



Heywood, Middleton  
and Rochdale  
Clinical Commissioning Group

**Sustainable Development Management**  
**Strategy and Delivery Plan.**  
**2017 – 2018**



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## INTRODUCTION

As the leader of the local health system, NHS Heywood Middleton and Rochdale Clinical Commissioning Group's ambition is to commission safe, effective, and clinically-led services for the people of the borough of Rochdale and secure better quality of life and health for our population who experience some of the poorest health outcomes in the country.

HMRCCG wants the people of the borough of Rochdale to enjoy longer, healthier lives. We want those who need healthcare to receive it at the right time, in the right place and at the highest quality. This can only come about by skilled and innovative collective action to try to make a difference and to make the best use of the resources we have, based on best practice evidence, and by listening to the people of the borough, engaging them openly in the work of the CCG.

We will work with our population in building local services to ensure that they are sustainable, integrated, safe and accessible. In doing this we will be innovative and bold based on patient feedback and gathering citizen views.

We know that our population's health needs cannot be addressed by commissioning health services alone. Our local people need access to sustainable employment, affordable and local leisure facilities, affordable housing and vibrant social networks that reduce the risk of social isolation and loneliness. Our intent is to continue to work with partners and the Health and Wellbeing Board to develop more community based and sustainable solutions to the challenges we face.

The CCG recognises the very significant responsibility and privilege to be the custodian of more than £360m of public funds and we want to make sure that this is used to offer people in the borough the very best health outcomes and the opportunity to make healthy lifestyle choices. At the same time we want to make sure the plans and decisions we make add value to Rochdale as a place, and to the environment we live in.

We know the public sector is facing increasing demands on services at a time when the economic position of the country is in a difficult position. We therefore need to work smarter and achieve more with increasingly stretched resources.

Even if resources were plentiful we need to play our part in safeguarding our planet's resources as a sustainable CCG both now and in the future.

As a healthcare commissioner, the CCG is committed to planning and buying health care on a sustainable basis and this plan sets out how we intend to deliver this commitment.

As a small employer in the borough, as health system leaders, and as leaders of a membership organisation on behalf of our Member GP Practices, and as a partner organisation at the Health and Wellbeing Board we want to ensure our approach is sustainable in making the most of our resources whilst taking into account the longer term impact. This is what being a sustainable Clinical Commissioning Group means to us.

This plan sets out how we as a CCG will operate in a sustainable way and sets some clear targets for measuring success over the coming years. We will continue to refresh it as this important agenda develops, informed by national and more local intelligence and provide an update to the CCG Governing Body annually.

This plan is a public document and we welcome your comments on what we are doing and your suggestions as to how we can continue to improve our performance on sustainability. Please contact us at [hmrccg.ccghub@nhs.net](mailto:hmrccg.ccghub@nhs.net), or by writing to us at the address below.

We look forward to hearing from you.

**Simon Wootton**  
**Chief Officer and Governing Body Lead for Sustainability**

**Dr Chris Duffy**  
**Clinical Chair**

**NHS Heywood, Middleton and Rochdale CCG**  
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## What we know about our place and our people

### Our Place

The Borough incorporates the Townships of Rochdale, Middleton, Heywood and the Pennine area covering the villages of Littleborough, Newhey and Milnrow. Each of these townships and villages has its own diverse and distinct identity.

The Borough has a significant history and heritage and was the birthplace of the Co-Operative movement. NHS HMRCCG is keen to retain and reinforce this legacy of co-operation through its partnership working with its population and partner organisations.

### Our People

**Size:** The Borough's population is growing. There are currently 216,150 people in the borough (ONS mid-year estimates 2016). Growth between 2011 and 2014 had been relatively modest, but the past two years have seen larger increases with net migration gains an increasingly bigger factor in population growth.

**Deprivation:** Deprivation levels are a challenge in the borough. Almost a third of the population (66,450 people) live in areas amongst the 10% most deprived in the country (IMD 2015), an increase on the proportion seen in 2010. In contrast, only 24,350 people live in areas in the least deprived quartile (75%-100%).

**Ethnicity:** The population is ethnically diverse with over 150 different ethnic groups being declared in the borough from the 2011 Census. The second largest group after white British are those from an Asian British/Asian – Pakistani background with 22,200 people, making up about 10.5% of the total borough population. In the most disadvantaged groups, over 36% of people are of South Asian origin. These groups are also mostly younger than the general population.

**Age:** The population is still relatively young, with 20.1% of the population being under 15, compared with 19.2% across Greater Manchester and 18% in England (ONS mid-year estimates 2016). However, there are also a growing proportion of older people in the borough. In future there is an expectation that there will be a greater proportion of elderly residents compared to those of working age as people are living longer. The population aged 65 or over in Rochdale Borough is expected to increase by 8.9% by 2021.

**Employment:** The borough has been slow to recover from the recession in 2008. Employment levels remain low, with only 64.4% of adults employed - 6.6% less than the Greater Manchester average. This is even lower in BME communities where only 54.2% are in employment. The labour market contains a higher proportion of low skilled work with most jobs concentrated in the manufacturing sector (15.3%) and a low proportion in Professional, scientific and technical sector (5.6%). The borough has a high proportion of working age people who are

economically inactive and almost one third of those who are economically inactive are long -term sick.

