sustainable development commission

2006 Sustainable Development Action Plan Progress Report

Department of Health With SDC Commentary

November 2007



www.sd-commission.org.uk

CONTENTS

CONTENTS	1
DH'S SELF-ASSESSMENT SUMMARY	2
SDC'S SUMMARY COMMENTS	2
INTRODUCTION	3
SDC'S COMMENTARY	4
DH'S SELF-ASSESSMENT	7



DEPARTMENT OF HEALTH'S SELF-ASSESSMENT SUMMARY

This is a summary of DH's progress report; the full version begins on page 7.

The aim of the Department of Health (DH) is to improve the health and wellbeing of people in England. The SDAP covers the core Department only. However, NHS PASA reported progress separately under the procurement section.

Progress against actions: 68% of actions were reported as complete or on target.

Embedding sustainability

• PEOPLE			MONITORIN	G &	• 0P	ERATIONS		
1 2	3	4	5	6	7	8	9	10
Starting out	Some progress		On course		5	Fully int	egrated	

Procurement – Flexible Framework

POLICY, STRATEGY & COMMUNICATIONS	
 ENGAGING SUPPLIERS MEASUREMENTS & RESULTS 	PEOPLEPROCUREMENT PROCESS

Not met Level 1	Level 1	Level 2	Level 3	Level 4	Level 5
-	Foundation	Embed	Practice	Enhance	Lead

SDC'S SUMMARY COMMENTS

This is a summary of SDC's commentary; the full version begins on page 4.

DH reported fair progress towards meeting the targets in its SDAP, and demonstrated some progress in other areas of SD which were not included in the Plan. However, there was much scope for improvement, particularly in relation to sustainable procurement and embedding SD across the organisation. The SDC looks forward to seeing how DH builds on the foundations that have been laid.

Strengths:

- The establishment of the SD Forum and SD High Level Group chaired by the Permanent Secretary
- Success of the NHS Good Corporate Citizenship Assessment Model
- SD was included in specification for the provision of policy skills workshops to all staff.

Weaknesses:

• It appeared that reporting progress against some actions in the SDAP was difficult, as the actions were not SMART.¹

Challenges for next year's SDAP progress report:

- Provide clear information to demonstrate the progress made against actions in the SDAP, with reference to readily available evidence
- Demonstrate further progress towards sustainable procurement (DH reported that it had not reached the first level of the Flexible Framework for three out of the five themes)
- Demonstrate how DH has progressed towards embedding sustainability across the Department, particularly in relation to its policies, and in the mechanisms for monitoring progress
- Report how DH has helped to develop mechanisms for progressing SD across the NHS.



¹ SMART = Specific, Measurable, Achievable, Realistic and Time-related.

INTRODUCTION

Government has made it clear that it wants the public sector to be a leading exponent of sustainable development (SD). The UK SD strategy, *Securing the Future*², requires all central government Departments and their Executive Agencies (EAs) to produce Sustainable Development Action Plans (SDAPs) and report progress on them regularly. An SDAP sets out the strategic actions that the organisation intends to take to integrate sustainable development into its decision-making and everyday operations. It thereby helps the organisation make its required contribution to the delivery of the Government's commitments and goals set out in Securing the Future.

Securing the Future also empowers the Sustainable Development Commission (SDC) to act as the Government's watchdog for sustainable development. This includes "scrutinising and reporting on Government's performance on sustainable development".

Most Departments published their first SDAP in 2006. These plans contained commitments for 2006/07, and the SDC is now reporting on progress made by Departments against those commitments.

The purpose of progress reporting is three-fold:

- 1. To see what progress had been made against the first plans
- 2. To encourage Departments and others to evaluate the quality, purpose and contribution of their SDAPs, as well as the individual actions and policies, in regards to the UK's SD goals
- 3. To strengthen the quality of future SDAPs and reporting by identifying strengths, weaknesses and priority areas for improvement.

To help Departments and EAs produce quality progress reports, the SDC designed a selfassessment guidance tool. The tool covers the following areas:

• **Progress against actions:** Report progress against 2006/07 commitments and against any

significant actions that did not feature in the original SDAP

- Consider the impact of actions and the contribution these actions would make to the SD "shared priorities for immediate action"³ (from here on referred to as the "SD shared priorities")
- **Embedding sustainability:** Consider how well SD had been embedded into policies, people, operations and reporting mechanisms
- **Procurement:** Gauge progress on sustainable procurement against the criteria in the Flexible Framework⁴ or a suitable alternative
- **Taking stock:** Identify what had helped and hindered the organisation in delivering its SDAP.

DH produced a detailed progress report, which went beyond the scope of the SDC's reporting tool, and included a self-assessment for the NHS Purchasing and Supply Agency (NHS PASA), one of its Executive Agencies.

This report comprises the SDC's commentary, followed by the Department of Health's (DH's) full progress report.⁵

The SDC's commentary evaluates the progress reported by DH, as well as the quality of its self-assessment.⁶ All ratings/levels reported are the organisation's own judgement of performance, and there was no process of external verification by the SDC.

The commentary does not review the content of the original SDAP. As such, comments should not be taken as an endorsement of actions and policies pursued. The SDC has already commented on Departments' first SDAPs and provided summarised assessments in the 2006 report *Off the Starting Block.*⁷

² Securing the Future – Delivering the UK Sustainable Development Strategy, HM Government, March 2005.

³ The SD shared priorities for immediate action, as outlined in *Securing the Future*, are: sustainable consumption and production, climate change and energy, natural resource protection and environmental enhancement, and sustainable communities.

Procuring the Future, Defra, June 2006.

⁵ Reported progress against: *Reporting Progress Sustainable Development Action Plan,* DH, 2006/07.

⁶ Please see SDAP Progress Report methodology paper – www.sd-commission.org.uk.

⁷ *Off the Starting Block,* Sustainable Development Commission, November 2006.

Progress against actions

Fair progress was reported by the Department of Health (DH) against the actions in its 2006 SDAP.

- DH considered that its actions as a whole would make a fair contribution to the SD shared priorities
- 68% of actions were reported as complete or on target
- Only two of the actions were considered to be at the higher end of the impact rating scale (impact ratings 3 and 4), both of which were reported to be complete
- Evidence was cited against most actions, but was only reported to be readily available in about a quarter of those instances
- Many of the targets that were not met had been carried over into next year's plan.

There were some cases where the RAG+ assessment did not clearly correlate with the evidence or commentary. For example, some actions relating to procurement and travel activities were assessed as "complete" when the target was no longer being pursued, and several of the travel targets were carried over to next year's plan but were marked "red" meaning that recovery was unlikely.

Evidence for the RAG+ analysis was not always provided and was often not available for scrutiny or stated as "not applicable". In some cases, it appeared that this was because clear objectives with target dates for completion had not been provided in the SDAP. **The SDC encourages DH to consider how it will monitor progress and measure success when drafting future actions, and ensure that actions comply with SMART principles.**

Rationale was not provided for the impact levels chosen for each action. The SDC would like to see evidence of how DH is considering and assessing the impacts of its actions.

Embedding sustainability

DH assessed its performance on embedding sustainability into *policies, people* and *governance, monitoring and reporting* as "starting out" and into *operations* as "on course". However, from the progress reported by DH, it would appear that the Department may have underscored its performance in the *people* and *governance* themes. The SDC would have liked DH to comment on any reasons why it felt that higher levels were inappropriate. Highlights included:

- An SD Forum, with wide membership from across the Department, that regularly monitored progress against the plan
- A new SD High Level Group chaired by the Permanent Secretary
- An SD Communications Plan was produced, and SD featured regularly in internal communications over the year
- Steps had been taken to integrate SD into staff development and induction.

In future progress reports, the SDC would like DH to demonstrate how staff development and guidance has **broadened the SD capability of staff throughout the organisation**, to ensure that they all have the knowledge and skills required to support delivery of the SDAP.

Based on the commentary provided, the Department's assessment of embedding SD into *policies* and *operations* appeared to be fair. The 2006/07 Action Plan did not set out prioritised actions relating to policy work. However the progress report identified and tracked progress against DH's five key SD commitments made in *Securing the Future*, demonstrating that it was "starting out" but had made some progress.

One outcome of the SD commitments was the **NHS Good Corporate Citizenship Assessment Model**, which DH commissioned. This model was very successful, and DH reported that 151 NHS bodies and about 130 non-NHS organisations had registered to use the online tool. DH reported that it had shown "considerable success ... around the six topics of good corporate



citizenship".⁸ The SDC would have been interested to hear how DH measured success against these topics, and what systems DH/NHS had for monitoring the impact of the NHS Good Corporate Citizenship Assessment Model.

The assessment of "on course" for *operations* reflected its **good performance against the** *Sustainable Development in Government* **targets,** in particular the target to reduce carbon emissions.

Procurement

DH reported progress against the Flexible Framework, and assessed itself as being at the "foundation" level for the *people* and *procurement process* themes. However, it reported that it was still working towards this first level for the *policy, strategy and communications, engaging suppliers* and *measurements and results* themes.

DH highlighted the following successes in its progress report:

- A sustainable procurement policy was developed and approved
- Key contracts contained sustainability clauses
- Contracts were awarded on the basis of value-for-money, not lowest price
- An SD and Sustainable Procurement Board was established
- Key procurement staff received sustainable procurement training.

DH reported that spend information had been collated, but it was yet to analyse expenditure data and identify key sustainability impacts. This was a requirement for the achievement of the "foundation" level for *procurement process*.

In order to meet the "foundation" level criteria for the *policy, strategy and communications, engaging suppliers* and *measurements and* *results* themes, DH would need to demonstrate the following in its next progress report:

- Identification of the key sustainability impacts of procurement activity
- Communication of the procurement policy, and engagement about sustainability impacts, with staff and key suppliers.

DH asked the NHS Purchasing and Supply Agency (**NHS PASA**) to also assess its performance on procurement against the Flexible Framework.

On the Flexible Framework NHS PASA assessed itself at the "enhance" level, for *policy, strategy and communications* and at the "embed" level, for the other areas of the framework. However, the SDC would have liked to see more evidence to support the achievement of the "enhance" level for this theme. For example:

- How NHS PASA had reviewed and enhanced its procurement strategy
- How NHS PASA had linked the procurement strategy to its Environmental Management System.

Taking stock

DH felt that the delivery of its SDAP had been aided by:

- Collaboration with and support from other Government departments and the SDC
- The SD Forum and enthusiasm across the Department
- Leadership both from the top of the Department, and in forging partnerships with the regions and local authorities
- Increasing political concerns about climate change.

DH reported that the delivery had been hindered by a lack of coordinating structures at the beginning, although this had been rectified. Also, it took time to mobilise SD skills already existing in DH. Signs of organisational inertia, due to system-wide NHS organisational change, were reported.



⁸ The six topics of good corporate citizenship were: procurement; employment skills; community engagement and partnership working; buildings; facilities management; and transport.

DH listed five different sources of information relating to the SD impact of its overall policies, projects and activities, including all the Impact Assessments (IAs) it carried out. However, it was not clear whether DH had considered the SD aspects of IAs. **The SDC would encourage DH to ensure that SD is incorporated into all Impact Assessments.**

Since publishing its 2006/07 SDAP, DH had brought together sustainable operations and other SD initiatives into one plan.

Summing up

The progress report provided by DH covered all areas outlined in SDC's guidance tool. It also

covered wider developments on SD in DH and progress on the key commitments in *Securing the Future*, which were not originally included in the Action Plan.

Overall, the SDC concludes from DH's selfassessment that it made fair progress towards meeting the commitments in its SDAP, and demonstrated progress in other areas of SD which were not included in the Plan. However, there was much scope for improvement. In particular, a key challenge for DH will be to make progress against the procurement Flexible Framework. The SDC looks forward to seeing how DH builds on the progress made towards sustainable development, over the coming year.



sustainable development commission

2006 Sustainable Development Action Plan Progress Report

Department of Health's Self-Assessment May 2007



www.sd-commission.org.uk



Reporting Progress

Department of Health Sustainable Development Action Plan 2006/07

Contents

Foreword		6
Acknowled	dgements	7
1.	Background	8
	1.1 Reporting requirements1.2 How Health and Wellbeing link to the 5 key principles of	8
	SD 1.3 How Climate Change can put health at risk 1.4 The poor take the brunt of lack of sustainability 1.5 What is the potential role of the NHS in sustainable	9 10 10
	development? 1.6 Summary SDC reporting requirements SD Action Plans 06/07	11 11
2.	Summary, Organisation and Scope of report	.13
_	 2.1 Short overview 2.2 Structure and scope of the report 2.2.1 Structure 2.2.2 Scope of DH SDAP (EAs, NDPBs and SpHAs) 	13 15 15 16
3.	Management summary of DH developments in Sustainability 06/07	.17
	 3.1 The wider context: sustainability rising up the agenda 3.2 The goal of Sustainable Development (SD) 3.3 Health a key component of Sustainable Development. 3.4 DH SDAP development during 06/07 3.4.1 First focus DH operations/ procurement and policy 3.4.2 New SD opportunities with DH in Regions and NHS 3.4.3 Steady expansion DH SD Forum 3.4.4 Growing understanding SD linkage to Public Health and wider health agenda 3.4.5 The poor worst affected by lack of sustainability and global climate change 3.4.6 Neighbourliness in sustainable healthy communities 	17 17 18 18 18 18 18 18 19 19
4.	3.4.7 Key SD role for health services and health staff Progress on DH's key commitments in <i>Securing the Future</i> the UK Sustainable Development Strategy 2005	19 .21

4.1 Progress 06/07 DH key Commitment 1: Good Corporate	
Citizenship	21
4.1.1 Progress in DH	21
4.1.2. Progress in NHS	22
The GCC self assessment model includes new buildings:	22
What does a sustainable NHS building look like?	22
4.1.3 Internal DH Progress; DH as a Good Corporate Citizen	23
DH Good Corporate Citizen Progress 06/07:	23
4.2 Progress on DH key Commitment 2: Food and Health	
06/07	25
4.3 Progress on key DH Commitment 3 Transport and Health	30
4.3.1 Progress by DH with NHS and communities	30
DH International activity related to Transport and Health	31
4.3.2 Progress 06/07 DH Staff Travel and Transport	32
4.4. Progress on key DH Commitment 4. Healthy Sustainable	
communities	33
4.4.1 Progress by DH with NHS and Communities	33
4.4.2 Progress 06/07 with DH Human Resources Social and	
Community Action	39
4.5 Progress on key DH Commitment 5. Health Impact	39
4.5.1. DH and NHS Progress on health impact assessment	
(HIA)	39
Progress on Climate Change, energy and health	.42
5.1. Climate Change and DH/ NHS developments	42
5.2 DH internal Sustainable Operations and its contribution to	
alleviating climate change	43
5.2.1. Scorecard DH operations policy	43
DH operations Self assessment rating 9/10 Fully integrated	
operations Policy:	44
Progress on Health and Natural Resource Protection and	
Environmental Enhancement	45
	. 10
6.1 Growing recognition of importance of natural environment	
for health	45
6.2. NHS promotion of health and the natural environment	47
6.3. DH/NHS action for biodiversity for health and wellbeing	49
Overarching Global and European SD Policy for DH/NHS	.51
7.1. UN SD Policy Context and commitment by UK	51
7.2. DH European SD Policy input	51
7.2.1 EU SDS 2006	51
7.2.2 CEHAPE (Children and Environment and Health in	
Europe, WHO initiative)	52
7.2.3 REACH Chemicals and health, EU initiative 2006-2016)	52
Progress on embedding sustainable development in policies in	
DH	52
	.00

5.

6.

7.

8.

	8.1. DH Progress 06/07 embedding SD in DH Policies, 8.2. SDC scorecard for DH self assessment 'embedding	53
	sustainability in DH Policies'	54
	8.3. Embedding work on tackling inequalities in policies	55
	8.4. Progress embedding SD in Regional DH policy	55
	8.4.1 SD into Regional Health strategies and Integrated	
	Regional Plans	55
	8.4.2 Health contributing to Regional delivery partnerships for	55
	SD 8.4.3 DH Regional Progress in County, District, Local and	55
	Parish delivery partnerships	56
	8.4.4 Progress in DH Regional NHS SD collaboration	56
	8.4.5. Embedding SD in DH policy developments in DH's 5	
	key SD commitments	57
	8.4.6. SD in NHS Operating framework published December	
	2006	57
9.	Progress in DH SD Governance, Monitoring and Reporting	.58
	9.1 DH SD Governance	58
	9.2 DH SD monitoring	58
	9.3 DH SD Reporting	58
	9.4. Scorecard DH self-assessment on progress on DH SD	
	Governance, Monitoring and Reporting	59
	9.5 DH Business Planning and SD	59
10.	Progress engaging DH staff and stakeholders and putting in	
	place systems to ensure delivery of DH SDAP	.60
	10.1 The DH SD Forum coordinating and steering the delivery	
	of the SD Action plan	60
	10.3. 'People' DH Self assessment	61
	(Progress on inclusion of SD in core values, recruitment,	
	induction, training, internal comms and career planning and placements)	61
	10.4 Communication to ensure SD in the DH is owned by all	62
	10.5 Taking forward Sustainable Development in the NHS	63
11.	Progress on Procurement	64
	-	
	11.1 Separate reporting DH and NHS PASA 11.2. DH Procurement Progress 06/07	
	11.2.1 Procurement policy DH	
	11.2.2 DH Procurement priorities	.64
	11.2.3 DH Procurement Overall Success	
	11.2.4 Commentary justifying DH Level 1 achievement	.67
	11.3. NHS Procurement Progress	.68
	11.3.2 Scorecard NHS PASA Progress Procurement Policies	
	11.3.3 NHS PASA Commentary to justify Levels 2-4	
	11.3.4 Scorecard NHS PASA Procurement 'People'	
	11.3.5 Scorecard procurement Operations NHS PASA 11.3.6 Scorecard NHS PASA Governance, Monitoring and	.73
	Reporting	7/
		· / T

	11.3.7. Taking Stock of SD in Procurement by NHS PASA	.74
12.	Taking Stock on the DH SDAP	.76
	12.1 What has helped DH to deliver its SDAP?12.2 What has hindered the delivery of DH's SDAP?12.3 What information is held and collected relating to the SD	76 78
	impact of your organisation's overall policies/projects/activities 12.4 Were there any key updates/changes to your 2006/07 SDAP?	79 79
13.	Conclusions	.80
	13.1. DH SD Coordination and Accountability	80
	13.2 DH and SD 'People' (Core vision, performance	.00
	management career planning etc)	80
	For 'People	80
	13.3. On embedding SD in DH Policies 13.3.2 Food and Health Action Plan Progress in the context of	80
	sustainable farming and food (DH SD Key Commitment 2)	81
	13.3.3 Transport and Health (DH SD Key Commitment 3)	81
	13.3.4 Progress on Healthy sustainable communities initiatives (DH SD Key Commitment 4	82
	13.3.5 Health impact taken forward with regional and local	
	government (DH SD Key Commitment 5) 13.3.6 Climate change and health	82 82
	Section 5	82
	13.3.7 Health and wellbeing and the Natural Environment	82
	Section 6 covered progress in Natural Resource Protection and Environmental Enhancement in relation to health and	
	wellbeing	82
	13.3.8 Overarching health related global and EU SD policy	83
	Section 7 13.4. Progress on sustainable operations in DH is reported in	83
	section 5.2.	83
	13.5. "Taking stock on the DH SDAP":	83
Appendix	A1– Department of Health (DH) SDAP Progress Report –	<u>م</u> -
	travel & social & community impacts	.85
Appendix	A2 – Department of Health (DH) SDAP Progress Report – procurement	.94
Appendix	A3. DRAFT reporting structure for Sustainable Development & Sustainable Procurement in Department of Health and the NHS (19 Feb 07 HL/AMD/DW)	.99

Foreword

Joint statement from the Public Health Minister and the Permanent Secretary

The Department of Health is pleased to present its report on progress against its first Sustainable Development (SD) Action Plan^{*}.

The UK's Sustainable Development Strategy (UK SDS) Securing the Future¹, identified its 5 guiding principles, and 4 priority areas for action. Already a number of existing Department of Health policies contribute to SD; our health focus on **communities** (e.g. action on health inequalities), our health focus on the **environment** (e.g. encouraging choice of good food, and enjoyment of an active lifestyle) and our health focus on the **economy** (e.g. recognising the link between poverty and ill health).

