



*Sustainable
Development Unit*

SUSTAINABLE DEVELOPMENT STRATEGY FOR THE HEALTH, PUBLIC HEALTH AND SOCIAL CARE SYSTEM



CONSULTATION

JAN - MAY 2013



Contents

What is the health and care system?

This document is for the entire Health, Public Health and Social Care system. We refer to the whole system as 'health and care system' which includes all NHS services, services delivered on behalf of the NHS, social care, public health and health protection services, and the interests covered by Health and Wellbeing Boards and their interface with the health and social care sector.

Foreword	3
Executive summary	4
Consultation introduction	5
Strategy introduction	6
Progress to date	10
Summary of the journey so far	12
Consultation questions	15
Question ONE: Is a new strategy for sustainable development needed to coordinate and guide the next phase of action to 2020?	15
Question TWO: Which elements of the health and care system should be included in the scope of the next strategy?	16
Question THREE: Should the health and care system set itself challenging ambitions with regard to sustainability?	17
Question FOUR: Should sustainable development be measured more broadly than through carbon reduction only?	18
Question FIVE: What areas of sustainable development need to be prioritised in the next strategy?	20
Question SIX: What areas of research need to be prioritised to enable a more sustainable health and care system?	27
Question SEVEN: Are there any questions, issues and opportunities missing from this consultation document?	28
Next Steps	29
Glossary	30
References	31

Foreword

Assuring a sustainable health, public health and social care system is one of the greatest and most important challenges of our time and our vision and ambition should match the scale of these. We have a clear responsibility to take a leading role in tackling climate change and have a genuine opportunity to influence change for our patients, service users and the public. We must align, integrate, and coordinate a whole system approach to health and care which ensures the future is more environmentally, financially and socially sustainable.

The healthcare and public health systems we represent are committed to meeting the carbon reduction targets set out in the Climate Change Act (2008)¹. We are also committed to ensuring the nation has health, social care and public health services that will protect and better serve people in the decades ahead. This is an ideal moment to look at the way we deliver services across the entire system to make them more sustainable and to ensure we support people through their life journey.

We would strongly encourage you and your organisation to take part in the consultation and engagement exercise over the coming months. Together this is our opportunity to set challenging, yet achievable, sustainable development goals that we wish to be accountable for making happen.




Sir David Nicholson CBE
Chief Executive,
NHS Commissioning Board




Duncan Selbie
Chief Executive,
Public Health England

What does sustainable mean?

From an environmental perspective something sustainable is capable of being maintained without exhausting natural resources or causing severe ecological or social damage.

In this document sustainability refers to broader sustainability, maintaining the balance between financial, social and environmental factors in order that future generations do not suffer because of the way we live today.



Executive summary

This document forms the basis of a consultation and engagement exercise to produce a sustainable development strategy for the health, public health and social care system to be published in January 2014.

The engagement exercise runs from 29 January to 31 May 2013 and seeks the views of the entire health, social care and public health system. It will help determine the future scope and approach of a sustainable development strategy and allow us to build on the progress made in the previous five years under the NHS Carbon Reduction Strategy (2009)².

The NHS has made good progress in reducing carbon emissions^A including a 1.9% reduction in building energy use whilst managing an increase in activity of 11.4%. However, there is still a lot more to be achieved in order to meet the NHS Carbon Reduction Strategy and Climate Change Act targets.

Reducing carbon emissions must be a core component of any future strategy. However, a sustainable healthcare system must do more than focus on carbon. It must also consider how to minimise other negative impacts for instance by reducing waste and harmful environmental or social impacts. At the same time, it must take the opportunity to maximise the positive impacts of delivering care by adding value at every point and by making every effort to enhance health and reduce the need for services in the first place.

The health, public health and social care system wants to consider how best to deliver more

sustainable services. Given the current healthcare reforms, this four month consultation and engagement exercise comes at a timely moment for us to consider two key aspects for the next strategy through to 2020:

- Should we widen the scope beyond the NHS to the wider social care and public health system?
- Should we widen the approach beyond carbon reduction to include other areas of sustainable development?

These two parameters will define the scope for this journey and set out a framework of actions to ensure we meet Climate Change Act targets and create a level of sustainability across the healthcare system that we can be proud of and for others to look up to.

Sustainable Development Unit (SDU) - functions and role in the emerging system:

The NHS SDU is hosted by Midlands and East Strategic Health Authority on behalf of the NHS in England. Its purpose over the last four years has been to support the NHS to become a leading low carbon and sustainable organisation.

From 1 April 2013 the unit will be hosted by the NHS Commissioning Board with funding from both the Commissioning Board and Public Health England. The unit's role will be to help shape an approach that enables the health, public health and social care sector to be environmentally sustainable.

Consultation introduction

What is the sustainable development strategy?

It is the sustainable development plan for the health, public health and social care system from 2014 - 2020. It builds on the NHS Carbon Reduction Strategy, reinforcing and supplementing the key actions from the strategy and outlining practical steps that need to be taken to move the health system further on the journey towards sustainable healthcare delivery.

The purpose of this consultation and engagement process is to get your help in understanding how and where to focus health and care sector efforts to deliver more financially, socially and environmentally sustainable care.

The intended audience

The previous five year strategy (Carbon Reduction Strategy) focussed on NHS organisations. The proposal is to expand the scope of the next strategy to include all organisations with a responsibility for health and care, in line with the current health and care system reforms.

We are looking for a broad response from individuals, groups and organisations across all parts of the health and care sector. This includes patients, service users and communities, health and care partners in local authorities, and the third sector. It will help determine the appropriate scope and approach for the next strategy.

How to respond to this consultation?

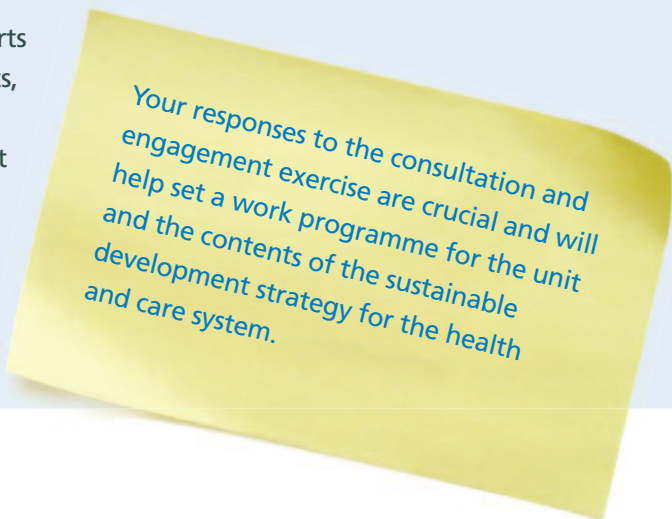
The consultation period runs from **29 January 2013** until **31 May 2013**.