**Leisure:** Approximately 57% of adults are physically active (PHE Health Profiles 2015/16). This is below the national average (64.9%). 11.8% of adults utilise outdoor space for exercise or health reasons, which is similar to the national average. The percentage of adults classified as obese is also over the national rate.

**Crime:** There has been a general fall in Anti-social Behaviour (ASB) although the rate remains the 4<sup>th</sup> highest in GM (July 2017). Victim based crime accounts for around 90% of crimes committed and increased to 100 crimes per 1,000 residents in the period from June 2016 to July 2017, the 2nd highest in GM behind the City of Manchester. Higher crime levels are experienced by our most disadvantaged population groups.

**Environment:** Residents of Rochdale Borough have access to miles of countryside and attractive scenery, including 8 Green Flag status parks and Hollingworth Lake. However, most of the natural green space in the borough is located in the more affluent rural outskirts such as the Pennines Township, Norden, and the corridors between the Rochdale, Heywood and Middleton urban centres. An increasing proportion of household waste is being recycled. However, fly tipping remains an issue with incidents increasing from 4,328 in 2015-16 to 5,112 in 2016-17.

**Housing:** Homelessness continues to be a significant issue across GM, including in Rochdale. The rate of people accepted as being homeless and not in priority need decreased to 2.2 per 1,000 households in 2016/17, but remains above the national average. The impact of welfare reform is another key issue for housing in the borough. The reforms impact unevenly across the authority and will be highest in areas of deprivation where households claim multiple benefits, particularly those with more than two children and those living in rented social sector housing. Around 11% of households are dissatisfied or very dissatisfied with the condition of their property, with energy efficiency and lack of modernisation identified as the primary means for improvement. Almost 8% of houses are overcrowded, a problem associated with both physical and mental health risks.

### **Local People's Lifestyles and Wellbeing – key facts and figures**

**Lifestyle** is an important driver of health outcomes. A healthy diet, being active, not smoking, quitting smoking, not drinking too much alcohol and maintaining a healthy body weight are all proven ways to stay healthy and avoid many health problems. People in the Borough's more deprived population groups are less likely to have a healthy lifestyle and this contributes to the health inequalities experienced by these groups.

**Smoking:** Most local people are non-smokers, but 19.4% of adults in the Borough do smoke. For people who are in routine and manual jobs in the Borough, as many as 32.1% smoke. 16.3% of women smoke at the time of delivery (NHS Digital 2016/17). This is high compared to the England average of 10.5%.

More local people die from smoking than some other areas. Our smoking attributable death rate per 100,000 population is 397.8, compared to

272.0 for England as a whole (PHE 2014-16).

**Alcohol:** Alcohol-related hospital admissions are now lower in Rochdale Borough than in the rest of England; 618.1 per 100,000 population compared to 651.3 per 100,000 in England (LAPE 2015/16).

More local people die early because of alcohol, compared with other areas. The average number of years life lost due to alcohol for males is 1,302 per 100,000 and for females 412 years (LAPE 2016). This is higher than the regional averages of 1,130 for males and 477 for females.

20.2% of people in the Borough are estimated to binge drink and 29.4% are estimated to be drinking at levels above the recommended 14 units per week, which is harmful to their health. Alcohol misuse is one of our main contributors to chronic liver disease, crime and sexual offences.

**Physical Activity:** 15.1% of children in the Borough are physically active for at least one hour per day, seven days a week, which is above the North West average of 13.2% and the England average of 13.9% (PHE 2014/15). 57.2% of adults in the Borough are physically active, compared to the North West (63.4%) and England (64.9%). This is a major risk factor for a range of chronic diseases and disorders, and links directly to levels of adult obesity in the Borough.

**Wellbeing:** Wellbeing is generally about realising one's own potential, coping with the normal stresses of life, working productively and contributing to society. Wellbeing, physical health and lifestyle are all closely linked. Wellbeing is important to health and important to local people.

The North-West Wellbeing Survey in 2012 told us that Rochdale Borough had the 2<sup>nd</sup> lowest wellbeing of 20 Boroughs across the North-West with an average score of 26.3 out of a possible 35. In the Annual Population Survey of 2015/16, 7.1% of the local population had a low satisfaction score, higher than the North West (6.2%) and England (4.6%). This pattern was repeated in the scores for the low worthwhile, low happiness and high anxiety indicators.

Whilst wellbeing in the local population is generally good, we know there are groups of people that have poor levels of wellbeing and may benefit from support. MOSAIC segmented data tells us that wellbeing is lower in males in our most deprived groups.

**Teenage Pregnancy:** The Borough of Rochdale has seen a significant reduction in the rates of teenage pregnancy (under 18s) in recent years. The rate currently stands at 22.0 (per 1000 females aged 15 to 17, ONS, 2015), which represents a 64.5% reduction on the 1998 baseline and is the 2nd biggest reduction in Greater Manchester. The regional average for teenage pregnancy is 24.7 and the England rate is 20.8 (all figures relate to the rolling annual average to December 2015).

**Drug Misuse:** Rochdale Borough is above the national average for rates of death from drug misuse. The latest available data shows a rate of 7.9 per 100,000 adults compared to 6.1 in the North West and 4.2 for England (PHE 2014-16).

**Sexually Transmitted Infections:** Rates of positive diagnosis for chlamydia currently stand at 1586 (per 100,000 population aged 15 to 24), which is lower than the England average (1882) and that for the North West (2247) (Source: PHE 2016). Levels of diagnosed gonorrhoea and syphilis are less than the national and North West averages.

