



**Cynulliad Cenedlaethol Cymru
The National Assembly for Wales**

**Y Pwyllgor Cynaliadwyedd
The Sustainability Committee**

**Dydd Iau, 27 Ionawr 2011
Thursday, 27 January 2011**

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Cofnodir y trafodion hyn yn yr iaith y llefarwyd hwy ynndi yn y pwyllgor. Yn ogystal,
cynhwysir cyfieithiad Saesneg o gyfraniadau yn y Gymraeg.

These proceedings are reported in the language in which they were spoken in the committee.
In addition, an English translation of Welsh speeches is included.

Aelodau'r pwyllgor yn bresennol
Committee members in attendance

Lorraine Barrett	Llafur Labour
Alun Davies	Llafur (yn dirprwyo ar ran Karen Sinclair) Labour (substitute for Karen Sinclair)
Brian Gibbons	Llafur Labour
Andrew R.T. Davies	Ceidwadwyr (yn dirprwyo ar ran Angela Burns) Conservatives (substitute for Angela Burns)
Irene James	Llafur Labour
Rhodri Glyn Thomas	Plaid Cymru The Party of Wales
Kirsty Williams	Democratiaid Rhyddfrydol Cymru (Cadeirydd y Pwyllgor) Welsh Liberal Democrats (Committee Chair)
Leanne Wood	Plaid Cymru The Party of Wales

Eraill yn bresennol
Others in attendance

Edwina Hart	Aelod Cynulliad, Llafur, y Gweinidog dros Iechyd a Gwasanaethau Cymdeithasol Assembly Member, Labour, the Minister for Health and Social Services
Christopher Riley	Ymgynghorydd Strategaeth, yr Adran dros Iechyd a Gwasanaethau Cymdeithasol Strategy Advisor, Department of Health and Social Services
Eric Thomas	Cyfarwyddwr Cynorthwyol (Ystadau Iechyd Cymru) Assistant Director (Welsh Health Estates)
Edwina Hart	Aelod Cynulliad, Llafur, y Gweinidog dros Iechyd a Gwasanaethau Cymdeithasol Assembly Member, Labour, the Minister for Health and Social Services

Swyddogion Cynulliad Cenedlaethol Cymru yn bresennol
National Assembly for Wales officials in attendance

Aled Jones	Clerc Clerk
Meriel Singleton	Dirprwy Glerc Deputy Clerk

Dechreuodd y cyfarfod am 2.02 p.m.
The meeting began at 2.02 p.m.

Cyflwyniad, Ymddiheuriadau a Dirprwyon
Introduction, Apologies and Substitutions

[1] **Kirsty Williams:** Good afternoon and welcome to this meeting of the Sustainability Committee of the National Assembly for Wales. I will run through our usual housekeeping announcements. I remind everyone that, should the fire alarm go off, you should leave the

room and follow the advice of the ushers. Please switch off all mobile phones, pagers and BlackBerrys, to avoid interference with the broadcasting equipment. I also remind everyone that simultaneous translation facilities are available.

[2] I have received apologies from Karen Sinclair, Brynle Williams and Angela Burns. Andrew R.T. Davies is substituting for Angela Burns, and Alun Davies is substituting for Karen Sinclair.

2.03 p.m.

**Prif-ffrydio Cynaliadwyedd ac Ymrwymïadau ‘Cymru’n Un’: Sesiwn gyda’r
Gweinidog
Mainstreaming Sustainability and ‘One Wales’ Commitments: Ministerial
Session**

[3] **Kirsty Williams:** We will hear this afternoon from the Minister for Health and Social Services about actions that she has taken to mainstream sustainability in her portfolio. Members will be aware that this is a follow-up session to the work that the committee undertook in the spring of 2009, when it took evidence from Ministers across the Welsh Assembly Government, in the hope that Ministers will be able to demonstrate further progress in mainstreaming that very important principle.

[4] Minister, if you would you like to make a brief opening statement about your work in this area, we would be pleased to hear it. We shall then turn to questions from Members.