The consultation and engagement process runs for four months to give enough time to explore 'what' needs to happen in the next five years, 'who' needs to do it and 'how' it needs to be done.

The 7 questions asked in this document are one part of the consultation. Other activities in the engagement period will bring different parts of the health and care system together to understand in greater detail the opportunities and barriers to sustainable development in the next five years and the practical steps required to achieve the necessary progress.

Please respond to all questions using the online consultation response form: www.sdu.nhs.uk/sds

The sustainable development strategy for the health, public health and social care system (2014-2020) will be launched in January 2014.



Your responses to the consultation and engagement exercise are crucial and will help set a work programme for the unit and the contents of the sustainable development strategy for the health and care system.



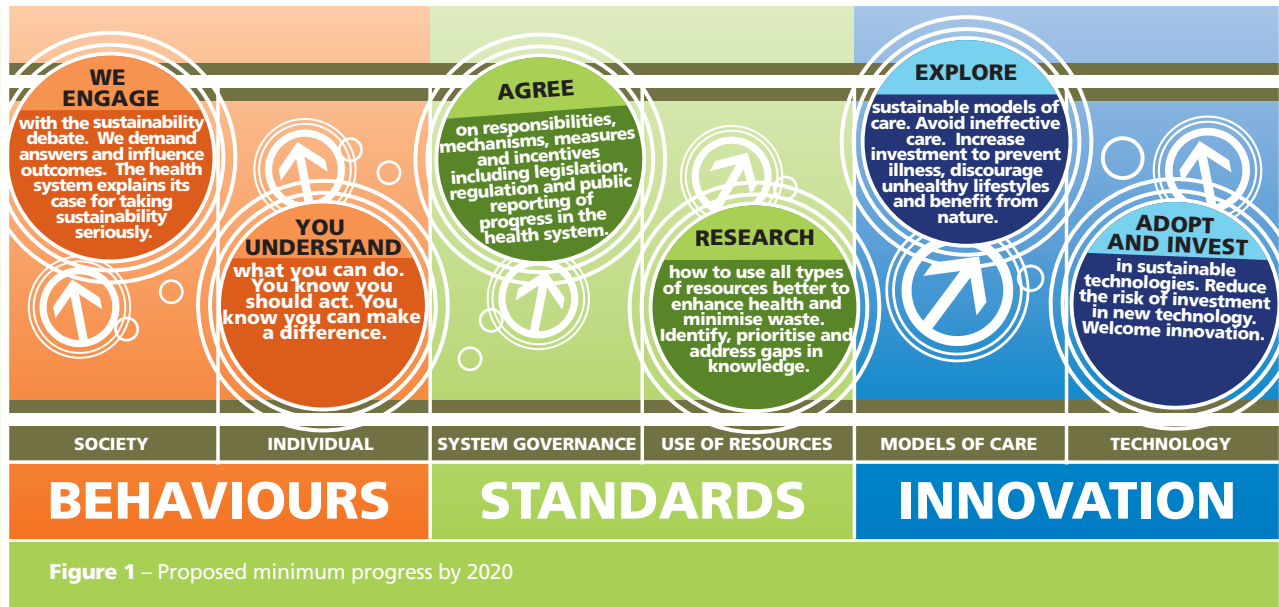
Strategy introduction



Where does the health and care system need to be by 2020?

The Route Map for Sustainable Health³ is a framework for action produced by the NHS Sustainable Development Unit with 70 partner organisations. It outlines the parallel and reinforcing pathways towards a sustainable health and care system. By 2020, the Route Map suggests that organisations, service users, staff and communities should:

- Engage with the public and the sustainability debate. The health system needs to explain its case for taking sustainability seriously and influence outcomes in communities and society.
- Ensure that individual members of staff, patients and service users know what they can do to support the health system. They know how to act, and how to make a difference. It is common knowledge.
- Reach agreement across the system on responsibilities, mechanisms, measures and incentives to make sustainability a core part of business. Organisations publicly report on progress.
- Know how to make best use of all types of resources to enhance health and minimise waste. Approaches are identified and prioritised. Where there are gaps in knowledge, they are addressed through agreed research.
- Explore sustainable models of care. Avoid and decommission ineffective care. There needs to be more investment to prevent illness, discourage unhealthy lifestyles and to encourage the benefits from contact with the natural environment.
- Adopt and invest in sustainable technologies and welcome innovative solutions.



This will no doubt mean that the following shifts need to be considered:

NOW	NHS	&	Wider health and care system	2020
NOW	Carbon reduction	&	Broader than carbon reduction	2020
NOW	Doing things better	&	Doing better things	2020
NOW	Starting new things	&	Stopping old things	2020
NOW	Measuring process & activity	&	Measuring outcomes	2020
NOW	Sustainability as a problem	&	Sustainability as a solution	2020
NOW	Sustainability done in isolation	&	Seen as part of an integrated system	2020