The Department of Health is pleased to commit to this agenda for the long term; to address choices now that we hope will provide some protection for future generations. **DH is working with its own staff and communities in their localities** to start to put its own house in order, to face the facts of a changing climate, depleting resources, and loss of green space and biodiversity. We know that we can do better to live within environmental limits. We know we can also do more to contribute to a strong, healthy and just society, and we are developing ways to take this forward. We are responding to the SD challenge by recognising that our world of work and the staff we employ have a considerable contribution to make, and we can make a start by leading by example. **DH is developing its approach to integrating SD in policy, and we are building collaborative SD work with the NHS.**

Through this comprehensive report on our first Departmental SD Action Plan, we would like to **share our experience** (such as the least water use per head across the whole of government); to **learn from others** how to develop more cohesive policy approaches; and to inspire others to **take forward sustainability tools** that will help develop widespread health activity throughout the Regions and with our partner organisations.

Caroline Flint MP Public Health Minister Hugh Taylor Permanent Secretary

^{*} This action plan covered the main Government Department only for 06/07

¹ Securing the Future, delivering UK Sustainable Development Strategy, March 2005;

Acknowledgements

This document has been prepared by Hermione Lovel but has been developed from thinking and work amongst a growing web of people actively sharing information about the SD health agenda during 06/07. These include colleagues in DH, in other Government Departments, in NHS organisations, in the Sustainable Development Commission, in the UK Public Health Association, in the English Regional organisations, and those working at other levels including County and District, also colleagues in the Devolved Administrations. Global and European sustainability initiatives have also played an important role in framing DH's SD work.

Within DH during 06/07 it is the active role of the DH SD Forum that has focussed and developed DH SD delivery, and the personal interest and leadership for SD shown by MS(PH) and the Permanent Secretary have been most important.

Very many thanks are due to some specific individuals for their enthusiasm and hard work over the year particularly in not just developing SD procedures, but keeping each other informed, responding helpfully to increasingly frequent and often urgent requests for multi-topic briefings, and then specifically providing information for certain sections of this report. These include SDC guidance (Ronit Reiss, Anna Coote and Larissa Lockwood); the Good Corporate Citizen self assessment model (Martin Gibbs); Healthier Sustainable Communities (Paul Plant, Martin Gibbs, Nannerl Herriot; Wellbeing, Jenny Bywater, Steve Feast; LAAs, Andrew Larter, Gary Arnold); Food and Health (Mike O'Neill); Transport and Health (Harry Rutter, Alison Giles, and for DH staff Graham Addicott, Alan Salter); Health Impact (Colleen Williams, also Paul Plant, Nannerl Herriott, Steve Feast); Procurement (Darian McBain, David Wathey and Amjad Kazmi); Operations (DH Julia Armstrong, DH Estates and Facilities Division Lorraine Brayford); DH HR (Vince Rodriguez, Donna Jones and Sara Raisbeck).

Ongoing checking is continuing for some of these topics and the sections on Climate change (Louise Newport, Jo Nurse); Natural environment and Biodiversity and Health and Wellbeing (Lorraine Brayford, Steve Feast); Global SD Policy (Nick Banatvala, Tim Roberts Health Workforce, Mala Rao); European Policy (EU SDS Chris Brookes; CEHAPE and EU REACH, Hilary Walker, Simon Dyer); embedding SD in DH Policy (Paul Baker, Amanda Phillips); role of the Regions, Counties and Districts taking forward the SD health agenda (Ruth Passman); developing SD in DH Business Planning (Paul Baker); organising the reporting of SD in DH (Martin Gibbs, Hugh Taylor).

I would also like to thank Sarah Wingate, Anne-Marie Diaper and Gina Radford, Paul Cosford and Catherine Gregson for their contributions to DH's SD work during the past year.

Thankyou too to Charlie Ratcliffe for designing and producing this document.

Together all of us have begun to forge a framework for DH SD reporting that also identifies clear opportunities for further development of the SD health agenda in the future.

Hermione Lovel 29 May 2007 01223 372827

1. Background

1.1 Reporting requirements

These are laid down by the Sustainable Development Commission (SDC), the Government's watchdog on Sustainable Development.

- The report is asked to demonstrate the extent of DH's progress against its own targets set out in the 06/07 DH Sustainable Development Action Plan (DH SDAP), including addressing issues raised about the DH SDAP in a bilateral with SDC and in SDC's formal critique of the 06/07 DH SDAP.
- > Requirements also include explaining
 - Delivery by DH on its own key commitments set out in the UK's SD Strategy Securing the Future. These topics are the Good Corporate Citizen model; Food and Health in the context of sustainable food and farming; Transport and Health; Healthier sustainable communities; and Health Impact.
 - Contribution of DH to the 5 SD principles (see Figure 1)
 - Contribution of DH to the four UK priorities (climate change and energy; sustainable communities; enhancing the natural environment; and sustainable production).
 - In addition scorecard reporting is required on the level of embedding/mainstreaming of SD in all policy making
- > A new topic has been included by SDC, reporting on the extent of Sustainable Procurement against 'Level of progress' along the recently established national 'flexible framework'.
- > Further sections require identifying and scoring using the SDC scorecard progress on:
 - DH SD governance, DH SD monitoring, and DH SD reporting procedures, including SD in DH business planning.
 - DH operations
 - Making SD a core component of DH staff development, performance management and careers Including Communications to ensure SD is owned by all members of staff.
- > Finally DH was particularly asked to refer to the NHS in its SD progress reporting. To address this progress reported on each of the 5 key commitment topics and the other main sections each have their own section on the NHS where appropriate.
- > SDC require reports on 06/07 SDAPs to be submitted by 31 May 2007.
- > The SDC reporting fields required are summarised in Figure 2.

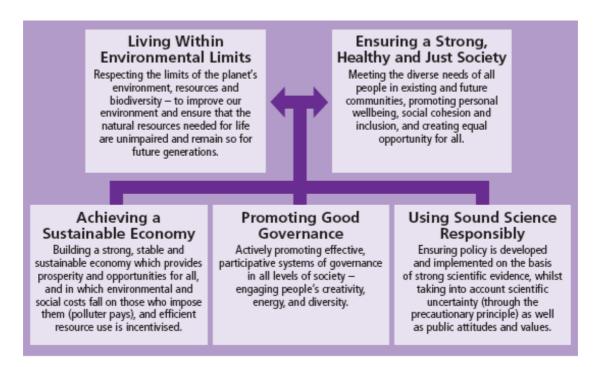


Figure 1 The 5 key principles of Sustainable Development Source: Securing the Future, 2005

1.2 How Health and Wellbeing link to the 5 key principles of SD

The Health Care Commissioner at SDC has recently (Coote 2007²) set out four core issues that link health and wellbeing and SD, including identifying a key role for the health services. The first core issue is the linkage between health and wellbeing found within 4 of the 5 key SD principles (environment, society, economy and governance), see Figure 1.

Examples of these linkages to health and wellbeing are:

ENVIRONMENT: e.g. through poor access to green spaces, heavy road traffic, pollution, extremes of weather, rising sea levels, climate change, drought, famine, homelessness

SOCIETY: e.g. through poor housing, dislocated neighbourhoods, dangerous streets, poor access to services & amenities, fear of crime, stress, anxiety, exclusion, isolation, unhappiness.

ECONOMY: e.g. through unemployment, poverty, insecurity

GOVERNANCE: e.g. through powerlessness, lack of opportunity, inequalities, conflict

² Reference: Coote A (2007) Health and Sustainability. Workshop on Taking SD forward with NHS in the Regions, Birmingham 25 May 2007.

1.3 How Climate Change can put health at risk

This is a second core issue to link health and SD. In the same paper Coote (2007) has also summarised some of the ways climate change puts health at risk through:

Impact on weather: Drought, floods, freak storms, extreme heat and cold

Impact on the Essentials of Life: The natural environment; water, air, livestock and agricultural land

Diseases: Changing weather patterns bring malaria and other diseases bred in warm climates

Dislocation: Mass migrations fleeing environmental problems

Conflict: Fighting over water, land, food supplies

1.4 The poor take the brunt of lack of sustainability

This is the third core issue linking SD and health. SDC, and Coote (2007) have recognised that action towards sustainability is directly linked to addressing inequalities since it is the poor who take the brunt of lack of sustainability.

Examples are given below of how people who live in either poor environments or in poor communities experience factors known to have adverse effects on health

Poor environment

- more pollution
- lower land subject to flood
- food deserts, unhealthy diets
- fewer parks and green spaces
- poor housing
- busy roads, more accidents

Poor communities

- low employment
- struggling local economies
- social exclusion
- less opportunity and autonomy
- mental health undermined
- no escape

1.5 What is the potential role of the NHS in sustainable development?

The fourth core issue linking health and SD is the potential role of health services to deliver SD. SDC has set out an NHS agenda to address sustainability by addressing inequalities and by maximising NHS corporate citizenship through its corporate activities including procurement, employment, transport, buildings, and facilities management.

Summarising Coote (2007) these corporate activities can be used to contribute to building:

- strong local economies
- social cohesion
- a healthy environment and
- community engagement

Overall two major opportunities for the NHS to address sustainability are:

Preventing illness and narrowing the 'health gap'

Sustainable development is good for health

Addressing sustainability through Corporate activities

- annual budget of £90 billion
- employs more than 1.3 million people
- spends over £17 billion a year on goods and services
- serves more than 300 million meals a year
- contributes up to 10% of regional GDP

There is also a strong business case for SD activity by the NHS:

- financial savings
- faster patient recovery rates
- improved staff morale
- a healthier local population
- long term viability of the NHS

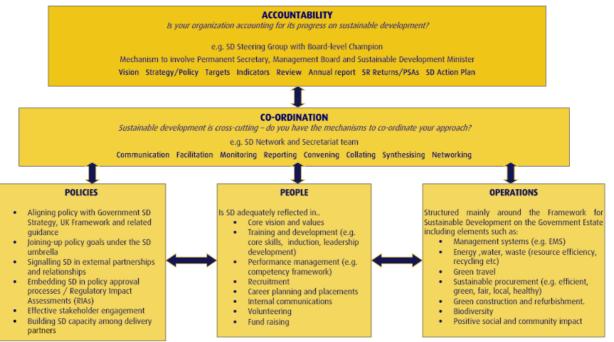
1.6 Summary SDC reporting requirements SD Action Plans 06/07

Figure 2 shows how SDC requests reporting on

- Policies (alignment to SD Strategy, embedding in policy approval etc);
- People (core values, training, performance management and careers) and
- Operations (procurement, management systems and efficiency, transport, biodiversity and positive social and community impact).

Reporting is also required on the overarching coordination functions and also on its umbrella accountability.

Figure 2 SD Action Plan 06/07 Reporting fields required by the Sustainable Development Commission



2. Summary, Organisation and Scope of report

2.1 Short overview

There have been considerable achievements in DH in developing SD activity across the health agenda during 2006/7. This has been due particularly to activity of the original members of the DH SD Forum (launched by the Permanent Secretary in June 2006) and to the others who have been involved since, who have all willingly brought forward information about their work to contribute to the evidence of DH's SD activity.

In 06/07 DH has undertaken work which is beginning to demonstrate in a number of important ways that it is developing itself to achieve SD outcomes:

- a new DH SD infrastructure (see Appendix A3)
- new DH and NHS SD engagement
- continuing commitment by DH to the 4 UK SD priorities
- continuing development of DH SMART SD target setting
- new monitoring and reporting of DH SD activity
- new tracking of progress on DH's original 5 key SD commitments
- new development of DH skills in SD
- new and continuing DH learning from, contributing to and involvement in cross-government and international SD work

Summarising progress on the key reporting topics illustrated in Figure 2 above:

On accountability for SD, DH is developing rapidly, with full involvement of the Permanent Secretary, and the SD Minister (Public Health). A High Level Group chaired by the Perm Sec and including others able to champion SD on the DH Board has been set up, and also a management group, the DH SD Forum (details Section 9, structure chart Appendix A3). Overall vision and SD strategy in DH and in the NHS is patchy and has yet to be drawn together, but an SD overall objective for the NHS has been developed and is now being discussed. For the procurement component NHS PASA (which also deals with aspects of DH procurement) self-assesses its governance, monitoring and reporting at 9/10, fully integrated (Section 11.3.6).

> For co-ordination of SD The DH SD Forum plays an important coordinating role. In addition DH currently has some excellent dedicated SD staff actively coordinating SD work,, networking extensively and gathering and collating information both for monitoring and reporting or for meeting specific requests on a regular basis. Further key people have now been identified across DH and the NHS to facilitate and contribute to this ongoing work. Involvement of Internal and Communications is still at an early stage and is being developed (Section 10.4). Ensuring routine data gathering of progress in embedding SD in policy is the important next step needed. DH's new SD High Level Group, chaired by the permanent secretary will be supported from June by the DH Policy and Strategy Directorate's Programme Coordination team which will help to bring greater coordination, coherence and assurance to delivery of the Departments SD commitments. By virtue of becoming part of the remit of this Directorate SD will start to be embedded in core policy thinking across the whole of the health reform agenda.

For Operations sustainabilty DH has self assessed itself at 7-8/10 'on course' and came 2nd across Government in the recent assessment, with the lowest water consumption per head of any government department (Section 5.2; see also DH Travel, section 4.3.2 and Appendix A1; DH Social and Community Section 4.4.2 and Appendix A1; DH procurement Section 11.2). Across the NHS there are a number of important initiatives, with DH Estates and Facilities Division playing an important role. For procurement NHS PASA f assesses itself as 10/10 for operations, SD is fully integrated already (section 11.3.5). For DH Estates and Facilities work on greening of the NHS estate see Box 25, and for action on biodiversity see Box 27.

For 'People' (core values, training, performance management and careers), DH has self assessed itself at 1-2/10 (Section 10.3), but has at least begun to identify what is needed. For procurement, on this measure NHS PASA (which also covers aspects of DH) has self assessed itself as 8/10 ('on course') showing progress has already been made (Section 11.3.4). The Healthier Sustainable Communities DH key commitment also makes a major contribution to this objective (see Section 4.4).

On embedding SD in Policies DH self assesses itself as 2-3/10, just starting out/making some progress (Section 8.2). Discussions are ongoing to identify the most effective ways of achieving progress quickly. By virtue of DH Policy and Strategy Directorate's Programme Coordination team becoming involved from Spring 2007 SD will start to be embedded in core policy thinking across the whole of the health reform agenda. For procurement policies NHS PASA is a good example again of what is being done in particular parts of the SD health agenda, self assessing itself as 8/10, on course (Section 11.3.2). Nonetheless DH can report **a raft of extensive policy development and activities in both DH and in the NHS** around its **5 key SD commitments** (the Good Corporate Citizen model; Food and Health in the context of sustainable food and farming; Transport and Health; Healthier sustainable communities; and Health Impact, details on all of these in Section 4).**and also**

on Climate Change and Energy (Section 5) and enhancing the Natural Environment (Section 6).

2.2 Structure and scope of the report

2.2.1 Structure

The report first (section 3) describes the **rapidly changing context** of the development and delivery of SD during 06/07. During the year we contributed to the development of the EU Sustainable Development Strategy, the Stern report was published on the economic dimensions of Climate change, IPCC (Intergovernmental Panel on Climate Change) scientific reports have published evidence of climate change concern within ever shorter timescales, and the UN and others have reported on the particular effects of climate change on the poor. Sustainability has risen rapidly up the political agenda. The way in which **health is a key component of sustainable development**, is briefly described. It forms a pivotal part of one of the 5 guiding principles of SD 'Ensuring a Strong, Healthy and Just Society'.

Then the report is structured (section 4) around **DH's 5 key commitments** in *Securing the Future*. For each topic first policy and delivery progress on the commitment in DH is reviewed, then delivery progress on the commitment in the NHS. Where a topic (such as transport and health; and healthier sustainable communities) also has internal DH SDAP 06/07 **SMART targets** these are **also addressed** in the appropriate section, with details provided in Appendices 1 and 2.

After the progress on DH's five key commitments (and related internal DH work on these topics where appropriate), sections (5 and 6) address the two UK priority topics remaining that are relevant to health and have not already been covered. These are **Climate change and Energy** (including reporting on **DH operations energy use** initiatives) and **Biodiversity and health**. Similarly these sections first describe progress in DH policy and delivery, then focus on the NHS, then refer to any relevant SMART targets from the DH SDAP 06/07.

The next section (7) identifies the **international policy context** to which DH has contributed and also used as a framework for its SD work this year.

Section 8 reports progress on embedding SD in policies in DH.

Section 9 describes progress on DH SD governance, DH SD monitoring, and DH SD reporting procedures.

Section 10 reports progress on the extent of the inclusion of **SD in DH business planning and communications activity** to ensure SD is owned by all members of staff. Section 11 addresses **progress on procurement**, as before both in DH and the NHS; Section 12 covers **"Taking stock on the DH SDAP**"; and Section 13 presents **Conclusions:**

2.2.2 Scope of DH SDAP (EAs, NDPBs and SpHAs)

Of the Department's **Executive Agencies (EAs)**; the NHS Purchasing & Supply Agency (NHS PASA) has a comprehensive sustainable procurement policy and strategy in place (October 2006) and has developed a delivery plan and timeline in line with the SPTF Flexible Framework. NHS PASA aims to establish an SDAP for 2007-8 that brings together the Sustainable Procurement action plan and management programmes under its ISO14001 certified Environmental Management System. The Medicines & Healthcare products Regulatory Agency (MHRA) has produced a first draft of their own SD Action Plan during 06/07, this is currently under revision.

DH is sharing good practice in SD e.g. ongoing discussions with Arms Length Bodies (ALBs) Spring 2007 on achieving progress in sustainable operations.

The DH SD High Level Group is being asked to take forward the development of SD action plans with the DH Non Departmental Public Bodies (NDPBs) and Special Health Authorities (SpHAs) through their individual sponsors who sit on the DH Departmental Management Board (DMB)

3. Management summary of DH developments in Sustainability 06/07

3.1 The wider context: sustainability rising up the agenda

DH SD activities are continuing to develop in the rapidly changing SD context of the past 12 months which has included publication of the EU Sustainable Development strategy²; the UK Climate Change Bill³; the Stern Report on the economic dimensions of climate change commissioned by the Treasury⁴; further focus on sustainability with all the English Regions working together⁵; Local Authorities developing a shared agenda on Sustainable Communities⁶; the DH Global Health Partnerships Strategy⁷; the increasing sustainability dialogue with China and India⁸; the recent UN report on the effects of climate change on the poor ⁹and the Intergovernmental Panel on Climate Change (IPCC) reports of growing concern¹⁰.

3.2 The goal of Sustainable Development (SD)

This continues to be to enable all people throughout the world to satisfy their basic needs and to enjoy a better quality of life without compromising the quality of life of future generations.

3.3 Health a key component of Sustainable Development.

One of the 5 key guiding principles of SD (see Figure 1 above) is Ensuring a Strong, Healthy and Just Society; aiming to meet the diverse needs of all people in existing and future communities, promoting personal wellbeing, social cohesion and inclusion, and creating equal opportunity for all¹.

Health – "expected healthy years of life" – is also one of the top 20 UK Government Sustainable Development indicators³, and is already one of the main strategic aims of the Department of Health

The five core links between health and sustainability are described in Sections 1.2-1.5 above.

⁴ http://www.hm-treasury.gov.uk/Independent_Reviews/stern_review_economics_climate_change/sternreview_index.cfm;

²http://ec.europa.eu/environment/eussd/; ³http://www.publications.parliament.uk/pa/cm200506/cmbills/017/2006017.htm

⁵ e.g. Smart Productivity, securing sustainable development in the English regions, 2006

⁶ Sustainable communities, shared agenda, guide for local authorities http://www.sustainable-

development.gov.uk/publications/documents/sustainable-communities-guide.pdf

⁷http://www.gatesfoundation.org/GlobalHealth/Grantseekers/GH_Strategy/default.htm;

⁸ www.sustainable-development.gov.uk/international/dialogues

⁹ http://www.ipcc.ch/SPM2feb07.pdf;

http://environment.guardian.co.uk/print/0,,329770547-121568,00.html;

¹⁰ http://www.ipcc.ch/SPM040507.pdf

3.4 DH SDAP development during 06/07

3.4.1 First focus DH operations/ procurement and policy

The Department of Health has taken forward its first SD Action Plan on two fronts, by focusing on operational and procurement issues within DH, and by starting the process of ensuring DH policies are appraised against SD principles.