## **Burden of Ill-health and Health Inequality**

### **Life Expectancy**

Local people can now expect to live longer. Between 2001-03 and 2013-15 in the Borough:

- Male life expectancy at birth increased from 73.8 years to 77.2 years (a rise of 3.4 years)
- Female life expectancy at birth increased from 78.9 years to 80.7 years (a rise of 1.8 years) (ONS 2013-15)

However, people in Rochdale Borough still live 2.3 years less than nationally, and within the Borough a person in the most deprived group might expect to live around 9 years less than someone in the most affluent group. This is an unacceptable and unfair health inequality.

## Joint Strategic Needs Assessment

Health and Wellbeing Boards have the statutory duty to prepare a Joint Strategic Needs Assessment (JSNA) and develop a Joint Health and Wellbeing Strategy (JHWS). JSNA is a process to identify the health and wellbeing needs of the local area, including the current and future health and social care needs of the entire population across the whole life course, from pre-birth to death. The JSNA is then used to inform the priorities for the JHWS.

The last full JSNA process took place in 2017 and involved a comprehensive review of key statistics and intelligence alongside a programme of consultation with key stakeholders. There were a number of common themes and issues where stakeholders thought changes should be made to improve health. The JSNA findings will be available early 2018 through [www.rochdale.gov.uk](http://www.rochdale.gov.uk) website. The Borough produced a Locality Plan in 2016 and the borough's Health and Wellbeing Strategy is due for refresh in early 2018.

## What is Sustainable Development?

**Sustainability** is about meeting the needs of today without compromising the needs of tomorrow. It is about using resources wisely to make sure that resources will still be available in the years to come.

Sustainability is not just about using financial resources carefully. It is also about making sure that we make the most of existing social and community resources (e.g. community buildings, local groups) and ensuring that we minimise any adverse impact on the local environment.

**Commissioning for sustainable development** in the health and care system means:

- Planning services which are efficient and effective
- Buying services which provide highest quality at best value and which have least impact on the environment
- Avoiding duplication, inefficiency and waste
- Focus on preventative, proactive care
- Patients public engagement and involvement in planning and design of services
- Building resilience, and protecting and developing community assets and strengths
- Making the best use of all of the resources we have
- Minimising carbon emissions

## Why is sustainability important

NHS Heywood, Middleton and Rochdale CCG recognises that being sustainable will assist the organisation in meeting the current challenges faced by the NHS.

We understand that we are required to treat an increasing number of older people with multiple health problems and furthermore, patients and their families have greater expectations around clinical outcomes and user experience. The cost of new medical technology is rising. We are working within strict financial restraints and acknowledge the need to use diminishing resources efficiently and effectively, whilst demonstrating maximum value for money. We recognise that we need to utilise and support existing community assets and strengths and consider factoring in social return on investment when commissioning services. The climate is changing, bringing with it more extreme weather and conditions that impact negatively upon health.

Finally, we have a legal duty to cut carbon emissions under the 2008 Climate Change Act. Being sustainable will assist us to make the most of our existing resources, money, supplies, buildings, energy and most importantly community assets, without compromise to the needs of future generations.

## What can the CCG do?

In Heywood, Middleton and Rochdale, we believe we can support sustainable development in the local health economy by taking action in three key areas which are developed further in later sections of this document.

- 1) **Commissioning for sustainability and adaptation** – ensuring that our commissioning processes support environmental and social sustainability
- 2) **Being a sustainable organisation** – adopting policies and action plans as a CCG that enhance the environmental and social sustainability of the organisation
- 3) **Promoting sustainability amongst our GP members** – promoting and supporting action on sustainable development across our GP Practices

## 1. Commissioning for sustainability and adaptation

The case for sustainability in healthcare is clear. There is sound evidenced that taking action on sustainability can lead to cost reductions and health gains .We can develop a sustainable health and care system by reducing inappropriate demand , reducing waste, and incentivising the most effective use of the resources we have.

Key drivers for sustainable development in the NHS include;

***Developing sustainable models of care:*** There are an increasing number of older people with multiple health problems, the cost of new medical and other technology is rising and people have higher expectations of services and of their experience of care than ever before. However, the NHS budget is not rising in line with increasing costs or to match rising expectation. By delivering healthcare in a more sustainable way, for example using integrated models of care, promoting prevention and supporting people to stay in their own homes for as long as possible, we can reduce emergency hospital admissions and ensure that our resources are focused on delivering the best possible health outcomes .

### RIGHT PLACE, RIGHT TIME, RIGHT COST, BEST QUALITY

***Reducing carbon dioxide emissions is the law in the UK:*** The Climate change Act 2008 sets legally binding targets for the UK to reduce its carbon dioxide (CO<sub>2</sub>) emissions by 80 per cent by 2050. All public sector organisations in the UK have a responsibility to put in place plans to meet this target. There is a strong business case for taking action to become more sustainable as this can lead to significant financial savings.

***The NHS must help to mitigate the negative impact of Climate Change on health:*** According to the Lancet Climate Change is the 'biggest global health threat of the 21<sup>st</sup> Century'. Climate Change is already impacting on lives and human health through extreme periods of heat and cold, storms and deteriorating air quality. The World Health Organisation has estimated that 150,000 deaths are caused a year as a result of climate change. Unless swift and decisive action is taken now, millions of people around the world will suffer hunger, water shortages and coastal flooding as the climate changes. As one of the world's largest organisations the NHS has a national and international duty to act and to set an important example to the business community and to the public.