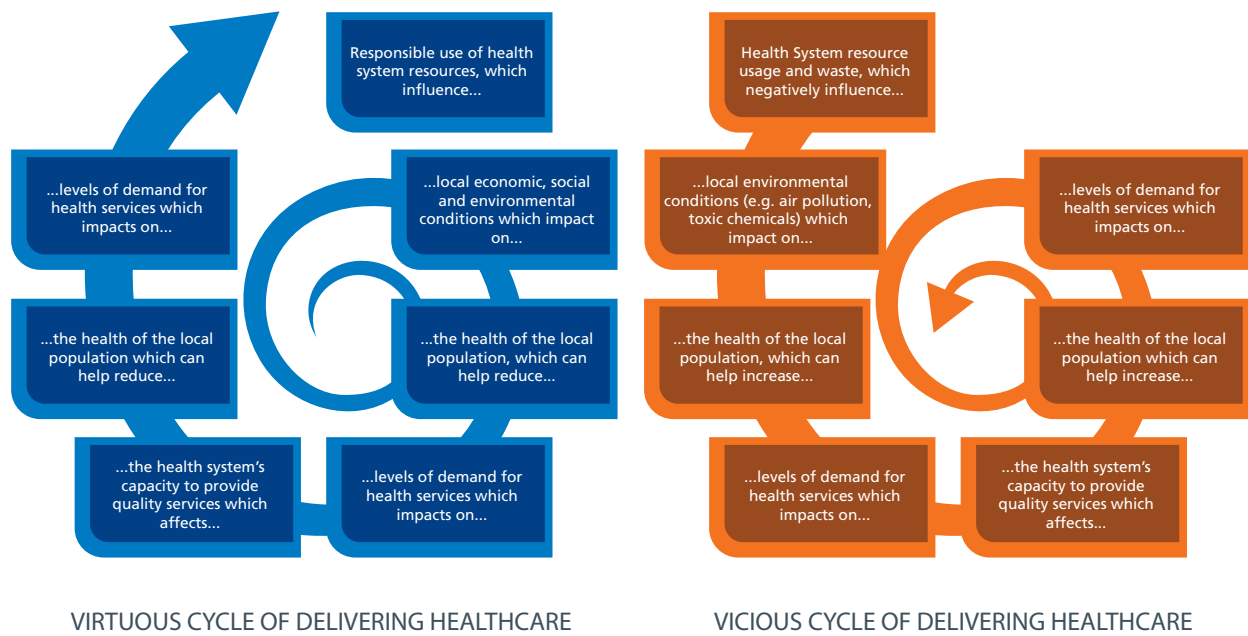


Figure 2 – The Virtuous cycle of delivering healthcare and the Vicious cycle of delivering healthcare

What is a more sustainable health and care system?

A more sustainable health and care system minimises the negative impacts and maximises the positive impacts of delivering healthcare.

Minimising the negatives of delivering care:

The founding principle of healthcare is ‘first to do no harm’. The increasing scarcity (and cost) of finite resources used by the health and care system, the pollutants released from delivering healthcare, and the side effects of medicalising conditions all risk causing harm to service users, public, communities and the planet.

Carbon emissions are a major form of pollution produced through delivering healthcare. However, the health system also produces other forms of pollution such as clinical waste, domestic waste, toxic chemicals (e.g. drugs and cleaning products) and waste gases (e.g. anaesthetic gases that are significant greenhouse gases). Measures taken to reduce the use of resources will ensure that the health system minimises the pollution released from its operations. More importantly, the health and care system will need to move to products, pathways and processes that deliver better value outcomes and are less polluting.

Fortunately for the health service, reduced resource consumption and pollution can often simultaneously improve health, save money, increase supply chain resilience and help reduce demand on its own services.

Maximising the positives of delivering care:

The responsible use of resources can have a beneficial impact on the financial, physical and social environment which improves health and wellbeing. The health system can also promote positive behaviours that help to minimise the vicious cycle by

improving health and wellbeing and reducing the need for services in the first place. For instance, encouraging active travel can enhance health by minimising cardiovascular disease and depression whilst also reducing the impact on the environment. Buying goods and services from local suppliers (e.g. locally produced food) reduces carbon emissions from transportation, creates local employment and improves the local economy – all of these things develop social value that can help improve health and wellbeing and reduce future demand on services.





Progress to date



Progress against reducing NHS carbon emissions:

In 2009 the NHS Carbon Reduction Strategy for England was published in response to the UK Climate Change Act. It set out an ambition for the NHS to be a leading low carbon and sustainable health system. The strategy included an interim target of a 10% reduction in carbon emissions by 2015. Current projections (see graph) anticipate a 5.4% (1 MtCO₂e^B) decrease in the NHS England carbon footprint^C by 2015. A further cut of 4.6% (0.9 MtCO₂e) will be needed if the NHS is to reduce its emissions by 10% by 2015 as proposed in the NHS Carbon Reduction Strategy.

The NHS has seen a 1.9% drop in its carbon footprint in relation to building energy use from 2007/08 to 2011/12, a significant improvement on previous years, especially considering an increase in activity of 11.4%. The decrease represents a direct energy saving worth around £10m for the NHS in England. In addition, last year saw a 1.4% drop in water use by the NHS although this must be seen in the context of a 0.6% increase between 2007/08 and 2011/12. The volume of waste produced by the NHS decreased by 18% between 2007/08 and 2011/12⁴.

Carbon reduction must be a core objective of the sustainable development approach of the health and care system. The next strategy will support the achievement of a 10% reduction in CO₂e^D emissions by 2015 and the Climate Change Act target of a 34% reduction in CO₂e emissions by 2020

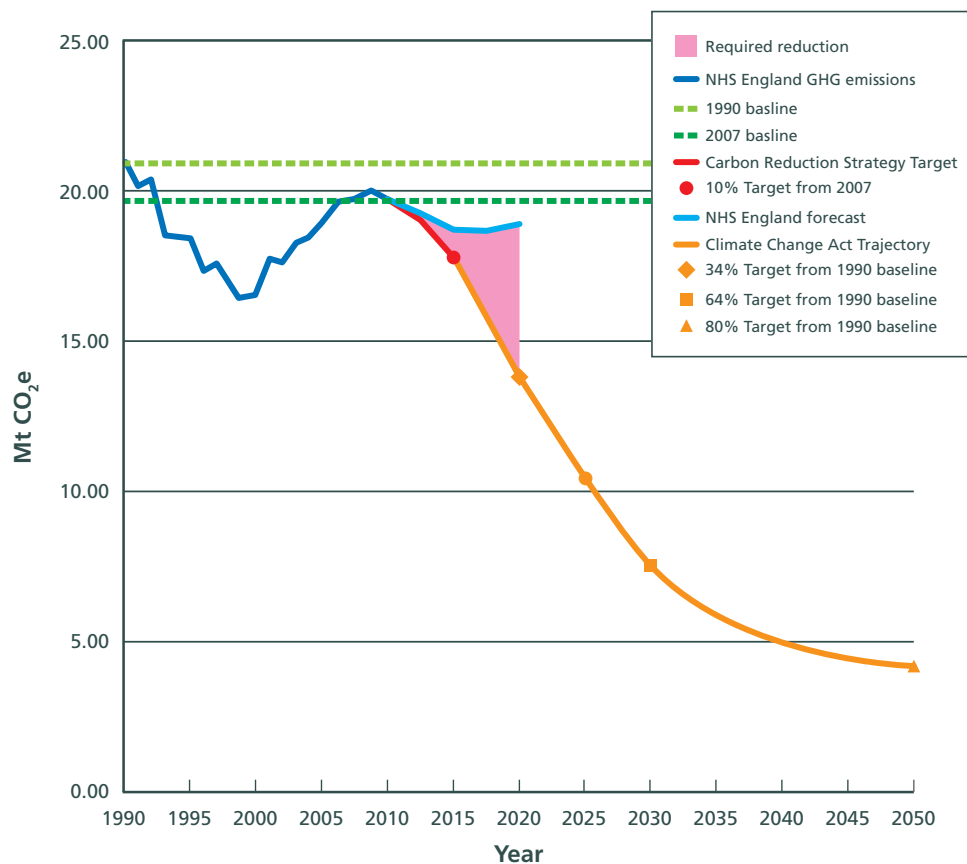


Figure 3 – NHS England Carbon Footprint CO₂e baseline to 2020 with Climate Change Act targets

Climate Change Act

The Climate Change Act (2008) was introduced to ensure the UK cuts its carbon emissions by 80% by 2050 (against a 1990 baseline) and to ensure that the Government's programme for adaptation enables the UK to prepare effectively for the impacts of climate change. Tackling climate change requires mitigation and adaptation activities to take place simultaneously^E.