3.4.2 New SD opportunities with DH in Regions and NHS

Importantly over this first year there have been two major developments in DH's vision of its role in sustainability. The first was the growing awareness in DH of the 'two big fish' for evidencing SD effectiveness:

- through DH Regional Offices (and their partners such as Government Offices, Regional Agencies and through Local Area Agreements) and
- through the NHS, including the role of Foundation Trusts.

3.4.3 Steady expansion DH SD Forum .

Thus the DH SD Forum, (established June 2006 to ensure delivery of the DH SDAP 0607), has expanded steadily over the year to include DH regional delivery and NHS SD activity. To strengthen governance of the SD health agenda a DH Sustainability High Level Group was set up early in 2007 chaired by the Permanent Secretary, including representation from Health Improvement, Social Care, Policy, the Commercial Directorate, the NHS and the Sustainable Development Commission.

3.4.4 Growing understanding SD linkage to Public Health and wider health agenda

The second important development for DH is the growing awareness during 06/07:

- that public health depends on a rebalancing of the relationship between the community, the environment and the individual (UKPHA 2007);
- > that sustainability issues have many public health and wellbeing implications:
- and that impacts of carbon footprints, climate change and global environmental degradation on human and planetary health need to be addressed (UKPHA 2007)

In addition, during 06/07 other specialty areas of health in DH such as the (skin) cancer team became involved for the first time in relation to discussion about climate change and the increased risk associated with greater exposure to the sun. The Chief Nursing Officer Team requested its own meeting to discuss SD.

In parallel, upstream' action on prevention e.g. to *prevent* obesity, *prevent* heart disease etc, and *prevent* unwanted pregnancy continues to be of some growing interest, and is partly connected to the sustainability agenda.

3.4.5 The poor worst affected by lack of sustainability and global climate change

As described in section 1.4 above, the health inequality dimensions of lack of sustainability and the severe effects of climate change on the poor in particular are gaining increasing recognition. Global climate change effects are highly likely to have public health effects that influence the UK too, including knock-on effects from changes affecting the food supply chain internationally and following forced mass migration after flooding and other extreme weather events. In addition climate change will have the worst effects on the poorest in society nationally and globally. We already know the important connection between poverty and ill-health.

It seems likely health will need to play key roles in leadership and also in partnership with others. On the one hand determinants of health are well known so steps can be taken to protect wellbeing in the light of the new economic, social and physical threats posed by climate change. In addition health can provide tools for assessing likely health impact of new plans.

Carbon reduction and convergence (towards low and similar levels of use globally) is a parallel strategy being developed to address climate change.

3.4.6 Neighbourliness in sustainable healthy communities

The health sector can play a key role in identifying wellbeing protective factors by highlighting environmental, social, and individual preventive and adaptive activities as well as taking steps to ensure continuity of health and social service provision. It is now also being recognised that the fostering of more sustainable and healthier communities requires not just good food (including 5 a day fruit and veg), more exercise (5 x 30 minutes a week) but also more neighbourliness and social contacts, and the opportunity to enjoy green space and biodiversity, as well as the reduction of health and environmental inequalities. Good care during heatwaves specifically includes looking-in on elderly neighbours and other vulnerable people aiming to help avoid the high mortality experienced in Europe in 2003.

3.4.7 Key SD role for health services and health staff

Health services in the UK are mega organisations of people, with a high level of consumption of energy and supplies; a large production of waste; extensive creation of journeys, a vast property portfolio; and with thousands of staff. Through their own programmes of action towards sustainability they can make a major impact on all 4 UK SD priorities; by reducing energy use, ensuring sustainability in procurement and by specifically reducing carbon footprint; by reducing their damaging effects on the natural environment and also enhancing green space and biodiversity; by enhancing the sustainability of the

communities in which workplaces are located; as well as by addressing the sustainability of their 'communities of work' including consideration of the ways in which staff are recruited and the ways in which they are able to balance their living and working lives. Already the chairs of SHAs are taking a particular interest in opportunities for the NHS to take the SD health agenda forward. There are growing examples of how parts of the NHS are working on SD themselves and creating added value too by working in partnership with others.

4. Progress on DH's key commitments in Securing the Future the UK Sustainable Development Strategy 2005

The Department of Health made 5 commitments in the UK SD Strategy. Progress is reported below.

4.1 Progress 06/07 DH key Commitment 1: Good Corporate Citizenship

4.1.1 Progress in DH

DH Commitment: "The National Health Service (NHS) as a Corporate Citizen. This has been identified as one of the NHS Chief Executive's five new priorities for the next ten years. As part of that work we will fund the Sustainable Development Commission Healthy Futures programme to develop the capacity of NHS organisations to act as good corporate

citizens."

Box 1. DH Progress on NHS as Good Corporate Citizen 06/07

- > DH funded the Sustainable Development Commission's Healthy Futures programme for a further year during 2006/07, to support and develop the NHS contribution to sustainable development and public health.
 - Central to Healthy Futures is the NHS as Good Corporate Citizen self-assessment model. Commissioned by DH and developed by the SDC, this web-based interactive model enables organisations to self assess their performance, receive a score of their progress and receive advice on how to improve their contribution to social, economic and environmental well-being. It enables them to find out more about good corporate citizenship ; be inspired by good practice; access resources; and monitor performance through an on-line test

- The model is structured around the areas of procurement, employment and skills, community engagement and partnership working, new buildings, facilities management, and transport.
- DH has agreed funding for the SDC's *Healthy Futures* programme for 07/08
- Initiatives from DH in Regions e.g. in North West working with Trusts to develop Good Corporate Citizen self assessment
- New DH/NHS structure including High Level Group set up February 2007 (see Appendix A3)

4.1.2. Progress in NHS

NHS Good Corporate Citizen SD Developments 06/07

- Since the launch of the model in February 2006, there have been over 21,000 visits to the website. 151 NHS bodies, and some 130 non-NHS organisations, have registered to use the Model..
- The SDC has identified examples of good practice from users of the self assessment model and short listed entries for the 2006 HSJ good corporate citizen award

The GCC self assessment model includes new buildings:

What does a sustainable NHS building look like?

- > Designed to promote patient recovery and staff retention
- > Accessible by public transport, walking and cycling
- > Brownfield site location
- > Site and design that preserve and enhance biodiversity
- > Adaptable to change e.g. climate, new ways of working,
- > new technology
- > Engages the local community in the planning process
- > Provides community resources
- > Uses local labour and suppliers in construction and service delivery
- > Uses resources, such as energy and water, efficiently in its construction and throughout its lifetime
- > Uses environmentally sensitive building materials that are not harmful to health
- Minimises waste by reusing and recycling building and other materials

Case study 1: The Burnley Central LIFT redevelopment combines GP and dental practices, a leisure centre, a community café, a crèche and a training suite on a site that will be accessible by public transport, walking and cycling. Through involving the community in its planning, providing education and

professional development opportunities and encouraging physical activity, this redevelopment will play an important role in local regeneration and population health.

By training and employing local people in the construction of NHS buildings, health can be improved and health inequalities reduced. Making goods and service contracts available to local businesses and enterprises will support the local economy and contribute to regeneration. By engaging local people and organisations in the planning process from an early stage, NHS buildings can be developed as community resources with sports, arts, green space and other facilities. Effective consultation will help maximise community benefit and avoid costly delays in planning applications. • The construction industry employs 3 million people The NHS contributes up to 10% of GDP in some regions • Mortality rates from all major causes are higher than average among unemployed men while unemployed women have higher death rates from coronary heart disease and suicide

Case study 2 : Whipps Cross University Hospital NHS Trust is a £340 million PFI redevelopment with a strong focus on sustainable development and regeneration. The Trust is working with local colleges and Jobcentre Plus to provide training and support to help local people access resulting job opportunities. A pre-demolition audit aims to reduce waste going into landfill by up to 30% by identifying markets for materials from the old hospital buildings. Under a pilot scheme run by the Waste & Resources Action Programme (WRAP) at least 10% of the materials used in the construction of the new hospital will be recycled. Source: Healthy Futures ~3 May 2005 http://www.sd-commission.org.uk/publications/downloads/HF3-final.pdf

4.1.3 Internal DH Progress; DH as a Good Corporate Citizen

DH Good Corporate Citizen Progress 06/07:

- The 06/07 DH SDAP stated the Department of Health wished to lead by example in the area of SD, by demonstrating its Departmental activities as a good corporate citizen to enhance the Department's working environment and its surroundings. The year 06/07 has shown considerable success for DH around the 6 topics of good corporate citizenship, (procurement; employment skills; community engagement and partnership working; buildings; facilities management; and transport).
- DH has done particularly well in making procurement more sustainable and in facilities management, waste, energy use, and water consumption etc DH was in 2nd place across Government in Spring 2007 in the SOGE ratings. DH has shown a strong performance in overall energy consumption; waste , and attaining the lowest water consumption per head of all Government Departments. Performance is covered by SOGE and RAG ratings for the DH SMART targets are shown in Appendix A1.

There is some way to go in supporting our community both within DH as a business and in the places its staff work; addressing sustainability issues in recruitment, and staff development, (including community engagement and partnership working e.g. on work experience); addressing travel issues and increasing opportunities for active travel; and addressing food and drink quality and its availability during the working day, (details see Section 4.4.2. DH Social and Community progress with details of SMART targets in Appendix A1.

4.2 Progress on DH key Commitment 2: Food and Health 06/07

DH SD Commitment 2: Food and Health Action Plan (FAHAP). "We will work with the farming and food industries to coordinate action, including action to take forward policies in this Strategy, through a Food and Health Action Plan to be published in early 2005 fulfilling the commitment to such a plan in the Strategy for Sustainable Farming and Food. This will be backed up with wider action in the Food Standards Agency Strategic Plan."

The challenge in bringing together food, health and sustainability is addressing food quality and availability issues right across the food chain and right across the life cycle since infants, children and the elderly as well as the ill, those pregnant and lactating and hard working people all have particular nutritional challenges, including finding the balance needed between calorie intake and energy expenditure. There is much to learn including from developments in the devolved administrations

- FAHAP progress in England in 06/07 (see Boxes 2-6) has centred on Food labelling/signposting to help consumer choice; social marketing; a new food voucher scheme for young mothers and those on benefits with young children; reformulation to reduce salt and saturated fats; improving public procurement of foodstuffs and drink; regulation of advertising; working with convenience stores; and development of monitoring.
- Setting support for services to support Breastfeeding promotion as the key element of nutrition at the start of life (reducing risk of obesity protecting against infection and some allergies) has also seen progress with the National Institute for Clinical Excellence (NICE) recommending in "evidence into practice" papers (Clinical Postnatal Care, including a Costing Report) a move towards 'Baby-friendly maternity unit UNICEF accreditation' that will also save Trusts money from prevention of illness due to increased breast feeding. Details see www.nice.org.and http://www.babyfriendly.org.uk/pdfs/newsletters/news21.pdf

Walsall Manor maternity, North Manchester General and Cheltenham General are all hospitals that have achieved the esteemed Baby Friendly status awarded by UNICEF during 2006.

In another initiative during 06/07 in a cross-agency/cross government Department partnership DH (with Defra, SDC, Environment Agency and HPA) has co-organised a national ThinkTank on Food and Health and Sustainability which will report in 07/08.

Box 2. Progress in Developing Regional Initiatives and in National Monitoring in Food and Health

- Regional Initiatives funded by DH (*Healthy Eating*) include e.g. the London Region where a London Food Strategy has been developed with political backing and signed off by the Mayor of London.
- Regional FAHAP link with Government Office Rural Health Teams which include monitoring of progress on Year of Food and Farming (commenced Autumn 2006)
- Food Standards Agency (FSA) pilots now taking place in certain Regions
- FSA is establishing a revised National Diet and Nutrition Survey (NDNS) programme

Box 3. Progress in food production and labelling 06/07

1. Food Labelling/signposting (to try to help consumer choice and increase consumption of healthier foods)

- March 2006: Food Standards Agency (FSA) agreed nutritional signpost labelling on fat, saturated fat, sugars and salt using individual traffic-light-colour-codes (high, medium, low).
- New EU Regulation requiring food value claims to be substantiated, with new profile (to be developed 07/08) preventing claims by foods high in fat, salt, sugar.

2. Reformulation (increasing consumption of healthier foods, examples of reducing salt and saturated fat intake)

- > FSA has agreed salt reduction targets across 85 categories of food.
- Industry self-reporting monitoring of progress currently being finalised
- Overall target outcome agreed as 6g per day population average by 2010.
- > Publication end March 2006: Draft programme for consultation on FSA's objectives with partners including the food industry; to reduce saturated fat intake; and attain energy balance

3. Breeding leaner livestock is another initiative within the food chain in the UK

Box 4. Progress in food procurement (public procurement)

a) School meals

- > FSA contributes to cross government action to support pupils, parents, teachers and others who can assist children and young people to learn about food and nutrition and to make healthier food choices.
- > FSA advises DfES on scientific and technical aspects relating to school food standards, including food safety, nutrition and diet.
- > FSA has a wider programme of work in schools and the education sector which includes:
 - publishing target nutrient specifications for manufactured foods used in school meals
 - developing training opportunities for school caterers to help caterers prepare healthier school meals
 - developing food competences and practical opportunities to help young people acquire the skills and knowledge they need to support healthy eating in/out of school and throughout their lives
 - working with School Governors to enable them to help their schools develop their own food policy and thereby create a healthy ethos central to the school.

b) School Fruit and Vegetable Scheme (SFVS)

 Actively pursuit of opportunities to increase supply of seasonal local produce with regional NHS Supply Chain. SFVS has a budget of c£36m.

c) Public sector catering (in care homes and other (non-school) institutions)

- Finalisation of FSA developed nutrient and food based guidance for major institutions on diet and food procurement is ongoing.
 Example menus will also be developed to assist caterers achieve this.
- October 2006: FSA published principles to develop nutrient and food based guidance for institutions, alongside its advice to those providing food in care homes in the document '*Food Served to Older People in Residential Care*'.
- FSA's guidance will feed into the Department of Health's consultation on the National Minimum Standards (NMS) and regulations for adult social care

Box 5. Progress in Good Food promotion

- 1. Food Promotion (advertising regulation via OFCOM, CAP and other media) (Consumer choice)
 - Of com announced new rules on scheduling and content of food and drink advertising to children on television.
 - The rules use a nutrient profile developed by FSA to identify affected foods. The Committee on Advertising Practice CAP, which owns the self-regulatory Code for non-broadcast advertising, will shortly publish mandatory new rules on the content of adverts for food and drink that are aimed at children in non-broadcast media.
 - DH Food and Drink Advertising and Promotion Forum seeking development of guidance in other media such as sponsorship (particularly in schools), point of sale, packaging of children's food and new media that are currently unregulated.
- 2 Social marketing healthy living campaign (Education/lifestyle)
 - Now fully integrated into obesity programme underpinning all the work themes.
 - Social marketing techniques are being used to understand why people behave the way they do, and what barriers/challenges they face in trying to adopt healthier behaviours, particularly with respect to eating healthily and taking exercise.
 - This includes recognising parental reluctance to allow children's play outside, or walking to school, friends' houses, and play areas, due to fear of crime (strangers and peers) and traffic.
 - > Review of evidence published by MRC and DH on 15 March 07. The four focus areas identified are:
 - Parents not recognising overweight/obesity
 - Time and cost of healthy lifestyles too challenging
 - Limited parental influence on children's food choice
 - Pressures increasing sedentary behaviour
 - 3. **Obesity toolkit** developed for local areas to help people who want to lose weight

Box 6. Progress in Food access & availability; quality & affordability

1	 Healthy Start (Food access & availability; quality & affordability) November 2006: Healthy Start replaced the Welfare Food Scheme providing vouchers for all pregnant women under 18, and pregnant women and families with children under 4 receiving benefits
	> Healthy Start Vouchers can be used to purchase milk, fresh fruit and vegetables and infant formula from participating retail outlets, potentially increasing fruit and vegetable consumption, a headline indicator of Sustainable Food and Farming Strategy.
2	 5-A-DAY fruit and vegetables (Education/lifestyle) DH and FSA progressing work to extend 5-A-DAY message to composite foods
	> DH is defining children's portion sizes.
	> Launch March 2006: Campaign aimed at young families
	 Increased fruit and veg' consumption is a headline indicator of the SFFS
	 Recent DEFRA funded Household Expenditure Survey reported a 7% increase in fruit and veg' spend.
3	> Working with convenience stores (Access & availability; quality &
J	affordability)
	March 2006: MS(PH) met with the eight major symbol group retailers - SPAR, Musgrave Budgens Londis, Landmark, Premier (Booker), P&H, Costcutter, Nisa-Today and Bestway - as well as the Association of Convenience Stores.

4.3 **Progress on key DH Commitment 3 Transport and Health**

4.3.1 Progress by DH with NHS and communities

Key commitment 4: Transport and Health. "Following evaluation, we will build on the Sustainable Travel Towns pilots to develop guidance for local authorities, PCTs and others on whole-town approaches to shifting travel from cards to walking, cycling and public transport

Box 7. Progress 0607 on Transport and Health in whole communities and through the NHS:

Key background evidence on Transport and Health relationships can be found in pan-European WHO 6-country study <u>www.herrry.at/the-pep</u> <u>http://www.ademe.fr/anglais/publication/pdf/synthesis.pdf</u>

DH Delivery 06/07 on Transport and Health to whole populations (particularly within *Choosing Health* delivery plan)

- DH involved in process of setting up N=6 "cycling demonstration towns", funded by Cycling England
- > DH study designed, funding obtained (DfT £70K); data collected for baseline physical activity study within these cycling towns
- PCTs, good examples include Nottingham, Northampton (see Boxes 8-9)
- DH MS(PH) is now project managing the Foresight obesity project, half the work is on the built environment including its transport aspects
- > <u>http://www.foresight.gov.uk/Obesity/Obesity.htm</u>
- > DH input to aviation planning early 2007
- > DH commissioned and funded report on "A synthesis of research addressing children's young people's and parents' views of walking and cycling for transport" http://eppi.ioe.ac.uk/cms/Default.aspx?tabid=943

DH Delivery 06/07 on Transport and Health cross-Government initiatives

- DH Minister (MSPH) on Inter-Ministerial group on physical activity convened from July 06, particularly focused on OGDs and walking and cycling
- DH chairs in rotation (with DFES and DCMS) Cross government Obesity Programme Board

- > DH Ministerial support to DfT for their development of school travel and other work on walking and cycling
- > DH Minister, MS(PH) held separate bilaterals with CLG on planning issues and transport and with DfT on road design
- > DH Minister, MS(PH) wrote the foreword to Sport England document on Active Design Plans, transport etc http://www.sportengland.org/planning_active_design.htm
- DH funded Section 64 project *Building Health* looking at built environment, to be published June 07, with National Heart Forum, Living Streets and the Commission for Architecture and the Built Environment (CABE)

DH International activity related to Transport and Health

Internationally DH is contributing to WHO CEHAPE (Children and environmental health) see Section 7.2.2.) This work includes identifying gaps and areas of concern around injury for children including issues around road and transport safety; also respiratory health , including that linked to air pollution and concern about pollution hot spots near schools due to traffic (Source: HPA CEHAPE Background document Spring 2007)

Box 8 Nottingham City PCT Reducing Car Use and DH parking guidelines

Source: Healthy Futures: Progress In Practice <u>http://www.corporatecitizen.nhs.uk/library/test-</u> organisations/050929%20Nottingham%20PCT%20PiP%20-%20pdf.pdf

Nottingham City PCT's travel plan aims to claim the benefits of reducing car use. These include the time and money saved and the health gains from reduced congestion, fewer car parking problems and the *Choosing Heath* requirement to have a travel plan and act upon it. The plan includes a cycle allowance, scratch cards (local all day public transport tickets costing £2.30) for staff work travel, and targets for staff to use public transport for work 2-3 times a week and for the organisation to reduce the £50,000 a year previously spent on taxis, often for short distances.