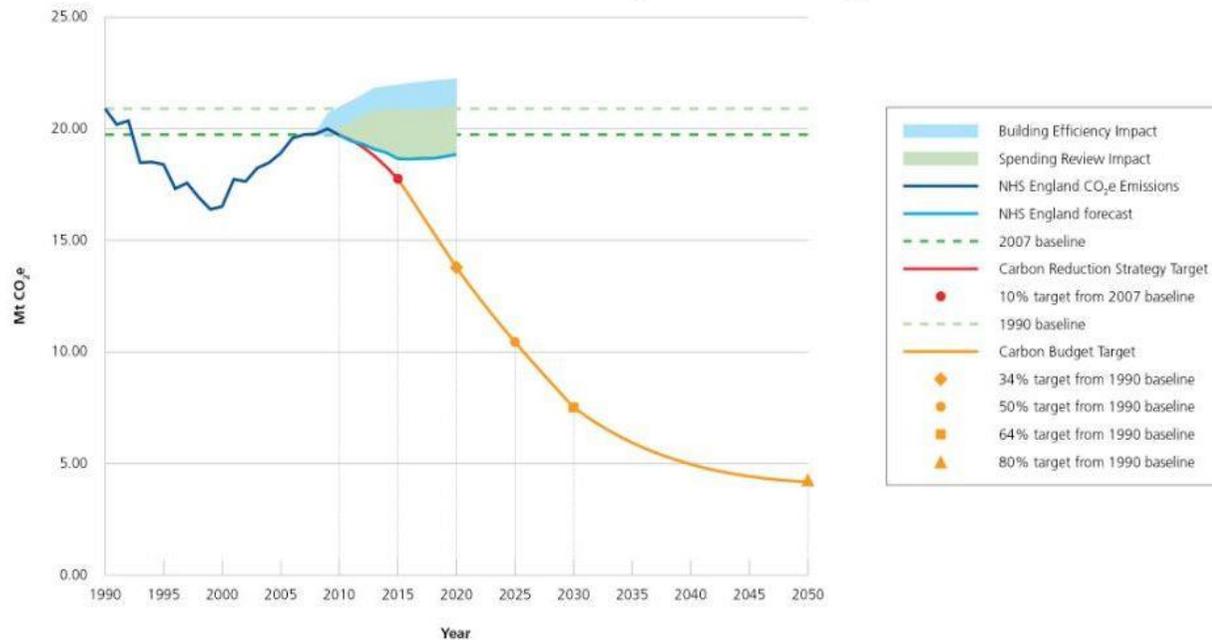
In 2009 the NHS Sustainable Development Unit published the first Carbon Reduction Strategy for the NHS. This showed that the NHS has a carbon footprint of 21 million tonnes CO<sub>2</sub> making it the largest public sector emitter of Greenhouse Gases in the country. Around 60 per cent of the total footprint is from the procurement of goods and services, with the rest split between energy consumption in NHS buildings and travel.

The Carbon Reduction Strategy set the NHS and interim target of reducing its carbon footprint by 10 per cent between 2007 and 2015 and in reducing its emissions in line with the Climate Change Act target of an 80 per cent by 2050.

Figure 1 below demonstrates the scale of challenge facing the NHS in reducing its emissions in line with the Climate Change Act target of an 80 per cent by 2050.

The new **NHS Sustainable Development Strategy** has been published to cover the period 2014 to 2020. Building on the Carbon Reduction Strategy the new strategy is not only for the NHS but embraces the whole health, public health and social care system. It will define where the NHS needs to be on the path to sustainable health care by 2020 and the measures and targets against which progress will be measured.

## NHS England CO<sub>2</sub>e footprint 1990 – 2020 with Climate Change Act targets:



As an organisation that is responsible for more than £360m of public funds each year, the CCG needs to make sure that we are taking a sustainable approach and that we use our commissioning and contracting processes to embed principles of sustainability into our provider organisations, i.e.:

- Planning pathways of care which promote preventative, proactive and self care
- Co-designing pathways of care and agreeing outcome measures with patients and the public
- Ensuring all pathways of care integrate physical and mental health
- Ensuring services are efficient, i.e. avoid duplication and waste (within and across agencies)
- Ensuring services are effective and based on sound evidence
- Using the mechanism of procurement to ensure service provision adds social value and supports the principles of social return on investment
- Awarding contracts for services which provide the highest quality care at best value
- Awarding contracts for services which have the least impact on the environment
- Using contract monitoring mechanisms for ensuring providers of services continue to meet these standards
- Decommissioning services that do not meet these criteria

***Actions we will take:***

- I. All new pathways of care will be reviewed against the above criteria and monitored through the Local Care Organisation and locality partnership model procurement processes and by the Integrated Procurement arrangements as they develop.
- II. All new procurements will include measures of social value. These will be described in service specifications and explicitly weighted in the evaluation of bids. The Corporate Governance Committee (CGC) will oversee the development and inclusion of Social Value measures in all new procurements.
- III. We will include measures of sustainability as determined via the procurement processes within our performance monitoring of provider organisations.
- IV. For all providers we will ask that they report on performance against their Sustainable Development Management Plans (SDMS) as part of Contract Monitoring processes.
- V. Meet health needs of local people caused by changing environmental, social and financial climate by working with partners at the Health and Wellbeing Board and Public Sector Reform Board to develop an Adaptation plan, which describes the potential risks and impact assessments associated with climate and other changes and include climate change in any major planning scenarios that are undertaken.

