

MEETING DATE:	12 December 2013	 North Lincolnshire Clinical Commissioning Group REPORT TO THE CLINICAL COMMISSIONING GROUP GOVERNING BODY
AGENDA ITEM NUMBER:	Item 6.2	
AUTHOR:	Julie Killingbeck/Robyn Carter	
JOB TITLE: DEPARTMENT:	Relationship Manager - Commissioning NHS North Lincolnshire Clinical Commissioning Group	

SUSTAINABLE DEVELOPMENT MANAGEMENT PLAN

PURPOSE/ACTION REQUIRED:	Decisions for Approval
CONSULTATION AND/OR INVOLVEMENT PROCESS:	
FREEDOM OF INFORMATION:	<i>Is this document releasable under FOI at this time? If not why not? (decision making guide being developed)</i> Public

1. PURPOSE OF THE REPORT:											
<p>In recent years it has become increasingly clear that as a result of global issues such as climate change, depleting natural resources and financial constraints the NHS needs to be committed to the principles of sustainable development. The Clinical Commissioning Group (CCG), as an employer and a purchaser of goods and services, recognises its role to promote sustainability and actively contribute to the Government's sustainable development agenda.</p> <p>This Sustainable Development Management Plan reflects our commitment to continual improvement. It provides a framework for setting and reviewing sustainability objectives and targets for NHS North Lincolnshire Commissioning Group.</p>											
2. STRATEGIC OBJECTIVES SUPPORTED BY THIS REPORT:											
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3. IMPACT ON RISK ASSURANCE FRAMEWORK:											
<table border="1" style="display: inline-table;"> <tr> <td style="width: 25%;">Yes</td> <td style="width: 25%;"></td> <td style="width: 25%;">No</td> <td style="width: 25%;"></td> </tr> </table>		Yes		No							
Yes		No									

4. IMPACT ON THE ENVIRONMENT – SUSTAINABILITY:

Yes	x	No	
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The Sustainable Development Management Plan sets out a framework provides a framework to facilitate a reduction in the carbon footprint of NHS North Lincolnshire Clinical Commissioning Group and also support the planning and commissioning of more sustainable services in the future.

5. LEGAL IMPLICATIONS:

Yes	x	No	
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The Sustainable Development Management Plan supports the CCG to meet the requirement to demonstrate commitment to promoting environmental and social sustainability through its actions as a commissioner as detailed in Appendix 2 of the plan.

A Sustainable Development Management Plan also supports the CCGs ability to discharge its statutory financial requirements to meet financial balance.

6. RESOURCE IMPLICATIONS:

Yes		No	x
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7. EQUALITY IMPACT ASSESSMENT:

Yes	x	No	
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8. PROPOSED PUBLIC & PATIENT INVOLVEMENT AND COMMUNICATIONS:

Yes		No	
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9. RECOMMENDATIONS:

The CCG is asked to: -

- Approve NHS North Lincolnshire’s Clinical Commissioning Group ‘Sustainable Development Management Plan’.



***North Lincolnshire
Clinical Commissioning Group***

Sustainable Development Management Plan

November 2013

Version 1.0

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1. Introduction

In recent years it has become increasingly clear that as a result of global issues such as climate change, depleting natural resources and financial constraints the NHS needs to be committed to the principles of sustainable development. The Clinical Commissioning Group (CCG), as an employer and a purchaser of goods and services, recognises its role to promote sustainability and actively contribute to the Government's sustainable development agenda.

The CCG has a 5 Year Commissioning Plan 2012/13 TO 2016/17 and commissioning priorities for 2013/14 that have informed the development of this Sustainable Development Management Plan. The Commissioning Plan focuses on long-term strategic aims to:

- Improve patient experience
- Reduce the inequalities gap
- Continue to improve the quality of services
- Deliver best outcomes for patients
- Reduce unwarranted variation in services

Our short term priorities for 2013/14 are to work with partners across Northern Lincolnshire to develop proposals to ensure safe and sustainable services developing a future model of care that delivers 'Right Care in the Right Place':

- Improving the Quality of Primary Care.
- Support to carers.
- Improving mortality and preventing people dying prematurely.
- Improving outcomes for people with Long Term Conditions.
- Implementing the Urgent Care model including NHS 111.
- Improving care at End of Life.
- Supporting people's mental health and wellbeing with a particular focus on Dementia.
- Improving Access to Psychological Therapies (IAPT).
- Improving outcomes for children and improved care for women during pregnancy.

