



A Sustainability Strategy for NHS Cambridgeshire

2010 to 2015



"We should work harder to find the synergies [between reducing emissions and improving health] - we need to be creative."¹

¹ Sir Liam Donaldson Chief Medical Officer, December 2008



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Foreword



There is no doubt in my mind that the next major resource challenge that the NHS will face will be a shortage of fossil fuels and that carbon will become a currency in its own right. We are already at the beginning of an enormous financial challenge as central government funding for the provision of health and social care starts to reduce in real terms. This challenge however will seem manageable in comparison to the challenges that the NHS face in reducing its carbon footprint over the next decade particularly as we will see increasing demand from an ageing and demanding public.

This Sustainability Strategy, along with our annual Sustainability Development Action Plan, sets out how NHS Cambridgeshire (NHSC) will lead the local NHS in the county in terms of setting out strategies and annual targets to achieve the demanding targets in reducing our carbon footprint.

We are committed to playing a major role in carbon management across the county and you will see from the work we are undertaking with other public sector organisations in and around the county that we are not alone in taking this view. Indeed we will work very closely with Cambridgeshire County Council, countywide District Councils and Cambridge City Council and our private sector partners to ensure that we achieve the necessary focus in highlighting to staff and users the need to reduce our carbon footprint.

There has been some good progress over the last two years as public awareness grows and staff have begun to take an interest in what we, as a responsible employer, are planning to do to reduce our dependency on carbon. Indeed we also have a moral and fiscal duty to ensure that the suppliers and providers of health and social care also take responsibility for managing their carbon usage and we will use our considerable spending power and leverage to insist on these behaviours using our contracting and performance regime to monitor progress.

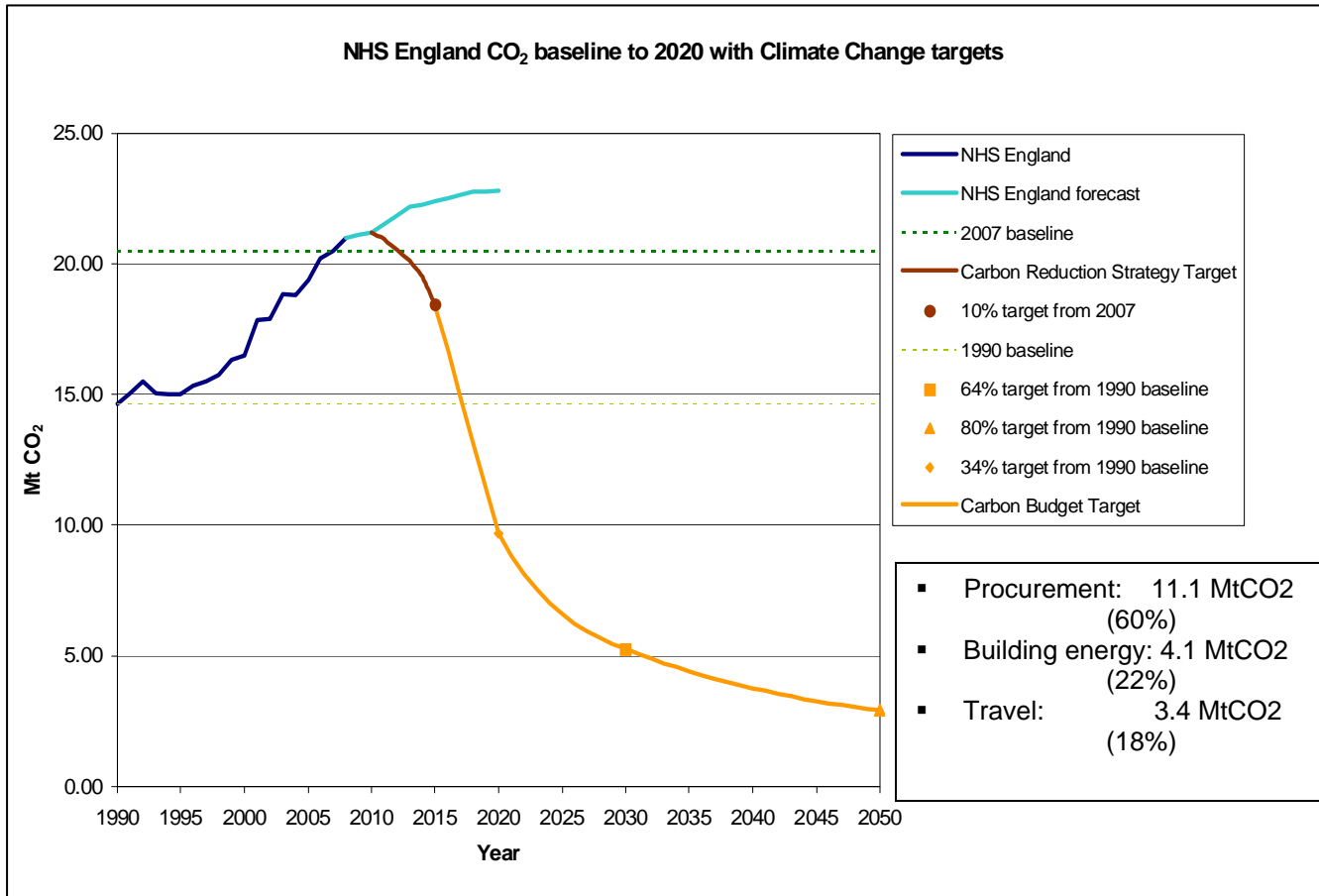
This strategy takes a five-year view on carbon management and along with our five year Business Strategy provides an exemplar template for the necessary Corporate Social Responsibility (CSR) that we will need to demonstrate leadership of the NHS in Cambridgeshire to all of our stakeholders. I hope to be the first Primary Care Trust (PCT) in the NHS to declare a carbon neutral footprint over the course of this strategy.

