care providers and NYCC.RM Q1 2017-18
We assess the potential benefits to the local economy and environmental impacts such as carbon emissions, waste and travel burden	Yes	No •	N/A	Previous No	Evidence: we have not yet needed to assess these Actions: 97. work with NHS Property Services in developing plans

of our building projects and use this information to inform our planning decisions.					
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Design					
Getting started					
We seek to minimise the whole life costs of building and refurbishment projects through design, and ensure that health and sustainable development objectives are prioritised throughout the design process.	Yes	No	N/A •	Previous No	NOT APPLICABLE
We produce detailed and articulate design briefs that encourage low carbon, low environmental impact proposals from suppliers and partners	Yes	No	N/A •	Previous No	NOT APPLICABLE
Our design process is informed by the views of our staff, patients, visitors and local community.	Yes	No •	N/A •	Previous No	NOT APPLICABLE

Sustainable Procurement					
Getting started					
We have reviewed our current procurement practices and adopted a policy of incorporating sustainable development clauses in tendering documents and contracts for new building and refurbishment projects. We take account of NHS Procuring for Carbon Reduction guidance.	Yes	No	N/A •	Previous No	NOT APPLICABLE
We evaluate bids and award contracts on this basis and monitor contractor's performance.	Yes	No	N/A •	Previous No	NOT APPLICABLE
We communicate our policy clearly to all staff, suppliers and potential contractors.	Yes	No •	N/A •	Previous No	NOT APPLICABLE

Energy & Carbon					
Getting started					
We ensure that everyone	Yes	No	N/A	Previous	NOT APPLICABLE

involved in our new building and refurbishment projects understands that carbon reduction is a priority.			•	No	
We challenge contractors to deliver low carbon buildings including in design	Yes	No	N/A •	Previous No	NOT APPLICABLE
We monitor the energy use of finished projects closely to ensure they meet design expectations.	Yes	No	N/A •	Previous No	NOT APPLICABLE

Green Space

Getting started

We have reviewed our green space provision and understand the health and environmental benefits it brings.	Yes	No	N/A •	Previous No	NOT APPLICABLE
We take opportunities to improve and extend our green space provision through our new buildings and refurbishment projects.	Yes	No	N/A •	Previous No	NOT APPLICABLE
We include natural features and green views in building plans whenever possible.	Yes	No	N/A •	Previous No	NOT APPLICABLE

Adaptation

Getting started

We identify and understand the current risk and vulnerabilities to our service and patients/staff associated with local climate change impacts.	Yes •	No	N/A	Previous No	Evidence: the CCG has in place a Business Continuity Plan for CCG services and is working with partner organisations to develop and strengthen response plans to extreme weather conditions for vulnerable people. Actions: 98. Continue to develop and strengthen plans with partners and raise awareness through training
We engage with local stakeholders i.e. the local authority in identifying risks posed by current weather and climate we review them regularly using a recognised tool (e.g. LCLIP, BACLIAT, Adaption wizard)	Yes •	No	N/A	Previous No	Evidence: the CCG has in place a Business Continuity Plan for CCG services and is working with partner organisations to develop and strengthen response plans to extreme weather conditions for vulnerable people. Actions: 99. As above

We develop plans, which are part of our sustainable development management plan and link to our major incident planning programme.	Yes •	No	N/A	Previous No	Evidence: the CCG has in place a Business Continuity Plan for CCG services and is working with partner organisations to develop and strengthen response plans to extreme weather conditions for vulnerable people. Actions: 100. As above
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Risk Assessment					
Getting started					
We utilise existing climate impact risk assessment tools relevant to identifying current risks to our geographical area.	Yes	No •	N/A	Previous No	Evidence: The CCG works in partnership with the local authority and emergency services to develop a system wide approach through the Emergency Preparedness policy. Actions: 101. Ensure appropriate training of key staff and contribute to test exercises. 2017-18
We consider our ability to cope with rising temperatures and heat waves, flooding and storm events, cold weather spells, increased pollution and increased UV sunlight exposure and other projected events that may disrupt “normal” service.	Yes	No •	N/A	Previous No	Evidence: The CCG works in partnership with the local authority and emergency services to develop a system wide approach through the Emergency Preparedness policy. Actions: 102. As above
We discuss climate change implications with local stakeholders and encourage early planning requirements for the local area.	Yes	No •	N/A	Previous No	Evidence: The CCG works in partnership with the local authority and emergency services to develop a system wide approach through the Emergency Preparedness policy. Actions: 103. As above