As the largest public sector emitter of carbon emissions, the NHS and the wider healthcare system has a duty to respond to meet the Climate Change Act requirements and legally binding targets.

In order to achieve this, the NHS has committed to reducing its carbon footprint by 10% by 2015 to keep it on track to meet its legal obligations to reduce emissions by 34% by 2020 and 50% by 2025. Also, the NHS SDU is co-ordinating the 2015 health and care sector adaptation reporting response to meet the adaptation requirements of the act.

Summary of the journey so far

Carbon reduction is a useful starting point to summarise progress achieved. However, there are other indicators of progress which can be considered. These are listed below according to the headings in the Route Map for Sustainable Health.

Behaviours

Leadership: Senior NHS leaders agree that sustainability is a core part of a modern health system. An NHS commissioned RAND survey⁵ showed that 9 out of 10 senior NHS leaders actively engage with sustainability and are keen to identify how to make progress.

The NHS SDU and the Cambridge University Programme for Sustainability Leadership run a yearly global leadership programme for sustainability in healthcare.

Public Expectation: An NHS commissioned Ipsos MORI survey^{6,F} highlighted that the public expect the NHS to address sustainability issues. The research showed 92% of the public said it was important the NHS works in a more sustainable way and 19% felt it should be the top priority.

Staff: Data from the annual sustainability reporting framework⁷ highlights that 31% of organisations include sustainability in staff job descriptions and 37% run energy awareness events.

Standards

Assessment & Planning: 4 out of 5 NHS organisations have a Sustainable Development Management Plan (SDMP) annually approved by the Board and 81% of NHS organisations included at least a short statement on sustainability in their annual report⁸. This indicates that carbon reduction is becoming



embedded in the governance processes of organisations. Over half (53%) of NHS organisations have signed up to the Good Corporate Citizenship tool⁹ allowing them to assess their corporate social responsibility across a number of areas over and above carbon reduction.

Integration in Policy: “SDMPs approved at Board level” is included in the Public Health Outcomes Framework¹⁰, and sustainability is a requirement in the Clinical Commissioning Groups authorisation process¹¹. The expectation is that commissioners will require their providers to demonstrate improvement in sustainability performance over time.

International interest in the approach the NHS is taking to sustainable development is growing. The NHS is particularly recognised in the areas of system governance for sustainability, metrics and leadership.

Innovation

Technology: Currently, better use of technology is mostly applied in technical building solutions (e.g. solar panels, energy management software and combined heat and power) which are delivering significant reductions in carbon and operating costs. However, telehealth⁶ is starting to become more prominent in the health sector and this is likely to make a major contribution to the sustainability of health and care - although this contribution still needs to be fully quantified and understood.

Models of Care: Clinically-led exploration of models of care and how to reduce waste and the carbon footprint is taking place in some specialities (for

instance the green nephrology movement and in anaesthetics). Some NHS Trusts are starting to carbon footprint entire care pathways to identify how to reduce the impacts of existing approaches to delivering care. These considerations are included in the new ‘Models of Care’ section in the revised Good Corporate Citizenship tool.





Consultation Questions

Question ONE:

Is a new strategy for sustainable development needed to coordinate and guide the next phase of action to 2020?

Question TWO:

Which elements of the health and care system should be included in the scope of the next strategy?

Question THREE:

Should the health and care system set itself challenging ambitions with regard to sustainability?

Question FOUR:

Should sustainable development be measured more broadly than through carbon reduction only?

Question FIVE:

What areas of sustainable development need to be prioritised in the next strategy?

Question SIX:

What areas of research need to be prioritised to enable a more sustainable health and care system?

Question SEVEN:

Are there any questions, issues and opportunities missing from this consultation document?

The following pages provide some additional information on each of the consultation areas to help you consider your response to the questions above.

Please respond to all questions using the online consultation response form: www.sdu.nhs.uk/sds

Question ONE: Is a new strategy for sustainable development needed to co-ordinate and guide the next phase of action to 2020?

Consultation question area overview

- The NHS Carbon Reduction Strategy is a plan to reduce carbon emissions by the NHS. An interim target of a 10% reduction in NHS CO₂e emissions by 2015 was set to ensure the NHS can meet the more challenging 34% reduction by 2020.
- Progress is being made in reducing carbon related to energy in buildings, travel, waste and procurement. However, current projections forecast a 5.5% decrease by 2015, 4.6% off the target of 10%.
- The Climate Change Act target of a 34% reduction in CO₂e emissions by 2020 will not be met by reducing carbon emissions at the current rate.
- The government remains committed to meeting the Climate Change Act targets and the NHS, therefore, has a legal obligation to meet these targets.
- Greater efficiency is necessary to accelerate progress but will not be sufficient – transformational changes will also be required.

Proposal for the next strategy

- The proposed sustainable development strategy will cover the period 2014 - 2020
- It will help the health and care system meet the Climate Change Act target for 2020 through building on, and expanding, the actions begun under the Carbon Reduction Strategy.
- To meet the targets, the pace of change will need to accelerate and both build on existing activity as well as consider new ways of doing things.

Consultation Question 1

A new strategy for sustainable development is needed to co-ordinate and guide the next phase of action to 2020.

[Strongly Agree = 5, Agree = 4, Neutral = 3, Disagree = 2, Strongly Disagree = 1]



Question TWO: Which elements of the health and care system should be included in the scope of the next strategy?

Consultation question area overview

- The 2009 NHS Carbon Reduction Strategy focussed on the NHS.
- The current health and care reforms provide an opportunity to consider whether the scope of the next strategy should be widened beyond the NHS to include all organisations involved in the health and care system.
- There is an opportunity to ensure sustainability leadership, governance and action are aligned, integrated and embedded in all, or most of, the bodies in the health and care system.