This Sustainable Development Management Plan reflects our commitment to continual improvement. It provides a framework for setting and reviewing sustainability objectives and targets.

2 What is Sustainable Development?

There are many definitions of sustainable development, including this landmark one which first appeared in 1987:

"Development that meets the needs of the present without compromising the ability of future generations to meet their own needs."¹

¹ From the World Commission on Environment and Development's (the Brundtland Commission) report Our Common Future (Oxford: Oxford University Press, 1987).

Sustainable development ties together concern for the resource capacity of our planet's natural systems with the social and economic challenges facing society.

Commissioning for Sustainable Development is the process by which we, as commissioners, improve both the sustainability of an organisation, and the way it provides services and interacts with people in the community. It is about striking the right balance between the three key areas of financial, social and environmental sustainability when making commissioning decisions.

The Royal College of General Practitioners (RCGP) Centre for Commissioning has outlined sustainability as one of its five foundations for effective commissioning. There are five main reasons for this approach:

- **Financial:** It saves money
- **Quality outcomes and safety:** It produces health benefits as well as other advantages in both the short and long term
- **Enhanced reputation:** NHS organisations have huge purchasing power which requires local accountability and leadership
- **Increased resilience:** Natural resources are limited
- **Legal compliance:** There is a legal duty to cut carbon emissions under the 2008 Climate Change Act, which is a long term legally binding framework to reduce carbon emissions, mitigate and adapt to climate change. Organisations are required to meet the following UK Climate Change Act Targets - reduction in CO₂e² by 2050 (1990 baseline):
 - 34% by 2020
 - 50% by 2025
 - 80% by 2050.

In addition the NHS has a separate short-term NHS target of 10% reduction by 2015 based on a 2007 baseline.

Being sustainable will help us meet the challenges facing the NHS locally and nationally:

- We have an increasingly ageing population with multiple health needs.
- The cost of new medical technology is rising.
- People have higher expectations around clinical outcomes and user experience.

3. What does this mean for North Lincolnshire CCG?

“The NHS has the potential to touch almost every person in this country. By demonstrating how to reduce carbon emissions and promoting healthy, sustainable lifestyles, the NHS can lead the way to a healthier, happier society.”³

² CO₂e refers to six greenhouse gases: Carbon dioxide; Hydrofluorocarbons; Methane; Nitrous oxide; Perfluorocarbons and Sulphur hexafluoride.

³ Neil McKay Chief Executive, NHS East of England (2008)

North Lincolnshire CCG comprises 21 practices covering a population of about 167,400 (2012) - an increase of 10% since 2001. It is served by one main acute provider, including Community Services (Northern Lincolnshire and Goole NHS Foundation Trust, NLAG), one specialist acute provider (Hull and East Yorkshire Hospitals NHS Trust, HEYHT) and one Mental Health provider (Rotherham, Doncaster and South Humber Hospitals NHS Foundation Trust, RDaSH). The CCG is coterminous with the Local Authority (North Lincolnshire Council).

The CCG area is geographically large, with more than half of its population living in rural areas. This creates distinct neighbourhoods and localities, each with their own unique characteristics and sense of identity, with different population profiles and needs. For example, the Scunthorpe North locality comprises mainly younger citizens, high levels of rented accommodation, with higher levels of BME residents than elsewhere in the CCG area. Whereas the Axholme locality comprises higher number of more affluent, older people, living in private accommodation, with a higher incidence of long term conditions associated with the older population.

Mission: 'To achieve the best health and well-being that is possible for the residents of North Lincolnshire, within the resources available to the CCG'

Values:

- Preserve & uphold the values set out in the NHS Constitution
- Value the input of patients & carers into the design & delivery of services we commission
- Work with all our Partners for the benefit of North Lincolnshire residents
- Treat patients, carers and colleagues with dignity & respect

The CCG recognises that the resources available to support the health of the population of North Lincolnshire are limited and is therefore committed to make the best use of all resources to improve the health of the population. That will inevitably result in some difficult choices needing to be made. To support this process the CCG has developed an 'Ethical Decision Making Policy to underpin the decision-making process and ensure the best use of limited resources.

The 'Healthy Lives, Healthy Future' programme has been developed to involve both health and social care across Northern Lincolnshire in order to ensure that changes in healthcare do not impact negatively in social care and vice versa. NL CCG and NEL CCG are leading on the development of the programme of work which will ensure that the necessary efficiencies are achieved, without compromising clinical safety, quality and patient experience.