Paul Zollinger-Read
Chief Executive Officer
NHS Cambridgeshire

March 2010



Background



Health services make up a huge part of every developed country's economy with a massive carbon footprint, so when you identify a way to cut emissions, save money and improve public health at the same time it's of global interest.

Health spending accounts for 16% of the US economy and 8.4% in the UK, according to an OECD survey. Across developed countries the average is 8.9% of GDP – and activities on that scale generate a massive carbon footprint. The NHS produces 18 million tonnes (Mt) of CO₂ each year, representing 25% of England's public sector emissions, which comes from various activities: energy used to power hospitals; making and delivering medicines, equipment and other goods that are used; and staff, patient and visitor travel. The breakdown of emissions in the three primary sectors is as shown in the table opposite.



The World Health Organisation (WHO) recently called for the health sector to take the lead in cutting emissions.

"By reducing its climate footprint and moving toward carbon neutrality, the health sector can demonstrate the path forward in this age of global warming, thereby playing a leadership role in advocating for a healthy and sustainable future," said Maria Neira, Director of WHO's Department of Public Health and Environment.



The NHS Carbon Reduction Strategy for England (CRS) produced by the NHS Sustainable Development Unit (NHS SDU)², sets an ambition for the NHS to help drive change towards a low carbon society. The strategy shows the scale of reduction in carbon required for the NHS to progress towards the Climate Change Act requirements and recommends key actions for the NHS to become a leading sustainable and low carbon organisation. The recommendations in this strategy form the basis for our own strategic direction here in Cambridgeshire and our Annual Sustainability Development Action Plan picks up on all of the recommendations in this paper.

Forum for the Future, a leading think tank sustainability charity active in the health business has issued a report³, which looks at a range of scenarios for future health services and gives guidance on how to create a more efficient, low-carbon system which delivers better public health.

“I saw the doctor today, and he prescribed me some loft insulation...”

It's 2025 and GPs are as likely to prescribe exercise, healthy-eating vouchers and home improvement regimes as curative treatments. Green gyms are all the rage, everyone has an electronic health passport, and citizen scientists take a key role in disseminating public health information to their communities.