Proposal for the next strategy

- The new strategy would expand its remit beyond the NHS to embrace the wider health and care system.
- The new strategy would seek to align, integrate and embed approaches to sustainability across the various organisations involved in the health and care system.

Consultation Question 2A

The scope of the next strategy should be widened beyond the NHS to include other elements of the health and care system.

[Strongly Agree = 5, Agree = 4, Neutral = 3, Disagree = 2, Strongly Disagree = 1]

Consultation Question 2B

The elements of the health and care system in the table below should be included in the scope of the next strategy.

[Complete the table: Strongly Agree = 5, Agree = 4, Neutral = 3, Disagree = 2, Strongly Disagree = 1]

Clinical Commissioning Groups
Commissioning Support Units
Department of Health
Foundation Trusts
Guidance Bodies (e.g. National Institute for Health and Clinical Excellence, Social Care Institute for Excellence, Local Government Association)
Health & Wellbeing Boards
Health Education England (including regional presence)
Health Watch (including regional presence)
Local Authorities
NHS Commissioning Board (including regional presence)
NHS Trust Development Authority
Other Non Foundation NHS Trusts
Patients, service users and the public
Private Sector Providers
Professional Bodies (e.g. Royal Colleges)
Property Services Ltd.
Public Health England (including regional presence)
Regulatory bodies (e.g. Care Quality Commission, Monitor)
Social Care Providers
Third Sector/Voluntary Providers

Insert any missing areas on consultation response form

Question THREE: Should the health and care system set itself challenging ambitions with regard to sustainability?

Consultation question area overview

- The NHS Carbon Reduction Strategy consultation asked whether the NHS should be a leading public sector sustainable and low carbon organisation. The support for this ambition was very high with 94% of respondents feeling it was important.
- As a minimum, the health and care system is expected to meet the legal carbon emission reductions and adaptation requirements detailed in the Climate Change Act.

Proposal for the next strategy

- The health and care system should be a leading public sector example for sustainability and should therefore set itself challenging ambitions.
- Proposed ambitions are:
 - The health and care system meets legally, regulatory and policy mandated milestones.
 - Health and care is a leading public sector sustainable and low carbon system.
 - Staff and leaders at all levels are empowered to behave sustainably at work.
 - The health and care system develops the structures, leadership and delivery mechanisms to meet sustainability objectives.
 - All providers of health and care services consistently, publicly and quantifiably report performance on sustainability to allow benchmarking.

Consultation Question 3A

The health and care system should set itself challenging ambitions with regard to sustainability.

[Strongly Agree = 5, Agree = 4, Neutral = 3, Disagree = 2, Strongly Disagree = 1]

Consultation Question 3B

Do you agree with the following five proposed ambitions?

[Complete the table: Strongly Agree = 5, Agree = 4, Neutral = 3, Disagree = 2, Strongly Disagree = 1]

The health and care system meets legally, regulatory and policy mandated milestones

Health and care is a leading public sector sustainable and low carbon system

Staff and leaders at all levels are empowered to behave sustainably at work

The health and care system develops the structures, leadership and delivery mechanisms to meet sustainability objectives

All providers of health and care services consistently, publicly and quantifiably report performance on sustainability to allow benchmarking

Please provide any commentary on the proposed ambitions or any additional ambitions you feel should be considered using the consultation response form



Question FOUR: Should sustainable development be measured more broadly than through carbon reduction only?

Consultation question area overview

- Currently the NHS Sustainable Development Unit reports on the sustainability of the health and care system using the following measures:
 - Overall carbon footprint for NHS England.
 - Regional energy, waste and water maps¹².
 - Percentage of organisations with Board approved Sustainable Development Management Plans (SDMPs).

Proposal for the next strategy

- The proposal to 2020 is to supplement these measures through the development of a balanced scorecard that measures the sustainability performance of the health and care system more widely.
- The proposed principles to guide the development of a scorecard are:
 - The balanced scorecard uses existing, readily available data sets.
 - The data sets and method of collection are robust and likely to remain in place until 2020.
 - The measures move beyond measuring the carbon performance of the NHS.
 - The scorecard will be flexible enough to incorporate improved measures through the lifetime of the strategy whilst retaining a necessary level of consistency to monitor progress.
 - The measures are relevant to areas that impact on sustainable development.

Consultation Question 4A

Sustainable development should be measured more broadly than through carbon reduction only.

[Strongly Agree = 5, Agree = 4, Neutral = 3, Disagree = 2, Strongly Disagree = 1]

Consultation Question 4B

Do you agree with the scorecard measures proposed? What existing mechanisms could be used to collect data for the proposed measures in the wider health and care system? What other indicators could be used to measure the sustainability of the health and care system?

To help you answer the questions above a brief summary on the proposed scorecard is outlined on the next page. For additional information on these metrics (e.g. the data sets used and how the information is currently collected) please visit: www.sdu.nhs.uk/sds.