DH EFD Health Technical Memorandum (HTM07-03 Feb 2006) *Transport Management and Car Parking,* Advice to NHS on Transport Management and accessibility to encourage a modal shift to healthier options and public transport to reduce pollution and congestion and improve health.

Box 9 Northamptonshire PCT Kerbcraft Project

Source:

http://www.northamptonshire.nhs.uk/PCT/healthy_living/Kerbcraft/index.htm

Kerbcraft is a practical **Child Pedestrian Training Scheme for 5 and 7 year olds** covering Choosing Safe Places & Routes to Cross the Road; Crossing Between Parked Cars and Crossing Safely Near Junctions. Three years on and the project has 41 schools involved. So far this year, 525 children have received training and 72 volunteers recruited. Results to date show that Kerbcraft training has had a positive impact with all schools showing an **overall improvement in road safety skills by the end of the training. It has also led to partnership working with a number of local organisations.**

Figure 3 Addenbrookes Hospital bus travelling to and from Cambridge Park-and-Ride and extra bike parking at the hospital





4.3.2 Progress 06/07 DH Staff Travel and Transport

- > DH set SMART targets for 06/07 in relation to travel and transport arrangements for its staff. RAG ratings are shown in Appendix A1).
- > The overall DH objective set out in the DH SDAP 06/07 for DH travel & transport was to start the process to enable a modal shift from travelling in cars to active travel amongst DH staff

- Of the DH SDAP 06/07 19 targets set 11 have been completed (SDC category blue, meaning successfully completed). Particular successes include VC data capture and increased usage by 75% (increase of 753 videoconferences held); extensive upgrade of IT hardware and support for home working; data collection initiated on air miles. On the other targets progress has been limited (red, SDC category incomplete) and they are being taken forward potentially under an overarching 0708 DH review of the DH travel & transport policy for staff.
- > DH Sustainable Operations section 5.2, Box 21 also complement DH Travel & Transport initiatives. DH SDAP operational goals for 06/07 included the Government–wide requirement of reduction in use of non-renewable fuel and introduction of carbon offsetting

4.4. Progress on key DH Commitment 4. Healthy Sustainable communities

4.4.1 Progress by DH with NHS and Communities

DH Commitment: Healthy Sustainable Communities. "We will extend the current healthy communities initiative to more deprived communities from 2006, and we will use collaborative techniques to support action through local partnerships. We are also giving Primary Care Trusts the means to tackle health inequalities and improve health".

Box 10. Progress on Communities for Health pilots

This is a Choosing Health Programme.

Following a successful pilot phase in 25 local authority areas, the Communities for Health programme has been rolled out to include a further 56 areas, with additional funding of £8.9m

"The pilot areas worked to harness people's inspiration, commitment and energy to improve health and reduce health inequalities. The pilot areas showed how local authorities, primary care trusts, community and voluntary organisations have worked together to make real improvements to health in some of the country's most deprived communities and showed that disadvantage can be overcome". Source: *"Communities for Health: Learning from the Pilots" published February 2007*

- > DH Estates and Facilities Division through its R&D Fund is supporting and partnering the Alliance for Sustainable Buildings (SHINE). This is a learning network for NHS and its Partners.
- > DH Estates and Facilities Division are working with CLG on sustainable communities, planning and health.

> DH Estates and Facilities Division is working with the Carbon Trust for the benefit of the NHS and produced HTM07-02 EnCO₂de – making energy work in healthcare Feb 06. One stop guidance about energy and carbon management across new build and operational estate.

Box 11. Progress on Healthy Communities Collaborative (HCC)

DH has commissioned the Improvement Foundation to use the HCC methodology to improve early presentation of cancer and cardio vascular disease in areas of deprivation and poor health. The cancer programme is delivering activity to improve early presentation across twenty sites The areas for the sites are all health inequalities Spearhead areas off-track for life expectancy and are poorly performing on cancer presentation

Box 12. Progress in the Shared Priority programme

'Recent reports show the **most successful are** 'committed and tenacious in their working partnerships; with a champion at senior political and corporate levels; working across political boundaries to enable mainstream resourcing and delivery; using the opportunity of local area agreements for mainstreaming; ensuring inspirational leadership and direction; with ongoing learning from others; critical review with external help where possible; always keeping on learning; and with the essential baseline assessment often helped by the pathfinder self assessment tool; coupled with focus on outcomes and local needs; with structured planning and performance management; and most importantly never giving up!

Source: DH, LGA and I&DEA (2006) a Tale of 12 Pathfinders Successes, Innovations and Learning from the Shared Priority Programme to Improve Health and Tackle Inequality, and Evaluation.

Box 13 Progress on developing LAAs and their contribution to sustainable communities and health

Since April 2007 every area in England has its own agreement on local priorities, individually negotiated and agreed with central government. LAAs have already shown great potential to deliver improvements in health| and wellbeing particularly for some of the poorest and vulnerable groups in local authority areas. LAAs have also proved an important catalyst for improved partnership working, particularly in areas with previous difficulties.

The Local Government and Public Involvement in Health Bill includes provisions to deliver better local outcomes through strengthened LAAs so that local services are better co-ordinated, closer to communities and offer better value for money. The Bill will also require LAs and the PCTs in its area produce a joint strategic needs assessment of the health and social care needs of its local population. These will enable them jointly to agree more effective long-term health and wellbeing priorities and | help them deliver care that is more responsive to the needs of

individuals and the community they serve.

Box 14. Examples of DH /NHS action to tackle inequalities and improve health

Reducing health inequalities and promoting health and well-being is a priority for the NHS. The operating framework 2007/08 contains the targets that will drive delivery through Primary Care Trust Local Delivery Plans. A new indicator on all age all cause mortality has been introduced for the NHS and Local Area Agreements to provide opportunity for health and local councils to join up delivery around common targets.

A review of the infant mortality element of the PSA target was published on 7 February and a delivery plan was prepared Spring 2007.

A National Support Team has been established for health inequalities to support the NHS to deliver local targets.

DH has commissioned the Improvement & Development Agency to deliver a programme of capacity building for local government.

Fairness in Primary care 'Equal Access for Equal Need' is an OHOCOS programme expected to provide patients with better access to a GP. 4 PCTS are part of a DH lead procurement to improve services in under-doctored areas.

Social Enterprise initiative: DH has set up a Social Enterprise unit to coordinate social enterprise policy and encourage wider use of social enterprise models in health and social care.

Box 15. Progress on developing wellbeing strategy

Background:

> (Jointly with DWP) the Work and Wellbeing Strategy

This strategy includes new actions which aim to break the link between ill health and inactivity; advance prevention of ill health and injury; encourage good management of occupational health; and improve the possibilities for people to recover from illness whilst at work. Development and further follow-up work took place in 2006.

DH Progress 06/07 on Policy nationally and Regionally, also NHS initiatives :

- > Ongoing DH input to the Whitehall Wellbeing Working Group
- Measures are being developed to assess the impact of the Choosing Health White Paper bringing together sources of information on health and wellbeing from different sources and local studies to give a comprehensive picture of how lifestyle factors affect health.
- The 'Local Area profiles' being developed in collaboration with the Audit Commission aim to produce profiles of the quality of life and services in a local area by bringing together existing datasets. These are a useful adjunct to the profiles being produced by the PH Observatories.
- A 'Health and Wellbeing Equity Audit' tool is being developed to assess local health and wellbeing that will help Primary Care Trusts (PCTs) and local authorities jointly plan services and check on progress in reducing inequalities. Local action on health and wellbeing is specifically mentioned in the White Paper Strong and Prosperous Communities (2006)
- Ongoing work measuring the effectiveness of mental health promotion activity in line with Standard One of the mental health NSF.
- > DH is working with the Scottish Executive on a 3 year project on indicators of mental health/wellbeing.
- > Plans now in place to include measurement of obesity in schools to the package of measures being used to assess wellbeing against the Every Child Matters framework.
- Development of Regional Index of Sustainable Economic Wellbeing (ISEW), including social and environmental costs and benefits as well as measures of economic growth so benefits of volunteering are included as well as the social costs of divorce, crime and car accidents. Rolling out now from its origin in East Midlands Development Agency.
- Mental Health indicators developed by North East Public Health Observatories (NEPHO) to be launched June 2007

- Connections now being recognised between the Whitehall Wellbeing work and the 'liP (Investing in People) Health and wellbeing at work Project' whose framework focuses on selected key areas including support to help employees achieve their objectives; equal opportunity for learning and development; staff consultation; staff clarity on their roles and responsibilities; extent of manager skills to support staff health and wellbeing issues; extent of demonstration of how managers provide constructive feedback; extent of demonstration by staff that they are recognised, valued etc
- Pilot evaluation of 50 organisations rating their work on health & wellbeing
- Development and publication for consultation of the DH Commissioning Framework for Health and Wellbeing March 2007 <u>http://www.dh.gov.uk/en/Publicationsandstatistics/Publications/Publications PolicyAndGuidance/DH_072604</u>
- The Partnerships for Older People Projects (POPP) are Local Authority based partnerships to lead pilot projects aiming to improve health, wellbeing and independence of older people.

Box. 16 DH healthier sustainable communities via 4 Growth Areas

- In addition to DH contribution via LAAs across England described above (Box 13); DH contributes via the 4 English Growth Areas (Milton Keynes/South Midlands, Thames Gateway, London/Stansted/Cambridge/Peterborough; Ashford)
- > DH has contributed to cross Whitehall co-ordination by supporting DH ministers in their attendance at cross Government committees overseeing the Growth Areas as well as addressing housing supply issues more generally
- Regional public health groups were active in their regions ensuring that there is a public health and health service presence from NHS and social care organisations planning and developing sustainable communities in these areas
- > DH nationally ensured that there was learning and networking amongst key organisations and people working in the Growth Areas
- > DH contributed to the development of a policy framework for the Thames Gateway, as well as work by London's Healthy Urban Development Unit
- > DH has supported the Treasury's cross-cutting review on housing infrastructure which will inform CSR07
- DH has started the process of reviewing its own Growth Area Adjustment which increases the financial allocation of PCTs serving populations in the Growth Areas

Box 17. DH opportunities with Planning Reform White Paper (May 2007

DH has worked in cross government partnership to achieve:

- > Overarching commitment to healthy sustainable communities
- Emphasis on health and social dimensions of concept of sustainability
- Inclusion of health experts in proposed new national planning body for major infrastructures
- Inclusion of Directors of Public Health in consultations on planning policy statements for major infrastructure projects

Box. 18 DH Public Service Agreement (PSA) targets on inequality

Progress

In achieving particular PSA targets on 'Improving the health of the population', and in reducing health inequalities, DH can particularly contribute to the SD guiding principle of 'Ensuring a Strong, Healthy and Just Society':

Department of Health PSA targets

Improve the health of the population. By 2010 increase life expectancy at birth in England to 78.6 years for men and to 82.5 years for women. Substantially reduce mortality rates by 2010 from (1) heart disease and stroke and related diseases (2) cancer and (3) suicide and undetermined injury

Reduce health inequalities by 10% by 2010 as measured by (a) Infant mortality (b) Life expectancy at birth

Tackle the underlying determinants of health and health inequalities by

(a) Reducing smoking rates and prevalence, (b) Obesity in children and adults with DfES and DCMS, (c) Teenage pregnancy reducing under 18 conception rate by 05% by 2010 jointly with DfES.

Review of Infant mortality PSA 2006

"Tackling Health Inequalities: Status Report on the Programme for Action – 2006 Update of Headline Indicators" published November 2006

4.4.2 Progress 06/07 with DH Human Resources Social and Community Action

Box 19. The DH human resources social and community policy objectives 0607 were:

- to address inequalities (e.g. operational targets include for each workforce in London and Leeds to reflect its local community and thus demonstrate active local community engagement as well as best practice)
- > to build SD into human resources policy
- > to address employee health issues including working hours
- > to develop a volunteering policy and more community volunteering.

SMART targets progress is shown in Appendix A1. The SDC scorecard for inclusion of SD in DH core values, recruitment, career planning is shown in section 10.3 below and progress on comms to achieve this, section 10.4.

4.5 Progress on key DH Commitment 5. Health Impact

DH Commitment: Health Impact. "Department of Health representatives located in the regions will lead the work with regional and local government and the NHS to ensure that regional partner policies and activities take account of their health impact, e.g. housing, transport, planning, employment, education and skills, environment, rural affairs, crime and community safety".

4.5.1. DH and NHS Progress on health impact assessment (HIA)

Health impact assessment is a proactive tool used by the NHS and Department of Health to ensure that DH and other partners' policies and activities take account of the wider determinants of health. In addition DH responds as appropriate to requests to ensure that the health impact are considered across policy in other government departments.

 Most importantly as of 2007 the new cross government impact assessment process includes Health Impact Assessment as one of the specific mandatory impact tests. http://dhsrvmds802.doh.gov.uk:9081/wps/wcm/connect/Roles/Policy+speci alist/Policy+Scoping/B

2. (Cross Government) Major step forward getting Health into SEA

> DH held two Meetings with English Regional HIA leads. Evaluation of HIA in Sept 06 and Health in SEA Jan 07 Health in SEA Draft Guidance produced published by DH 19 March 07 for three months consultation

http://www.dh.gov.uk/en/Consultations/Liveconsultations/DH_073261

3. Council for Science and Technology: Health Impacts – a strategy across government

- MS(PH) is the lead minister, i.e. DH is coordinating the crossgovernment response to the report published Dec 06. The report's recommendations provide a framework for strengthening health in policy making.
- Report went to DH policy committee in February and further discussions are taking place prior to approaching OGDs.

4. Health and wellbeing proofing into Government Impact Assessment system

 Work April 06-March 07 now ensures Health Impact Assessment is a Specific Impact Test so it is a mandatory part of the new Government Impact Assessment,

5. Regional development of integrated strategies including health, led by regional DH groups

In partnership with regional development agencies regional assemblies and regional government offices, RPHGs have developed integrated assessments, regional strategies which include health. E.g. London integrated strategy http://www.londonshealth.gov.uk/hia.htm#Top and East Midlands http://www.emtoolkit.org.uk/toolkit/index.php.

In the Greater London area a Health Impact Assessment is being undertaken on all the Mayor's strategies. This also applies to local development frameworks and other local authority activities. It is a formalised part of planning, including partnership with the Health Commission for impact assessment; work with the Mayor on cross cutting health and inequalities and environment; integration of impact assessment with climate change adaptation and mitigation and with housing; also with employment and skills, tourism and food.

The Regional DH team for London works both with the Mayor of London's SD Commission and the Olympics SD commission which is holding the Olympics plans to account, with one planet aspiration in terms of resource use and zero or low carbon consumption

6. Regional DH Public Health Groups Partnership working with Regional and Local Government on Local Area Agreements (LAAs)

All include addressing SD commitment around health impacts of crime, community safety and environment (safer, stronger and greener communities block; also in healthier communities block;) education and skills, employment (Children and young people's block, enterprise and economic development block; older people's block); some include housing (e.g. healthier communities block (e.g. Herts); rural affairs; transport, planning.

e.g. Essex has incorporated HIA as an integral part of its planning process, also Thames Gateway, Northants.

7. Development of HIA Gateway website: Plans developed during 06/07 and will be transferred to APHO during 07/08 with a new specification, currently being drawn up

8. Examples of NHS collaboration with LAs on sustainability impact assessment ensuring health impact also considered

- e.g. April 06 Stewartby Growth Area HIA by Bedford PCT, in parallel and in partnership with sustainability assessment by Bedford Council; also
- > London Integrated Impact assessment in which health has been integrated into SEA which is carried out with other appraisal for all spatial plans http://www.londonshealth.gov.uk/urban.htm.
- > The NW Regional health tier is taking forward a collaborative mapping exercise with the NW Development Agency (NWDA) to identify the added value to be gained from a convergence of NW health sector capital investment and the NWDA's SIP core economic investment programme.

9. Development of Guidelines for NHS commissioning on Health and Wellbeing

Development (March 06-March 07) of the Commissioning framework for Health and Wellbeing DH 6 Mar07

http://www.dh.gov.uk/en/Consultations/Liveconsultations/DH_072622; which includes the Joint Strategic Needs Assessment currently out for consultation

5. Progress on Climate Change, energy and health

5.1. Climate Change and DH/ NHS developments

Box 20. DH Progress on climate change and health 06/07

- Ongoing work updating 2001 DH report on Health effects of Climate Change in UK, out for consultation Spring 2007
- Delivery Heat-watch (National Heatwave Plan for England) continues to operate 1 June-15 Sept annually (started 2004, with 4 levels of response and appropriate advice, new version completed May 2007

http://www.dh.gov.uk/en/Publicationsandstatistics/Publications/Publica tionsPolicyAndGuidance/DH_4109508

- Policy Choosing Health White Paper (2004) delivery on NHS as Good Corporate Citizen includes encouragement of Regional and Local work to mitigate (prevent) and adapt to projected impacts of climate change
- DH providing health input to Defra cross government Climate Change Adaptation Policy Framework
- DH health input to European Commission Climate Change Impact Plan, Spring 2007

Regional DH initiatives include

North West Climate Change Charter, NHS Trusts & RDPH www.snw.org.uk .The Health Brussels Office is heading up a project on Health, Economy and Environment mapping emerging regional practice inking to Climate Change with other European partners. The regional tier is planning an NHS Green Summit with regional change agents and NHS bodies committing to deliver a programme of high impact policy, leadership, strategic and operational actions.

NHS Developments, Community Plans etc

- Building for Health Toolkit for sustainability in new healthcare build www.lho.org.uk/viewResource.aspx?id=10703
- NHS Carbon management Programme (NHSCM) includes measuring carbon footprint and energy efficiency measures <u>http://nhsnetwork.carbontrust,co.uk/index.php</u> e.g. Cardiff and Vale NHS Trust use of Environmental Management System for reducing energy consumption, clinical waste and water usage North West collaborative Corporate Social Responsibility (NHS and NWRDA) including an EU project defining the Bilbao agenda www.healthcluster.net.org

- Regional resilience and emergency plans now include contingency and adaptive planning
- > London Health Stakeholders Workshop as activity of multi-agency Climate Change Partnership www.london.gov.uk/cliematechangepartnership/aims.jsp
- London's warming www.ukcip.org.uk/london.london.html anticipated effects of climate change and lessons from other world cities www.london.gov.uk/climatechangepartnership/adaptingjul06.jsp
- London Healthy Urban Development Unit funded by DH RPHG, NHS & London Development Agency <u>www.lda.gov.uk/server/show/ConWebDoc.1156</u>. Implementing work in the context of the Sustainable Communities Plan focussed on new developments for best practice in energy efficiency and design for the expected Climate Change over 20-50 years.

5.2 DH internal Sustainable Operations and its contribution to alleviating climate change

						\checkmark	(√)			
1	2	3	4	5	6	7	8	9	10	
Starting out		Some progress			On course			Fully integrated		
around th Framewo Sustainat Developm Governme	Little or no structure around the Framework for Sustainable Development on the Government Estate including elements such as:		structur d the ework for inable opment e mment E ing elem as:	r on the state	the Fra Sustair Develo Goverr includir as:	opment o nment Es ng eleme	for n the state ents such	Full structure around the Framework for Sustainable Development on		
Manage	ment (e.g. EMS)	ment • Management (e.g. EMS)				Management systems (e.g. EMS)				
 Energy, waste (resefficiency etc.) Travel 		waste	rgy, wate (resourd ncy, recy	ce	(resource efficiency, recycling etc.)TravelSustainable			 Energy, waste (res efficiency, etc.) Travel 	source	
Sustaina procurem	ent (e.g. green, fair,	• Sust procu efficie	ainable rement (nt, greer healthy)	n, fair,	procurement (e.g. efficient, green, fair, local, healthy) • Construction and refurbishment.			Sustaina procuremente de la constante de	ent (e.g. green, fair,	
 Construer refurbishr Biodiver 	nent.	refurb	struction ishment. iversity		BiodiversityPositive social and			Construction and refurbishment.Biodiversity		
	social and	• Posi	tive social	pact		community impact • Biodiversity • Positive social and community impact				

Progress in DH Operations (i.e. operations policy)

5.2.1. Scorecard DH operations policy

Please comment on your rationale behind your choice of rating: See below

DH operations Self assessment rating 9/10 Fully integrated operations Policy:

Box 21. Rationale for DH Operations 7-8/10 rating 'On course'

- DH reduction of carbon emissions

The Department of Health aims to demonstrate its contribution to the UK's 4 SD priorities including Climate Change & Energy, and to achieve the targets contained in the *Framework for Sustainable Development on the Government Estate**. The SDC's 2006 Report *Sustainable Development in Government,* which presents the findings for all Departments based on operational data submitted for 2005/6, published in March 2007, placed the Department of Health in 2nd place across Government. The Sustainable Development is available at http://www.sd-commission.org.uk/sdig2006

DH's efforts in sustainable use of energy and sustainable travel through lowering carbon emissions can contribute to alleviating climate change.

