

Primary Care Trusts and Leadership in Sustainability

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The UK has the highest incidence of asthma in Europe, construction waste accounts for 50% of our landfill, the NHS produces 7.5 million tonnes of carbon dioxide a year, health inequalities are widening, and poor building choices are adding to our reliance on cars to get around, yet health care premises are not yet being designed to address these issues.

- **Why don't the boilers installed in our health buildings achieve the low-pollution and high energy efficiency standards routinely specified in northern European countries, saving the Trust money in the long term?**
- **How can we ensure that the materials used to fit out new doctors' surgeries don't have an adverse impact on the health of staff and patients?**
- **Should a new surgery be built at the heart of the community or should we develop any site that happens to be available?**
- **How can we involve the community in the design of the new premises, to make sure that we are meeting demand and helping to promote public health?**

Sustainable Development

NHS Primary Care Trusts (PCTs) can't produce healthy buildings unless they embrace the full spectrum of sustainable development. Sustainable development is: 'the simple idea of ensuring a better quality of life for everyone now and for generations to come' (A Better Quality of Life, DETR). This involves achieving integrated social, economic and environmental benefits. It is being put at the heart of government policy, and every organisation and business has a role to play in promoting it. The public sector, and the NHS in particular, should be leading by example, contributing towards a healthier and more sustainable future.

PCTs have a great opportunity to contribute to sustainable development through the way they plan and procure new premises. The NHS is currently undergoing

its most extensive ever building programme. Its estate is one of the largest and most complex property portfolios in Europe. The primary care sector accounts for over one-quarter of this - a proportion that is likely to increase as new LIFT (Local Improvement Finance Trust) funded primary care facilities are built. LIFT schemes offer the opportunity to ensure that new primary care premises contribute towards healthier local economies, stronger communities and a better environment in a number of ways. For example, local procurement, recycling materials, joining up services, promoting healthy transport options, engaging with the local community and building to minimise energy use will all benefit population health and, in many instances, help tackle health inequalities.

Procurement

PCTs are now procuring premises at an unprecedented scale and speed, presenting a significant challenge for those involved. Considering whole-life costs of materials from initial inception, through construction, operation, to ultimate demolition or disposal, including the social, financial and environmental costs, will help ensure long term value for money and promote sustainable development. Decisions that are being made today will define a building's performance for many decades to come, including environmental impacts, such as energy, water use, travel implications and waste, as well as economic and social impacts that affect the wider determinants of health. Procuring and employing locally will contribute in a very real way to regeneration.

The specifications for environmental and sustainable performance vary from vague ideas about 'green' buildings, to precise requirements for temperatures and ventilation rates. PCTs and their design teams will need to choose and set their own environmental, social and economic performance targets in order to brief the designers, and assess their achievements upon completion.



Environmental Performance

The NHS Environmental Assessment Tool (NEAT) was introduced in 2002 to help manage and audit the environmental impact of the procurement, planning and operation of health facilities. This tool has been produced for both acute and primary care premises, and it is particularly important that all Trusts make use of it, given the scale of current capital investment.

Obtaining an 'excellent' NEAT rating is already a condition for business-case approval for new build projects, and online NEAT returns to NHS Estates are required for existing facilities. However, recent research has shown that the use of NEAT in LIFT schemes is patchy, and not all LIFT programmes are using NEAT from the outset. Bidders will normally be able to incorporate an 'excellent' NEAT score at minimal cost, where the PCT has been explicit about it in the specification. Where NEAT is absent from the specification, and there is merely a sustainable aspiration, it can be safely ignored and bidders revert to their standard specification.

One clear advantage of NEAT, is that it covers a broad spectrum of sustainable development issues. In addition to energy and water saving and the management of waste, NEAT also includes management, transport, materials, land use, internal environment, pollution and, to an extent, social issues. NEAT doesn't assess all possible impacts, and should not prevent PCTs from developing their own, broader criteria for sustainable development, but it is relatively inexpensive and quick to undertake, and is a good starting point for promoting sustainable development. It can assist PCTs and their design teams in reducing environmental impacts and benchmarking across a property portfolio and it allows easy demonstration of best practice.

Leadership

People's expectations about how and where care is delivered are increasing and there is demand for well-designed, well-managed and maintained environments. PCTs need to ensure that the design of new premises provides a healthy working environment that enhances the neighbourhood.

Whilst architecture has ready champions, sustainable development is too often perceived as a 'bolt on'. Good overall design quality needs a good brief with sustainable development at its heart. The ability to influence the overall design philosophy diminishes as the project progresses, requiring determined leadership from the PCT from the beginning. As one design team put it: 'One of the reasons we are pushing the sustainable features of this design is that we know this PCT is very keen and we want to work with them again on the next waves.'

Community Involvement and Service Design

Engaging with local residents and ensuring that new premises add value to the community is key to sustainable development. In the main, PCTs and other partners are managing new community-based LIFT developments without a shared framework for this engagement, and duplication often occurs between health planners who are concentrating on different initiatives and health priorities.

LIFT has the potential to help PCTs develop better health facilities and redesign services so that they meet local needs, as long as they engage in effective community consultation from an early stage. This sort of engagement is part of achieving sustainable development and improving population health, but is not always straightforward. Upfront capital investment with tight delivery timetables relies on planning to retain public control on mixed-use sites. There is little time to develop a shared strategic vision

for local needs, public health, the use of land and integration into local regeneration.

The Rapid Community Needs Assessment Tool (RCNA), a concept developed in West Stockwell, London, on behalf of Lambeth PCT, offers a methodology to establish key community objectives within a development timetable for PCTs, local authorities, housing associations and LIFT private sector development consortia.

Findings from a well-delivered public consultation will help to prioritise service and space requirements, and rethink services where appropriate. These improvements can be integrated into the development of the business case and design specification, and they contribute to more effective, health-promoting services. In addition, they can help the PCT attain a 'good' or 'excellent' social credit rating required by the NEAT audit.

Key Actions

Recent research, undertaken by Northumbria University and MARU (Medical Architecture Research Unit), London South Bank University, showed that limited opportunities currently exist to learn from both the positive and negative experiences of the LIFT procurement process.

Five key actions are needed to resolve some of the limitations identified in the research:

- Ensure project leadership in sustainable development comes from the PCT
- Introduce auditable sustainable development criteria and principles into the brief, including describing the environmental performance in terms of a NEAT rating
- Select consultants and contractors with experience and/or commitment to sustainable development
- Plan for effective community involvement within the LIFT scheme at an early stage
- Assess any project after completion by means of a post-occupancy survey and/or third-party assessment.

A longer report detailing the research outcomes will be available from the NHS Alliance. Please contact them at k.locke@nhsalliance.org for a copy.

Progress in Practice

The Sustainable Development Commission is gathering examples of sustainable development in practice. If you are involved in a LIFT programme that could be used as a case study, please get in touch:

susannah.senior@sd-commission.gsi.gov.uk
www.sd-commission.gov.uk/healthyfutures

The Rapid Community Needs Assessment Tool (RCNA)

For more information about this tool, please contact MARU at maru@lsbu.ac.uk

Sustainability Guidance for PCTs

A series of local training events are being organised by Northumbria University and MARU to ensure PCTs can benefit from the initial experiences of LIFT and the use of NHS Estates' NEAT within the procurement process. For details contact BREEAM@northumbria.ac.uk