[5] **The Minister for Health and Social Services (Edwina Hart):** I will introduce my officials. With me are Christopher Riley, who is from the directorate, and from the Welsh Health Estates is Eric Thomas, who has taken one of the leading roles with the NHS. We are relatively pleased with the progress that we have made, but there is an awful lot of work still to do, and we have to get across to the service the true meaning of sustainability. So, with those few introductory remarks, I look forward to scrutiny from the committee.

[6] **Kirsty Williams:** Thank you for that, Minister. I welcome Mr Riley and Mr Thomas. We are grateful for your attendance in support of the Minister this afternoon. Lorraine Barrett will open the questioning.

[7] **Lorraine Barrett:** Minister, can you say something about which aspects of the climate change strategy sectoral targets you have responsibility for?

[8] **Edwina Hart:** I have responsibility for the NHS. The social services responsibility is with local government. Before coming here today, I took the opportunity to look for the letter that I wrote to the First Minister last February outlining the work that I intended to undertake with my officials on this agenda, as I thought that some of the NHS initiatives might be helpful to the committee. We have now invested in the combined heat and power sets. The preliminary analysis of the 2008-09 energy returns indicate that Welsh hospitals now generate approximately 9 per cent of their total electricity requirement from the embedded CHP sets. The recently completed CHP installation at the University Hospital of Wales is the largest in the NHS, and that is a very positive development. Since 2006, at the department, we have allocated £3 million over three years for the NHS all-Wales capital programme as a central energy fund, enabling trusts in Wales to invest in low-cost to medium-cost energy efficiency initiatives and low carbon technologies. That has proved to be quite successful.

[9] We have also looked at the environmental methods developed by the Building Research Establishment in partnership with the Department of Health and Welsh Health

Estates. The issue of the BRE environmental assessment method has also progressed very well within the NHS. The new local health boards will be participating in the mandatory Carbon Reduction Commitment energy efficiency scheme. I have also commissioned a report on the carbon footprint for the NHS, which will be available to me in February. I will be more than happy to share that with the committee. If it is helpful, Chair, some of the carbon footprint figures from the initial report might be of interest to the committee today.

[10] **Kirsty Williams:** We would be pleased to hear briefly from Mr Thomas about those initial figures.

[11] **Mr Thomas:** We commissioned the Stockholm Environment Institute to do this particular report—it had also carried out the ecological footprinting for the Welsh Assembly Government, and we wanted to try to marry the two. We did not want to do something that was at odds with the 3 per cent year-on-year requirement. Initial results from that carbon footprinting exercise are that procurement has come out as the top part of the carbon cake at 38 per cent. We suspected that procurement would be quite an issue, and that has proved to be the case. Billing energy accounts for 34 per cent and travel accounts for 28 per cent. The carbon footprinting exercise has therefore focused those areas. Coming out of this, we now have a table of the top emission categories. We are able to use that and the whole emphasis and thrust now is to use the carbon footprinting exercise to inform our strategy and the way that we will take things forward. This is very much the start of it. Looking forward further, once the strategy is done, we will seek to replicate the carbon footprinting exercise in future years.

[12] **Leanne Wood:** What you have said is very interesting—that procurement comes out at 38 per cent. Do you have any plans to localise the procurement system? That would reduce the carbon footprint substantially, I would have thought.

[13] **Edwina Hart:** In fact, we were having a discussion prior to coming into the committee about procurement. We thought that the committee would be particularly interested in what we need to do on procurement. When times get tough, there is always a temptation to go for contracts that look like good value in the immediate term without looking at the sustainability issues. It is an area of work that we are going to have a look at. Chris, do you want to provide an update?

[14] **Mr Riley:** Yes, we mentioned procurement beforehand, as the Minister has just said. There are three elements to the procurement approach. One is that a lot of the Welsh work is done by Welsh Health Supplies, which developed some time ago a policy based around twelve areas, one of which is transport. It is already doing quite a bit of work around this concept of local procurement. The second element is that, following the Minister's reorganisation of the health service, we now have only seven health bodies. Those seven bodies can, therefore, collaborate much more easily than in the past. One thing that they are now doing is looking much more closely at how they can improve their practices.

2.10 p.m.

[15] I was talking this morning to a representative of one of the health boards, who was saying that they are thinking of looking at the computerised procurement arrangements that are used by the Environment Agency, which, as you go through the procurement process, includes various prompts, and which focuses on sustainability.