Strategic themes have been identified as:

- Reducing avoidable care.
- Increasing home and community based care.
- Integration of care.

- Reducing duplication.
- Workforce change.
- Best use of public sector estate and limited Capital.

4. What are we doing about sustainability?

A - Governance

- This plan builds on work undertaken by North Lincolnshire Primary Care Trust and reflects guidance from the Sustainable Development Unit.
- We have appointed a Governing Body level executive, Allison Cooke (Chief Officer) and Julie Killingbeck (Relationship Manager- Commissioning) to lead the organisation in developing a sustainability action plan.
- Sustainability Impact Assessments will be undertaken for policies, plans and service developments and the implications reviewed.
- The risk of not adapting sufficiently to climate change will be reviewed through the CCG risk management process.
- This Sustainable Development Management Plan (SDMP) will be reviewed and updated annually as appropriate.
- Sustainability will be included in the CCG Annual Report.

The **Good Corporate Citizenship (GCC) assessment** tool is designed to help organisations think about how they can contribute to sustainable development by:

- Putting social, economic and environmental considerations at the heart of decision making.
- Ensuring day to day activities support, rather than hinder, progress with sustainable development.
- Using their purchasing power, influence and resources to help deliver strong, healthy and sustainable communities.

We will utilise the GCC Assessment Model to derive a baseline position for the CCG and identify areas for improvement going forward.

B - Working with Others

North Lincolnshire CCG is working closely with North East Lincolnshire CCG, North Lincolnshire Council and health providers in Northern Lincolnshire, particularly Northern Lincolnshire and Goole NHS Foundation Trust, on the 'Healthy Lives, Healthy Futures' Programme. The aim is to ensure that we design sustainable services that:

- Raise the quality of services for our patients.
- Create care pathways with lower overall cost and improved outcomes.
- Develop the relevant inputs to meet time-critical business planning.

As part of this review NL CCG is engaging widely with the population of North Lincolnshire on its vision for future models of care which seek to ensure sustainability, providing the right care in the right places to meet patient needs.

We will continue to work closely with key stakeholders, including the Health Scrutiny Panel, the Health and Wellbeing Board and the newly commissioned Healthwatch North Lincolnshire.

C - Reducing Carbon

Travel Plan

For staff we support opportunities to reduce the need for travel by car: encouraging the use of remote communication in place of face to face meetings and encouraging home working, where appropriate.

We will use our commissioning role to change the way services are delivered that where possible will reduce travel for patient, providing more care closer to home and where appropriate in patients own homes via technology.

Procurement

The CCG is committed to putting the patient first in all of its procurement activities. While procuring patient centred services the CCG recognises that it has a key role to play in the achievement of wider social obligations. As a result the CCG has developed an over-arching approach to Sustainable Procurement.

Procurement can make a significant contribution to our goals of sustainable economic development and resource minimisation by ensuring that the goods and services we buy consider optimum environmental performance. Procurement has an additional role to play in minimising any risk of social exploitation within the supply chain.

We will ensure sustainable procurement is gradually embedded into tender and contact management especially for key areas such as energy, waste, water and transport, through the use of the Sustainable Procurement Policy. We will commit to the development of key performance indicators for sustainable procurement performance monitoring across the supply chain.

Workforce

Demographic data shows that there are far fewer people of working age than there was 20 years ago. The ageing population is increasing and there will be difficulty in North Lincolnshire to deliver the services needed from health and social care providers. The planned approach is to reduce duplicated tasks, improve communication and provide a seamless service for patients.

To maximise opportunities to address the issue of reduced workforce capacity North Lincolnshire CCG North Lincolnshire Council has agreed to have an integrated approach to workforce planning and commissioning. The workforce strategy promotes integrated services allowing collaborative working and joint commissioning of services with our partners.

We will be supported by the North Yorkshire and Humber Commissioning Support Unit across many of our human resources responsibilities but this does not detract from our own commitment to recruiting the best people, to developing them and to supporting them and paying attention to their well-being.

We have a number of relevant HR Policies in place or currently under development including: Flexible Home Working Policy; Induction Policy; Smoke Free Policy; Special Leave Policy; Stress Prevention and Management.

Community Engagement

NL CCG recognises that to secure the required transformational change to deliver sustainable health services in the future, the public need to feel that they have sufficient support to keep themselves healthy and to live independently.

We aim to create a culture where local people are armed with the power and knowledge to get involved, participate in and meaningfully contribute to debates about how investment is prioritised. We have adopted Experience Led Commissioning (ELC) as our operating model for clinical commissioning to ensure that people's experiences drive the commissioning process. ELC uses active input from patients and carers, frontline staff, user representatives, service providers and clinical commissioners to improve and redesign services.

