

Sustainability Committee 27 January 2011

Inquiry into mainstreaming sustainability into ministerial portfolios – evidence paper

Purpose

1. This paper updates the Committee on how Sustainable Development (SD) is being mainstreamed into the work of the Directorate General for Health and Social Services. The DG deals with matters within the portfolio of the Minister for Health and Social Services relating to public health, the NHS and social services.
2. The paper will be presented to the Committee by the Minister for Health and Social Services.

Background

3. The Committee has indicated its intention to inquire into how SD is mainstreamed into the Minister's portfolio.

Summary

4. The paper sets out how the DG is incorporating the principles of SD into practice; this is set out under five heads:
 - Introduction
 - SD as the central organising principle
 - SD and well-being
 - SD and resource use
 - SD and the environment
 - Climate change
 - Conclusion.

Introduction

5. Previous written and oral evidence in 2009 set out actions to that point in mainstreaming SD within the work of what were then the Department for Health and Social Services (DHSS) and the Department of Public Health and Health Professionals (DPH&HP).
6. It described how closely the departments worked with other organisations crucial to both the SD and the health agenda, in particular the Sustainable Development Commission Wales (SDC Wales), the Welsh NHS Confederation, Welsh Health Estates (WHE), Value Wales, Welsh Health Supplies (WHS) and the Department for Sustainability, Environment and Housing (DESH). This close collaboration is continuing.
7. Responsibility for sustainable development in relation to social services sits with Local Government. The DG will work with them on this issue and review opportunities within the regulation and commissioning regimes for promoting sustainable development.
8. This evidence does not give an exhaustive account of all that has been done, but indicates the strategic approach that has been adopted.

SD as the central organising principle

9. The major change since the previous Committee inquiry has been the issue of the new Sustainable Development Scheme, *One Wales: One Planet*. In previous evidence I indicated that I agreed to include two clear commitments relating to my portfolio in that document.

ACTION 13: *We will invest £190 million in public health and health improvement through the Public Health Strategic Framework for Wales, 'Our Healthy Future' which will improve the quality and length of life and improve equity in health.*

ACTION 14: *We will ensure that sustainable development will be made a core objective for the restructured NHS in all it does, by giving clear duties to the new bodies to demonstrate best practice in planning and design, building, transport, waste management, and in use of energy and water.*

10. The money promised under action 13 has been invested. On action 14, my officials, working with SDC Wales, wrote SD principles into the core governance arrangements of the NHS. NHS bodies have been encouraged to sign the SD Charter and a new SD group representing the new NHS bodies has been created. Some of the actions to further best practice are described below.
11. At a wider level, the Scheme introduced the concept of making SD '*the central organising principle of the Welsh Assembly Government and of the public sector Wales*'. Faced with this new clear expectation, officials further reviewed the need for action and its relevance to both the reform of the NHS and the creation of a unified Directorate General (DG)

12. The definition of SD adopted by the four home governments identifies the aims of SD as 'ensuring a strong, healthy and just society' and 'living within environmental limits'. These two resonate strongly with my DG's remit and the responsibilities of the NHS and social services. Interpreting SD as the central organising principle for the DG and the areas for which it is responsible, key points are -
 - a. the ultimate aim must be human well-being and the well-being of the planet
 - b. the aim in using any resources allocated to the DG, the NHS and social services should therefore be the greatest possible positive impact on wellbeing and on the planet and the least damage to either.

13. In practical terms this can be taken to mean going well beyond the traditional 'green' agenda and aiming to sustain human health and well-being and the services that support these. This suggests three practical and measurable principles that can be applied in everyday activity across the DG, the NHS and social services –
 - a. protect and improve well-being as much as possible across the life course
 - b. ensure any services provided are as safe and effective as possible, are sustainable over the longer term and use resources sparingly and efficiently
 - c. minimise any environmental damage from the activities undertaken.

14. My portfolio covers both policy-making and oversight of important services. Mainstreaming requires that both elements are brought under the 'central organising principle'.

15. On the policy side, to help work through possible approaches, my officials worked with *Forum for the Future* to run two workshops on how to make a sustainable policy. These tested how SD could be incorporated into policy-making and provided feedback for how policy-making can be changed. Some applications from this are mentioned below.