That's part of the vision of the NHS Sustainable Development Commission in response to the Government's Marmot Review⁴ into health inequalities, which clearly shows how the NHS can pioneer a low-carbon future that promotes greater health while creating a better quality of life. The review states "There is a close relationship between the challenges of climate change and the challenges of health inequalities: not least because both impact most on the poor and disadvantaged. Both health inequalities and the negative impacts of climate change give extra

² <http://www.sdu.nhs.uk/>

³ <http://www.forumforthefuture.org.uk/projects/health-system-2025-vision>

⁴ <http://www.ucl.ac.uk/gheg/marmotreview/FairSocietyHealthyLivesExecSummary>



urgency to putting sustainable development at the heart of creating a fairer society. Just as steps necessary for sustainable development must take health inequalities into account, so recommendations that we make must be put into the context of sustainable development.”

Their recommendations address the need for a sustainable economy, food system, transport systems, and use of green spaces. Many measures to address climate change also bring health benefits such as more active travel (for instance walking and cycling), which, in addition to reducing carbon emissions, also increases physical activity and reduces air pollution and traffic accidents. This is particularly relevant here in Cambridgeshire with our higher than normal level of deaths of children in road traffic accidents and circulatory disease as one of the main causes of death in the overall population.

There could be cost-savings too which will be critical in Cambridgeshire as we strive to achieve our financial targets. The World Health Organisation says that “misdirected care” whereby “resource allocation clusters around curative services at a great cost, [neglects] the potential of primary prevention and health promotion to prevent up to 70% of the disease burden”. By taking a common sense, holistic perspective, health budgets could be redirected to such ‘early interventions’, so tackling the inequalities that lead to ill health at their root.

Forum for the Future’s vision brings this to life. It describes how shorter working hours, more contact with the environment, growing localisation of production and consumption, redistribution of wealth towards the poor, and greater service accessibility are all accepted as key drivers of health and wellbeing, and investment is targeted accordingly.

This implies some fairly radical changes to today’s health system – reaching beyond the traditional remit of the NHS. Those responsible for making these changes will need a long-term view, and a willingness to make policy decisions now whose benefits may only become apparent years down the line.

Planning for the future is increasingly at the heart of NHSC’s work on health. However we cannot plan unless we know what the future might hold, of course and there will need to be different ways in which we might seek healthcare in the future, from a reliance on the latest technological fix, to one in which health advice from our local supermarket is the norm. This Sustainable Strategy begins to plot that journey that starts now in base lining carbon usage and adopting strategies that will reduce the resultant footprint by 10% in 2015 (based on 2007 measurements), The journey will continue over the next 20 to 30 years by exploring what is needed to support the overall core business strategy to ensure that the reduction in natural resources is given as much importance as the reduction in financial resources over a period when demand for health services will continue to increase.



