

# **Sustainable Development Management Plan**

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## AMENDMENTS

Amendments to the document will be issued from time to time. A new amendment history will be issued with each change.

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## 1 Introduction

NHS Scarborough and Ryedale Clinical Commissioning Group recognise the impact that health services have on the environment as well as the strong link between sustainability and the health of the public.

The CCG has an Integrated Commissioning Strategy 2012 – 16. The plan integrates the major strategic principles of the CCG; its major commissioning targets; the organizational structures and development to implement the plan; and a financial framework providing the CCG with a sustainable resource envelope from which to deliver high-quality patient care and improved patient outcomes.

Whilst the CCG will have overall responsibility and accountability for the commissioning of services for our communities, the challenges faced of achieving a more sustainable health service can only be achieved by working in partnership with providers and stakeholders to ensure we deliver quality services for our local communities.

The CCG three strategic commissioning aims are:

- Commissioning sustainable, high-quality services within the available resources (people, money, buildings).
- Delivered by a stronger community system, integrating care across the whole care economy.
- Securing improvement in priority areas of health need and reducing health inequalities.

This Sustainable Development Management Plan outlines not only why sustainability is a critical issue to the NHS but also outlines our responsibilities as a CCG. It provides a framework for setting and reviewing sustainability objectives and targets.

## 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."<sup>1</sup>***

Sustainable development ties together concern for the resource capacity of our planets natural systems with the social and economic challenges facing society.

Commissioning for Sustainable Development is the process by which we, as 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.

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

The Royal College of General Practitioners (RCGP) Centre for Commissioning has outlined sustainability as one of its five foundations for effective commissioning. There are five main reasons for this approach:

- **Financial:** It saves money
- **Quality outcomes and safety:** It produces health benefits as well as other advantages in both the short and long term
- **Enhanced reputation:** NHS organisations have huge purchasing power which requires local accountability and leadership
- **Increased resilience:** Natural resources are limited
- **Legal compliance:** There is a legal duty to cut carbon emissions under the 2008 Climate Change Act, which 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 CO<sub>2</sub>e<sup>2</sup> 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.

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.

### **3 What does this mean for Scarborough and Ryedale CCG?**

***“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)

NHS Scarborough and Ryedale Clinical Commissioning Group (CCG) is a new clinically-led organisation representing 17 GP practices based in the Scarborough and Ryedale area, with a registered population of 118,086, the vast majority of whom (74%) live in Scarborough district with a significant amount also living in Ryedale (25%).

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<sup>2</sup> CO<sub>2</sub>e refers to six greenhouse gases: Carbon dioxide; Hydrofluorocarbons; Methane; Nitrous oxide; Perfluorocarbons and Sulphur hexafluoride.

The CCG has a relatively elderly population with 21.9% of its population aged over 65. Over 50% of the CCG population live in the most deprived population quintile of North Yorkshire. The demographic profile of the CCG provides it with the combined challenge of an elderly population with high health resource usage; and significant areas of deprivation with associated poor health outcomes.

We have worked with our GP practices and other partners to develop our vision and a set of core values that will help us realise our vision.

**Our vision** is: 'To improve the health and wellbeing of our communities'.

**Our values** are:

- To commission high quality services.
- To engage patients, carers and other organisations in our planning and decision process.
- To ensure value for money.
- To be open and honest in our transactions, and accountable to our communities.
- To respect our staff and promote a learning environment.
- To improve health outcomes.

The CCG has established **three strategic commissioning aims** which are set out in our Integrated Commissioning Strategy 2012 - 2016:

• **Commissioning sustainable, high-quality services within the available resources (people, money, buildings).** Sustainability will provide assurance and security to the CCG's population that its services are safe, consistent, and not vulnerable to threat. The health economy has experienced threats from an inability to secure the appropriate clinical staff; from constant financial pressure; and from varying levels of physical capacity.

• **Delivered by a stronger community system, integrating care across the whole care economy.** If there is one area where the commissioning strategy intends the health system to look different it is in the development of a much stronger, integrated community system. Thus, the redesigned system will provide:

- Capacity – through a transfer of resource into primary and community services, closer to patients.
- Efficiency – through streamlined pathways and less use of hospital resources by supporting patients in their own residences.
- Effectiveness – through integrating services within healthcare (across primary, community, and secondary care boundaries) and through integrating across health and social care.
- Responsiveness – through partnership working with a range of agencies, in particular the local voluntary sector.
- Workforce – a flexible streamlined workforce, reducing service duplication, with a transfer of resource from hospital based to community based services.

• **Securing improvement in priority areas of health need and reducing health inequalities.** SRCCG will continue to work closely with North Yorkshire County Council to improve health and reduce health inequalities as identified in the Joint Strategic Needs Assessment (JSNA) and Health and Wellbeing Strategy. Priority areas include: Long Term Conditions, Cancer, Cardiovascular Disease, including Stroke pathway.