SD and well-being

16. The Cabinet recently agreed a well-being indicator as further means of monitoring and of course human well-being is the core reason why my DG exists. The view that action on sustainable development means thinking long-term rather than short, widely rather than narrowly and tackling causes rather than consequences, matches precisely with the approach I am encouraging to improving health in Wales.

17. Clearly Wales will be more sustainable if instead of people having broken lives and needing treatment we help them protect their health. At the heart of this is the new public health framework *Our Healthy Future*, which aims to improve health *for all*, and therefore I am also working on one of the *Our Healthy Future* commitments to develop a Reducing Inequities in

Health Strategic Action Plan, to tackle poor health that can be avoided. Public Health Wales is beginning to focus more closely on these issues and the more powerful Local Health Boards in partnership with other local bodies have a major role.

18. Thinking widely means that we need to look at the social determinants of health and I am including social determinants in the Reducing Inequities in Health Strategic Action Plan. Linked with this I am ensuring my officials are also working closely on issues such as child poverty. I am currently preparing a maternity services strategy, and I want that to go well beyond traditional health services and draw in all the other actors who can help ensure children and families have a good start in life.
19. Research and evaluation should underpin the complementary aims of the Scheme and *Our Healthy Future*. For example, NISCHR is investing in the academic networks and research expertise that will support an evidence-based approach to policy and the measurement of its impact. Public Health academics are involved in the new Sustainable Futures Research Institute in Cardiff and Public Health Wales is developing an Institute of Public Health which will have a strategic remit on public health research collaboration across Wales. Last year we invited Dr David Pencheon of the NHS Sustainability Unit in England to speak to colleagues and share good practice. Good evidence will be key to guiding sustainable policy in the long-term.

SD and resource use

20. Of course, it would be better if people did not need health and social care, but they do. Sustainability requires that in providing this we be as careful as possible in using resources. I am doing so in three ways.
21. First, I am giving strong support to the work of the NHS in cutting back any harm, waste and avoidable variation in practice that occur in running services. The NHS should get the maximum from every penny spent – dealing with people’s problems quickly, efficiently and effectively.
22. That is the explicit aim of the *1,000 Lives Campaign* which I launched in 2009 and which successfully finished earlier this year. A new phase has now begun. It was a remarkable success – mobilising clinical staff across Wales behind simple yet profoundly significant changes in clinical practice. The results have been safer patients, better processes and saved resources. An example is that a number of wards eliminated pressure ulcers, long seen by some as an unwanted but inevitable aspect of hospital care. Now I am setting the target that they should be eliminated across Wales.
23. A similar approach has been applied to hospital infections and there too I am requiring a zero tolerance policy. Already some LHBs are sending staff out to tackle hotspots in community residential homes.

24. Through actions such as these the NHS will become increasingly capable of sustained and cumulative improvement across all its activities.
25. The second element is through integration of services. As a result of my reforms, the NHS is better able to simplify care pathways, ensure continuity of care and manage end-to-end service improvement. The work led by Dr Chris Jones, Chair of Cwm Taf HB, around community-based services is helping fill gaps between hospital and primary care that have long wasted money and quality of life.
26. The third is through recognising that money spent in and through the NHS has a multiplier effect - the money is spent once but can give value twice. I have actively supported the government's regeneration objectives, looking at where actions in R&D, capital development and procurement can create jobs and prosperity.

SD and the environment

27. Previous evidence has set out the considerable effort and achievements around energy use, waste and carbon reduction. Annexe 1 sets out some actions undertaken under the first SD Scheme.
28. The NHS is now changing the emphasis from not only building energy use and travel to broader carbon generation issues with a view to produce a low carbon strategy for the NHS in Wales. To facilitate this, work has proceeded on producing a carbon footprint for the NHS in Wales which will inform the direction and content of the low carbon strategy.
29. The low carbon strategy will have new metrics to replace existing performance indicators.
30. However, I need to note that the NHS will be operating in an environment where other forces are actually increasing emissions and where cost pressures (often linked to the world market) are squeezing budgets.
31. The NHS Environmental Management Policy is continuing. It is expected that electricity generated from embedded Combined Heat and Power (CHP) sets will further increase as new systems become fully operational.
 - The Assembly Government allocated £3.3 million in 2006 to NHS Trusts to fund energy efficiency schemes based on their 3 year energy emission reduction plans - expected to achieve an overall saving of 12,785 tonnes of CO₂; and
 - WHE launched a travel plan toolkit aiming to reduce carbon emissions significantly; all Trusts were required to implement Travel Action Plans for their major sites by 31st March 2009, which was achieved, and for specified hospital sites by 31st March 2010, which the LHBs are working to complete.