The Keeping Well and Living an Independent Life project, using ELC principles, aimed to engage with 160 members of the local population to gain an understanding of what they felt they needed to enable them to keep themselves well. The project actually engaged over 200 people at 14 different events, namely: families with preschool children; families with school children; families with children living with disabilities; care home residents and staff; older people who live independently; people in recovery; people who use GP services, people who work in public services (Scunthorpe General Hospital and North Lincolnshire Council).

D - Adaptation to Climate Change

The world's climate and weather patterns are changing. Global temperatures are rising, causing more extreme weather events, like flooding and heatwaves. After the summer floods of 2007 and extreme weather during the winter of 2010/11 we are aware of the impact of unpredictable weather patterns on life in the area.

The UK Climate Change Risk Assessment: Government Report published in 2012 identifies the following key health and well-being risks and opportunities at the UK level:

Risks

- Increased summer temperatures may lead to increased risk of mortality and morbidity due to heat.
- Increased flooding would increase the risk of deaths, injuries and people suffering from mental health effects as a result of the impacts of flooding.
- Increased ozone levels by the end of the century could lead to an increased risk of mortality and respiratory hospital admissions.
- Increased summer temperatures combined with increased periods of time spent outdoors may lead to an increased risk in the number of skin cancer cases and deaths.
- Increased temperatures and changed rainfall patterns may lead to an increased health risk from water, vector and food borne diseases.

- Increased sea temperatures may lead to increased marine pathogens and harmful algae blooms with a consequent negative effect on human health.

Opportunities

- Increased winter temperatures may lead to decreased levels of mortality and morbidity due to cold.
- Increased summer temperatures combined with increased periods of time spent outdoors could increase vitamin D levels and help to improve physical and mental health of people.

Working with stakeholders it is our intention to work with others in a collaborative approach to planning for adaptation.

E - Models of Care

The 'Plan for the Commissioning of High Quality Services for North Lincolnshire 2013/14' set out a vision for future models of care which seek to ensure sustainability, providing the right care in the right places to meet patient needs. The model describes services across 5 levels

Level 1 – services accessible across all North Lincolnshire Communities to all residents but not necessarily based in every community.

Level 2 – services organised on a locality basis across the 5 areas of North Lincolnshire to provide care close to home where increased support is required above level 1 and it is safe and cost effective to do so.

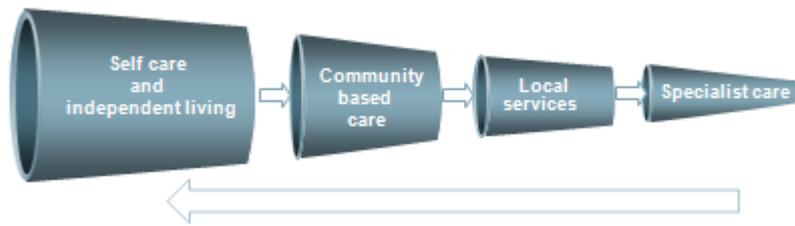
Level 3 reflects services that would generally be provided once across North Lincolnshire; they may or may not be provided at the same location.

Level 4 – services that require 24/7 specialist medical care with consultant cover. These may not always be provided within North Lincolnshire but will need to be accessible to our population.

Level 5 – services that are defined as specialised, including those often referred to as tertiary and will be only be accessed by a very small percentage of the population.

Under the Healthy Lives Healthy Futures Programme engagement on the case for change in relation to services across North Lincolnshire was undertaken from August 2013. This included the shared vision below:

The Shared Vision – A Shift to the Left...



- Comprehensive** Healthcare providers should provide a **comprehensive** service, from supporting prevention and self-care, through community provision, to specialist and tertiary care.
- Integrated** Providers of these services should take an **integrated** approach, so that local people have access to a seamless service
- Higher quality** The result will be **higher-quality** care, with more lives saved and more people returned to full health
- Affordable** A further result will be a service that is **affordable** in the years to come

The service models to support delivery of this vision are currently being developed and will be the subject of further public and stakeholder engagement in early 2014.

Our priorities are outlined in 'Plan for the Commissioning of High Quality Services for North Lincolnshire 2013/14'.