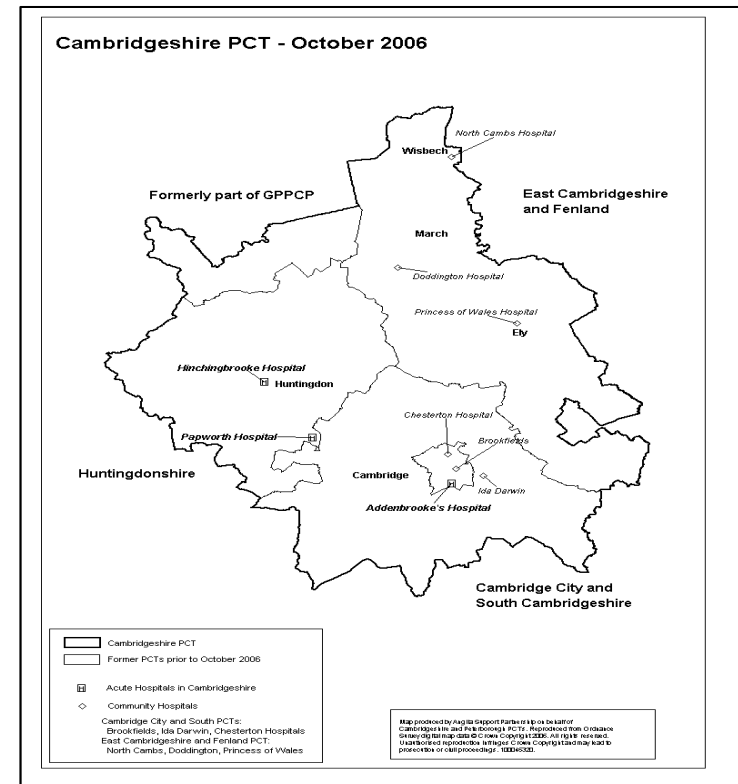
Introduction

It is estimated that there are 595,600 people living in Cambridgeshire, a quarter are aged under 20 years and just under a seventh aged 65 years and over. Population forecasts⁵ suggest that the population of Cambridgeshire is set to increase by 16% by 2021, with the majority of the increase seen in Cambridge City and South Cambridgeshire. This is associated with a forecast increase in the number of new dwellings, including a proposed Eco Community at Northstowe, between 2006 and 2021, of about 20,000 dwellings.

Local Authority	Population
Cambridge City	117,700
East Cambridgeshire	79,400
Fenland	92,900
Huntingdonshire	163,100
South Cambridgeshire	142,500
Cambridgeshire	595,600

Cambridge City has a noticeably higher proportion of people aged 15-34 years due to the high student population in the district.

Cambridgeshire has a predominantly white population. However, Cambridge City has a higher proportion of people from non-white ethnic groups when compared to the national average, many of whom are students or professionals. There are also considerable numbers of Travelers and migrant workers within Cambridgeshire. Deprivation varies greatly across the county, with Fenland, North East Cambridge and parts of North Huntingdon having the highest levels of relative deprivation. The same pattern exists for children living in poverty. Income deprivation for older people is more widely dispersed.



⁵ Source: Cambridgeshire County Council Research Group. Definition: Mid 2008 population estimates.



Cambridgeshire is a predominately rural area. Nearly a fifth of Cambridgeshire's population does not have access to a car or van. This goes down to less than a tenth for children living in households with no access to a car or van but up to four in ten pensioners. Cambridge City has the lowest levels of car ownership, which may be expected given that it is an urban area. However, Fenland has the second highest levels of non-car ownership in Cambridgeshire.

Generally, Cambridgeshire has low levels of unemployment at 1.4%, with higher rates in Fenland (2.3%). Overall, a half of lone parents do not work, with higher proportions in South Cambridgeshire and Huntingdonshire. Educational attainment varies greatly across the county, with low levels of Key Stage 2 Level 4+ in Fenland and Cambridge City and noticeably low GCSE attainment in Fenland. South Cambridgeshire has markedly high attainment in both of these qualification areas.

With the exception of Fenland, all districts in Cambridgeshire have higher life expectancy at birth than seen nationally. This is most noticeable in South Cambridgeshire. Female life expectancy in Fenland was significantly lower than the national average in 2004/6 and male life expectancy was at the national average.

There are on average 4,900 deaths a year in Cambridgeshire. Circulatory disease and cancer are the main causes of death in the overall population. Conditions originating in the perinatal period and transport accidents are the main causes of death for children. County level death rates for circulatory disease and cancer are significantly lower than the national average, but transport accident deaths are higher. Fenland has high all age mortality for circulatory disease.

In order to provide primary care for this population NHS Cambridgeshire currently commissions the following:

- 76 GP practices
- 80 Dental practices
- 91 Pharmacies

The following establishments provide secondary care:

- Cambridge University Hospitals NHS Foundation Trust
- Hinchingsbrooke Health Care NHS Trust
- Cambridgeshire and Peterborough NHS Foundation Trust

Community care is provided by Cambridgeshire Community Services (CCS) which is currently operating as an Arms Length Body to NHS Cambridgeshire with advanced plans to become a NHS Trust with effect from 1st April 2010. Papworth NHS Foundation Trust provides tertiary



specialist services. There is a whole range of smaller provider organisations providing a wide range of health services across the county. We work closely with Cambridgeshire County Council in the provision and commissioning of aligned social care services.