32. In addition, major projects funded through the WAG business case process must achieve an 'excellent' BREEAM rating which is above the standard planning requirement and in line with WAG policy.
33. Following a review a new benchmark based on the ISO 14001 standard was set. All Health Boards and the other NHS property holding bodies should achieve certification at the main hospital sites to ISO 14001 by the end of 2012 and throughout the whole organisation by 2014. A seminar was held in February 2010 to inform organisations of the actions they would need to take to comply with this ISO 14001 standard.
34. Initial progress in improving NHS recycling performance is being built upon through the work of the Welsh Health Environmental Forum. The latest figures indicate an improvement in re-cycling rates; the latest returns show that all Health Boards have recovery and recycling activities in place.

Climate change

35. I recognise that climate change is in a sense an issue that perhaps complicates the SD agenda, rather than a separate issue, but I think I should note that here too I am taking a strong stand. The section above identifies a number of actions that clearly also impact on climate change. I have strongly supported the 3% target and the NHS is fully committed to action in this area.
36. In terms of climate change adaptation, my officials have a Climate Change and Health Working Group (CCHWG), which has operated for a number of years, and comprises key external stakeholders as well as internal government stakeholders as members, has developed the attached documents over the past two years and has prepared an action plan. In the recent climate changes strategy, their approach has been suggested as a model that other sectors might seek to follow.

Conclusion

37. Can I offer two final thoughts?
 - The first is that the approaches I am adopting can help solve the growth conundrum – how can you achieve more when economic growth itself is part of the problem. Preventing damage that ruins people's lives and/or generates long term costs and making services run waste-free is at least part of the answer
 - Second, tackling the social determinants of health will not only improve health – but confidence, skills and prosperity though out life.

ANNEX 1

Annex Action under the first Sustainable Development Scheme

Action on the environment and climate change has included both immediate and wide-ranging action to reduce emissions and careful consideration of the need for policy changes over the longer term. As a result of these developments

- Weather-corrected net **energy consumption** is now 17% below the 1999-2000 base year, indicating a continuing downward trend.
- The total amount of **electricity generated** by CHP rose from 8.86% of total electricity requirements in 2008-9 to 15.7% in 2009-10. This was mainly due to the commissioning of new and larger capacity systems during the year. These, along with the resolution of maintenance problems on some sites are expected to deliver further significant increases in CHP output during the 2010 -11 reporting period.
- The **energy efficiency** PI for 2008-09 is 55.1GJ/100m³, indicating an improvement of 21% on the base year.
- There has been a 4% reduction in volume of landfill **waste** being sent to landfill for 2009 -10 compared with the 2008-09 figure and a consequential reduction of 14.5 % over the base year.
- There has been a corresponding improvement in **recycling performance** with an estimated all-Wales average of 12.5%. It is anticipated that these encouraging trends will continue.
- The 2008-09 returns show that 60% of Trusts had board-approved **Green Transport Plans**, as referred to in the EFPMS. It is likely that the inclusion of this data in the EFPMS will be reviewed in future.
- **Water consumption** The trend with regard to water efficiency continues to improve with consumption 11% lower than the base year.

TACKLING THE HEALTH EFFECTS OF CLIMATE CHANGE

**Key proposals to support the “health” input to the
Climate Change Strategy – Programme of Actions.**

Adaptation Action	Priority (High, Medium, Low)	Work undertaken / planned	Lead Organisation	Progress to Date
<p><u>Weather Related Impacts:</u></p> <p><i>Heatwave Plan</i></p> <p>Reduce the health implications of heatwave conditions by providing guidance and advice of how to stay cool to the general public, particularly vulnerable people.</p>	High	<ul style="list-style-type: none"> • Heatwave Plan issued for consultation Feb 2009 to May 2009. • Met Office contract to be signed for heatwave alert forecasting. • Letters to Local Health Boards, NHS bodies and local authorities setting out key guidance. 	<p>Welsh Assembly Government (Health Protection Division)</p> <p>Welsh Assembly Government (Health Protection Division)</p> <p>Welsh Assembly Government (Health Protection Division)</p>	<p>Green - Completed.</p> <p>Green - Completed</p> <p>Green - Completed</p>
<p><i>SunSmart</i></p> <p>To raise awareness of the risks of skin cancer through evidence-based interventions and appropriate advice.</p>	High	<ul style="list-style-type: none"> • Maintain support for SunSmart public awareness campaign. (Marloes Holtkamp) • Monitor research findings on effective interventions. (Marloes Holtkamp) 	<p>Welsh Assembly Government (<i>Health Improvement Division</i>)</p> <p>Welsh Assembly Government (<i>Health Improvement Division</i>)</p>	<p>Green - Ongoing</p> <p>Green - Ongoing</p>