These commissioning aims will contribute to healthy (reducing health inequality, promoting healthy lifestyle choices, retention of local services, improved health information) and inclusive communities (active involvement in the community, access to advice and information, healthy lifestyle choices, protecting the most vulnerable, care closer to home).

We can shape a more sustainable local healthcare system by:

- Developing a “whole systems” approach to commissioning.
- Using the commissioning cycle to increase sustainability and to implement the NHS Carbon Reduction Strategy.
- Setting objective sustainability measures and targets for providers in contracts.
- Assessing provider sustainability performance at performance management meetings.
- Considering providers’ sustainability credentials as part of tendering process.
- Working with local authorities, providers and health and wellbeing boards to reduce health system carbon emissions.

#### **4 What are we doing about sustainability?**

##### **A - Governance**

- This plan builds on work undertaken by North Yorkshire and York Primary Care Trust and reflects guidance from the Sustainable Development Unit.
- We have appointed a Governing Body level executive, Simon Cox, Chief Operating Officer, and Sally Brown, Head of Programme Management and Integrated Governance to lead the organisation in developing a sustainability action plan.
- The risk of not adapting sufficiently to climate change will be reviewed through the CCG risk management process.
- Sustainability Impact Assessments will be undertaken for policies, plans and service developments and the implications reviewed.
- 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.

## **B - Working with Others**

### **Joint Commissioning with Local Authorities**

The CCG has established a Joint Commissioning Committee with representation from:

- The lead Clinical Commissioning Group (CCG) (Scarborough and Ryedale CCG to act as host liaising with other CCGs as associate commissioners).
- North Yorkshire County Council (NYCC) Adult and Community Services Directorate.
- The North Yorkshire Public Health Directorate.

The Board will function as joint forum of the SRCCG Board and of NYCC Adult and Community services, with delegated responsibility from both bodies.

### **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.

### **Health and Wellbeing Board (HWB)**

The CCG has been a lead partner in the shadow North Yorkshire HWB from its inception. It is a contributor to the HWB strategy, of which the current CCG strategy aligns very closely. The CCG will be an active player in the further development of this strategy and its on-going implementation.

### **Local Strategic Partnerships (LSP)**

The CCG has been actively involved in the LSPs of Scarborough and Ryedale lower-tier authorities. This has included work targeting support to the vulnerable elderly and on childhood obesity.

Support for improving the wider determinants of health is being delivered through the CCG's engagement in support of the wider economic regeneration initiatives in the locality.

## **C - Reducing Carbon Travel Plan**

For staff we support opportunities to reduce the need for travel by car: encouraging the use of remote communication in place of face to face meetings and encouraging home working; car sharing; active travel.

We will use our commissioning role to change the way services are delivered that will reduce travel for patient, providing more care closer to home or telemedicine. Issues from the Joint Strategic Needs Assessment consultations in the Ryedale district part of the CCG area tended to have slightly more emphasis around transport, access to local services and other issues connected with rurality.

In collaboration with Vale of York Clinical Commissioning Group we 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 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 centered services the CCG also recognises that it has a key role to play in the achievement of wider social obligations. As a result the CCG has developed an over-arching approach to Sustainable Procurement.

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. Our purchasing decisions where practicable consider whole life cost and the associated risks and implications for society and the environment. Procurement has an additional role to play in minimising any risk of social exploitation within the supply chain.

We will ensure sustainable procurement is gradually embedded into tender and contract 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**

We will be supported by the North Yorkshire and Humber Commissioning Support Unit across many of our human resources responsibilities but this does not detract from our own commitment to recruiting the best people, to developing them and to supporting them and paying attention to their well-being.

We have a number of relevant HR Policies in place including: Induction Policy; Flexible Working Policy; Home Working Policy; Promoting Mental Well Being & Managing Stress in the Workplace; Managing Alcohol & Substance Misuse at Work; Special Leave Policy.

### **Community Engagement**

The CCG has developed a strong process for engagement of all major stakeholders. This has been led by the Governing Body's Communication and Engagement Committee (CEC), which has produced an ambitious Communications and Engagement Strategy. This strategy sets out plans for enhancing the way the CCG communicates and engages with patients, the public and wider stakeholders, describing the methods that will be used and the evaluation of its relative success.

### **D - Adaptation**

Scarborough and Ryedale has been severely affected by flooding over recent years, in addition to a number of severe winters, so we are aware of the impact of unpredictable weather patterns on life in the area.

In addition we aware that we will need to respond to other effects of climate change such as:

- The subsequent health consequences of flooding that may include contaminated drinking water, exposure to pollutants, water borne infections, injury.
- An 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.
- Increased UV radiation leading to an increase in skin cancer, sunburn and cataracts;
- An increase in insect-borne disease.