The Department is **on target to reduce absolute carbon emissions**, with a reduction of 15.4% between 1999/00 and 2005/6. This needs to be sustained until 2010/11.

DH Energy. We have reduced the overall energy consumption for our estate by 10% since 1999/00. In addition, since 2001/2 we have purchased at least 43% of our electricity from renewable sources. In 2004/5 100% of the electricity purchased for our London HQ estate was "green".

Travel. During 06/07 DH abolished its staff shuttle bus in London therefore cutting carbon emissions. It has been possible to decrease the need for business travel through increased use of VCs in refurbished suites, better use of IT and through HR policies.

The department was commended by Defra in 2006 for the quality of its air travel data. DH will be making a payment to the Government Carbon Offsetting Fund in May 07.

DH recognises that it needs to review its staff travel policy to be able to have more control over limiting carbon emissions from business travel and to reduce the environmental impact of transport. A review of the DH travel policy will take place during 07/08.

DH Travel and transport SMART targets progress (see Appendix A1)

DH Social and Community SMART targets progress (see Appendix A1)

DH procurement SMART targets progress (see Appendix A2)

DH's Estate Division work on greening the NHS Estate (see Box 25 in Section 6 and Box 27, Biodiversity)

Source: *The *Framework for Sustainable Development on the Government Estate* consists of targets covering performance in the areas of transport, water, waste, energy, procurement, Estates Management, Biodiversity, and Social.

6. Progress on Health and Natural Resource Protection and Environmental Enhancement

6.1 Growing recognition of importance of natural environment for health

Valuing, protecting and promoting the natural environment will help to enhance biodiversity, improve air quality, mitigate climate change and secure water supplies – all with positive health benefits.

In addition, as the incidence of mental illness continues to rise there is growing evidence that exposure to the natural environment can make a significant contribution to health and wellbeing:

Box 22. The importance of the natural environment for health

Source: Health Futures #6 March 2007 http://www.sd-commission.org.uk/publications/downloads/HF6-final.pdf

Sustainable development acknowledges that the natural environment is essential to a healthy society. Research shows that contact with the natural environment can help prevent ill-health by:

Improving mood: Even short walks and looking at images of nature can reduce negative feelings, such as anxiety and anger, and increase positive feelings.

Increasing social contact and building social capital: Useable green space in a neighbourhood can increase social interaction and reduce social isolation.

Assisting recovery from stress: Taking a walk in a park or gardening can help reduce stress and improve concentration.

Contributing to children's development: Regular exposure to the natural environment

in childhood is important for social development and influences future physical, mental and social well-being as adults.

Assisting personal development, resilience and sense of purpose: Leisure time spent in the natural

environment can help to improve self-confidence, self-image, skills and mood.

Promoting physical activity and health: An inviting, green environment close to home and work encourages regular exercise in the form of walking and cycling. Physical activity helps to reduce obesity, anxiety and depression and can improve mood and self-esteem. As well as preventing ill-health, the natural environment can help to treat illness when it occurs.

Treatment for children with poor self-discipline and Attention Deficit Hyperactivity Disorder (ADHD):

Outdoor activities in natural surroundings can improve symptoms of ADHD and improve self-discipline.

Assisting patient recovery following health service procedures, such as surgery: Patients with a view of gardens or trees have been shown to recover more quickly, and require fewer and weaker painkillers. This may be because it reduces stress levels and better enables the patient to cope with the treatment.

Elderly care and treatment for dementia: Contact with nature in shared areas can increase social interaction and mental wellbeing among the elderly; for patients with dementia it can reduce aggression and agitation.

Green exercise programmes: Exercise programmes taken in the natural environment (e.g. Health Walks, Green Gyms) can increase levels of physical activity and provide psychological benefits. Participants report feeling healthier and more socially connected.

Resources: Environment and health: Is there a role for environmental and countryside agencies in promoting benefits to health? National Institute for Health and Clinical Excellence paper looking at the links between the natural environment and health.

www.nice.org.uk/page.aspx?o=502521

Natural Fit: **Can Green Space and Biodiversity Increase Levels of Physical Activity?** Royal Society for the Protection of Birds report on the integration of health, green spaces and biodiversity conservation. Natural Thinking – a review of the **natural environment and health to** be published in Spring 2007. <u>www.rspb.org.uk/policy/health</u>.

6.2. NHS promotion of health and the natural environment

The NHS is using green exercise referral schemes (Boxes 23-24); 'greening; its estate (Box 25); and influencing local partners (Box 26). It is developing new focus recognising the important link s between biodiversity and health (Box 27).

Box 32. NHS using green exercise and therapeutic garden treatment and referral schemes

Gateside and Derwentside PCT are partners in the **Chopwell Wood Health Project** along with the Foresty Commission and the Friends of Chopwell Wood. This GP referral scheme involves a 13 week programme of activities in the woodlands – conservation work, cycling, walking or T'ai Chi. 91% of participants complete the programme, in contrast to the typically low rates for referrals to gyms or leisure centres.

North Essex Mental Health Partnership uses a therapeutic garden at Cherry Trees Mental Health Resource Centre in Maldon for group sessions to help patients take the first steps towards social reintegration.

Lewisham and Bromley PCTs operate a GP and other professionals' referral scheme to the Sydenham Garden Project providing interaction with a natural environment aiming to help mental health patients recover and increase their skills and employability

Resources:

The Walking the Way to Health Initiative helps people get active and walking in their own communities. <u>www.whi.org.uk</u>

The National Care Farming Initiative is a partnership between farmers, health care providers and participants to use farms and agricultural landscapes for the promotion of health and well-being. <u>www.ncfi.org.uk</u>.

Natural England has helped set up **over 400 green exercise schemes and can help NHS organisations** with the development and evaluation of new outdoor projects. <u>www.naturalengland.org.uk/campaigns/</u> health.

Mental Health Foundation campaign promoting exercise referral schemes in treating mild to moderate depression. www.mentalhealth.org.uk/campaigns/mhaw/exercise-and-depression.

Every Child's Future Matters – making the case for **sustainable development** in the delivery of Every Child Matters. To be published Summer 2007 <u>http://www.sdcommission_org.uk/pages/edu_cayp.html</u>.

Box 24. Bexhill & Rother PCT, Rother Green Gym.

The Green Gyms programme run by BTCV www2.btcv.org.uk/display/greengym

Helps people take exercise outdoors whilst participating in activities that improve the environment.

90% participants with poor mental or physical health show an improvement within seven months.

Up to thirty people attend each session with a measurable sense of accomplishment and a high retention rate. One participant said, 'I used to get depressed about the future, but now that is not the case. I have been on medication for eighteen years, but since doing this, I have halved the amount I take. My life is a lot better.'

Box 25. 'Greening' the NHS Estate

With the **largest property portfolio in Europe**, the NHS can make the most of what is sometimes called this 'natural health service'. The current NHS building boom is an unparalleled opportunity to ensure that healthcare buildings are **constructed with access to or a view of the natural environment** – be it gardens or trees.

The NHS Estates Knowledge & Information Portal is an extensive source of guidance materials and case studies to support sustainable and efficient estates management in the healthcare environment. http://195.92.246.148/nhsestates/knowledge/knowledge_content/home/ home.asp

> DH Estates and Facilities Division NHS Environmental Assessment Tool (NEAT) includes land use and ecology as key section.

Box 26. NHS influencing local partners on the health benefits of the natural environment

By promoting the health benefits of the natural environment the NHS can contribute to a healthier population and tackle health inequalities, helping to reduce the costs of mental health and secure its own financial future. This can be seen as a feature of good corporate citizenship – using NHS resources to the benefit of the local community, economy and environment. However, the NHS cannot do this alone. Local authority planners have an important role to play, which the NHS can support. As members of **local strategic partnerships**, primary care trusts can help to promote the role of the natural environment in local health promotion.

Mental health problems are not only a burden on the NHS; they also threaten the wider economy. **To help reduce absenteeism and improve productivity, serious measures need to be taken to improve mental health and well-being in the population.** Living within environmental limits and having contact with the natural environment helps to build and maintain a strong, healthy and just society. This is exactly what is meant by sustainable development.

The Forestry Commission's **Active Woods – Naturally Good for You** campaign aims to make the connection between health and well-being and trees, woods and forests. <u>www.forestry.gov.uk/activewoods-england</u>

6.3. DH/NHS action for biodiversity for health and wellbeing

Box 27. DH and the NHS taking action 06/07on biodiversity in green space recognising its links to health and wellbeing

- Biodiversity importance for health and wellbeing, water supply and flood management, clean air, food. Conservation of biodiversity is key to the delivery of 'ecosystem services' such as provision of clean air and water, food, raw materials, pollination, high quality green space for recreation and wellbeing, and flood management.
- > Biodiversity also plays a key role in underpinning quality of life and giving 'a sense of place'.
- Conserving biodiversity includes not just protecting but also restoring and enhancing species populations and habitats.
- Since 1 October 2006 Public Authorities have a duty to have regard for the conservation of biodiversity in exercising their functions. This originates from UK international responsibilities. The duty applies to bodies including central government departments, regional government offices, NHS Trusts, NDPBs, and all other bodies carrying out public functions under a statutory power. DH attended a guidance workshop November 2006.

- > Guidance has been prepared on policy and strategy, management of public land and buildings; planning and development; and education, advice and awareness.
- > DH provided input to the (2007) strategy for England's Trees Woods and Forests. It includes focus on ecosystem services, biodiversity, woodlands for communities, working woodlands and actions to address climate change.

Source: Guidance for Public authorities on implementing the biodiversity duty. Defra February 2007

7. Overarching Global and European SD Policy for DH/NHS

7.1. UN SD Policy Context and commitment by UK

The UK is signed up to key UN policy around sustainable development including the Kyoto Protocol, the Millennium Development Goals; and the Millennium Biodiversity objectives and these form a framework within which our SD policies are developed. During 06/07 DH has contributed significantly to the development of the new EU sustainable development strategy ensuring inclusion of inequalities and public health dimensions.

Box 28 Global progress

Background includes: Key role of DH in international recruitment from developing countries

Progress 06/07:

- > Via DfID links to DH and Millennium Development Goals
- > Implementation in UK of UN guidance on SD activity e.g. Biodiversity
- > DH Published Global Health Partnerships Strategy March 2007

7.2. DH European SD Policy input

7.2.1 EU SDS 2006

Box 29 EU SDS 06/07 Progress

Progress 06/07

- DH officials made significant contributions to the EU SD strategy (EU SDS) published 2006, particularly ensuring inclusion of health inequalities and public health
- > DH officials are nominated leads for delivery plan priority areas

7.2.2 CEHAPE (Children and Environment and Health in Europe, WHO initiative)

Box 30. CEHAPE Progress 06/07 :

- ISG (cross-government, with DAs) committee set up c. 2005 to address Children, Environment and Health European part of WHO global initiative
- Solution Strain Stra

Pilot project 2007 on regional indicators with WM PHO includes useful sustainability topics

Details of content in relation to road and transport safety and air pollution due to traffic, see Travel and Transport section 4.3.1.

7.2.3 REACH Chemicals and health, EU initiative 2006-2016)

REACH Chemicals and Health 10 year agenda has commenced

8. Progress on embedding sustainable development in policies in DH

"Regarding the work programme outlined in your SDAP, and based on your progress above, how do you feel your organisation is performing on embedding sustainable development in your policies":

8.1. DH Progress 06/07 embedding SD in DH Policies,

The DH SDAP 06/07 stated that the Directorate of Policy and Strategy will take forward action to include the SD principles in DH policy development. During 2006/7 detailed action was planned to be developed to ensure SD is included in policy appraisal and to develop appropriate training tools for staff in this area. 8 Policy training workshops have been held

DH continues to contribute to key cross-government SD committees (including the SD Programme Board, the Sustainable Operations Board and

their sub-committees) and more widely such as the Whitehall Wellbeing Group. MS(PH) is a member of the Ministerial Committee on Energy and the Environment Sub-Committee on Sustainable Development [EE(SD)].

Particular new initiatives include:

SD in Policy skills development

- SD now included in Specification for the provision of policy skills workshops
- Eight policy skills workshops delivered since Nov 06 which included an element on SD in Policy making
- > Recommendations being made to the e-learning project board for the upgrading of the e-learning programme for policy skills. This includes some scripting of SD within the Impact Assessment module. They are aiming for a complete upgrade by April 07

SD into business planning (see below section 9.5)

Planning to use policy governance procedures to forward SD action

> Planning has started for using the new system of DH policy governance to facilitate action on policy issues raised in the SDC critique of the DH SDAP plan.

We are developing a **new outcomes framework** as part of the Treasury led CSR process, and we are considering how best to reflect sustainability as part of this.

DH has just launched a **guide on** *Better Policy Making* which has received approval from across government. It has been very widely circulated and is currently being promoted through an extensive set of workshops. The guidance is regularly revised and will be updated to include guidance to policy makers on addressing the sustainable development implications of any new policy work.

EQIAs are increasingly embedded in DH's policy development processes as part of our Single Equality Scheme action plan. See section 9.2.

During the past year there has been **considerable progress in developing regional initiatives to take embed SD in Regional health and other policies.** These regional initiatives hang around 3 key areas of activity, regional health and integrated regional strategies; regional level partnerships and county and local level partnership working, details below section 8.3.

√		(√)							
1 2		3	4	5	6	7	8	9	10
Starting out		Som	e progr	ess	0	n cours	e	Fully integrated	
 No/little alignment of policy with Government SD Strategy, UK Framework and related guidance No/little joining- up policy goals under the SD umbrella No/little signalling SD in external partnerships and relationships No/little embedding SD in policy approval processes / Regulatory Impac Assessments (RIAs) No/little effective stakeholder engagement No/little building SD capacity among delivery partners 	cy po S Fi gu u u in ai in pi l f f ct e e	Some a solicy wi SD Strat Framewo guidance Some ju goals un- umbrella Some s n extern and relat Some e mpact A (RIAS) Some e stakehole engagen Some b capacity partners	th Gover egy, UK ork and r ork and r ork and r ork and r signalling al partne ionships embeddin approva es / Regu ssessmo effective der nent ouilding \$	rnment related o policy SD g of SD erships ng SD J ulatory ents	policy w SD Stra Framew guidance Much j goals ur umbrella Much j external and rela Much j in policy process Impact J (RIAs) Much o stakeho engagel Much	joining-up nder the s a signalling I partners ationships embeddii / approva es / Reg Assessm effective Ider ment building s / among	rnment related o policy SD g SD in ships ong SD il ulatory ents	policy wi Governm Strategy Framew related g • Full join policy go the SD u • Fully si SD in ex partners relations • Fully el SD in po approva processo Regulato Assessm (RIAs) • Fully el stakehol engager • Fully bi capacity	nent SD r, UK ork and guidance ning-up bals under umbrella ignalling tternal hips and ships mbedding blicy l es / ory Impact nents ffective ider nent uilding SD

8.2. SDC scorecard for DH self assessment 'embedding sustainability in DH Policies'

Please comment on your rationale behind your choice of rating:

Self assessment of embedding sustainable development in Policies: Level 2-3 (Starting out/some progress)

Rating 2 but moving to 3: The building blocks are now in place through the new *Impact Assessment* process, the *Better Policy Making* publication, the recently established 'Policy Committee' and the steer given in the Department's *Business Plan for 07/08* to take this to the next stage in 07/08, but SD work is not yet being systematically embedded in DH policy.

8.3. Embedding work on tackling inequalities in policies

See earlier section on inequalities PSAs in Section 4.4 Healthier Sustainable Communities (Box 18)

8.4. Progress embedding SD in Regional DH policy

8.4.1 SD into Regional Health strategies and Integrated Regional Plans

- Strengthened role at DH regional tier with programme of SD work at regional level, across OGDs and with regional partners and agencies, activities include DH work in part or jointly.
- > E.g. London Health Commission reviewing the SD and health impacts of all its major strategies and the work of the NHS .
 - E.g Developing Healthy Sustainable Communities Planning Checklist produced by London Healthy Urban Development Unit, based on WHO 2000 guidelines. HUDU offers planning support to increase capacity, knowledge and skills of the health community to engage with the urban planning agenda to achieve sustainable development and ensure that policy makers better integrate health considerations into planning strategy and development projects.

8.4.2 Health contributing to Regional delivery partnerships for SD

- Strengthened engagement and membership from the regional health tier in Regional SD partnerships
 - e.g. NW SHA as a key signatory to Regional SD action plan and Climate Change partnerships
 - SD interest and consideration strongly evident in Spatial and Growth Area Planning (e.g. South East summary Health participation in Regional Economic Strategy and Evidence in Public consultation for South East Plan linking health/sustainability in growth).

- > The past year has seen intensive development and roll-out of Local Area Agreements with cross- regional health tier support on the implementation of Defra LAA guidance and scrutiny recommendations on SD
 - for example, in the North West region, Defra colleagues worked collaboratively with DH public health colleagues at Region to ensure a full scrutiny of the region's LAAs with recommendations and support to regional and local health colleagues in moving toward implementation of SD recommendations
 - progress made on sustainability indicator inclusion and a range of regionally supported SD improvement actions including auditing of SD/health LAA interests
 - Audit list LAA SD/health indicators/interest areas SDC/South East Regional Public Health Team.

8.4.3 DH Regional Progress in County, District, Local and Parish delivery partnerships

- > A recent collective DH Regional response on SD illustrates a wealth of activity that the regions are facilitating or supporting at the local level including liaison with SD Round Tables and strong linkage at the local level with public sector HIA/Sustainability assessment now a specific test within IA
- > Regional support to the SD champion agenda has been enhanced, for example the NW SHA supports local 'SD champions'-and all NW PCTs and Trusts have an SD lead officer fulfilling this role.

8.4.4 Progress in DH Regional NHS SD collaboration

Considerable progress has been made across the NHS in taking forward the SD agenda.

- > A strengthened regional role in supporting the NHS to mainstream this agenda is of note.
 - NW Trusts and PCTs are required to report against progress in the implementation of their NHS SD Plans
 - NW SHA have taken action to incorporate GCC guidance for all new internal policies covering transport, procurement, social impacts, facilities management, employment and skills, community engagement and new buildings.
 - At local level, there are a multiplicity of illustrative examples of NHS initiatives in SD including –
 - local evidence on example on procurement, food (e.g. Bromford, Cornwall);
 - West Midlands example of GCC network: with 21 out of 25 Trusts represented on the group, encouraging widespread uptake of GCC toolkit.

 Also SW have taken forward cross- departmental initiatives around organising a series of events to promote the links between sustainable food procurement and health with Defra and the SEEDA

8.4.5. Embedding SD in DH policy developments in DH's 5 key SD commitments

See above Food and Health (section 4.2); see Transport and Health (section 4.3); see Sustainable Communities (section 4.4); see Health Impact (section 4.5).

8.4.6. SD in NHS Operating framework published December 2006

Two SD Principles are included in the document now being considered "We will strive for the most effective and sustainable use of resources (Principle 2)"

"We will help keep people healthy and work to reduce health inequalities (Principle 4)"

9. Progress in DH SD Governance, Monitoring and Reporting

9.1 DH SD Governance

- See Appendix 3 for the new DH/NHS governance structure which is supported by Terms Of Reference closely linked to the crossgovernment SD governance structure set up by Defra. The SD Forum with the new High Level Group has been responsible for overseeing the delivery of the SD Action Plan, including communication issues, and will ensure that DH continues to report on SD progress.
- > DH's new SD High Level Group, chaired by the permanent secretary will be supported from June by the DH Policy and Strategy Directorate's Programme Coordination team which will help to bring greater coordination, coherence and assurance to delivery of the Departments SD commitments. By virtue of becoming part of the remit of this Directorate SD will start to be embedded in core policy thinking across the whole of the health reform agenda.