Infrastructure					
getting started					
We review the risks to the estate/building stock and supporting infrastructure including roads, utilities, suppliers and telecommunications.	Yes •	No	N/A	Previous No	Evidence: We have completed a detailed Strategic Estates Plan which highlights the state of the infrastructure and where improvements are needed. The ETTF and Feasibility study help prioritise the investment required. Actions: 104. Develop strategic delivery plan of recommendations RM Q1 2017-18
We consider our ability to cope with rising temperatures and heat waves, flooding and storm events, cold weather spells	Yes •	No	N/A	Previous No	Evidence: all providers of services have in place Business Continuity Plans and work with Public Health to support people during extreme weather conditions. We have in place weather alert systems.

increased pollution and increased UV sunlight exposure. We have identified cool spots for use during heat waves.					Actions: 105. Seek assurance from providers of quality and effectiveness of their BCP. SMT 2017-18
We understand if any key infrastructure or key access routes are located in flood risk areas and therefore liable to flooding. If so we have contingency plans and alternative routes are known to relevant staff.	Yes •	No	N/A	Previous No	Evidence: The CCG works in partnership with the local authority and emergency services to develop a system wide approach through the Emergency Preparedness policy. Actions: 106. Ensure appropriate training of key staff and contribute to test exercises. 2017-18

Resource use, scarcity and continuity Planning and Policies					
Getting started					
We identify the nature and extent of our key resources (e.g. medical gas supply, vaccines)	Yes •	No	N/A	Previous No	Evidence: We have a business continuity plan which identifies our critical business functions. Actions: 107. Ensure compliance with BCP and test effectiveness. SB 2017-18
We review the potential fluctuations in access to water energy fuel food and other key resources.	Yes •	No	N/A	Previous No	Evidence: We have identified the risks associated with fluctuations in access to resources and planned in the BCP the actions required in circumstances. Actions: 108. Ensure delivery and review of BCP actions. SB/EP 2017-18
We consider our ability to cope with risking temperatures and heat waves, flooding and storm events, cold weather spells increased pollution and increased UV sunlight exposure in relation to our supply of core resources.	Yes •	No	N/A	Previous No	Evidence: We have identified the risks associated with fluctuations in access to resources and planned in the BCP the actions required in circumstances. Actions: 109. As above

Workforce and service delivery					
Getting Started					
We review the risks to workforce and service delivery including training requirements, changes to disease patterns and changes to the health needs of the population.	Yes •	No	N/A	Previous No	Evidence: We formally record the risks and recognise the risks associated with Business Continuity and loss of workforce and have in place Occupational Health services with access to Flu vaccines etc. We have developed a skill matrix with supporting training plan for primary care workforce as well as recruitment plans for key skills. Actions: 110. Continue to complete work

					force analysis and develop succession plan for CCG. SB Q3
We consider our ability to cope with rising temperatures and heat waves, flooding and storm events, cold weather spells, increased pollution and increased UV sunlight exposure.	Yes •	No	N/A	Previous No	Evidence: The CCG has a Resilience Plan and Emergency Preparedness plan working with partner organisations including the impact of adverse events Actions: 111. Ensure compliance with policy and continue to work with partner organisations. GH ongoing.
We consider the training requirement for staff and develop guidance where appropriate.	Yes	No •	N/A	Previous No	Evidence: Training on sustainability is not included in mandatory training Actions: 112. Explore training opportunities. EP Q1 2017-18