[16] The third element is that the national health service is working with Government officials, local government and others, through something called the efficiency and innovation board, which is very much looking at this question of local procurement. The guy who I was talking to this morning spoke about the fact that, in the Vale of Glamorgan, they had recently

focused on working closely with a furniture supplier to ensure that locally sourced wood is used in the local hospitals. He intends to use that example in that forum as a way of showing what can practically be done. So, this is very much an issue that is currently under discussion.

[17] **Leanne Wood:** May I come back on that, Chair?

[18] **Kirsty Williams:** We are very limited on time, Leanne, so please make it brief.

[19] **Leanne Wood:** I want to elaborate on collaboration. I would have thought that collaboration on a wider scale would mean bigger contracts, which would then mean that small suppliers would be less likely to apply for them. Is there a conflict there?

[20] **Edwina Hart:** That is a problem, but we can split contracts, and that is one of the areas that we have looked at within the NHS.

[21] **Brian Gibbons:** I was interested in what Eric said about the NHS estates. A large part of the NHS is delivered through privately owned premises, either GP practices or facilities that are provided by third parties. Are those premises up to the standard and will the requirements for those premises be similar to mainstream NHS premises?

[22] **Mr Thomas:** Yes.

[23] **Andrew R.T. Davies:** Thank you, Minister, for your evidence. Mr Thomas, you touched on the tables that you already have and the information that the department uses. Can you elaborate on some of the mechanisms or systems that the department uses to ensure that you meet your greenhouse gas emissions targets by 2011?

[24] **Mr Thomas:** We monitor through the estates and facilities performance management system. As part of that system, we annually take, from all the LHBs and those trusts that remain, all of their energy and transport figures, what they generate via combined heat and power and so on, and we publish that information. We not only do it on an all-Wales basis, but also per organisation. So, we know where progress is made and where we can focus our efforts. That is how we do it.

[25] **Edwina Hart:** As I indicated, Chair, I am more than happy to share this year's report with the committee when it is finalised, and also the other report on carbon.

[26] **Kirsty Williams:** We would be pleased to receive that information.

[27] **Andrew R.T. Davies:** Are those public reports, rather than internal reports?

[28] **Mr Thomas:** Yes, they are public reports.

[29] **Kirsty Williams:** We have covered mechanisms and evaluation, so we now move on to Rhodri Glyn.

[30] **Rhodri Glyn Thomas:** Gosodwyd nifer o ofynion yn 'Ein Dyfodol Iach', yr agenda ar gyfer iechyd cyhoeddus yng Nghymru, ar gyfer y tair neu pum mlynedd nesaf, ac mae rhai ohonynt yn ymwneud â'r cyfnod hyd at 2020 hefyd. Ble yn union mae eich adran o ran ymateb i'r gofynion hyn?
Rhodri Glyn Thomas: Many demands are set in 'Our Healthy Future', the agenda for public health in Wales, for the next three to five years, and some of them also appertain to the period up to 2020. Where exactly is your department in responding to those demands.

[31] **Edwina Hart:** When we talk about sustainability, it is not all about buildings; it is

also about the work that we have done on 'Our Healthy Future' and other documentation in that area. I produced a progress report on that in October 2010, and I have taken actions on it, such as the draft tobacco control action plan, which is out for consultation in February, and the sexual health and wellbeing action plan for Wales, which was published in November 2010 and contains policy for the period up to 2015. We have also published the obesity pathway 2010, and we are looking to the LHBs in terms of mapping services there. We will also then go on to look at issues around the annual operating framework, for example, to see how we have decided to use the annual operating framework to develop targets within these particular and key areas. In terms of general progress, we are progressing well on that agenda. However, I would not want to overestimate the progress. There are, obviously, issues within it in terms of developing targets from the annual operating framework that will be achievable and sustainable in terms of how we deliver better healthcare in Wales and ensure that we have, as our key, issues about health and wellbeing and the appropriate resources matched up.

[32] **Irene James:** Are there any further details of the sustainable development commitments built into the governance requirements of the NHS bodies? Specifically, how are these being monitored and evaluated?

[33] **Edwina Hart:** They are monitored and they are key to the new organisations. They are stated as key indicators. Do either of you wish to comment?