### **E - Models of Care**

The CCG has set out its commissioning priorities in the Integrated Commissioning Strategy 2012 – 2016. We have prioritised major work of whole system redesign for the medium- term and highest among the priorities is **stroke care**.

The CCG has identified the need to reconfigure stroke care services to provide services that are clinically effective, deliverable, financially affordable, and consistent with the exacting standards of stroke accreditation, within a configuration that is sustainable for the longer- term.

The CCG is leading the process of service reconfiguration involving all major partners and stakeholders. The areas identified as requiring action within the reconfiguration include:

- Establishing effective comprehensive access to stroke thrombolysis.
- Strengthening access to stroke therapy in and out of hospital.
- Providing effective early supported discharge for patients who would benefit.
- Improving education and support post-stroke.

SRCCG is also working to redesign and rationalise services in priority **clinical**

**specialities:**

- Neurology
- Rheumatology
- Musculoskeletal Medicine
- Chronic Pain Management

Neurology and Rheumatology are considered vulnerable services in the locality as being both led by lone consultants and incurring significant demand pressures. The CCG plans to establish sustainable local access in both clinical specialities, including local access to sub- specialist expertise.

The **Community System** work-streams in 2012-13 and 2013-14 are:

- Long-term conditions programme – As part of the national programme with an established local implementation group.
- Developing Neighbourhood Care Teams (NCTs) – bringing together community nurses, therapists, and social care staff, clustered around General Practice.
- Elderly Care assessment ('Frailty Service') – Developing a rapid geriatric assessment service as part of a 'frailty service' to support the vulnerable elderly.
- Improving End of Life Care - through improved support to Care Homes, including developing Care Home link nurses.

## 5 Scarborough and Ryedale CCG Objectives 2013/14

Area	Objective
Governance	<p>Embed sustainability within the CCG's policies and procedures and reinforcement of Governing Body 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. Include a section in the organisational risk register that addresses the challenges of building resilience to climate change.</p>
Travel	<p>Reduce car usage by staff, encouraging the use of remote communication in place of face to face meetings and encouraging home working. Promote active travel. Identify and encourage low carbon models of care through procurement and commissioning e.g. care closer to home, telemedicine.</p>
Procurement	<p>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.</p>
Facilities Management	<p>Promote plans to reduce energy and water demand and to minimise waste e.g. paper light and paper saving; reduce, recycle and reuse;</p>
Workforce	<p>Raise awareness of sustainability across the workforce (e.g. Induction, training, intranet / internet, NHS Sustainability Day).</p>
Community Engagement	<p>Work in partnership with local groups, patients and the public to support sustainable developments.</p>
Buildings	<p>Consider all relevant sustainability issues in the design and operation of new or refurbished buildings.</p>
Adaptation	<p>Plan to meet health needs of local population caused by the changing environmental, social and financial climate e.g. tailoring health promotion activity to new threats such as skin cancer awareness. Contribute to the development of strategic multi-agency plans for responding to emergencies in partnership with the Local Health Resilience Partnership (LHRP). Consider climate change adaptation in procurement and commissioning.</p>
Models of Care	<p>Sustainable high quality services</p> <ul style="list-style-type: none"> <li>• Urgent and Emergency Care</li> <li>• Stroke Care</li> </ul>
	<p>Strong community system</p> <ul style="list-style-type: none"> <li>• Neighbourhood Care Teams</li> <li>• Single Point of Co-ordination</li> </ul>

	<ul style="list-style-type: none"><li>• Long Term Conditions</li><li>• Self-management</li><li>• Well-being Service</li></ul>
	Improving health and reducing inequality •Cancer; Mental Health; Cardiovascular; Care of the Elderly.

## Appendix 1

### 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

#### **SRCCG**

Integrated Commissioning Strategy 2012 – 2016  
Ethical / Sustainable Procurement Strategy  
Communications and Engagement Strategy

## Appendix 2

**Legal Requirements:** Summary of the key 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. 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. 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 scheme in the world, launched in 2005. A number of NHS organisations participate in the EU ETS, which has been simplified to make it easier for users to take part.

### Appendix 3

#### 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.

<b>Title of the document</b>	
<b>What is the main purpose of the document</b>	
<b>Date completed</b>	
<b>Completed by</b>	

<b>Domain</b>		<b>Impact of activity</b> Negative = -1 Neutral = 0 Positive = 1 Unknown = ? Not applicable = n/a		<b>Brief description of impact</b> If negative, how can it be mitigated? If positive, how can it be enhanced?
<b>Travel</b>	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 for all groups?			
<b>Procurement</b>	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?			

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

	landscaping around new development? Will it improve access to the built environment?			
<b>Adaptation to Climate Change</b>	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)?			
<b>Models of Care</b>	Will it minimising 'care miles' making better use of new technologies such as telecare and telehealth, delivering care in settings closer to people's homes? 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?			