Social and community impacts					
Getting Started					
We review the risks to our community and model the impacts to vulnerable people and services.	Yes •	No	N/A	Previous No	Evidence: Sustainable Impact Analysis highlights risks to specific groups and these are considered as part of the decision making process. Actions: 113. Continue to strengthen use of and quality of SIA on going.
We engage with the local community (i.e. local authorities) in identifying these risks.	Yes	No •	N/A	Previous No	Evidence: we do not currently engage with stakeholders about the risks. Actions: 114. Include in the C&E plans an opportunity to identify risks. Q3 2017-18
We agree actions to take forward, including cost benefit analysis, across the system and within organisations.	Yes •	No	N/A	Previous No	Evidence: We do not complete a cost benefit analysis across the system for all projects but the CCG does reference the Commissioning for Value packs to identify key areas to improve services. E.g. cvd strategy. Actions: 115. Deliver cvd strategy as part of Ambition for Health. 2017-19

Models of care organisational structure					
Getting started					
Responsibility for delivering sustainable care is included in the values and mission statement of our organisation.	Yes •	No	N/A	Previous No	Evidence: Our visions for the CCG is to improve health and wellbeing of our communities and one of our priorities is to commission sustainable services. Actions: 116. Ensure the CCG objectives are referenced in communication and engagement activities.SB ongoing
We educate clinical staff about how they can contribute to sustainable	Yes	No •	N/A	Previous No	Evidence: we do not yet include messages about the need to reduce carbon footprint in our key messages

health care delivery (e.g. communicate the messages in the SDU 5 to survive series) and how they can try to reduce the carbon impact in some areas of service delivery.					Actions: 117. Include key messages in the C&E plans with stakeholders and employees. Q2
We develop plans to ensure the sustainability of services as part of our sustainable development management plan.	Yes •	No	N/A	Previous No	Evidence: The STP and Ambitions for Health are local plans on delivery of sustainable services. Actions: 118. Deliver Ambitions for Health objectives. 2017-19

Shifting Emphasis of Care					
Getting Started					
The responsibility and accountability to promote wider health and well-being is clear in our organisation.	Yes •	No	N/A	Previous No	Evidence: The Governing body roles and responsibilities are clear with the Business Committee receiving business cases for service improvement to address areas of improvement in health and wellbeing. The Ambitions for Health plan includes a key work stream and objective about Improving healthy lifestyles. The CCG is supported by NYCC/NHSE Public Health in delivery of preventive measures including reducing smoking and reducing obesity and associated diseases like diabetes. Actions: 119. Deliver Ambitions for Health objectives.2017-19
We have plans in place to improve the physical and mental health of our patients, staff and visitors through improved nutrition, exercise and a healthy work environment.	Yes •	No	N/A	Previous No	Evidence: We have a number of projects in place and plans to expand the services which promote health and wellbeing Actions: 120. Continue to deliver plans 2017-2020
We share our plans widely across the health and social care system.	Yes •	No	N/A	Previous No	Evidence: we are working with NYCC to explore integrated health and social care services. The CCG is active member of the Health and Wellbeing Board and works closely with the voluntary sector. Actions: 121. Continue to work with partner organisations

