



Derby City Council

Health and Wellbeing Board 11 July 2013

Report of the Strategic Director for Adults,
Health and Housing

ITEM 8

Sustainable Development Unit Consultation Response Update

SUMMARY

- 1.1 Sustainable development and climate change are significant issues for health and wellbeing, both in terms of the public health impacts of climate change and the health and efficiency benefits to be achieved through greater sustainability. Through the Public Health Outcomes Framework indicator monitoring *"Public sector organisations with a board approved Sustainable Development Management Plan"* Health and Wellbeing Boards are expected to provide leadership in this area.
- 1.2 The NHS Sustainable Development Unit (SDU) was created to provide leadership within the NHS for the delivery of the 5 year NHS Carbon Reduction Strategy published in 2009. With the need for the refreshing of that strategy for 2014 onwards and the changes brought about by the Health and Social Care Act the SDU have been consulting on proposals for a wider strategy encompassing the whole Health and Social Care system.
- 1.3 Health and Wellbeing Board members were sent copies of the consultation documents and encouraged to make their own organisational responses, as well as being invited to attend an event on 29th May 2013 to develop a Board response to the consultation. The event was led by Ben Anderson, Consultant in Public Health at Derby City Council and attended by a wide range of Health and Wellbeing Board members including representation from: -
 - Derby City Council (both elected members and senior officers)
 - Royal Derby Hospitals NHS FT
 - HealthWatch
 - Community Action Derby
 - South Derbyshire Clinical Commissioning Group
 - Derbyshire Fire and Rescue Service
- 1.4 This paper is to inform the Board of the response agreed at the event on 29th May, which was submitted on behalf of the board.

RECOMMENDATION

- 2.1 To note the consultation responses submitted on behalf of the board.

REASON FOR RECOMMENDATION

- 3.1 Board members should be aware of the consultation response agreed and submitted on behalf of the board.

SUPPORTING INFORMATION

- 4.1 Health and Wellbeing Board members have previously been alerted to the full consultation documents and the detailed information behind each question (which can be accessed at - http://www.sdu.nhs.uk/documents/resources/SDS_Final_Med_Res.pdf). This report does not repeat that detail, but outlines for information the agreed responses to each question. Consultation responses were submitted via an online tool which included Likert scale responses to each question/statement (scale including 5 points ranging from Strongly agree to Strongly Disagree via Neutral) along with the opportunity to submit additional comments. Questions are shown below in **bold** with Likert scale responses submitted in standard text below followed by any additional comments made.
- 4.2 **Q1 – A new strategy for sustainable development is needed to co-ordinate and guide the next phase of action to 2020.**
Strongly Agree
The new strategy will need a higher profile, and a set of metrics that will keep sustainability high on the agenda. Focus will be needed on how to achieve a change in culture. The strategy also needs to reflect the fact that current financial constraints are likely to continue for much of the period to 2020 and to link sustainability to the meeting of that financial challenge to avoid it becoming lost to boards focused on balancing their budgets.
- 4.3 **Q2a – The scope of the next strategy should be widened beyond the NHS to include other elements of the health and care system.**
Strongly Agree
There is a need for the strategy to encompass more than just health and social care. Health and Wellbeing Boards represent a wider partnership and could lead this agenda at the local level at a wider level than just health and social care. This would require a cross governmental approach at the top to ensure that the ambitions here are reflected in the private and voluntary sectors and the wider public sector.

- 4.4 **Q2b – The elements of the health and care system in the table below should be included in the next strategy.**
 Strongly Agree (submitted for all elements of the system listed)
 The scope should cover the whole public sector, not just those bodies listed above. Private and voluntary sector suppliers to the public sector should also be covered, and similar strategies should be set up in government to mirror this across other sectors.
- 4.6 **Q3a – The health and care system should set itself challenging ambitions with regard to sustainability.**
 Strongly Agree
- 4.7 **Q3b – Do you agree with the following 5 proposed ambitions?**
1. **The health and care system meets legally, regulatory and policy mandated milestones**
 Agree
 2. **Health and care is a leading public sector sustainable and low carbon system**
 Strongly Agree
 3. **Staff and leaders at all levels are empowered to behave sustainably at work**
 Strongly Agree
 4. **The health and care system develops the structures, leadership and delivery mechanisms to meet sustainability objectives**
 Strongly Agree
 5. **All providers of health and care services consistently, publicly and quantifiably report performance on sustainability to allow benchmarking**
 Strongly Agree

Whilst we would like to see the Health and Social Care system meeting legal, regulatory and policy milestones, we want to see a cross government strategy that ensures that all sectors are contributing to these objectives and that the Health and Social Care system is not singled out and potentially disadvantaged by such ambitions.