## 2. Being a sustainable organisation

As an employing organisation, we have a responsibility to behave in an ethical and sustainable way, this includes:

- Raising awareness amongst our Governing Body and staff of sustainability issues
- Making sure that our working environment promotes health and well-being
- Paying our employees fairly for the work they do
- Optimising our impact in the borough by forging strong and enduring partnerships with other agencies and taking an active and visible role in the borough
- Ensuring we are resilient and able to adequately respond to adverse events and serious incidents
- Building a sustainable workforce to meet future requirements
- Ensuring the CCG business processes are improved so as to continually reduce our carbon emissions (see below for details)

The CCG is co-located with Rochdale Borough Council and a number of other partners at the award-winning town centre building Number One Riverside.

The building has a number of environmentally friendly features including wood chipping incinerators, recycled rain water facilities and solar panels. Occupying a small section of the third floor, the CCG enforces a number of environmentally friendly policies including being a paper-light organisation.

Number One Riverside is situated next to the new tram and bus stations. We encourage staff to walk, cycle or use public transport wherever possible. Cycle storage and showering facilities are available for the staff to use.

The CCG is also committed to embedding sustainability behaviours in its staff and with other partners, concentrating on the reduction of paper, increased recycling, and energy and carbon reduction.

The CCG will commit to measuring, reducing and reporting on its carbon footprint annually and will continue to try to reduce its carbon footprint in two key ways:

1. By encouraging energy conservation behaviour amongst its staff.
2. By ensuring space is utilised efficiently ('right sizing') and promoting agile and flexible working and hot-desking

## **Reducing waste and consumables**

As a tenant in Riverside, the CCG produces small volumes of general waste (i.e. office and kitchen waste), most of which is recycled via a recycling system provided to the CCG and other tenants in the building through the Council's facilities services contract.

The CCG estimates that it consumes around 1480 reams of paper each year. This results in the destruction of over 95 trees. The CCG can take action to reduce this in two ways:

1. By continuing to implement paperless /lite working practices and other paper reduction initiatives (e.g. defaulting all print devices to duplex printing);
2. By specifying the purchase and use of high recycled content (or even 100 per cent recycled) paper.

The CCG has a planned rolling I.T. upgrade to support our organisation's intent on agile and flexible working practices as well as paperless or 'paper-lite' working. The CCG has currently over 60% of its workforce being laptop users. This supports greater agile and flexible working practices as well as paperless or paper-lite working. Wherever possible, teleconferencing and videoconferencing are used to minimise travel to meetings.

### **Actions we will take:**

- I. We will provide awareness raising sessions on our sustainable commissioning strategy and processes for all staff and incorporate information and advice about sustainability and the responsibilities of staff into our staff handbook and PDR process.
- II. We will update our Business Continuity Plan and lead on improvements to system wide escalation processes.
- III. We will reduce the carbon footprint of the CCG by reducing the amount of paper we consume by 5% per cent over the forth coming years, using high quality recycled content paper, and completing the roll-out of our Flexible Working Policy.

## **3. Promoting sustainability amongst our Member GP Practices**

Our member GPs have responsibility for commissioning healthcare services and also provide services in their practices. It is therefore vital that carbon management skills and awareness are developed at practice level in order to improve efficiency and reduce carbon emissions in the future. Many carbon saving initiatives also have a positive impact on the health and wellbeing of staff and local residents.

Our aspiration is for every practice in the borough to sign up to this, and to measure and report on their carbon footprint by the end of the life of this Plan. It is also expected that this will support practices to deliver the requirements of CQC registration

The third dimension of this plan therefore focuses on promoting and supporting sustainability within the CCG's member practices across the borough of Rochdale.

**Actions we will take:**

- I. We will assist practices to become more sustainable by directing them to practical support and advice on energy efficiency and carbon reduction within their own practices.
- II. In addition, we will support efforts by GPs to contribute to the enhancement of health and wellbeing and social value in their local communities
- III. We will offer practical support and advice by:-
  - Recommend a simple carbon footprint tool to practices to assist them with the calculation of a carbon baseline against which to plan emission reduction
  - Producing an information pack to raise awareness on Sustainable Development in GP practices, signposting practices to sources of information, support and advice about energy efficiency and carbon reduction actions and renewable energy opportunities
  - Link practices into borough initiatives that improve health and wellbeing, in partnership with the Health and Well Being Board , Rochdale Council and other partners on, for example, improvement of home insulation to support vulnerable patients
  - Working with practices to roll out electronic prescribing to reduce paper use
  - Support and champion action to reduce unnecessary prescribing to reduce paper use
  - Support and champion action to reduce unnecessary prescribing and reduce pharmaceuticals
  - Support and champion action to reduce packaging, for example coil fitting sets
  - Promote one-stop clinics and phone consultations to reduce travel
  - Encourage and support practices to promote active travel (using physical activity such as walking and cycling rather than driving) amongst their practice staff and patients
  - Report progress on sustainability across GP members to the CCG Governing Body
  - Introduce an annual award to the practice that we consider to have made the most significant contribution to sustainable healthcare in the borough from 2016
  - Incorporate a Primary Care Sustainable Development Management section in our Primary Care Strategy
  - Include a reference to sustainability within the new CCG Primary Care Quality Standards .