Empowering care					
Getting started					
We explore more	Yes	No	N/A	Previous	Evidence: The HCV STP and Ambitions for

financially and environmentally sustainable models of care particularly in relation to chronic disease management and long term conditions.	•			No	Health plans describe how the local commissioners and providers are working together to agree sustainable service delivery models of care Actions: 122. Deliver Ambitions for Health objectives.BB 2017-19
We have specific projects to establish improved pathways that empower patients (for instance improved telephone follow up support to reduce clinic attendance or programmes to encourage self-care.	Yes •	No	N/A	Previous No	Evidence: Primary care offer telephone consultations and we have projects in place to promote Right Care Right Place to avoid unnecessary travel to GPs. Actions: 123. Continue to promote use of telephone consultations.
We have policies in place that promote remote diagnostics, surveillance and therapeutic self-monitoring services to encourage more sustainable models of care.	Yes •	No	N/A	Previous No	Evidence: We have commissioned INR testing in all GP practices which reduces the number of journeys for the patient and where possible we procure one stop clinic services. We are planning to expand the use of photograph based referrals for dermatology. Actions: 124. Continue to commission more community based services. E.g. dermatology, rheumatology. BB- 2017-18

Care closer to Home					
Getting started					
We ensure that mechanisms are in place to support vulnerable people in our communities.	Yes •	No	N/A	Previous No	Evidence: We commission services from primary care to better support vulnerable people and we are looking at better systems to identify people at a CCG wide approach working with partner organisations as part of emergency preparedness planning Actions: 125. Continue to procure services and strengthen plans to ensure vulnerable people are identified and supported. CW 2017-18
We continuously develop early supported discharge schemes and or admission avoidance schemes to support people to manage within their own environments.	Yes •	No	N/A	Previous No	Evidence: We commission services for early supported discharge and monitor DES for Avoiding Unplanned Admissions. The procurement of integrated health and social care will support patients in their own environment. Actions: 126. Complete procurement exercise. CW 2017-18
Our organisation is demonstrably reducing emergency admissions and delayed transfers of care.	Yes	No •	N/A	Previous No	Evidence: The CCG has in place extensive processes to understand and support the challenges faced by secondary care providers and we are working with primary care providers to

					reduce hospital admissions. Actions: 127. Continue with Ambition for Health plans to procure care closer to home and integrated community services. CW 2017-18
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Efficient to transformed acute care					
Getting Started					
We regularly review our services to reduce or halt those that are not required or not evidence based	Yes •	No	N/A	Previous No	Evidence: Through contract management and patient feedback the CCG reviews the services commissioned and the outcomes. Where necessary services are halted or relocated. Actions: 128. Continue to monitor contracts and patient feedback as well clinical effectiveness. CW ongoing
We benchmark and regularly review the use of resources across clinical areas and encourage staff to reduce variation.	Yes •	No	N/A	Previous No	Evidence: We benchmark performance against national targets and where necessary against similar CCGs Actions: 129. Continue benchmark against other providers and in primary care across other CCG practices. CW ongoing
We consider carbon reduction in our decision making and business planning for the design and delivery of services.	Yes •	No	N/A	Previous No	Evidence: Sustainability impact assessments are completed for all service redesign which includes travel and carbon emissions Actions: 130. Continue to strengthen the quality of the SIAs and reference in decision making. CW/BB Q2 2017-18

System Approach to Care					
Getting Started					
We involve users, families, carers or public in the development of services and modes/pathways of care	Yes •	No	N/A	Previous No	Evidence: We have been commended on how well the CCG involves patients and service users in the service design Actions: 131. Maintain CSE and involve patients and service users in future service redesign. SB ongoing
We use continuous monitoring of patient experience and feedback to support us to identify and eliminate waste	Yes •	No	N/A	Previous No	Evidence: We gather FFT returns from providers of services across primary and secondary care and include in service specifications a requirement for satisfaction survey and reporting of results. Actions: 132. Continue to review FFT responses and other reports on satisfaction. CW/SB ongoing

<p>We engage with the health and social care system to explore better ways of delivering care that reduces demand on services.</p>	<p>Yes •</p>	<p>No</p>	<p>N/A</p>	<p>Previous No</p>	<p>Evidence: We are working with health and social care providers through Ambitions for Health and the STP work and are looking at how services can better integrated. Actions: 133. Further develop plans and alternative procurement methods to commission sustainable and more cost effective and clinically effective services. SC 2017-18</p>
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