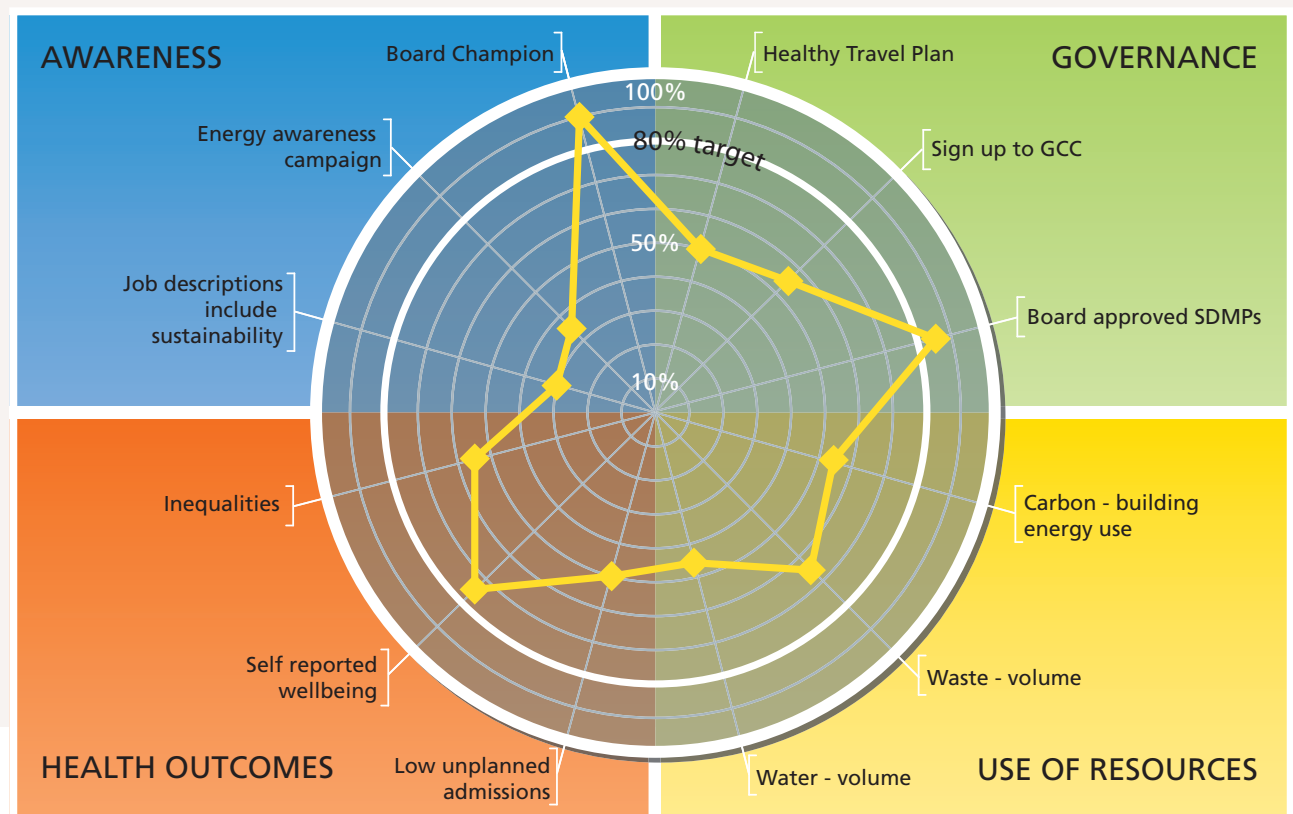
Twelve potential measures for a sustainable health and care system

The NHS SDU and Royal College of General Practitioners convene a Metrics Steering Group to explore how the sustainability of the health and care system can and should be more clearly and consistently measured. This group has identified a range of measures, 12 of which could form the basis of a balanced scorecard across four key areas:

12 potential measures for a sustainable health and care system:

Awareness	Governance	Use of resources (carbon reduction)	Health outcomes
1. % of NHS organisations with a Board level sustainable development champion	4. % of NHS organisations with an up to date Board approved Sustainable Development Management Plan (SDMP)	7. Carbon building energy use	10. Low unplanned admissions (provisional)
2. % of NHS organisations with an ongoing process of energy awareness campaigns	5. % of NHS organisations which use the Good Corporate Citizenship tool to assess performance	8. Waste volume	11. Increased self reported wellbeing (provisional)
3. % of NHS organisations with sustainability in the job descriptions of all staff	6. % of NHS organisations with a healthy travel plan	9. Water volume	12. Decreased inequalities (provisional)

Current performance against the 12 measures:





Question FIVE: What areas of sustainable development need to be prioritised in the next strategy?

Consultation question area overview

- The Carbon Reduction Strategy focussed primarily on carbon reduction as an important starting point for sustainable development. The level of change required to become a low carbon organisation highlights that increasing efficiency in the way we deliver services is not sufficient. Transformational change in how we deliver services and care is needed.
- Carbon reduction is an important initial indicator, however, it does not take into account other social and environmental considerations that are important as part of a sustainable development approach.

Proposals for the next strategy:

- 1) To build on the Carbon Reduction Strategy by focussing on carbon reduction areas that are likely to have the highest impact.
- 2) To understand what transformational changes are needed in order to move towards sustainable models of care.
- 3) To broaden the focus from carbon reduction to other areas of sustainable development that are key to a sustainable and low carbon system, for instance adaptation to climate change and incorporating social value into plans.

The following areas of focus for the next strategy are suggested:

Sustainable development area

Adaptation to climate change and adverse weather events	Energy and use of resources (e.g. waste and water)	Models of care Pharmaceuticals	Social value Technology
Commissioning for sustainable services	Medical instruments and equipment	Research and development	Other?

Consultation Question 5A

The sustainable development areas listed are the most important areas for the next strategy.
[Strongly Agree = 5, Agree = 4, Neutral = 3, Disagree = 2, Strongly Disagree = 1]

Consultation Question 5B

Should any other areas be considered?

To help you answer the questions above a brief summary on the proposed areas are outlined in the following pages.

Proposal 1

To build on the Carbon Reduction Strategy by focussing on carbon reduction areas that are likely to have the highest impact (i.e. commissioning, energy, medical devices and pharmaceuticals).

Carbon reduction hot spots

Research carried out on the carbon hot spots for NHS goods and services¹³ highlights that there are key areas with high carbon emissions. These are aspects that should be targeted by the next strategy because they are likely to have a high impact.

Current work in this area

The NHS and key pharmaceutical and medical device industry partners have launched the first ever international guidance on the carbon footprinting of pharmaceuticals and medical devices.

This international guidance allows greater uniformity in greenhouse gas accounting and reporting for pharmaceuticals and medical devices from their manufacture to their disposal. The guidance can be downloaded at www.sdu.nhs.uk/pharma-md