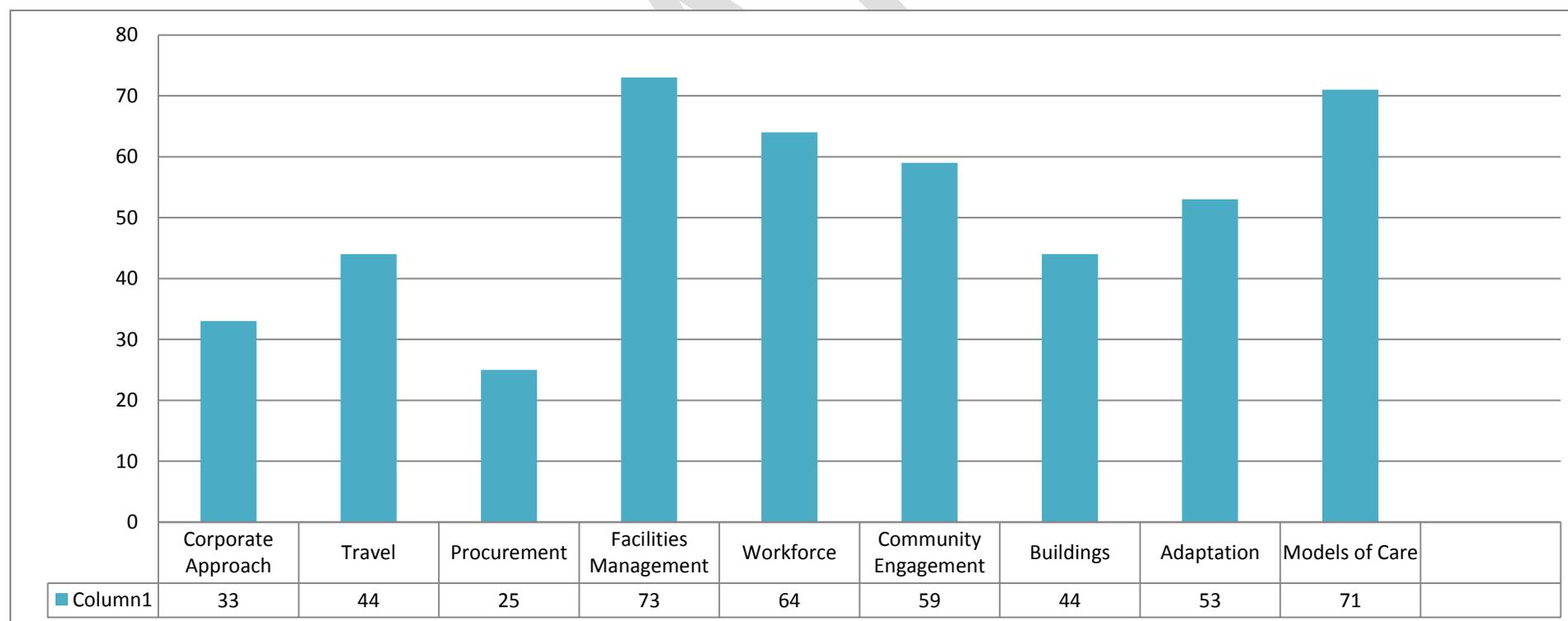
## Delivering our commitments & assessing our performance

The responsibility for scrutinising how the drive for sustainability is working will be embedded within the CCG's core business processes, practices and revised constitution.

All CCG committees will have sustainability objectives and principles integrated into their Terms of Reference. Work plans will include a focus on assessing whether new schemes meet clear sustainability criteria.

An annual report on progress against our Sustainability Plan will be brought to the Governing Body by the Chief Officer.

We completed the Good Corporate Citizen online assessment tool for the first time in April 2014 to establish a baseline level of performance and this assessment was further carried out in November 2016 where the CCG had a baseline overall score of 51%, broken down into the following percentage:



In 2017 the Sustainability Development Unit (SDU) launched a new on-line assessment tool for health organisations that replaces the previous Good Corporate Citizen (GCC) tool.

The Sustainability Development Assessment Tool (SDAT) has streamlined and simplified the self-assessment process used in the GCC and helps organisations to show how their progress is aligned to the UN's Sustainable Development Goals.

In November 2017 the CCG undertook the assessment using the newly launched SDAT and our overall score was 51%