Adaptation Action	Priority (High, Medium, Low)	Work undertaken / planned	Lead Organisation	Progress to Date
<p><i>Flooding and Health</i></p> <p>To provide public health information on reducing health impacts associated with flood events.</p>	High	<ul style="list-style-type: none"> To ensure revised and up-to-date and appropriate public health advice and information is made available to all relevant stakeholders in relation to flooding events. This is in line with Recommendation 71 of the Pitt Review. (Jill Meara) (Huw Brunt) 	Health Protection Agency / Welsh Assembly Government / Public Health Wales	Green - Ongoing
<p><u>Food</u></p> <p>To reduce the impact that hot weather might have on increasing foodborne related illness in order to:</p> <p>a) improve the education of food producers and the public about particular risks associated with the weather;</p>	High	<ul style="list-style-type: none"> a) Foodborne illness follows a seasonal pattern. The FSA continues to run seasonal educational campaigns, including information on the safe storage and preparation of food in hot weather. (Steve Wearne) 	Food Standards Agency	a) Amber – Current activity is affected by current UK Government constraints on marketing and advertising.

Adaptation Action	Priority (High, Medium, Low)	Work undertaken / planned	Lead Organisation	Progress to Date
b) continue to regulate and improve the microbiological standards of food at all stages in the food chain, including production, distribution, storage and preparation.		<ul style="list-style-type: none"> b) The FSA continues to make funding available to Local Authorities for work in relation to food safety management, including safer food better business. Good progress is being made. (Steve Wearne) 	Food Standards Agency	b) Green – Good progress is being made. Of particular note is the launch across Wales of the Food Hygiene Rating Scheme on 1 October.

Adaptation Action	Priority (High, Medium, Low)	Work undertaken / planned	Lead Organisation	Progress to Date
<p><u>Drinking Water</u></p> <p>To provide and maintain safe drinking water supplies during heatwaves and extreme weather events including intense rainfall.</p>	High	<ul style="list-style-type: none"> The Drinking Water Inspectorate regulates drinking water quality in Wales and England. (Olwen Minney) Water companies are responsible for managing the public water supply and are legally required to produce drought plans and water resources management plans to ensure secure supplies of water to their customers. (Olwen Minney) Environment Agency to provide emergency reports on contamination of surface waters. Water Companies to provide notification of contamination or disruption to water supplies. (Kate Cameron) 	<p>Drinking Water Inspectorate / Water Companies / Welsh Assembly Government (<i>Climate Change & Water Division</i>)</p> <p>Drinking Water Inspectorate / Water Companies / Welsh Assembly Government (<i>Climate Change & Water Division</i>)</p> <p>Environment Agency</p>	<p>Green - Ongoing</p> <p>Green - Ongoing</p> <p>Green - Ongoing</p>

Adaptation Action	Priority (High, Medium, Low)	Work undertaken / planned	Lead Organisation	Progress to Date
<p><u>Air Quality</u></p> <p>To monitor air quality and develop an alert system where air quality is expected to fall below standards that have a significant impact on health.</p>	Medium	<ul style="list-style-type: none"> • AEA Technology issue air pollution forecasts to the Welsh Assembly Government. Develop ways of dovetailing work with Welsh Air Quality Forum. Continue to identify opportunities for joint working to further develop air quality information systems and health. (Huw Brunt) (Ross Hunter) 	Welsh Assembly Government (<i>Department of Public Health & Health Professions</i>) / Public Health Wales	Green - Completed. Welsh Air Quality Forum website now contains health advice information for low, moderate, high and very high air pollution episodes.
<p><u>New Infectious Disease Threats</u></p> <p>Monitor threats of a range of infectious diseases including those with the potential to transfer to humans from animals or insects.</p>	Medium	<ul style="list-style-type: none"> • Surveillance systems are in place to monitor a broad range of infectious diseases including global threats. (Huw Brunt) • HPA group identify and assess infections with the potential to cross species. (Huw Brunt) 	<p>Health Protection Agency / Public Health Wales / Welsh Assembly Government (<i>Health Protection Division</i>)</p> <p>Health Protection Agency / Public Health Wales / Welsh Assembly Government (<i>Health</i></p>	<p>Green - Ongoing</p> <p>Green - Ongoing</p>