[34] **Mr Riley:** We built into the infrastructure the two foundation requirements for the new NHS bodies. First, we built into their standing financial instructions a number of points about sustainable development. Secondly, the Minister agreed, when the sustainable development scheme was approved, that there would be two actions relating to the health service. Therefore, we also built those into the foundation documents. We have asked each of the new health boards to prepare their own sustainable development schemes, and we set up a national group to bring people together, which we will be using over the next year to see what progress is being made on the local strategies, and to see where we can share good practice and draw best practice out and promote it at the centre. We have also promoted the idea of them signing up to the sustainable development scheme that was launched at Hay last year. At least one has joined, and we are working with the others to take that forward. We are trying to draw them into as many initiatives as possible, including this year's climate week.

[35] **Kirsty Williams:** One cannot begin to imagine the pressure on board time, given the huge array of issues that a board, being responsible for such huge organisations, has to discuss. Do you monitor, on a regular basis, that these issues are being discussed at a strategic board level, that they are not just being passed off to someone lower down the organisation, and that time is actually being made available for these discussions to be held? There is a lot of pressure on these boards to talk about an awful lot of things. It could be easy for this particular progress and this particular aspect of their work to drop off the agenda. How are you making sure that that does not happen?

[36] **Edwina Hart:** I think that we are doing so at official level, but I would not say in all honesty to the committee that it is something that dominates discussions with NHS chairs when I meet them. You are quite right in saying that the issues that they discuss are financial and relate to what is happening in terms of their population and their changes. However, it is certainly something that I can consider if the committee were to put it regularly on the agenda. We do know that they are monitoring things like carbon emissions. We know that they are monitoring their energy consumption, and we know that they are looking at these issues. Welsh Health Estates has also been working with them, and there is a toolkit and so on available. We know that, at an official level, their work is carrying on. Do you wish to say anything, Chris?

[37] **Mr Riley:** I think that you are talking about mainstreaming sustainable development.

We are trying to get to a situation where people do not talk about sustainable development—they just do it. Therefore, in a sense, the sort of work that Eric has described is about sustainable development, but it is about everyday good practice in the health service. ‘Our Healthy Future’ is about sustainable development, but it is about creating a healthy Wales. We may talk a little bit, at some point, about the work on the 1000 Lives Campaign, which is about the way that clinical practice is being focused on outcomes and about eliminating waste in everyday working. That is sustainable development. Therefore, we would rather than not to talk abstractly about sustainable development, but work with us on practical initiatives.

[38] **Leanne Wood:** In your opening remarks, Minister, I think that you said that it is important that everyone has an understanding of the true meaning of sustainability, which suggests to me that you are not convinced that everyone is working to a similar definition.

[39] **Edwina Hart:** It would be dishonest of me to claim that everyone in the NHS understood the true nature of sustainability. My officials have outlined that we are trying to ensure that it is part and parcel of everything that they do. The work that the Welsh Health Estates has been undertaking is to ensure that people do not think of it as an add-on. It is like the equality agenda, is it not? Let us tick the boxes on equality but we are not embedding equality into the work that we do. So, we are almost at the stage at which we try to embed it into the thinking of the NHS. Eric, do you want to talk about how we deal with it strategically?

2.20 p.m.

[40] **Mr Thomas:** On the environment side, one example of how we have tried to embed the environment into the day-to-day running of hospitals is that we have asked each LHB and trust to have ISO 14001 accreditation. That means that their management systems, such as the carbon management system, will have to be reported at board level or at regular intervals and scrutinised by an outside agency. So, that is the type of thing that we are trying to do to embed this into the everyday functions of these organisations.

[41] **Leanne Wood:** You are describing an attempt to achieve behavioural change on the ground. Minister, I am sure that you understand, probably more than anyone, how difficult behavioural changes are to achieve with the five-a-day fruit and vegetable message and health prevention programmes, in which the messages do not always get through and change people’s behaviour. So, this will be difficult to do. How confident are you that the Welsh NHS workforce understands what this is about, why it has to do it and is clear about what it needs to do from day to day?

[42] **Edwina Hart:** That understanding is coming; it is within sight. I cannot tell you that there is 100 per cent understanding, but the people at Welsh Health Estates who my officials engage with have a good understanding.