9.2 DH SD monitoring

- Business planning (see section 9. 5) will include reporting on progress
- EQIAs are increasingly embedded in DH's policy development processes as part of our Single Equality Scheme action plan. Now that the BRE's newly released *Impact Assessment* process, includes checks on Sustainable Development this test will be systematically applied in future. As with RIAs and EQIAs, which are already monitored by the DH Gateway team, we will look to including the successful completion of an SD assessment as part of the new IA process as a Gateway check before any publications are issued to the NHS.

9.3 DH SD Reporting

- > The DH SD Forum meets quarterly, receives reports from workstreams and reports to the DH High Level Group
- > The Department's Annual Report provides an update on progress on DH's key SD contributions both in policy and operations.
- The Department's performance continues to be included in the annual SD in Government (SDIG, now SOGE) report. DH came 2nd in the recent assessment.

- > The DH SDAP continues to be available on the DH's website
- > The Estates Returns Information Collection system (ERIC) collects and analyses data from the NHS on a raft of issues including estates and facilities management and energy targets and is used by DHEFD.

9.4. Scorecard DH self-assessment on progress on DH SD Governance, Monitoring and Reporting

	\checkmark								
1	2	3	4	5	6	7	8	9	10
Starting out		Son	ne progi	ess	On course Fully inte			tegrated	

Please comment on your rationale behind your choice of rating:

Rating 2 but moving to 3

Progress has begun and we have a draft plan of action prepared for 07/08

9.5 DH Business Planning and SD

SD in DH business Planning Progress 06/07:

We stated in our 06/07 SDAP we would endeavour to reflect appropriately a commitment to SD principles and objectives into the business planning process during 06/07 and thereafter.

DH's 07/08 business plan explicitly raises the profile on Sustainable Development by stating that 'sustainable development must be taken into account' just as financial implications and equality impact assessments are when developing new policy. It also provides guidance and draws attention to our SD commitments.

There is now a section on Sustainable Development included in current DH business planning guidance (Ref: Business Planning and Prioritisation Guidance 2007/8 Annex C).

10.Progress engaging DH staff and stakeholders and putting in place systems to ensure delivery of DH SDAP

10.1 The DH SD Forum coordinating and steering the delivery of the SD Action plan

- > The SD Forum has grown from the SD Action Plan Working Group, originally established to develop the SD Action Plan 06/07.
 - It has increased membership steadily as the different parts of DH undertaking SD work have become involved.
 - It now involves policy groups including DH's Health Inequalities Unit, and policy leads on sustainable communities; health impact; good corporate citizen model; climate change; transport and health; food and health; global health; EU SDS;
 - It now also includes NHS Procurement (not just DH)
 - DH Human Resources and DH Finance are involved for developing social and community aspects of DH's SDAP
 - DH Operations is represented (e.g. water, waste, energy, fair trade);and DH Estates & Facilities which covers NHS operations.
 - The DH SD Forum now also includes Regional DH representation to report on DH and NHS developments across England.
 - DH SD Forum also links to leads for programmes of work including WHO CEHAPE and EU REACH
- > The DH SD Forum aims to monitor progress on the DH SD action plan and to take action to mitigate the risk element. It will also be responsible for overseeing the communication plan and will make an annual report to the Departmental Management Board on SD progress.

10.2. New DH/NHS SD High Level Group ensuring involvement and accountability

In February 2006 a DH/NHS SD High Level Group chaired by the Perm Sec was set up including representation from policy, commercial, procurement and operations.

10.3. 'People' DH Self assessment

(Progress on inclusion of SD in core values, recruitment, induction, training, internal comms and career planning and placements)

\checkmark										
1	2	3	4	5	6	7	8	9	10	
Startir	Starting out		ne prog	ress	0	n cours	se	Fully in	Fully integrated	
SD is not or to little extent reflected in:		SD is pa in:	artially re	eflected	SD is greatly reflected in:			SD is fully reflected in:		
 Core vision and values 		Core values	ision an	d	Core v values	 Core vision and values 			 Core vision and values 	
Training development core skills induction, leadership development	ent (e.g. , o		oment (e. iduction, hip oment)			oment (e. iduction, hip oment)		• Training and development (e.g. core skills, induction, leadership development)		
Performance management (e.g. competency framework)		manage compet framew • Recru	ork)	.g.	manage compet framew • Recru	ork)	.g.	Performance management (e.g. competency framework)		
 Recruitment Career planning and placements Internal communications 		 Career planning and placements Internal communications Volunteering 			placem • Interna	al nications	•	 Recruitment Career planning and placements Internal communications 		
VolunteeringFund raising		• Fund I	Fund raising			raising		VolunteeringFund raising		

Please comment on your rationale behind your choice of rating:

Core values

Some principles and examples now included in current business planning guidance, see Section 9.5

Training/Coaching (details as in section 8.1)

- > SD now included in Specification for the provision of policy skills workshops to all staff
- Eight policy skills workshops delivered since Nov 06 which included an element on SD in Policy making
- > Recommendations being made to the e-learning project board for the upgrading of the e-learning programme for policy skills, including some scripting of SD within the impact assessment module, aiming for a complete upgrade by April 07
- > Planning to use the new system of policy governance to facilitate action on the SDC critique of the DH SDAP plan.

10.4 Communication to ensure SD in the DH is owned by all

Objectives for the Department for communication in SD were:

" to develop an SD Communication Plan by July 2006

" to raise awareness of SD and reach all members of staff by end 2007

Progress in comms

- > An internal SD Comms Plan was produced and will be revised for 07/08 based on the next DH SDAP. The SD action plan involved actions for teams and individuals.
- > First steps have now been taken to develop staff knowledge and capacity in SD at all levels, through training and induction.
- SD has featured regularly through the year on the homepage of Delphi, the DH staff intranet, mainly updating staff on SD news such as DH performance in the SDiG (now SOGE) and linking DH SD activity with national and international SD events such as Fair Trade Fortnight and the National Week of the Volunteer.
- > CHIP, the Departmental briefing system is also available through Delphi and is updated regularly.
- SD has been featured in Link the DH staff magazine several times over the year including a double page spread on the launch of DH's 2006/07 SDAP.
- > There have been further initiatives to raise awareness and prompt action during 2006, including the DH SD Fairs in London and Leeds, launched by MS(PH), the Permanent Secretary and the NHS Chief Executive.
- > All this has started to help raise SD awareness and has also enabled DH to celebrate progress on matters such as being the lowest user of water per head across all of government (mainly due to use of waterless urinals).
- Nonetheless challenges remain, in the recent (2007) staff survey, only 20% think DH actively encourages employees to be environmentally friendly, but up from 19% in 2006; and only 16% consider DH work practices are consistent with health and wellbeing (no change on 2006).
- In terms of external facing communication, the DH 06/07 SDAP is on the DH website and a press release was prepared at the time of its launch.

10.5 Taking forward Sustainable Development in the NHS

Box 31. Progress in SD development in NHS

The new DH SD High Level Group and cross DH/NHS structure developed during 06/07 is specifically designed to facilitate taking forward SD in the NHS. Structure diagram see Appendix A3.

The Department of Health has contributed to the development of the Good Corporate Citizen self-assessment toolkit which was launched in February 2006, delivery details see above Section 4.1.

DH, through the NHS Estates and Facilities Division, is committed to embedding sustainable practices in the NHS and continues to help NHS Trusts deliver on sustainability, provide a better environment, to increase efficiency, save money and to generally become good corporate citizens.

Best practice guidance and support to the NHS, provided by DH Estates and Facilities Division includes:

- Development of New Environmental Assessment web based Tool (NEAT) for the NHS (more demanding than BREEAM)
- > Sustainable Development: Environmental Strategy for the NHS
- > Transport and Car park management– guidance (See 4.3.1)
- Safe management of healthcare waste a UK wide joint agencies document
- > Carbon Management (see Section 4.3.1)
- > DH EFD partnership Alliance of Sustainable Buildings to establish web based information and learning network for NHS and its partners.
- DH EFD training and awareness for OGDs and NHS including National IHEEM and Hefma conferences.

Examples of specific topics with DH developing work with the NHS are described earlier as follows:

NHS progress on the Good Corporate Citizen Self assessment model (Section 4.1)

NHS progress on healthier sustainable communities (Section 4.4.1) NHS tackling inequalities (Box 14)

NHS progress on transport and health (Boxes 8 and (and Figure 3)

NHS progress on Food and Health in the context of sustainable food and farming (Boxes 2,4,6)

NHS progress on health impact assessment (Section 4.5.1.)

NHS developments on Climate Change (Section 5.1)

NHS promoting the natural environment and health (Section 6.2)

NHS operating framework developments (Section 8.6)

11. Progress on Procurement

11.1 Separate reporting DH and NHS PASA

On discussion SDC has requested separate reporting as SMART targets for procurement were set just for DH in the 06/07 DH SDAP.

Nonetheless reporting is also required against the 'flexible framework' for all aspects of procurement, both DH and NHSPASA

NHS PASA covers aspects of DH procurement, thus while we have separated the reporting some aspects of NHS PASA are integral to DH.

We report both on DH SMART target progress and on our self assessment against the new flexible framework separately for NHS PASA and DH.

11.2. DH Procurement Progress 06/07

11.2.1 Procurement policy DH

DH's objectives for procurement are:

- > to ensure DH contracts/contractors reflect sound SD policies
- > to ensure operational staff involved in purchasing are better informed about DH SD policy

11.2.2 DH Procurement priorities

In relation to the *Framework for Sustainable Development on the Government Estate*⁴, in 2006 DH identified a number of key areas for development, to include in procurement activity. We also contributed to the development of the procurement section of the Good Corporate Citizenship programme which contributes to a sustainable environment; a sustainable economy, and to developing and maintaining sustainable communities.

⁴ The *Framework for Sustainable Development on the Government Estate* consists of targets covering performance in the areas of transport, water, waste, energy, procurement, Estates Management, Biodiversity, and Social.

11.2.3 DH Procurement Overall Success

Box 32.

For the Sustainable Procurement Flexible Framework DH has achieved Level 1.in two areas with progress against the other three areas Our main successes for 06/07 are in the areas of procurement process and people. Key contracts now contain sustainability clauses and contracts are awarded on the basis of value for money. DH now has established a Board level group for SD and sustainable procurement and its staff are better equipped to undertake procurement through training and support.

See Appendix A2 for further information on progress towards DH's SMART targets set out in the 06/07 DH SDAP.

> SDAP Progress Report – Procurement Flexible Framework

	Foundation Level 1	Embed Level 2	Practice Level 3	Enhance Level 4	Lead Level 5	
People	Sustainable procurement champion identified. Key procurement staff have received basic training in sustainable procurement principles. Sustainable procurement is included as part of a key employee induction programme.	All procurement staff have received basic training in sustainable procurement principles. Key staff have received advanced training on sustainable procurement principles.	Targeted refresher training on latest sustainable procurement principles. Performance objectives and appraisal include sustainable procurement factors. Simple incentive programme in place.	Sustainable procurement included in competencies and selection criteria. Sustainable procurement is included as part of employee induction programme.	Achievements are publicised and used to attract procurement professionals. Internal and external awards are received for achievements. Focus is on benefits achieved. Good practice shared with other organisations.	
Policy, Strategy & Communications	objectives. Simple sustainable procurement policy		Augment the sustainable procurement policy into a strategy covering risk, process integration, marketing, supplier engagement, measurement and a review process. Strategy endorsed by CEO.	Review and enhance the sustainable procurement strategy, in particular recognising the potential of new technologies. Try to link strategy to EMS and include in overall corporate strategy.	Strategy is: reviewed regularly, externally scrutinised and directly linked to organisations' EMS. The Sustainable Procurement strategy recognised by political leaders, is communicated widely. A detailed review is undertaken to determine future priorities and a new strategy is produced beyond this framework.	
Procurement Process	Expenditure analysis undertaken and key sustainability impacts identified. Key contracts start to include general sustainability criteria. Contracts awarded on the basis of value-for- money, not lowest price. Procurers adopt Quick Wins.	Detailed expenditure analysis undertaken, key sustainability risks assessed and used for prioritisation. Sustainability is considered at an early stage in the procurement process of most contracts. Whole-life-cost analysis adopted.	All contracts are assessed for general sustainability risks and management actions identified. Risks managed throughout all stages of the procurement process. Targets to improve sustainability are agreed with key suppliers.	Detailed sustainability risks assessed for high impact contracts. Project/contract sustainability governance is in place. A life-cycle approach to cost/impact assessment is applied.	Life-cycle analysis has been undertaken for key commodity areas. Sustainability Key Performance Indicators agreed with key suppliers. Progress is rewarded or penalised based on performance. Barriers to sustainable procurement have been removed. Best practice shared with other organisations.	
Engaging Suppliers	Key supplier spend analysis undertaken and high sustainability impact suppliers identified. Key suppliers targeted for engagement and views on procurement policy sought.	Detailed supplier spend analysis undertaken. General programme of supplier engagement initiated, with senior manager involvement.	Targeted supplier engagement programme in place, promoting continual sustainability improvement. Two way communications between procurer and supplier exists with incentives. Supply chains for key spend areas have been mapped.	Key suppliers targeted for intensive development. Sustainability audits and supply chain improvement programmes in place. Achievements are formally recorded. CEO involved in the supplier engagement programme.	Suppliers recognised as essential to delivery of organisations' sustainable procurement strategy. CEO engages with suppliers. Best practice shared with other/peer organisations. Suppliers recognise they must continually improve their sustainability profile to keep the clients business.	
Measurements & Results	Key sustainability impacts of procurement activity have been identified.	Detailed appraisal of the sustainability impacts of the procurement activity has been undertaken. Measures implemented to manage the identified high risk impact areas.	Sustainability measures refined from general departmental measures to include individual procurers and are linked to development objectives.	Measures are integrated into a balanced score card approach reflecting both input and output. Comparison is made with peer organisations. Benefit statements have been produced.	Measures used to drive organisational sustainable development strategy direction. Progress formally benchmarked with peer organisations. Benefits from sustainable procurement are clearly evidenced. Independent audit reports available in the public domain.	

11.2.4 Commentary justifying DH Level 1 achievement

For each of the themes in the Flexible Framework above, provide a brief commentary to justify the level achieved. For example, what have been the major accomplishments relating to that theme, how have you achieved them, how do you know they were achieved and what has held you back from achieving the next level?

1. DH Procurement People

Level 1 achieved: The DH Permanent Secretary is the senior champion for sustainable procurement and has established a Sustainable Development and Procurement High Level Group. Key procurement staff received sustainable procurement training in February 2007. Information on sustainable procurement is available on the DH intranet.

2. DH Procurement Policy, Strategy & Communications

Progress towards Level 1. Sustainable procurement is included in DH's Sustainable Development Action Plan and overarching sustainability objectives. A sustainable procurement policy has been developed. It was signed off by the SD High Level Group 23 May 2007.

3. DH Procurement Process

Level 1 achieved. DH spend information is collated with a view to analyse expenditure and key sustainability impacts. Key contracts contain relevant sustainability clauses e.g. cleaning, catering, office equipment and office stationery. Procurers have adopted quick wins. Contracts are awarded on the basis of value for money.

4. DH Engaging Suppliers

Progress towards Level 1: Contracted staff identified as key departmental supplier spend. High sustainability impact suppliers, such as timber suppliers, identified and government policy followed. Further work required on engaging suppliers. Lack of resources, due to competing priorities and project SHOWA, have limited progress.

5. DH Procurement Measurements & Results

Progress towards Level 1: Measurement of progress against initial progress targets set under Sustainable Development Action Plan showed all actions have either been completed or rolled into actions under the flexible framework (for example purchasing quick wins, publishing sustainable procurement information on web site, providing training to key staff).

11.3. NHS Procurement Progress

11.3.1 Procurement NHS PASA overall progress

In relation to procurement in the NHS, NHS PASA continues to lead through the development of training, research, best practice and guidance, and engagement with sustainable procurement initiatives at a national and regional level. NHS PASA has achieved 'Level 4' in the Policy area, 'Level 2' in three areas of the Sustainable Procurement Flexible Framework and Level 1 in the other area. NHS PASA aims to achieve 'Level 3' in all areas and 'level 5' in at least three of these areas by end 2009. NHS PASA and DH continue to work closely with other Government Departments to identify and share best practice.

11.3.2 Scorecard NHS PASA Progress Procurement Policies

							\checkmark			
1	2	3	4	5	6	7	8	9	10	
Starting	out	Son	ne progi	ress	0	n cours	se in the second se	Fully integrated		
 No/little alignment of with Governi SD Strategy Framework a related guida No/little joir up policy go under the SI umbrella No/little signalling SI external partnerships relationships No/little embedding S policy approproprocesses / Regulatory I Assessment (RIAs) No/little effe stakeholder engagement No/little bui SD capacity among deliv 	f policy ment y, UK and ance ning- als D D in s and s SD in oval Impact ts fective t iilding	 Some policy w SD Stra Framew guidance Some goals un umbrella Some in extern and rela Some in policy process Impact J (RIAs) Some stakeho engage Some 	alignmer ith Gove tegy, UK vork and poining-u nder the a signalling nal partne tionships embeddi v approva es / Reg Assessm effective Ider ment building v among	nt of rnment related p policy SD g of SD erships s ng SD al ulatory ents	 Much policy w SD Stra Framew guidance Much goals un umbrelle Much externa and rela Much in policy process Impact (RIAs) Much stakehoe engage Much 	alignmen vith Gove itegy, UK vork and goining-up nder the signalling l partners ationships embeddii / approva ses / Reg Assessm effective older ment building S / among	t of rnment related o policy SD g SD in ships s ng SD al ulatory ents	 Full alig policy with Governm Strategy, Framewor related g Full join policy go the SD u Fully sig SD in exit partnersh relationsh Fully en SD in pol approval processes Regulato Assessm (RIAs) Fully eff stakeholo engagem 	Inment of thent SD UK Drk and uidance ing-up als under mbrella gnalling ternal hips and hips nbedding licy es / vry Impact tents fective der hent samong	

Please comment on your rationale behind your choice of rating:

NHS PASA Self-assessment on Procurement Policies Rating 8 'On Course':

- > NHS PASA has developed a range of policies to cover the significant SD aspects of its operations.
- > This includes an overarching SD Policy, an Environmental Policy and a Sustainable Procurement Policy.
- > These are further supported by HR related policies that address a full range of issues in relation to employment.
- > NHS PASA has developed a Policy Impact Assessment tool that is applied to 'non-regulatory' Policy setting which prompts strong consideration of SD. The policies support UK Government SD policy.
- > Some work is now ongoing to rationalise Policies into a clear structure to support communication internally and externally.

11.3.3 NHS PASA Commentary to justify Levels 2-4

For each of the themes in the Flexible Framework above, provide a brief commentary to justify the level achieved. For example, what have been the major accomplishments relating to that theme, how have you achieved them, how do you know they were achieved and what has held you back from achieving the next level?

NHS PASA Procurement People

Level 2 achieved: The DH Permanent Secretary is the senior champion for sustainable procurement within the DH. NHS PASA has had a sustainable development team for several years, working to achieve sustainability in all NHS PASA activities. All PASA staff have received training on sustainable development (including procurement). Sustainable development (including procurement). Sustainable development staff have received training in sustainable procurement principles. Key staff have received advanced training.

NHS PASA Procurement Policy, Strategy & Communications

Level 4 achieved. Sustainability objectives have been part of the NHS PASA business plans for several years. A sustainable procurement policy, strategy and action plan were published in 2006, and are available on PASA's website. Stakeholder engagement formed an important part of drafting sustainable procurement documents, including staff and suppliers. Progress on sustainable development is communicated through the website, through the quarterly PS magazine (sent to all staff, suppliers and NHS Trusts).

NHS PASA Procurement Process

Level 2 progress. Key risks identified through a risk management procedure within each procurement team. Contracts include sustainability criteria that are relevant to the subject of the contract. All contracts awarded on basis of value for money, Quick wins specifications adopted (in some cases exceeded) where relevant in NHS contracts. Sustainability is included in procurement process, as can be seen through the Operations and Policy Procedures manual. Renewed expenditure analysis, using the SPTF methodology is being undertaken with a view to completion by end of April 07. NHS Trust procurement decisions are encouraged to be on the basis of whole life costs. Awaiting the development of a recommended methodology for assessing whole life costs.