Our strategic vision set in 2009 is simply “Everyone in Cambridgeshire, as healthy as can be”. Over the next five years, we aim to:

- Support people in understanding their own health and well being so that they themselves can contribute to staying healthy
- Commission accessible and timely health and social care services for those who need them within the resources available

In drawing up our vision, we took into account that the population of Cambridgeshire is diverse, ranging from those people who are relatively well and affluent to those who experience deprivation and the impact that this has on their health and well being. In addition, many people travel through the County every day and will need, at times, some form of health and/or social care intervention whether this is for the short or long term.

We are responsible for improving the health of the population of Cambridgeshire by assessing health needs and by commissioning services from providers in response to those needs. We commission services from other NHS organisations and are responsible for developing primary care services. To do this, we have a budget of over £850 million⁶ that we receive from the Government each year to pay for these services and associated infrastructure.

Recently published data from Defra shows that in 2006 each resident of Cambridgeshire was responsible for 11 tonnes of carbon dioxide (CO²) - equivalent to 6.5 million tonnes for the County as a whole. The emissions arise from the energy used in domestic activity, road transport, industrial and commercial activity; and non-energy emissions associated with land-use, land-use change and forestry (LULUCF). NHSC wants to integrate sustainable development into the work we undertake in the management and delivery of health care services. We also wish to develop a Sustainable Development Action Plan, which will identify detailed objectives that NHSC will need to work towards and monitor to ensure the strategy is realised. This Sustainability Strategy will be used in conjunction with our core business strategic plan and thus inform the annual Operating Plan and an aligned Sustainable Development Action Plan as an integral element of the delivery phase. The plan will demonstrate the actions needed to reduce carbon emissions by 10% in 2015 as our overall contribution to the reduction required in Cambridgeshire.

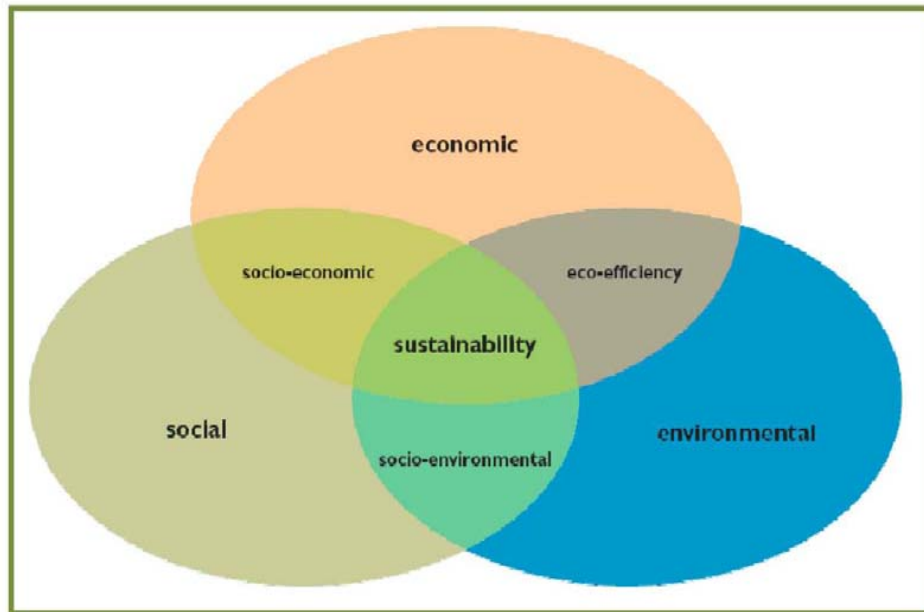
⁶ Based on DoH allocation for 2010/11



What is Sustainable Development?

Sustainable development is a pattern of resource use that aims to meet human needs while preserving the environment so that these needs can be met not only in the present, but also in the indefinite future. The term was used by the Brundtland Commission⁷ which coined what has become the most often-quoted definition of sustainable development as development that;

“Meets the needs of the present without compromising the ability of future generations to meet their own needs.”



Sustainable development ties together concern for the resource capacity of our planets natural systems with the social and economic challenges facing humanity. The dimensions of sustainability are outlined in the ‘model of sustainability’ and are generally taken to be: Environmental, Social, and Economic. In order to achieve sustainability these three aspects must be considered together and understand that they are not mutually exclusive and can be mutually reinforcing.