[43] **Mr Riley:** The other point that I would make is that it is not just about turning the lights off, but it about the behaviour of clinicians. For instance, through 1000 Lives, for the first time ever, we have started eliminating pressure sores in wards and we have now set that as a requirement for next year across Wales. We have started driving down healthcare-acquired infections in a way that we had not managed to do before and a lot of that is about behavioural change in handling care in hospitals. So, we are managing, through the 1000 Lives Campaign, behavioural change among clinicians. Among the general public, in this context, the Minister’s ‘Our Healthy Future’ approach is the vehicle taking that forward and, at the moment, every local health board is preparing a local version of that, which must be adopted and taken forward in the coming year as part of their work on local strategies for health improvement.

[44] **Brian Gibbons:** On behavioural change, it was interesting that one of the first things in the papers that you supplied was how you will respond to heatwaves, SunSmart, the risk of new infectious threats, air and drinking water quality and so on. In other words, this does not just apply to professionals in the health service. If we do not get this message out to the public at large, and if the public is not part of promoting public health, we are whistling in the wind. We need to work with the public and that is one of the challenges for the new health boards, particularly as they are more of a reincarnation of trusts than of the old health boards—I know that Chris does not agree with that, but that is what I suggest. They need to learn some of the community engagement skills that the old health boards had.

[45] **Mr Riley:** They have directors of public health.

[46] **Brian Gibbons:** Yes, but it is not happening in the same way. That is one element of it and the other is that, potentially, because of climate change and so on, there will also be health gains. They are likely to be in relation to winter deaths and so on.

[47] **Mr Riley:** Warmer winters will mean hotter summers.

[48] **Brian Gibbons:** That is the question that I am asking: what work is going on to identify the health gains that will follow from climate change, if we cannot curtail it, and how is that being worked into health service planning?

[49] **Edwina Hart:** In terms of health service planning, they look with interest at weather trends, but I do not think that anyone predicted the winter weather that we had in December. When you look at excess winter deaths, you see that they reduced in the year before. So, there are issues and we are asking them to look strategically at the planning agenda and what they need to do in the future.

[50] You referred to ‘Our Healthy Future’ and the role of the LHBs. We must also emphasise the role of Public Health Wales, not just that of the LHBs, and how it will take the agenda forward. I have recently agreed that work that was dealt with departmentally is now going to Public Health Wales, for it to lead a very sustained engagement campaign on the wider public health issues. I do not think that we have been smart enough in getting some of those issues across, and perhaps we have not tried hard enough to do so in some areas. I saw a television advert in another country where two people were smoking. They looked extremely glamorous and they were puffing away. However, in the middle of the screen was an ashtray, and in the ashtray was a heart that stopped beating as they stubbed their cigarettes out. That was really in your face in terms of a public health message about smoking.

[51] We tend to shy away from messages like that, and we must have a different format for getting public health messages across. It is all very well lecturing people about alcohol consumption, but you have to do something far more proactive in terms of how you deal with licensing and other arrangements, and the fact that you cannot stand up in bars all the time—you must have seats to sit down. So, a different agenda is emerging, and we must be smarter about how we deal with different groups. When you feel vulnerable and low in an economic recession, when you do not have a job, are stuck in the house and are thinking what to do, you do not want a lecturing message from Government; you want something in your face that makes you understand why people have these habits and what you can do to counter them.

[52] I attended an obesity clinic with Trish Law in Ebbw Vale this morning. I spoke to the patients about the motivation that they have been given by a wraparound package from the dietician, the doctor, the specialist nurse and the physiotherapist who advised them on how they could exercise. The programme went to the heart of their problems and issues in a non-judgmental way, and it made a difference to them. So, there are different public health messages in order to achieve a healthier Wales that we must look at.

[53] **Kirsty Williams:** Following on nicely from obesity plans in Ebbw Vale, Alun Davies? [*Laughter.*]

[54] **Edwina Hart:** I do not know what the connection is to him. [*Laughter.*]

[55] **Alun Davies:** Thank you for that, Kirsty. Minister, I have read your written evidence and listened to your responses. When the committee last investigated this policy area about 18 months or two years ago, its conclusion was that the Department for Health and Social Services was the only department outside of the Department for Environment, Sustainability and Housing that took this agenda seriously. I think that that is a fair summation of what we found, and we are going to review those findings over the coming months. Since that is where we are at the moment as a committee, will you outline how you work alongside your colleagues? We have been told by the Minister for Environment, Sustainability and Housing that there is a lot of information sharing and best practice. As a departmental Minister, can you outline how that is seen from your perspective?