NHS PASA Engaging Suppliers

Level 2 achieved. Spend analysis undertaken, conferences held for key suppliers, all suppliers surveyed on key environmental impacts. Key suppliers engaged on sustainability principles through contracting process. General program of supplier engagement exists, through communications such as sustainability reports and PS Expo. Senior management involved in supplier engagement eg. chief executive signoff for sustainability reports, representation at PS Expo.

NHS PASA Procurement measurements & Results

Level 2 achieved. Measurement of progress against government targets (previously under Framework for SD on the Government Estate), flexible framework as well as Global Reporting Initiative for sustainability reporting. Won aware from ACCA for public sector sustainability reporting. Procurement is part of the Sustainable Development Management System under which the Agency operates. Risk assessment of each purchasing category has taken place, and procedures put in place to mitigate risks. Progress against the Flexible Framework is set as Balanced Scorecard indicator and is reported on monthly to Exec Board.

11.3.4 Scorecard NHS PASA Procurement 'People'

						\checkmark		
1 2	3	4	5	6	7	8	9	10
Starting out	Sor	ne progr	ess	C	On cours	e	Fully in	tegrated
Starting out SD is not or to little extent reflected in: • Core vision and values • Training and development (e.g. core skills, induction, leadership development) • Performance management (e.g. competency framework) • Recruitment • Career planning and placements • Internal communications • Volunteering	SD is pa • Core v • Trainin develop skills, ind leadersh • Perforr manage compete • Recruit • Career placeme	rtially refle sion and g and ment (e.g. duction, ip develo nance ment (e.g ency frame ment (e.g ency frame ment planning nts I commur eering	ected in: values core pment) ework) and	SD is gro Core vi Trainin developi skills, ind leadersh Perforr manage compete Recruit Career placeme	eatly refle ision and g and ment (e.g. duction, ip develo nance ment (e.g ency frame trent planning ents l commur eering	cted in: values . core pment) ework) and	SD is fully in: • Core visi values • Training developm	reflected ion and and ent (e.g. , induction, ent) ance ent (e.g. cy k) nent blanning ments cations

Please comment on your rationale behind your choice of rating:

NHS PASA Self assessment rating 8/10 People (core vision, training, performance management, careers):

- > SD is clearly identified in NHS PASA Strategy and Business Plan.
- > Broad SD training is provided at induction
- > Training is then based on needs for specific roles.
- > NHS PASA has set up the support of SD policy and targets as corporate objectives, applicable to all employees, in the 2007/8 individual Performance Review process.
- > The internal communications mechanisms are used regularly to communicate on SD issues.
- Work on increasing opportunity for volunteering and community engagement is planned for 2007-8
- Research will be undertaken to identify SD competencies and how SD is embedded in personal objectives going forward.

11.3.5 Scorecard procurement Operations NHS PASA

								\checkmark	
1 2	3	4	5	6	7	8	9	10	
Starting out	Sor	ne progr	ess	On course			Fully in	Fully integrated	
Little or no structure around the Framework for Sustainable Development on the Government Estate including elements such as: • Management systems (e.g. EMS) • Energy, water, waste (resource efficiency, recycling etc.) • Travel • Sustainable procurement (e.g. efficient, green, fair, local, healthy) • Construction and refurbishment. • Biodiversity • Positive social and community impact	Framewo Developi Governn including as: • Manag (e.g. EM • Energy (resource recycling • Travel • Sustair procuren green, fa • Constru- refurbish • Biodive • Positive	, water, w e efficienc j etc.) nable nent (e.g. nir, local, h uction and ment.	stainable e s such stems aste cy, efficient, nealthy) I	Framewo Develop Governn including as: • Manag (e.g. EM • Energy (resourc recycling • Travel • Sustair procurer green, fa • Constru- refurbish • Biodive	, water, w e efficienc g etc.) nable nent (e.g. air, local, h uction and ment.	stainable e s such stems aste cy, efficient, healthy) I	Governme including of such as: • Manager systems (f • Energy, waste (res efficiency, etc.) • Travel • Sustaina procuremo efficient, g local, heal • Construct refurbishm	e k for le eent on the ent Estate elements ment e.g. EMS) water, source recycling ble ent (e.g. preen, fair, lthy) ction and nent. sity social and	

Please comment on your rationale behind your choice of rating:

NHS PASA Rating 10/10 Procurement operations policies.

- > The agency controls, monitors and reports on performance against the SOGE targets though it is certified ISO 14001 EMS.
- > All aspects are controlled and managed through documented procedures.
- > Performance is monitored against all relevant SOGE targets progressively and reported to Exec Board quarterly, supported by internal audits.
- Procedures for sustainable procurement are also in place ensuring SD is considered at the early stage of contracting activity undertaken by NHS PASA,
- > The systems in place are constantly reviewed in order to effect continual improvement.

11.3.6 Scorecard NHS PASA Governance, Monitoring and Reporting

								\checkmark	
1	2	3	4	5	6	7	8	9	10
Starti	Starting out Som		ne progr	ess	C	On cours	е	Fully in	tegrated

Please comment on your rationale behind your choice of rating:

NHS PASA Rating 9/10 Fully integrated on SD Governance, SD Monitoring and SD Reporting:

- Reporting against the business plan is done monthly using a 'balanced score card approach' and the two SD objectives in the Business Plan are reported within this.
- > Reporting on SD risk is also undertaken monthly for Exec Board.
- > Detailed reporting on SD performance to Exec Board is undertaken quarterly.
- SD is incorporated into the Annual report for the Agency and following a gap re 2005-6, NHS PASA plan to report on SD publicly as a stand alone reporting activity over 2007-08.

11.3.7. Taking Stock of SD in Procurement by NHS PASA

What has helped NHS PASA to deliver its SDAP? e.g., capacity, funding, culture, leadership, policies, procedures and/or organisational arrangements.

For NHS PASA there was early commitment to sustainable development from former CE which has carried on through the current management structure, the commitment of dedicated resources and staff, an enthusiasm to try to improve sustainability outcomes and work with other organisations on sustainability issues (e.g. research with the University of Bath, supporting Cornwall food procurement unit, work with ABHI on regulatory guidance). Polices and procedures have been developed and implemented, supported by training, to provide a systematic framework, but leadership, a positive SD culture among Agency staff, and capacity to make the difference.

What has hindered the delivery of NHS PASA SDAP? e.g., capacity, funding, culture, leadership, policies, procedures and/or organisational arrangements.

For NHS PASA there has been instability due to substantial reorganisation, change of leadership and a central government led focus on the delivery of savings targets rather than sustainable procurement. This is beginning to change with the new focus brought about by the SPTF report, invigorating SD focus and projects.

What information do you hold and collect relating to the sustainable development impact of your organisation's overall policies/projects/activities? e.g., Regulatory Impact Assessments (RIA).

For NHS PASA there has been extensive assessment of SD impacts was carried out for the preparation of the previous two sustainability reports in accordance with GRI guidelines. However, a report was not prepared in 2005/6 due to lack of staff/resources and the focus of the organisation. Environmental assessments are carried out for all contracts (being transformed into sustainability risk assessments). A new Policy impact assessment has been developed which incorporates strong consideration of SD.

Were there any key updates/changes to the NHS PASA 2005/06 SDAP? Please briefly list.

NHS PASA has proactively managed its significant SD aspects through management systems which are certified to ISO14001 (Environment), OHSAS 18001 (Health & Safety) and Investors in People (Employees) and its Sustainable Procurement Policy, Strategy and Action Plan in October 2006. NHS PASA has not developed SDAP by name to date, however, it is planned to develop a SDAP document for 2007-08 that clearly identifies the core SD activities of the Agency along with related policy, objectives, action plans.

12. Taking Stock on the DH SDAP

The following questions from SDC are designed to help DH further reflect upon the success, barriers and progress of DH's SDAP process, and to identify what helped or hindered.

12.1 What has helped DH to deliver its SDAP?

e.g., capacity, funding, culture, leadership, policies, procedures and/or organisational arrangements.

Collaboration with and support from other Government Departments and SDC with key roles played by the cross-government SD committee

structure: DH collaboration with DEFRA and SDC has provided ongoing guidance to DH's SD development. The cross-government SD Policy Working Group has facilitated significant networking and sharing experience e.g. with DWP and DfES. The SD Programme Board (which includes DH as a member) has also been an important cross-government forum for identifying opportunities to link the SD health agenda to other developing SD initiatives.

Hard work and enthusiasm from the all staff across DH involved in SD and particularly the DH SD Forum, also people working across DH who have provided information on progress towards DH's 5 key SD commitments (and the recently set up Perm Sec chaired DH SD/SP High Level Group, HLG) all bringing together information on SD activity from across DH and increasingly the NHS too.

The few dedicated SD staff in DH have formed an excellent and creative network that now brings in numerous other people 'as needed' for particular SD task development, briefings etc from all parts of DH and increasingly the NHS too. The development of cross-DH working has brought together for the first time in a working relationship DH sustainable operations, DH and NHS sustainable procurement, social and community aspects of HR in DH working alongside policy colleagues covering a range of DH topics related to SD in an enthusiastic and hard working DH SD Forum. This was launched by the Permanent Secretary in June 2006 with the specific remit to deliver the 06/07 DH SDAP and continuing support from the SD Minister MS(PH) and the Perm Sec has also been most important. Widening the Forum to include DH Estates and Facilities Division states and sustainable procurement in the NHS was an important milestone, and there has been a steady increase in policy colleagues on a range of topics becoming involved. The recent creation of the DH/NHS SD HLG to oversee work with a parallel 'engine room' to develop the emerging comprehensive SD approach across DH and NHS holds great potential.

Consistent Top Leadership and Support in certain quarters at the top from the beginning has set a standard for SD initiative that all parts of DH have the

opportunity to follow. The launching of the 06/07 DH SDAP at 'SD Fairs' opened in London, jointly by the then SD Lead Gina Radford, the Minister, MS(PH) Caroline Flint and the Perm Sec Hugh Taylor and in Leeds by the Chief Exec of the NHS, David Nicholson visibly showed DH's and the NHS's high level support for the 06/07 SDAP, and also created events that were not just interesting but fun for staff to attend.

High expectations from DH leaders and MS(PH)

Even more important for delivery during the year and for the further development of SD in DH has been the personal interest shown by MS(PH) and the Permanent Secretary during 06/07. Crucially this was accompanied by very high levels of expectation that DH can move forward and itself be a leader on SD in Government, and can move towards winning 'the big prize' by volume by helping the NHS develop and operate more sustainability. These high expectations (including the Minister putting them in writing) have greatly facilitated addressing a culture in a few quarters where only adequacy is expected rather than excellence and creativity.

New international and national scientific evidence and increasing political concerns about climate change

The context of SD rising rapidly up the political agenda during 06/07 has helped to address slow response to SD initiatives in some parts of DH.

Regional initiatives by DH have been accelerating during 06/07: In the Regions *DH leadership particularly in forging partnerships* and committing to lead partner roles and responsibilities in key regional for a has been most important, especially the SD roles taken on by the RDPH (Regional Director of Public Health) and the DH Regional Public Health Groups, e.g. in public commitment to SD, developing SD initiatives; participating fully in cross-sector regional SD Partnerships; and signing up to action on climate change (further details Section8.4.1-8.4.4).

The Local Area Agreement (LAA) leadership role of DH in the Regions has

been a further facilitator as DH teams are now confidently developing the SD Agenda with Local Authorities (who already hold responsibilities on sustainability and biodiversity). These DH LAA leads are now also increasingly working with Local Strategic partnerships (LSPs) to ensure that SD is fully integrated into the performance improvement agenda including SD.

The embedding of *Good Corporate Citizen policies in local NHS Trust policies as part of LAAs* is another important regional initiative that is helping deliver this DH commitment in the UK SD strategy.

Freedom to innovate: Foundation Trusts initiatives in the NHS have often led the way in Good Corporate Citizen pilots, building good practice earlier than some other NHS Trusts, seemingly enabled to do so by their additional autonomy.

12.2 What has hindered the delivery of DH's SDAP?

e.g., capacity, funding, culture, leadership, policies, procedures and/or organisational arrangements.

Lack of coordinating structures across DH at the beginning: The spread of SD activity across DH made it difficult at the outset to have a clear overview of inputs and responsibilities. For a time SD policy focused on inequalities as this has been one of the litmus test indicators for SD progress. This agenda remained separate from SD activity in operations and procurement, however now all these subjects and a widened policy focus have been brought under the umbrella of the DH SD Forum and the DH SD High Level Group. Until recently Key SD issues such as climate change have tended to be dealt with separately in DH however now there are the beginnings of link-up to related topic such as carbon contraction and convergence. DH has at times failed to link domestic policies to global issues but now this is changing e.g. the 2007 global health partnership strategy. Added complexity to SD delivery in health arises from the complexity of working across DH and the NHS. The new DH SD structure and the DH SD team working right across DH (and increasingly the NHS) are now addressing these issues

Some slowness to mobilise SD skills already existing in DH: Despite high levels of capability in some parts of DH the organisation was at first slow to mobilise them to take forward the overall DH SD agenda. However the new 'engine-room' approach should help address this.

NHS Reorganisation particularly affecting SD health agenda development in the Regions: There have been signs of organisational inertia due to rapid and system-wide NHS organisational change. This was accompanied by a perceived risk that resources and capacity were being sapped, however there is now movement forward.

Resources: Paradoxically the emphasis that all DH SD activity must be mainstreamed has facilitated a 'can do' approach during 06/07 and a drive to (successfully) identify resources within existing frameworks. However there comes a time when 'invest to save' may also be needed, and when the increased level of SD activity may make it difficult for everything to be done well without mobilising more people. It is hoped to identify options and to address this in the coming 6 months. There are still questions about the level of resourcing to drive forward the SD health agenda

12.3 What information is held and collected relating to the SD impact of your organisation's overall policies/projects/activities?

e.g., Impact Assessments (IA).

- > Sustainable operations reporting is collected via SOGE data.
- Sustainable Procurement has a very well organised data collection (see 11.3.6. scoring 9/10) with a monthly balanced score card and risk reporting to the Executive Board and SD performance reporting quarterly
- > All Regulatory (now Impact) Assessments are published on the DH website and will be held on the (Better Regulation) BRE website. The Cabinet Office will be keeping a central register as part of the new IA process.
- Targets (inequalities) are reported regularly in the Performance Report for the NHS Management Board.
- Quarterly reports are prepared on the Healthy Futures (Good Corporate Citizen self-assessment model) Project and sent to the SD Minister MS(PH).

12.4 Were there any key updates/changes to your 2006/07 SDAP? *Please briefly list.*

By request of the Perm Sec, SDIG progress, now SOGE is reported alongside other DH SDAP reporting.

13. Conclusions

13.1. DH SD Coordination and Accountability

There have been considerable achievements in DH in developing SD coordination and accountability during 2006/7.

This has been due particularly to activity of the original members of the DH SD Forum (launched by the Permanent Secretary in June 2006) and to the others who have been involved since, who have all willingly brought forward information about their work to contribute to the evidence of DH's SD activity.

- also the new DH SD infrastructure including the High Level Group (see Appendix A3)
- > new DH and NHS SD engagement especially via the many Regional SD initiatives, across all 5 key commitments, for addressing climate change, for addressing biodiversity links to health and via the new SD infrastructure
- > new monitoring and reporting of DH SD activity particularly in procurement and operations
- > DH's new SD High Level Group, chaired by the permanent secretary will be supported from June by the DH Policy and Strategy Directorate's Programme Coordination team which will help to bring greater coordination, coherence and assurance to delivery of DH's SD commitments..

13.2 DH and SD 'People' (Core vision, performance management career planning etc)

For 'People' DH has self assessed itself at 1-2/10, but has begun to identify what is needed. For procurement 'people' NHS PASA has self assessed itself as 8/10 ('on course') showing progress has already been made. The Healthier Communities DH key commitment also makes a major contribution to this objective.

> an internal comms action plan developed and is now involving comms leads from specific areas related to SD work

13.3. On embedding SD in DH Policies

There is clear evidence of widespread de facto embedding of SD in policies in DH despite the absence currently of a specific procedure to ensure this happens. DH reports a raft of extensive policy development and activities in both DH and in the NHS around its 5 key SD commitments and also on Climate Change and enhancing the Natural Environment. Thus DH self assesses itself as 2-3/10, just starting out/making some progress, however the actual practice tells a much better story. Discussions are ongoing to identify the most effective ways of achieving further progress quickly. For procurement policies NHS PASA is a good example again of what is being done in particular parts of the SD health agenda, self assessing itself as 10/10, fully integrated

Key supports to embedding SD in policy include:

- > continuing commitment by DH to the 4 UK SD priorities
- > continuing development of DH SMART SD target setting
- > many new initiatives with DH in the Regions
- > new tracking of progress on DH's original 5 key SD commitments
- > new development of DH policy skills in SD
- > SD in the NHS operating framework
- > new and continuing DH learning from, contributing to and involvement in cross-government and international SD work
- > By virtue of DH Policy and Strategy Directorate's Programme Coordination team becoming involved from Spring 2007 SD will start to be embedded in core policy thinking across the whole of the health reform agenda.

13.3.1 Good Corporate Citizenship (GCC) in the NHS (DH SD Key

commitment 1) has moved forward significantly since the launch of the self assessment model in February 2006. Over 21,000 visits have been made to the website and 151 NHS bodies and some 130 non-NHS organisations have registered to use the Model, see Section 4.1, Box1.

The DH SDAP committed **DH to leading by corporate example** and there has been considerable progress in DH where DH came 2nd in the SD in Government SDIG report in Spring 2007, NHS PASA is a recognised leader in the field;

13.3.2 Food and Health Action Plan Progress in the context of sustainable farming and food (DH SD Key Commitment 2) has also

progressed significantly in the challenge to address quality and availability issues right across the food chain and the life cycle including finding the balance needed between calorie intake and energy expenditure and addressing requirements for micronutrients. Many initiatives are reported (Section 4.2 and Boxes 2-6) in food production and labelling, in public food procurement; in good food promotion; in addressing issues of access, quality and affordability, and in improving monitoring through revision of the National diet and nutrition survey.

13.3.3 Transport and Health (DH SD Key Commitment 3) started out with travel plans developed by NHS Trusts and now can describe DH work in all 6 sub-topics related to transport and health identified by WHO (physical activity, injury, air pollution, noise, climate change and social and psychological issues including land-use choice for roads or other purposes). For specific populations, extensive work has been done as part of the *Choosing Health* delivery plan (Boxes 7-9); and across government (details section 4.3, Box 7).

Around half (11/19) of the targets set in the 06/07 DH SDAP for monitoring progress addressing **DH internal travel and transport** have been successfully completed, details Section 4.3.2. and Appendix 1A. see also Box 21 and section 5.2.

13.3.4 Progress on Healthy sustainable communities initiatives (DH

SD Key Commitment 4) is clearly evident from the reporting on the Communities for Health pilots (a *Choosing Health* programme) Box 10; developments in the healthy communities collaborative (Box 11); the Shared Priority programme (Box 12); LAAs' (Box 13) and Growth areas' (Box 16) contributions to healthier sustainable communities; the continuing PSAs on inequalities, including the recent review of infant mortality; further ongoing PCT action to tackle inequalities and improve health (Box 14); and progress on wellbeing, including the work and wellbeing strategy (Box 15).

Progress on DH's own social and community goals included in the SDAP are RAG rated and shown in Appendix 1A. DH self-assessment of progress in including SD in core values, recruitment, induction, training, volunteering, career planning, placements, and internal comms scores 1/10, just starting out (section 4.4.2.).

13.3.5 Health impact taken forward with regional and local

government (DH SD Key Commitment 5) has achieved the best possible outcome for 06/07 as health and wellbeing impact has just now become a mandatory component of all Government Impact Assessment. In addition there have been numerous other achievements in strengthening the health impact component in policy making cross government; important Regional initiatives (e.g. London) so all new strategies are assessed for health impact; and the widespread development of regional integrated strategies including health; valuable partnerships to address health impact have been forged; at least one county is now making HIA integral to the planning process; and the development of guidelines for NHS commissioning on health and wellbeing are now out for consultation; further details section 4.5.