Adaptation Action	Priority (High, Medium, Low)	Work undertaken / planned	Lead Organisation	Progress to Date
			<i>Protection Division)</i>	
<p><u>Recreational Bathing Water</u></p> <p>To monitor recreational water quality at 81 bathing sites in Wales to monitor compliance with the Bathing Waters Directive.</p>	Medium	<ul style="list-style-type: none"> Environment Agency undertake annual statutory monitoring from 1 May to 30 September. This includes monitoring of bacteriological quality in all designated bathing waters to ensure compliance and take remedial action where appropriate. (Kate Cameron) Welsh Water investment improving and upgrading sewerage network and water treatment facilities has resulted in benefits to water quality in recent years. (Olwen Minney) 	<p>Environment Agency</p> <p>Welsh Water / Welsh Assembly Government <i>(Climate Change & Water Division)</i></p>	<p>Green - Ongoing</p> <p>Green - Ongoing</p>
<p><u>Health and Social Care Services</u></p>				

Adaptation Action	Priority (High, Medium, Low)	Work undertaken / planned	Lead Organisation	Progress to Date
<ul style="list-style-type: none"> To ensure NHS healthcare facilities remain resilient in the face of climate change. 	High	<ul style="list-style-type: none"> A risk impact assessment has been undertaken by Welsh Health Estates and the results are feeding into ongoing resilience procedures. (Eric Thomas) 	Welsh Health Estates	Green - Ongoing
<ul style="list-style-type: none"> To ensure social services remain resilient in the face of climate change. 	High	<ul style="list-style-type: none"> WLGA are leading on four pilot projects preparing Local Climate Impact Profiles, which may include an assessment of impact on social services; WAG will review the findings from these pilots. (Craig Mitchell) 	Welsh Local Government Association / Welsh Assembly Government	Amber - Awaiting Report
<ul style="list-style-type: none"> To ensure health services are able to respond to emergencies related to climate change. 	High	<ul style="list-style-type: none"> Existing emergency response arrangements are based on assessment of risk undertaken at UK and local level and are regularly reviewed, tested and updated. (Chris Riley) 	Welsh Assembly Government and local partners	Green - Ongoing
<ul style="list-style-type: none"> To ensure health services have the capacity to manage health problems related to changing 	Medium	<ul style="list-style-type: none"> It is anticipated that the recently commissioned UK Climate Change Risk Assessment will produce evidence and a prioritisation of potential climate-related 	Welsh Assembly Government / Public Health Wales NHS Trust / National Health Service	Amber - Awaiting report. First publication of UK Climate Change Risk

Adaptation Action	Priority (High, Medium, Low)	Work undertaken / planned	Lead Organisation	Progress to Date
<p>climate.</p> <ul style="list-style-type: none"> To ensure healthcare bodies are equipped and informed to enable a full response to climate change issues. 	Medium	<p>problems that will help gauge the timescale on which the NHS will need to act; WAG will work with PH Trust and the broader NHS in assessing the necessary response. (Chris Riley)</p> <ul style="list-style-type: none"> Provisions in the Climate Change Act provide Welsh Ministers powers to require public bodies (Reporting Authorities) to report on their assessment of the impacts of climate change in relation to the authority's function, a statement of the authority's proposals and policies for adapting to climate change in the exercise of its functions and an assessment of the progress made by the authority towards implementing the proposals and policies set out in its previous reports. The NHS will be included in the list of Reporting Authorities. (Chris Riley) 	Welsh Assembly Government / National Health Service	<p>Assessment not due before 2012.</p> <p>Amber - Awaiting confirmation of policy framework for Reporting Authorities and associated guidance (consultation planned for autumn 2009).</p>

Traffic Light Model Progress Column:

- Red** - No action / Project on hold
- Amber** - Work started / Slight delays
- Green** - Work in Progress / On target / Completed