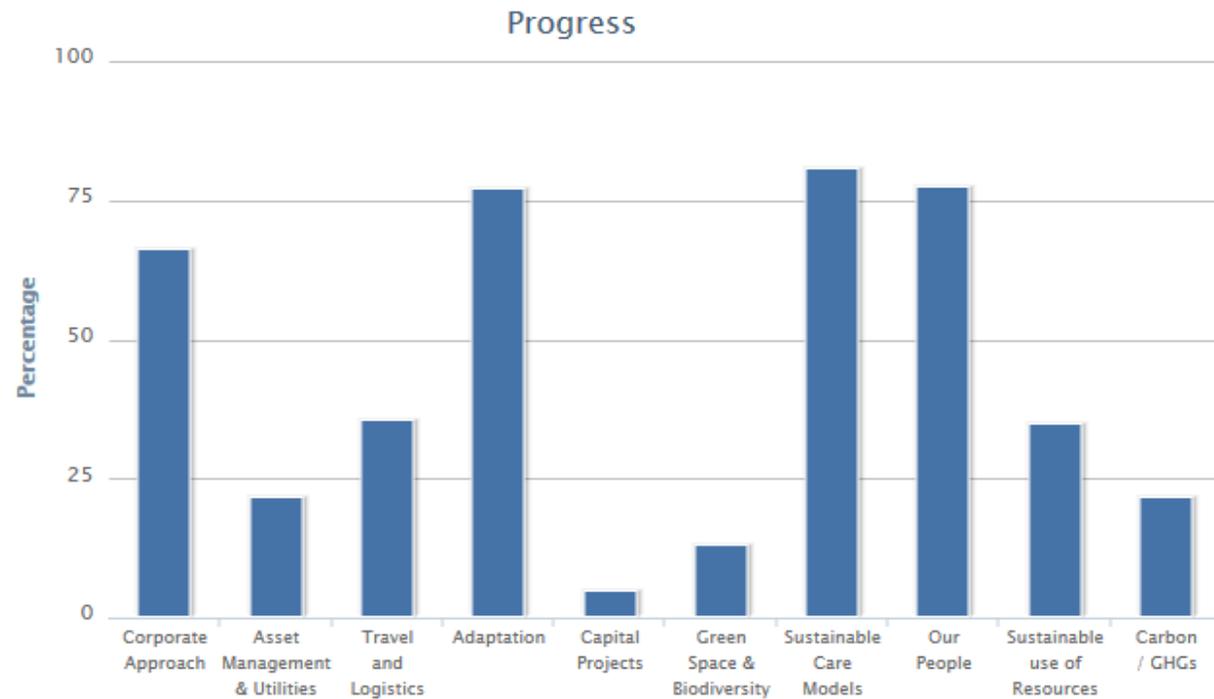
As the new tool has a new scoring system and due to the improvements in the statement sets within the tool, the new score will not give a comparable baseline figure against the original CCG score

DRAFT

## Latest assessment score

# 51%

Module	Score
Corporate Approach	66.04%
Asset Management & Utilities	21.74%
Travel and Logistics	35.42%
Adaptation	76.92%
Capital Projects	4.76%
Green Space & Biodiversity	13.04%
Sustainable Care Models	80.77%
Our People	77.42%
Sustainable use of Resources	34.72%
Carbon / GHGs	21.62%



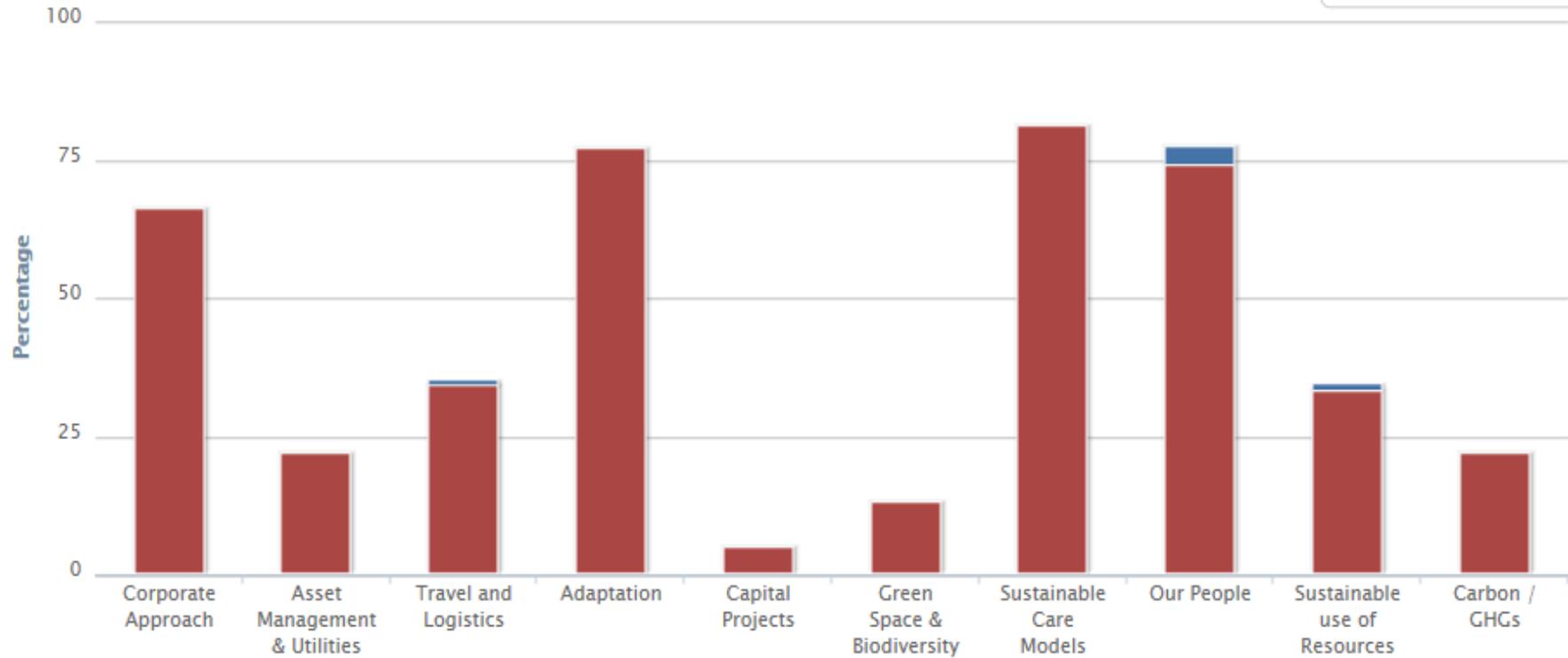
Our organisation is clearly contributing to these SDGs at a local level