Sustainable conditions are met when decisions sit in the central zone, where environmental, social and economic attributes are all addressed. We in NHSC as the lead commissioners for the provision of health services in Cambridgeshire need to work towards making all decisions within this central zone.

There is however an alternative view being discussed that moves sustainable development beyond the above definition and that it is more relevant to talk of eco-system services underpinning all human activity as explained at:

⁷ The United Nations set up a commission to look at environmental issues in 1983. It was headed by the Norwegian Prime Minister, Gro Harlem Brundtland. It quickly became known as the Brundtland report.



<http://www.defra.gov.uk/environment/policy/natural-environ/documents/eco-valuing.pdf>. However as this is relatively new thinking it is incumbent for NHSC policy to be informed by the Brundtland Commission interpretation until the policy around eco-system services is defined.

Ecosystem services are defined as services provided by the natural environment that benefit people. While there is no single, agreed method of categorising all ecosystem services, the Millennium Ecosystem Assessment (MA) framework is widely accepted and is seen as a useful starting point. Ecosystem services provide outputs or outcomes that directly and indirectly affect human wellbeing and these considerations can link well to taking an economic approach.



Sustainable Development and the NHS

The NHS in England is one of the largest employers in the world. As an employer, service provider and procurer of goods and services from local, national and international economies, the carbon footprint of the NHS in England is very large (18 million tonnes of CO² per annum) and represents the biggest public sector contributor to climate change

Central government has set ambitious carbon reduction targets and is increasingly looking towards public sector organisations to spearhead the downward trend in carbon emissions from within the UK. Mandatory sustainability targets have been set for all government department and agencies, including the Department of Health (DH). Movement towards a more sustainable NHS are already afoot with Strategic Health Authorities (SHA) starting to ask about the sustainability performance of individual Trusts. This is due to an increase in NHS policy and guidance documents focusing on sustainable development, all of which designed to improve the sustainability performance of the NHS.

The most important strategic sustainability document is the NHS Sustainable Development Units Carbon Reduction Strategy, 'Saving Carbon, Improving Health' published in January 2009. As an integral element of this work the NHS commissioned a consumption based carbon footprint (CF) analysis of NHS England activities⁸. Based on the results of this analysis the NHS Sustainable Development Unit (SDU) outlined the following target in the carbon reduction strategy:

- To measure and monitor progress towards a **10% carbon reduction by 2015 on 2007 levels.**

This builds upon the Climate Change Act statutory targets of reducing carbon emissions by **26% by 2020** and **80% by 2050**, based on 1990 levels, where the data exists.

The Strategy sets out a number of requirements for all NHS bodies in taking action to reduce their carbon emissions. These include:

- A Board-approved Sustainable Development Action Plan containing a commitment to reduce each organisation's 2007 carbon footprint by 10% by 2015;
- Signing up to the Good Corporate Citizenship Assessment Model;
- Monitoring, reviewing and reporting on carbon; and
- Actively raising carbon awareness at every level of the organisation.

⁸ The NHS commissioned a consumption based carbon footprint (CF) analysis of NHS England activities.



The strategy sets out six key reasons why NHS organisations need to act now to understand, manage and reduce their carbon footprint:

- Legally-binding, UK Government targets to reduce carbon emissions by 80% by 2050 compared with 1990 levels. Governance arrangements of all NHS organisations will need to demonstrate how this is being measured, monitored and managed.
- The strength of scientific evidence that climate change is resulting from increased carbon emissions and that this is destabilising the world's climate and adversely affecting the population's health.
- The health benefits for patients, populations and the health system in reducing carbon emissions through increasing levels of active travel, reducing road traffic accidents and improving air quality.
- Reducing costs through improved energy efficiency and increased resilience towards fluctuations in the price and availability of energy. This should be a part of each organisations risk register.
- A strong willingness by NHS organisations and staff to take a lead. 95% of NHS organisations responding to the draft consultation supported the NHS being at the forefront of reducing carbon emissions.
- The NHS should set an example to partner organisations and the population and be the public sector exemplar, demonstrating that healthy people depends on a healthy environment.