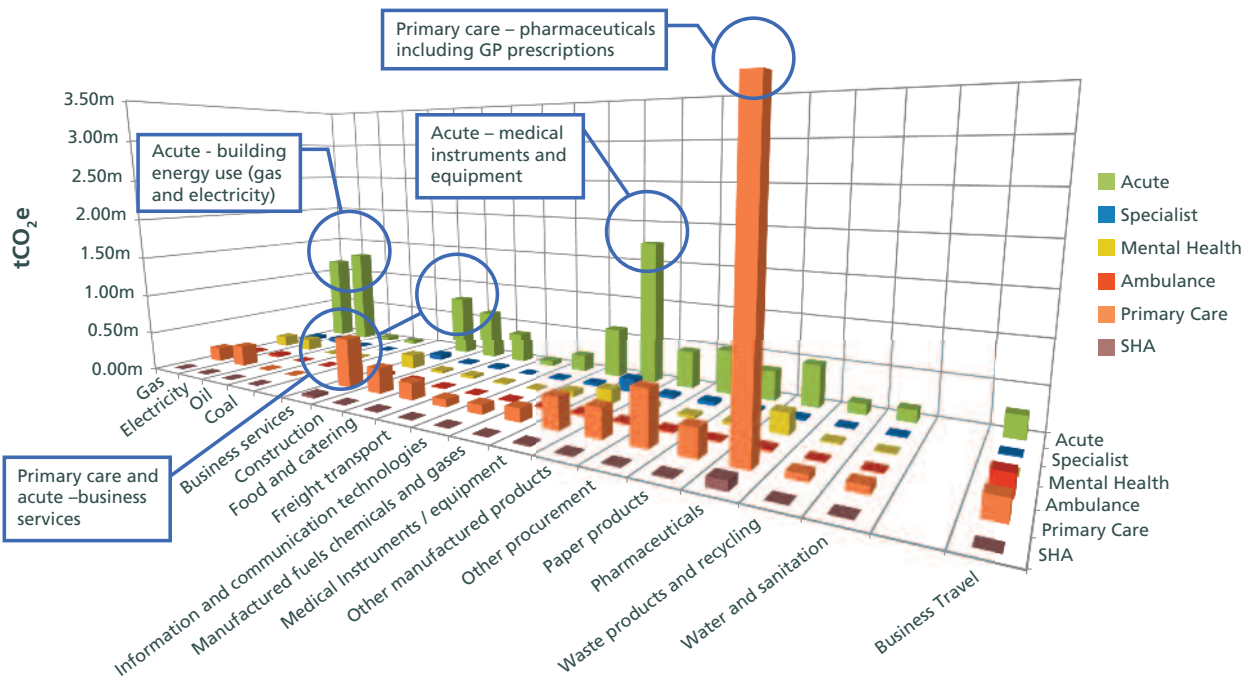


Figure 4 – Carbon hot spots for goods and services in NHS England 2012



The research highlights that:

- pharmaceutical products account for 22% of the NHS England carbon footprint of which:
 - 79% relates to primary care and community services
 - 13% relates to acute services and 5% to mental health services
- Medical instruments account for 13% of the NHS England carbon footprint of which:
 - 75% relates to acute services
 - 13% relates to primary care and community services
- Building energy use (gas and electricity) account for 18% of the NHS England carbon footprint of which:
 - 72% relates to acute services
 - 51% of which is electricity consumption
 - 45% of which is gas consumption

Commissioning for sustainable services

The current healthcare reforms broaden the range of organisations providing and commissioning health and care services.

This means commissioning organisations (and those that hold them to account e.g. Health and Wellbeing Boards) have an opportunity and responsibility to ensure sustainability is an integral part of the delivery of care from the beginning. By including sensible and practical sustainability criteria in service specifications and procurement processes, commissioners can have a big effect on the health and wellbeing of the population. By ensuring organisations receiving public funds operate sound

Current work in this area

The NHS SDU has worked with the NHS Commissioning Board to include sustainability as part of the Clinical Commissioning Group authorisation process and ongoing core responsibilities when commissioning.

Section 4.4.2 of the Clinical Commissioning Group authorisation framework indicates a *“commitment to promoting environmental and social responsibility through Clinical Commissioning Group actions as a corporate body as well as a commissioner”*.

environmental, financial and social practices, commissioners will support the health and care system in meeting legally mandated carbon reduction milestones.

Proposal 2

To understand what transformational changes are needed in order to move towards sustainable models of care.

Models of care

Increasing the efficiency of the way we deliver services will not be sufficient to meet Climate Change Act targets. Transformational change in how we deliver services and care is needed. This means the way services are delivered will need to be fundamentally reviewed to develop future proof models of care that enhance outcomes and improve sustainability.

A first step is to understand better pathways and models of care which improve outcomes and user experience within financial and environmental

limits. The advantages of a more whole systems approach to improving services are that:

- It requires involvement from all staff, patients, service users and carers.
- Future proof models of care can be tailored to different specialities and pathways of care.
- Designing pathways by considering needs, impacts, outcomes and new technology often means a better and more integrated experience for patients and service users.
- It supports innovation as people start to realise that the most financially, environmentally and socially sustainable solutions to delivering high quality care involve transforming the entire model of care rather than simply making pathways more efficient.





Better use of technology

The potential for technology in relation to delivering sustainable healthcare is two-fold:

1. Technology has the power to transform the care experience by changing how the health and care system interacts with patients, service users and communities, how we monitor health and how we deliver interventions. For example, telehealth can often give people much more understanding and control over their own care.
2. Sustainable technologies can save money, reduce pollution and improve the patient environment. For example a number of carbon saving measures (e.g. LED lighting, renewable energy generation, combined heat and power and insulation) have the potential to save the NHS £180 million per year¹⁴.

Currently the health and care system focuses primarily on the second point (and there are compelling case studies demonstrating the cost and carbon savings these technologies can deliver). However, even though telehealth is increasingly being used across care services, the link between technology use and how to enable more sustainable models of care (e.g. by connecting healthcare staff, service users and local communities in different ways) is not as well described in terms of aligning the financial, environmental and social benefits.

The proposal is to encourage organisations to incorporate environmental and social impacts and benefits into their evaluations of designing better services for patients, service users and the public.

Proposal 3

To broaden the focus from carbon reduction to other areas of sustainable development that are key to a sustainable and low carbon system, for instance adaptation to climate change and incorporating social value into plans.

Adaptation

Adaptation means responding to both the projected and current impacts of climate change that we know are taking place. The health and care system needs to adapt to extreme weather events whilst simultaneously doing its utmost to reduce carbon emissions.

Adaptation for the health system is two-fold:

1. The health and care system needs to be prepared for different volumes and patterns of demand because climate change and extreme weather events will impact the health and wellbeing of the UK population with a disproportionate impact on the most vulnerable members of society.
2. Climate change and extreme weather events will impact how we operationally offer and deliver health and care services. The risks to the health system infrastructure (buildings, emergency services vehicles, models of care) and supply chain (e.g. fuel, food) need to be assessed and prepared for.

What will we have to adapt to?

The UK is projected to see an increase in the frequency and intensity of weather-related hazards including heat waves and floods. While

winters are projected to become warmer and wetter, cold spells will still occur. The expectation is the health sector will report on adaptation progress in line with the adaptation reporting powers outlined in the Climate Change Act. The UK Climate Change Risk Assessment (2012)¹⁵ highlighted several key health risks from climate change including:

- Heat - increased summer temperatures and heat wave events.
- Cold - reduced deaths and illness but with continued risk from cold 'snaps'.
- Ground level ozone.
- Floods and storms - resilience and continuity of health and social care services, and the disproportionate adverse health effects on the most vulnerable groups of people.
- Incidence and exposure to increased levels and range of pathogens.
- Sunlight - ultra-violet radiation risk.

Social Value¹⁶

A sustainable health and care system requires delivery across three dimensions: financial, environmental and social. The social components of sustainable development have not always been considered. It is likely that the social dimension will become an increasingly important aspect of a sustainable health system through to 2020 (see box on Public Services Act 2012 - page 26).