5. NHS North Lincolnshire CCG Objectives relating to Sustainability 2013/14

Area	Objective
Governance	<ul style="list-style-type: none"> • Embed sustainability within the CCG's policies and procedures and reinforcement of Governing Body level commitment and responsibility. • Raise awareness of sustainability across the workforce. • Work in partnership with local groups (e.g. Health and Wellbeing Boards, Local Strategic Partnership) to support sustainable development and better prepare and adapt to the predicted effects of a future changing climate. • Complete the Good Corporate Citizenship Self-Assessment Tool to set a baseline and identify opportunities for improvement. • Review the plan on an annual basis and report on sustainability in the CCG Annual Report. • Include a section in the organisational risk register that addresses the challenges of building resilience to climate change.
Travel	<ul style="list-style-type: none"> • Reduce car usage by staff, encouraging the use of remote communication in place of face to face meetings. • Promote active travel. • Identify and encourage low carbon models of care through procurement and commissioning e.g. care closer to home, telemedicine, videoconferencing.
Procurement	<ul style="list-style-type: none"> • Commission health services which are environmentally, socially and economically sustainable.

	<ul style="list-style-type: none"> Through the contracting processes ensure that the providers of services commissioned by the CCG are complying with national and local requirements on sustainability, including carbon reduction.
Facilities Management	<ul style="list-style-type: none"> Develop plans to reduce energy and water demand and to minimise waste e.g. paper light and paper saving; reduce, recycle and reuse.
Workforce	<ul style="list-style-type: none"> Raise awareness of sustainability across the workforce.
Community Engagement	<ul style="list-style-type: none"> Work in partnership with local groups, organisation, patient and the public to support sustainable developments.
Buildings	<ul style="list-style-type: none"> Consider all relevant sustainability issues in the design and operation of new or refurbished buildings.
Adaptation to Climate Change	<ul style="list-style-type: none"> Plan to meet health needs of local population caused by the changing environmental, social and financial climate e.g. tailoring health promotion activity to new threats such as skin cancer awareness. Contribute to the development of strategic multi-agency plans for responding to emergencies in partnership with the Local Health Resilience Partnership (LHRP). Consider climate change adaptation in procurement and commissioning.
Models of Care	<p>2013/14 priorities include:</p> <p>Long term conditions (including focusing on diabetes, chronic neurological disorders, circulatory and stroke): Self-management programmes; Rolling out risk profiling to all GP practices; Making decisions about the use and roll out of tele-health; Embedding the 5 locality based integrated health and social care teams.</p> <p>Improving care at End of Life: Increase the number of people enabled to die in their preferred place of care.</p> <p>Supporting people’s mental health and wellbeing with a particular focus on Dementia and IAPT: Early diagnosis and carers support; Autism Strategy.</p> <p>Improving outcomes for children and improved care for women during pregnancy; long term condition management in children.</p>

6. Monitoring and Review

Progress on the implementation of this plan will be reported to the Governing Body on an annual basis.

The policy will be reviewed annually or in the light of new legislation/guidance.

Appendix 1: Resources/References

NHS Sustainable Development Unit (SDU)

Commissioning for Sustainable development
Fit for the Future – scenarios for low-carbon healthcare 2013
Sustainability in the NHS: Health Check 2012
Sustainable Development Management Plan Guidance
Adaptation to Climate Change for Health and Social Care Organisations
A Guide to Sustainable Development for Clinical Commissioning Groups
GPs and Sustainability – 5 to Survive series of SDU documents
Commissioning for Sustainability – what GP consortia need to know
NHS Carbon Reduction Strategy
Management Plan (SDMP) Guidance – Guidance for writing a board level SDMP
Procuring for Carbon Reduction (P4CR)
Examples of NHS organisations embracing more sustainable practices
Sustainability Reporting Framework
Carbon Footprinting Pharmaceuticals and Medical Devices

NHS SDU and Royal College of General Practitioners

A Guide to Sustainable Development for Clinical Commissioning Groups

Health Protection Agency

Health Effects of Climate Change in the UK 2012

The King's Fund

Sustainable health and social care: connecting environmental and financial performance by Chris Naylor and John Appleby 2012

NL CCG

5 Year Commissioning Plan 2012/13 TO 2016/17
Plan for the Commissioning of High Quality Services for North Lincolnshire 2013/14
Ethical / Sustainable Procurement Strategy

Appendix 2: Legal Requirements: Summary of the key statutory, regulatory and policy requirements.

The **Social Value (Public Services) Act 2012**, in force from early 2013, will include a duty to consider social value ahead of procurement involving public services contracts (within the meaning of the Public Contracts Regulations 2006). This means CCGs must consider how they might use contracts to improve the economic, social and environmental wellbeing of their communities.