13.3.6 Climate change and health

Section 5 reported 06/07 progress on the other two topics relevant to health from the UK SD priorities in Securing the Future not already covered. Section 5.1. reports health progress around climate change. The most recent is the March 2007 publication (out for consultation) updating the 2001 report on Health effects of Climate Change in the UK. In the NHS there has been work including DH Estates and Facilities Division initiatives developing toolkits for Buildings, carbon management, and Environmental Management Systems, and the central energy funding announced January 2007 to help the NHS meet energy reduction targets. In the Regions there have also been important initiatives including the NW Climate Change Charter and the London's Warming analysis, further details section 5.1, Box 20

13.3.7 Health and wellbeing and the Natural Environment

Section 6 covered progress in Natural Resource Protection and Environmental Enhancement in relation to health and wellbeing. DH funded the recent Healthy Futures on the Natural Environment, including its readable review of the evidence of its health benefits (Box 20). NHS progress includes referral for 'green exercise' and therapeutic garden treatment (see Boxes 23-24); as well as greening of the NHS estate (Box 25); also NHS influencing local partners on the health benefits of the natural environment (Box 26); and the planning developing now for the NHS to deliver on the new biodiversity duty for all Public Authorities (Box 27).

13.3.8 Overarching health related global and EU SD policy

Section 7 briefly described some of the overarching **global and European SD related policies** to which DH has contributed during 06/07; including work with WHO on children and environmental health (CEHAPE), (Box 30); the development of the new 10 year chemicals and health programme EU REACH; and DH internal work developing its global health partnerships strategy (Box 28).

13.4. Progress on sustainable operations in DH is reported in section 5.2.

DH self assessment is a good 7-8/10 " on course' with much structure to support SOGE, DH is on target to reduce absolute carbon emissions with a reduction of 15.4% between 1999/00 and 2005/6 which needs to be sustained to 2010/11. Overall energy consumption has been reduced by 10% since 1999/00 and in 2004/5 100% of electricity for London HQ was 'green', details Box 21.

Section 11 addresses progress on procurement. For DH progress on the DH SDAP procurement SMART targets are shown in Appendix A2. For each of the themes in the sustainable procurement flexible framework DH has made some progress towards Level 1 (details section 11.3.2).

For NHS PASA procurement activity an overall self assessment of procurement policy is 8/10, "on course, with much alignment of policy with the Government SD strategy, much joining up of policy goals under a policy umbrella, much embedding of SD in policy approval processes, much effective stakeholder engagement ,and much SD capacity building among delivery partners" (see Sections 11.3.1 - 11.3.3).

Against the flexible framework NHS PASA achieved Level 2 in 4 areas by April 07 and level 1 in the Process area (and aims by 2009 to achieve level 3/5 in all areas and level 5/5 in at least 3 areas).

Section 11.3.4 -11.3.6 list the **excellent** SD progress self assessment scorecards for NHS PASA for **people (8/10 on course)**; **operations 10/10 fully integrated**; **and for governance, monitoring and reporting 8/10 on course.** A stocktake of helps and hindrances to NHS PASA Sustainable Procurement progress is listed in section 11.3.7.

13.5. "Taking stock on the DH SDAP":

In 12.1 DH SDAP delivery facilitators were identified

- > including collaboration with and support from OGDs and SDC
- > a key role for the cross-government SD governance structure which provides such excellent SD support.
- > Those who have taken the lead for reporting progress within each of DH's key SD commitments have been most important. I

- In addition the consistent and separate top leadership and practical support from the DH SD Minister MS(PH) and from the DH Permanent Secretary has been critical.
- > The high expectation that each of them have cogently expressed that DH and the NHS can develop and deliver on SD as leaders has been an important dimension.
- > The new international evidence of climate change and the rapid rise of SD up the political agenda have also facilitated SD developments in DH.
- In addition Regional DH SD initiatives have been accelerating pointing to the added value that can be achieved in health SD by Regional partnership working.
- > There is growing awareness of the important DH Regional leadership role in relation to LAAs and LSPs.
- A further contribution has been the embedding of Good Corporate Citizen policies in local NHS Trust policies in LAAs;
- > Also recognition of the initiatives shown by a number of Foundation Trusts who have welcomed their freedom to innovate and applied it to SD, (details section 12.1.).

Hindrances to the delivery of the 06/07 DH SDAP were also identified (section

12.2). These have included

- lack of a coordinating structure across DH at the beginning (now addressed in Appendix A3);
- > some slowness to mobilise SD skills already existing in DH and the NHS;
- NHS reorganisation particularly affecting SD agenda development in the Regions with some organisational inertia and partners perceiving risk that resources and capacity were being sapped, however there is now movement forward. Coordination roles are becoming an issue.
- > Whereas at first paradoxically the aim to mainstream all SD work led to a powerful 'can-do' attitude, there comes a time when 'invest to save' may be needed and when the increased level of SD activity may need more people. It is hoped to address this matter in the coming months, but there are still questions about the level of resourcing to drive forward the SD health agenda.

Appendix A1– Department of Health (DH) SDAP Progress Report – travel & social & community impacts

Blue = Completed

Α	В	С	D	E	F	G	Н	
Ref	Action	Target	Responsibility	Progr ess (RAG analy sis)	Evidence/ crosscheck used to measure action	Readily available?	Impact (1-4)	Comments
A1. 1	Travel & Transport							
1	Incorporate SD principles into review of Arriva shuttle bus services, including: (1) Review vehicle type and journeys taken to identify ways to reduce fuel use and increase use of renewable energy sources (2) Consider replacing/ supplementing shuttle bus with electrically powered/ dual fuel vehicles (3) Consider smaller buses with smaller engine sizes (4) Concentrate shuttle use to buildings with greatest need (5) Consider alternative fuel use.	Review by March 2006 Report to GBTs or SLT for decision: June 06	Accommodation & Building Services	Blue	London shuttle bus service terminated on 30 June 2006	Yes	3	

2	Travel Policy Sustainable Transport review of Leeds (QH) through links with DWP to include car parking	Ongoing		Red	Leeds QH (DWP led) shuttle bus still in operation		1	Part of new travel policy to be being developed. Initiative for 07/08 SDAP
3	Capture VC usage data to set baseline of video conferencing (VC) use	Ongoing	Information services	Blue	VC suite bookings allow usage data collection	?	1	
4	Continue to review usage and provision of VC facilities in DH through building refurbishment programme with the aim of reducing business travel	Wellington House refurb., April 2006 - part of estate strategy	Accommodation & Building Services	Blue	Since October 2006 VC bookings has risen by 50%. In Jan 07 increase in bookings seen was 75% (traffic ie. an increase of 783 conferences over that period compared to 2005/6).	N/A	1	New VC studios in QH were opened in Oct 2006 and 19 March 2007 and publicised. Further new VC suites planned
5	Review communication/VC links with the Regional Govt offices	Late 2006/early 2007	Information Services	Blue	Upgrade/review of VC suites has helped VC links with regions	N/A	2	
6	Travel Policy Collect private vehicle use for business mileage data to enable baseline to be set		Finance	Red		N/A	2	Part of new travel policy to be being developed. Initiative for 07/08 SDAP

7	Travel Policy Include Regional Public Health Groups in review of travel & transport issues from their perspective. Aim to reduce use of own car for business purposes e.g. possibly reducing use of own car by X% by Y date		Finance	Red		N/A	2	Part of new travel policy to be being developed. Initiative for 07/08 SDAP
8	Staff Induction to include encouragement to purchase of season ticket for work travel	December 2006	Human Resources	Blue	Now completed and part of managers' induction pack	Yes	1	
9	To aim for a reduction in DH spend, undertake review FCm Travel Solutions provision of travel service:		Accommodation & Building Services	Blue	A review with FCm of data for cheapest ticket selection for 5 main routes used. This was taken forward and "cheapest on the day " tickets on all routes introduced	Yes	1	
	- online booking project	- Pilot project Dec 06	Accommodation & Building Services	Red	On line booking project that was shelved will be resurrected in 07/08		1	
	Travel Policy - expenditure monitoring	- ongoing	Finance	Red	Part of new travel policy to be being developed. Initiative for 07/08 SDAP		2	

10	Travel Policy Reduce taxi use for business in preference of other forms of transport and develop better monitoring methods to identify where action is needed	June 2006	Finance	Red			2	Part of new travel policy to be being developed. Initiative for 07/08 SDAP
11	Continue collecting data on air miles for carbon offsetting purposes	January 2006	Accommodation & Building Services	Blue	Ongoing air mileage data collected routinely	Yes	4	DH will be making a payment to the Government carbon offsetting fund in May 07
12	Consider more flexible/ intermittent/ad hoc arrangement for staff to work from home	December 2006	Human Resources	Blue	 Flexible working patterns such as condensed hours, flexible and home working now available to staff 	No	2	This has more impact in regional locations and less in London

13	Review with IT how to support staff to work from home	December 2006	Human Resources/IS	Blue	 3 officially designated home workers who receive IT support by home visit. An additional 50 senior staff who receive 24/7 VIP cover which covers home visit support when required. Currently 1400 staff out of a total user base of 4000 (35%) who have remote access laptops to allow them to work from home or other location via dial-up, broadband or 3G services 	No	2	More impact in regional locations and less in London
14	Review necessity for a DH Transport Plan	October 2006	Finance	Blue	Agreed need for new travel/transport policy for DH, led by DH Finance			New travel policy to be being developed. Initiative for 07/08 SDAP
15	Continue to increase cycle racks in accordance with demand	Ongoing	Accommodation & Building Services	Blue	Additional cycle racks have been installed where needed	Yes	1	Position reviewed according to advice from the DH Bicycle User Group

16	Future estate refurbishment to take account of sustainable active travel eg. possibly developing indicators on shower provision	Wellington House Refurb: Feb 2006	Accommodation & Building Services	Blue	Estate strategy has taken account of active travel and will continue to do so, taking advice from relevant user groups	N/A	2			
17	Review position on loans to purchase cycles in line with Inland Revenue guidance	October 2006	Finance/HR	Blue	Data collected on number of staff taking out interest free loans	Yes	1			
18	Travel Policy Encourage car-sharing arrangements and review provision of preferential car parking for multiple- occupancy vehicles	June 2006	Finance inc stakeholders	Red			2	Part of new travel policy to be being developed. Initiative for 07/08 SDAP		
19	DH to investigate Leeds City Council a car-sharing scheme and encourage use if appropriate	June 2006	Human Resources	Blue	A car sharing scheme is available in Leeds. Information on this will be part of managers' induction pack	N/A	1			
	See separate document for items 30 to 36 for procurement Social & Community impacts									

37	Action in progress needed on Leeds diversity profile.	October 2006	Human Resources	Blue	Positive action workshops completed for under- represented groups Equality assessment tool completed Working document published on DH intranet. Training for HR and other key staff in place.	N/A Yes Yes N/A	1	Part of Diversity 10 point plan
38	DH set higher standards than Cabinet Office baseline on the 10-point action plan on Diversity, which will set out how DH will work towards a more diverse workforce by 2008	October 2006	Human Resources	Blue	Action as part of Diversity 10 point plan	N/A	1	See 37
39	Commitment to review volunteering policy as part of HR policy development review in February 2006	December 2006	Human Resources	Blue	Volunteering policy now updated. 2 half- days per year available to staff. Discussions ongoing about combining two half-days into one full day.	Yes	1	

40	Employee health portal being developed further to address health and wellbeing of the DH workforce	October 2006	Human Resources	Green		N/A	1	Working group established and planning meetings underway.
41	New maximising attendance proposals will flag up support for managers to enable early intervention	October 2006	Human Resources	Green	Under performance management sickness absence policy agenda of works ongoing, reviewed and monitored accordingly	N/A	1	Ongoing work with PARIS on collation and reporting of data to measure improvement
42	Staff events in London and Leeds to focus on "Choosing Health" interventions– will include healthy eating, increasing physical activity, stress management, health promotion	October 2006	Human Resources/ Communications	Blue	Successful events held	N/A	1	Employee health days held in Leeds and London were successful. Further initiatives planned to positively influence diet, exercise, stress and work/life balance. Comms involved in publicising
43	Review of pro-active Occupational Health service to support health	October 2006	Human Resources	Blue	Occupational health service now available to staff and publicised at employee health days	Yes	1	Service commenced 2 October 2006

44	SD principles will be built into staff induction (and e-induction)	December 2006	Human Resources/Corpo rate Services	Amber		N/A	1	 Intention to include in manager's induction pack: 5 key SD principles Information on active travel (eg. cycle loans/season ticket info.) both business travel and to/from work
45	Check what way Professional Skills for Government could support SD principles	December 2006	Human Resources	Amber	Building SD capability needs to be done cross Govt for all civil servants at all grades led by Cabinet Office	-	-	This links to leadership model and values. More works needs to be done in this area.
46	Ask Defra for advice in enabling SD to be built into mainstream business	December 2006	Human Resources	Ongoi ng	-	-	-	This is not a deliverable, but an enabler to check best practice against those leading across Government
47	Embed SD in Diversity Strategy	October 2006	Human Resources	-	-	-	-	See 38 above
48	Build links with schools to promote public sector and civil service as an employer to build diversity in workforce, particularly in deprived areas in Leeds and around the Elephant & Castle	October 2006	Human Resources	Amber		N/A	1	Work experience policy currently in development. Once developed, intention is to build links with schools and colleges with a view to 4 placements a year between spring and summer

Appendix A2 – Department of Health (DH) SDAP Progress Report – procurement

Α	В	С	D	E	F	G	Н	I
Ref	Action	Target	Responsibility	Progr ess (RAG analy sis)	Evidence/ crosscheck used to measure action	Readily available?	Impact (1-4)	Comments
Proc	urement	1	1		1	1		-
20	Management mechanism being developed for updating Delphi pages systematically	Current/ ongoing	Commercial/NH S PASA	Blue	Delphi now developed systematically		1	
21	DH desk guide to procurement to include advice on SD	March 2006	Commercial/NH S PASA	Blue	Desk guide available with SD advice	Yes	1	
22	Link to Defra and other websites on the DH website needs updating	June 2006	Commercial/NH S PASA	Blue	Links updated	Yes	1	
23	For procurement under EC threshold, develop models to ensure robust internal procurement policies and tie to Group Business Team (GBT) support	June 2006	Commercial/NH S PASA	Blue	Low value procurements now address SD in the tendering process		2	Due to reorganisation GBTs no longer exist

24	Options for training non- FT procurers needs to be explored including National School for Government SD support for non-FT purchasers	March 2006	-	Blue	-	-	-	Research has shown that this needs to be done cross- Government
25	All Business Managers responsible for procurement to undergo procurement training which shall include SD principles	July 2006	Commercial/NH S PASA	Blue	Key procurement staff now received training		1	
26	Reconsider level of SD requirement in contractors	June 2006	Commercial/NH S PASA	Blue	Key contracts now include sustainability clauses		2	
27	Embed in VISTA whether suppliers have been SD proofed	December 2006	Commercial/NH S PASA	Amber	More work is required on engaging suppliers		2	Acquisition of a new Vista module will help capture SD information however, progress on this project is slow
28	VISTA needs a list of SD- proofed suppliers/ contractors	December 2006	Commercial/NH S PASA	Amber			2	See 27 above

Reporting Progress – Department of Health – Sustainable Development Action Plan 2006/07

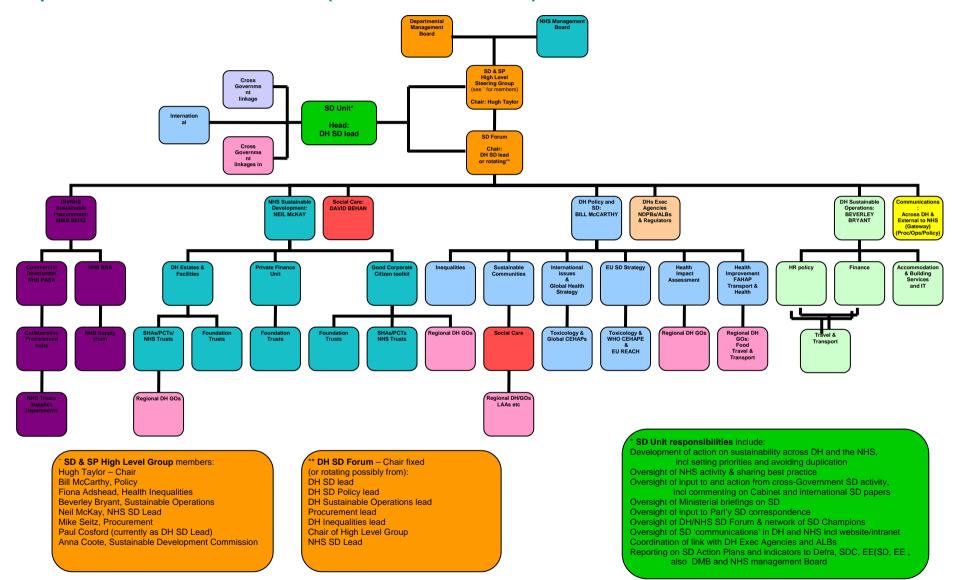
29	EOI questionnaire to have SD questions/ requirements embedded in it	June 2006	Commercial/NH S PASA	Blue	EOI questionnaire now asks for SD policies	Yes	1	
30	Adopt PASA environmental policy so that suppliers products are manufactured, delivered, used and managed at end-of-life in an environmentally responsible manner	June 2006	Commercial/NH S PASA	Green	DH Sustainable Procurement (SP) Policy drafted, to be presented to DH SD High Level Group (HLG) on 30 April	Yes	2	
31	PASA SEQ could be adapted and used in DH to enable suppliers to promote their environmental performance	June 2006	Commercial/NH S PASA	Blue	Following the conclusions of the SPTF, PASA and OGCbs agreed that the SEQ is not the best way to engage suppliers. Supplier engagement will be covered in the SPAP.	N/A	1	
32	Vista Support Team to be consulted on how it can support SD in procurement	December 2006	Commercial/NH S PASA	Amber			2	See 27 above

33	Check requirement for and provision of GBT procurement rep. Review role of GBT procurement champion and sustainability of role with the aim of supporting the procurement process	December 2006	-	Blue	-	-	-	As per 23 above, due to reorganisation GBTs no longer exist
34	Consult the CD to explore what action DH is committed to with regard to SD policy and to reflect it in its Procurement Strategy paper	May 2006	-	Blue	-	-	-	The DH Commercial Directorate DG/CEO of NHS PASA represents both organisations on the DH SD & SP HLG The Health and Social Care response to the SPTF report will cover actions for all relevant groups
35	Consider the Defra Toolkit when published, and explore the suitability of using this toolkit for DH procurement. Consult DH Estates and Facilities on the suitability of their toolkit	March 2006	Commercial/NH S PASA	Blue	-	-	-	This was about internal mechanisms for procurement. Defra did not provide a toolkit for this purpose and the DH E&F toolkit (for the NHS) was not considered suitable
36	Explore with Defra prospect and mechanism of introducing automatic 'Fair Trade' default in DH	December 2006	Accommodation & Building Services	Red				For action during 07/08

SD Reporting Officer⁵	SD Responsible Officer ⁶
Signature	Signature
Date	Date

 ⁵ Generally speaking, this is the person collecting the information and filing a response.
 ⁶ The countersignature should be the person with overall SD responsibility in your organisation.

Appendix A3. DRAFT reporting structure for Sustainable Development & Sustainable Procurement in Department of Health and the NHS (19 Feb 07 HL/AMD/DW)



© Crown Copyright 2007

[DN: insert document reference]

Department of Health - Sustainable Development Action Plan 2006/07

www.dh.gov.uk/publications

Department of Health response signed by:

SD Reporting Officer:	Hermione Lovel, DH, 31/05/07
SD Responsible Officers:	Caroline Flint MP, Public Health Minister Hugh Taylor, Permanent Secretary 31/05/07

SDC review and commentary:

Commentary by:	Tamar Bourne, Watchdog Team
Peer reviewed by:	Rachel Hurle, Watchdog Team
Authorised by:	Anna Coote, SDC Commissioner
Sign-off date:	27/09/07



www.sd-commission.org.uk