What is social value? Social value describes the wider social benefits achieved from high quality public services. It aims to generate wider benefits from investment in health services. It promotes the wellbeing, health, inclusion and employment of local people and communities. Adopting an approach based on social value principles requires a change to the traditional mindset of the care system from one which sees communities and people as having needs, to one which understands and empowers them as having assets that contribute to our health and wellbeing.

Social value can also add specific environmental value e.g. community food gardens in healthcare grounds improve mental wellbeing, nutrition and benefits the environment.

The health and care system could aspire to add social value by:

- Considering social value as part of the delivery of everyday business, for example buying goods and services locally.
- Creating an organisational culture that raises awareness of the importance and benefits for the community of adding social value.
- By being a really good employer, an organisation can directly invest in a significant number of people, families and organisations locally.
- Realising and reinforcing social value and social capital that already exists in the community: for example, via local sports teams helping to communicate the message of active, participative and fulfilling healthy lives.

Potential Driver: Public Services (Social Value) Act 2012¹⁷

Social value is enshrined in legislation through the Public Services (Social Value) Act 2012. The Act aims to strengthen the social enterprise business sector and make the concept of social value more relevant and important in the placement and provision of public services. In particular it:

- Places a duty on the Secretary of State to publish a 'national social enterprise strategy' to encourage engagement in social enterprise.
- Requires public services procurement, including the NHS, to consider how what is proposed to be procured might improve the economic, social and environmental wellbeing of the area to be covered by the contract.
- Amends Section 4 of the Local Government Act 2000 so that local authorities are required to include in their sustainable community strategy proposals for promoting engagement with social enterprise in their area. They must also include a statement of the measures suggested to enable social enterprise to participate in implementing these proposals.

Question SIX: What areas of research need to be prioritised to enable a more sustainable health and care system?

Consultation question area overview

- There are increasing demands to do “more with less” i.e. to improve health and care services within environmental and financial constraints. This is often associated with delivering better healthcare rather than more healthcare.
- Efficiency improvements and transforming how we deliver care in the future should be based on the best possible evidence.
- There are currently many research gaps which span the whole health and care spectrum, but equally, there is sufficient existing evidence for us to develop many future proof services now.

Research can support the shift to a more sustainable health and care system in four ways:

1. *Improving the sustainability of conducting research* – e.g. how can research be carried out in a more sustainable way?
2. *Answering specific technical research questions* e.g. is it better (for health, for the environment and financially) to use single use items or to sterilise? Is it better to re-use medicines and how can this be achieved safely?
3. *Modelling and Evaluating Impacts* e.g. is a home-based chemotherapy model cheaper, better for patients (outcomes, experience and safety) and better for the environment than a hospital-based model?
4. *System Level research* e.g. how do you create the conditions for sustainable healthcare (funding models, culture, incentives)? What does a sustainable whole systems approach look like?

Consultation Question 6

What areas of research need to be prioritised to enable a more sustainable health and social care system?

Current work in this area

The SDU, in partnership with the King's Fund, held the first of a series of research and development summits in November 2012 to explore a number of themes in the King's Fund report “Sustainable health and social care – Connecting environmental and financial performance¹⁸”.

The key messages from this process so far are:

- The need to broaden actions to include transformational change alongside efficiency changes.
- To link environmental sustainability to financial sustainability and health outcomes.
- To understand how better models of care and prevention will help create a system for the future.

The key proposed actions are:

- Generate a prioritised list of the top issues that need researching now.
- Develop measures and metrics of environmental sustainability to include within all research proposals.
- Clarify how research funders and commissioners can embed the principles of sustainability into the commissioning, funding and execution of research.

More detail of the research and development approach can be found on the NHS SDU website:

<http://www.sdu.nhs.uk/sustainable-health/r-and-d.aspx#LatestResearch>



Question SEVEN: Are there any questions, issues and opportunities missing from this consultation document?

Please let us know of anything you feel the NHS Sustainable Development Unit should consider when developing the next strategy for the health and care system.



Next Steps

The consultation started on 29 January 2013. Please submit your responses to the questions and any other comments that you have by **5pm on Friday 31 May 2013**. Once the consultation period ends we will read and consider all responses and publish a summary of responses.

Thank you for taking the time to read and respond to this consultation. It will be very valuable to the process of developing the sustainable development strategy to be launched in January 2014.

Completing this document is only one element of the consultation and engagement process. For details of how else you can engage in shaping the next strategy please see the 'Get involved in the consultation' section on the NHS SDU website (www.sdu.nhs.uk/sds).

To remain up to date with progress you can sign up to receive the NHS Sustainable Development Unit bulletin on the NHS SDU website (www.sdu.nhs.uk).

Confidentiality

If you would like your name, the name of your organisation and any comments submitted to be kept confidential and excluded from the published summary of responses or other published documents, please e-mail info@sdu.nhs.uk.



Glossary

A - Carbon: In the document, the word carbon is used as a generic term for carbon dioxide equivalent emissions (CO₂e), otherwise known as greenhouse gases.

B - MtCO₂e: Million tonnes of carbon dioxide equivalent. This is the standard measurement for carbon emissions.

C - All calculations in this publication are based on the NHS Carbon Footprint 2012 and have been made with the latest available data and the most widely accepted and tested methodology.

D - CO₂e: carbon dioxide equivalent. It is a way of measuring six different greenhouse gases using one standard unit by comparing them on a like for like basis relative to one unit of carbon dioxide (CO₂). The six greenhouse gases are: Carbon dioxide; Hydrofluorocarbons; Methane; Nitrous oxide; Perfluorocarbons and Sulphur hexafluoride.

E - Climate Change Mitigation: Human interventions to reduce the levels of greenhouse gases. Climate Change Adaptation: Actions that seek to reduce the vulnerability of natural and human systems to the effects of climate change and hence enhance resilience. To tackle climate change both need to happen simultaneously.

F - Ipsos MORI conducted 1,101 face-to-face interviews for the NHS Sustainable Development Unit with respondents in England aged 15 and over using around 150 sample points. The research was conducted in two waves between 11th November and 5th December 2011. All data has been weighted to reflect the population profile of people in England aged 15+.

G - Telehealth is the use of communication and information technologies to deliver clinical care where the individuals involved are not at the same location. It also covers telecommunication to deliver non-clinical services such as research and health education promotion.



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NHS Sustainable Development Unit

Victoria House, Capital Park
Fulbourn, Cambridge CB21 5XB

Tel: 01223 597 792
Web: www.sdu.nhs.uk

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