The **Climate Change Act 2008** includes a legal requirement for the UK to reduce carbon emissions by 80% by 2050. It is not yet clear how this will apply to CCGs, for whom no 2007 baseline exists.

The **NHS Carbon Reduction Strategy** asks all NHS organisations to sign up to the Good Corporate Citizenship Assessment Model and to produce a Board-approved Sustainable Development Management Plan (SDMP).

The **Civil Contingencies Act 2004** requires all NHS organisations to prepare for adverse events and incidents, to undertake risk assessments, and to ensure Carbon Reduction Delivery Plans are in place in accordance with emergency preparedness and civil contingency requirements.

HMT Sustainability Reporting Framework: the Government Financial Reporting Manual (FRoM), the basis for NHS annual financial reporting, includes mandatory sustainability reporting.

The **NHS Annual Governance Statement**, an annual reporting requirement for NHS organisations, includes mandatory disclosures on climate change adaptation and mitigation to ensure risks have been assessed and plans are in place to comply with the Climate Change Act and the Civil Contingencies Act.

The **Carbon Reduction Commitment Energy Efficiency Scheme (CRC)** is a mandatory energy efficiency scheme affecting the majority of NHS organisations. Participating trusts are required to report their baseline energy use and their carbon emissions in their annual reports.

The **European Union Emissions Trading System (EU ETS)** was the first large emissions trading scheme in the world, launched in 2005. A number of NHS organisations participate in the EU ETS, which has been simplified to make it easier for users to take part.

Appendix 3

Sustainability Impact Assessment

Staff preparing a policy, Governing Body Report, service development or project are required to complete a Sustainability Impact Assessment (SIA). The purpose of this SIA is to record any positive or negative impacts that this is likely to have on sustainability.

Title of the document	
What is the main purpose of the document	
Date completed	
Completed by	

Domain		Impact of activity Negative = -1 Neutral = 0 Positive = 1 Unknown = ? Not applicable = n/a	Brief description of impact	If negative, how can it be mitigated? If positive, how can it be enhanced?
Travel	Will it provide / improve / promote alternatives to car based transport? Will it support more efficient use of cars (car sharing, low emission vehicles, environmentally friendly fuels and technologies)? Will it reduce 'care miles' (telecare, care closer) to home? Will it promote active travel (cycling, walking)? Will it improve access to opportunities and facilities for all groups?			
Procurement	Will it specify social, economic and environmental outcomes to be accounted for in procurement and delivery? Will it stimulate innovation among providers of services related to the delivery of the organisations' social, economic and environmental objectives? Will it promote ethical purchasing of goods or services?			

	<p>Will it promote greater efficiency of resource use? Will it obtain maximum value from pharmaceuticals and technologies (medicines management, prescribing, and supply chain)? Will it support local or regional supply chains? Will it promote access to local services (care closer to home)? Will it make current activities more efficient or alter service delivery models</p>			
Facilities Management	<p>Will it reduce the amount of waste produced or increase the amount of waste recycled? Will it reduce water consumption?</p>			
Workforce	<p>Will it provide employment opportunities for local people? Will it promote or support equal employment opportunities? Will it promote healthy working lives (including health and safety at work, work-life/home-life balance and family friendly policies)? Will it offer employment opportunities to disadvantaged groups?</p>			
Community Engagement	<p>Will it promote health and sustainable development? Have you sought the views of our communities in relation to the impact on sustainable development for this activity?</p>			
Buildings	<p>Will it improve the resource efficiency of new or refurbished buildings (water, energy, density, use of existing buildings, designing for a longer lifespan)? Will it increase safety and security in new buildings and developments? Will it reduce greenhouse gas emissions from transport (choice of mode of transport, reducing need to travel)? Will it provide sympathetic and appropriate landscaping around new development? Will it improve access to the built environment?</p>			

Adaptation to Climate Change	Will it support the plan for the likely effects of climate change (e.g. identifying vulnerable groups; contingency planning for flood, heatwave and other weather extremes)?			
Models of Care	<p>Will it minimising 'care miles' making better use of new technologies such as telecare and telehealth, delivering care in settings closer to people's homes?</p> <p>Will it promote prevention and self-management?</p> <p>Will it provide evidence-based, personalised care that achieves the best possible outcomes with the resources available?</p> <p>Will it deliver integrated care, that co-ordinate different elements of care more effectively and remove duplication and redundancy from care pathways?</p>			