[56] **Edwina Hart:** As a department, we continue to take this agenda very seriously. You can see from our written evidence and the comments of my officials that we have got the NHS working to this agenda, and we are trying to win hearts and minds. However, to be honest, I do not think that we have won all hearts and minds with regard to this agenda. I deal with other Ministers with regard to this agenda, and I would be particularly interested in developing children's policy within the agenda. We have been closely linked into the child poverty strategy—children and young people are a particular area for us. The new maternity services strategy is a broad understanding of people's family backgrounds and issues around that. We have close links to the economic renewal programme—as we have indicated already—regarding what research can be done and how we can work together. The big issue for all of us is sharing experiences about procurement, and that work is undertaken under the auspices of the Minister for finance. Therefore, we mainstream a lot of areas in terms of our discussions within Government.

[57] **Alun Davies:** With regard to the clinic that you visited in Ebbw Vale, how would you take that agenda forward? How would you work alongside the Department for Social Justice and Local Government on that, for example?

[58] **Edwina Hart:** I visited a particular local health board initiative in Ebbw Vale; it was a fascinating visit because I have never visited such a clinic before—it is the only one in Wales—so it was a good experience for me. I have agreed that I will look with officials at the experience of the people in that area, with regard to how they were referred, how they felt that they were empowered to go to the clinic, how they felt that they were encouraged to keep attending, and how they feel that if they are going to fail, the clinic is only a phone call away. Those are the issues that I will look at. We also have to look at the backgrounds of the people who visited the clinic, because they came from very mixed backgrounds.

2.30 p.m.

[59] It was not possible to make any judgments on socioeconomic grounds because there have been referrals from outside that area. So, we would probably have to do some analysis on that area. However, as we are working our way along the obesity pathway and looking at the programmes within individual local health boards, I will ask my officials to do some work on that particular project to see if there are any lessons that can be learned and whether any issues can be taken up with the LHBs. We can then see if there any particular links. I am sure that you are thinking about links with Communities First areas and so on, but I have to say that it is not always possible to compartmentalise issues as neatly as that.

[60] **Alun Davies:** I was thinking about child poverty, the anti-poverty agenda, education and other areas. All too often, we all make the mistake of discussing these issues in abstract terms and in policy terms. The committee has found that the Government will follow the agenda here and in Cathays park, but, quite often, when it comes to the delivery of services elsewhere, those agendas are not meshed together.

[61] **Edwina Hart:** I can assure you that we do not deal with the abstract in health, because it is about people and the outcomes for those people. An individual told me today that they had been to the clinic and had been very successful, and now their consultant had said that they did not need a knee operation. That provides an immediate cash benefit to the NHS and there is a benefit for the individual concerned. So, there were no abstract ideas in any of the discussions that I have had today.

[62] **Alun Davies:** I am talking about collaboration.

[63] **Edwina Hart:** With regard to health, we have a good record on collaboration between departments.

[64] **Kirsty Williams:** Thank you, Minister; that brings our questions to a close this afternoon. I am grateful for your attendance and that of Mr Riley and Mr Thomas. Mr Thomas, if you would be good enough to supply the documentation that the Minister referred to in the evidence session, we would be very pleased to see it. Thank you very much for your attendance.

[65] The next meeting of the Sustainability Committee will be held on 3 February and we will continue to look at how Government Ministers have mainstreamed sustainability within their portfolios.

2.32 p.m.

Cynnig Trefniadol Procedural Motion

[66] **Kirsty Williams:** I move that

the committee resolves to exclude the public from the remainder of the meeting in accordance with Standing Order No. 10.37.

[67] I see that the committee is in agreement.

*Derbyniwyd y cynnig.
Motion agreed.*

*Daeth rhan gyhoeddus y cyfarfod i ben am 2.32 p.m.
The public part of the meeting ended at 2.32 p.m.*