Our organisation is starting to contribute these SDGs at a local level



### Benchmarking

■ In Progress ■ Yes



## HMR CCG SUSTAINABLE DEVELOPMENT MANAGEMENT ACTION PLAN – to follow

Commitments	Actions	Lead	Target date	Individual Lead
<b>1.Commissioning for Sustainability and Adaptation</b> <i>(Adaptation –meet health needs of local people caused by changing environmental, social and financial climate)</i>	Maintain the generic sustainability criteria and measures of social value, incorporated into all existing pathways and service specifications, and into all new pathways of care going forward	LCO / Locality Partnership model procurement and Integrated procurement	ongoing	Sally Mclvor
	Service review and monitoring processes must continue to include generic sustainability criteria	LCO / Locality Partnership model procurement and Integrated procurement	ongoing	Sally Mclvor
	All procurements to include measures of Social Value and sustainability, to be described in service specifications and explicitly weighted in the evaluation of bids.	Corporate Governance Committee	ongoing	Sally Mclvor
	All providers will be asked to report on performance against their Sustainable Development Management Plans (SDMS) as part of contract monitoring process.	Contract Monitoring Boards	annually	Sally Mclvor
	Work with partners at the Health and Wellbeing Board to develop an Adaptation plan, which describes the potential risks and impact assessments associated with climate and other changes and include climate change in any major planning scenarios that are undertaken.	Chief Officer / Director of Public Health	ongoing	Simon Wootton / Andrea Fallon
	Maintain close working with RBC colleagues to plan and buy joined up care based on outcomes and the needs of the population	Chief Officer / Integrated Commissioning Director	ongoing	Simon Wootton / Sally Mclvor

	Ensure sustainability is cross - referenced into CCG estates strategy	Chief Officer	ongoing	Simon Wootton
<b>2. Being a Sustainable Organisation</b>	Continue to provide awareness on our sustainable commissioning strategy and processes for all staff. Promote information and advice about sustainability and the responsibilities in the staff handbook and reiterated during the appraisal process.	Operations Manager	Ongoing	Cheryl Fletcher
	Ensure maximum office space utilisation and flexible working practices, supported by an optimum IT infrastructure	Operations Manager	Ongoing	Cheryl Fletcher
	Promote energy conservation throughout the organisation	Operations Manager	Ongoing	Cheryl Fletcher
	Implement paper-lite working practices, ensuring recycled paper is used at all times	Operations Manager	Ongoing	Cheryl Fletcher
	Reduce paper and printer ink usage by only printing in colour where necessarily, print double sided, use IT in meetings where possible to rather than printing papers off	Operations Manager	ongoing	Cheryl Fletcher
	Maintain the CCG Business Continuity Plan ensuring links with other strategies and the Risk Register	EPRR lead	Ongoing	Karen Hurley
	Continue to promote and implement green travel, ensuring existing and new staff are aware of their travel to work options, ie car sharing, public transport, cycling	All	On going	EMT
	Promote the use of telephone conferencing as much as possible	All	On going	EMT
<b>3. Promoting sustainability with member practices</b>	Recommend a simple carbon footprint tool to practices to assist them with the calculation of a carbon baseline against which to plan emission reduction	Primary Care Improvement Team	ongoing	Kate Hudson
	Provide practices with an information pack and signposting information	Primary Care Improvement Team	ongoing	Kate Hudson
	Support and champion sustainable prescribing with practices :-  <ul style="list-style-type: none"> <li>to reduce paper use by using Optimise RX which is used to share</li> </ul>	Head of Medicines Optimisation	on going	Keith Pearson

	<p>prescribing information with clinicians</p> <ul style="list-style-type: none"> <li>to reduce unnecessary prescribing to reduce paper use by electronic transmission of prescriptions and repeat dispensing being promoted and increasingly used</li> <li>to reduce unnecessary prescribing and reduce pharmaceuticals. Identify and implement further measures that can be put in place to reduce over-prescribing.</li> </ul>			
	Encourage and support practices to promote active travel (using physical activity such as walking and cycling rather than driving) with practice staff and patients	CCG Clinical leads and Primary Care Improvement Team	Ongoing	Kate Hudson
	Continue to promote one-stop clinics and phone consultations to reduce travel	CCG Clinical leads and Primary Care Improvement Team	Ongoing	Kate Hudson
	Continue to promote through CCG STAR annual awards an award given to a practice who have demonstrated the most proactive approach to sustainable healthcare in the borough.	Chief Officer	ongoing	Karen Hurley
<b>Delivering our commitments and Assessing our Performance</b>	CCG Constitution, Sub-Committee terms of reference and business processes to reflect responsibility for delivering Sustainability Management Development Plan.	Chief Officer/EMT	Ongoing	Karen Hurley
	Report progress on sustainability across GP members to the CCG Governing Body	Chief Officer	ongoing	Kate Hudson/ Karen Hurley
	Produce Annual update report for Governing Body.	DCO / Executive Nurse	Annually	Karen Hurley
	Carry out sustainable development assessment as a minimum annually and include in reports to Governing Body.	Chief Officer/EMT	Annually	Cheryl Fletcher