We would also like to see some flexibility within the system, with regions and local areas able to prioritise what they do to meet their commitments as we see a potential for the achievement of process outcomes to skew local delivery and to create waste in the system, rather than allowing for flexible solutions and long term strategy.

We felt that the stated ambitions are mainly process ambitions, and while we support them we would like to see clearer ambitions to achieve outcomes.

We would also like to see ambitions around education and culture change, and ambitions that recognise that achieving the improvements in sustainability required need radical system change and not just tinkering around the edges.

- 4.8 **Q4a – Sustainable Development should be measured more broadly than through carbon reduction only**
 Strongly Agree
 A broader definition of sustainability will be beneficial to the system. As a group we like the Carbon Trust Standards and feel that these support a move towards broader measurement.
- 4.9 **Q4b – 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?**
 The proposed measures show an inconsistency between those that are organisation specific, and those that are at a population level. There needs to be clarity about how accountability will work, as individual health and social care organisations won't be accountable at the population level.
 Other proposed outcomes are process driven, and do not guarantee quality, e.g. the presence of a board level champion can be a real driver for change, or a tokenistic nod towards the area of sustainability.
 Measures need where possible to be outcomes based, supported by process measures where the evidence is strong. There is potential to skew the focus to meeting process measures and not delivery on outcomes if too many process measures are included.
- 4.10 **Q5a – The sustainable development areas listed are the most important areas for the next strategy**
 Agree
 We agree that the above are important, but feel that there are other equally important areas of sustainable development that are missing (see answer to 5b).
- 4.11 **Q5b – Should any other areas be considered?**
 The area of contracting and influencing supply chains is important and needs to be clearly included. There is a case to strengthen sustainability through the standard NHS contract, and wider public sector contracts, which could for example require providers to meet Carbon Trust standards.
 Achieving culture change through education will be important, both in moving forward the prevention agenda to support a reduction in care need and care use, and to achieve change in attitudes to sustainability.
 Transport is a key area for carbon reduction and sustainability and needs including. The focus on medicines, models of care and pharmaceuticals immediately narrows the remit of the strategy. Broader terms such as models of delivery and consumables could be used to cover the health care focus and to also make the strategy appropriate for the wider public sector.

4.12 **Q6 – What areas of research need to be prioritised to enable a more sustainable health and social care system?**

Research is needed to support the development of robust outcomes metrics.

Sustainability needs to be a consideration for ethics committees when granting approval for research in NHS and public sector health and social care settings, and the strategy needs to influence research funding bodies to widen its influence to big pharma.

Research is needed into how to value sustainability against quality of care, as for some decisions there will be a trade off to be made between the two

4.13 **Q7 – Are there any questions, issues and opportunities missing from this consultation document?**

There is a big issue about how the health and social care sustainability strategy will fit into a broader cross government and cross sector approach to sustainability.

There needs to be greater focus on culture and behaviour change, following the principles of the Making Every Contact Count programme.

OTHER OPTIONS CONSIDERED

5.1 Not applicable

This report has been approved by the following officers:

Legal officer Financial officer Human Resources officer Service Director(s) Other(s)	Derek Ward, Director of Public Health
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For more information contact: Background papers: List of appendices:	Ben Anderson 01332 643096 Ben.Anderson@nhs.net None None
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IMPLICATIONS

Financial and Value for Money

1.1 None directly arising.

Legal

2.1 None directly arising.

Personnel

3.1 None directly arising.

Equalities Impact

4.1 None directly arising.

Health and Safety

5.1 None directly arising.

Environmental Sustainability

6.1 None directly arising.

Asset Management

7.1 None directly arising.

Risk Management

8.1 None directly arising.

Corporate objectives and priorities for change

9.1 None directly arising.