Other key policy and guidance documents and tools that have been taken into account to improve the PCT's sustainability performance include:

Good Corporate Citizenship model

The Good Corporate Citizen model enables NHS Trusts to identify their contribution to sustainable development. The resource model provides Trusts with ways in which to integrate social, economic and environmental considerations into the core activities of NHS Trusts. The Good Corporate Citizen Model also provides NHS Trusts with a framework to monitor sustainable development performance under six key areas, namely:

- Travel
- Procurement
- Facilities Management



- Workforce
- Community Engagement
- Buildings

The Sustainable Development Commission developed the Good Corporate Citizen model in 2006 with funding from the Department of Health. The model was revised in 2009 with input from the NHS Sustainable Development Unit. The input from the Sustainable Development Unit ensures synergy with the commitments made in 'Saving Carbon, Improving Health'.

Securing the Future

To ensure that NHSC can actively contribute to the wider sustainability agenda, our own actions will be guided by the Government's five guiding principles as outlined in the UK Strategy for Sustainable Development⁹, which include:

- Working within the environmental limits
- Ensuring a strong healthy and fair community
- Contributing to a sustainable local economy
- Promoting good governance
- Using sound science responsibly

⁹ <http://www.defra.gov.uk/sustainable/government/publications/uk-strategy/>



Sustainable Development and the East of England Strategic Health Authority



The East of England (EoE) SHA Commissioning Framework for 2010/11 states the following guidance for Sustainable Development.

“Climate change is one of the biggest risks to our health and well being. The NHS, through a sustained programme of practical, cost-saving action, can lead the way to lower carbon emissions and at the same time improve health and wellbeing. The East of England as a region could lead the way on sustainable development and health outcomes..”



It goes on to state that all Primary Care Trusts (PCT) will need to:

- Have a Board approved Sustainable Development Action Plan (SDAP) which includes the initiatives outlined in the SDU’s guidance ‘NHS Board level Sustainable Development Management Plan guidance’ (such as travel, waste, procurement, water), and require this of Trusts they commission from.
- Register and use the renewed Good Corporate Citizen Assessment Model launched in July 2009 to inform their SDAP, and require this of Trusts they commission from.
- Start monitoring and reporting on carbon emissions to their Boards, and require this of Trusts they commission from, in preparation for the UK’s Carbon Reduction Commitment Energy Efficiency Scheme (CRC).¹⁰
- Ensure that their procurement of goods and services considers sustainability and incorporate this requirement into their contracts with providers.

This strategy and aligned development plan provides the necessary assurance to achieve these mandated requirements. The EoE SHA hosts the NHS SDU and as such take a keen interest in sustainability.

¹⁰ The Carbon Reduction Commitment is a mandatory energy efficiency scheme that will affect many trusts within the NHS. The scheme is designed to improve energy efficiency, save organisations money on fuel bills and also reduce carbon emissions.



Sustainable Development and NHS Cambridgeshire

Our Sustainable Strategy aims to embed the key principles behind becoming a better corporate citizen into everything it does. This includes incorporating sustainability into our planning and operations with service providers. As a commissioning organisation, we have a significant role in embedding the principles of sustainability into our service contracts. We can make major improvements to our own performance, but we should also support and drive change in the organisations we commission from.

The environment and community in which people live and work has an influence on their health. Environmental considerations must therefore be taken into account when building or adapting facilities in which our services are delivered. In addition our facilities and premises can have an impact on the surrounding environment and community.

We do however appreciate that progress towards environmental and social aims will need to be offset against economic considerations. Whole life costs and life cycle assessments should be balanced against environmental impacts and benefits, giving the three tiers of sustainable development i.e. **Environmental**, **Social** and **Economic** as outlined in the Model of Sustainability.

Our carbon emission is approximately 2958 tonnes per year (based on 2007/08 data and including CCS). This will need to be adjusted to enable accurate monitoring against the 'Saving Carbon Improving Health' Climate Change Act targets and to take into consideration the move of CCS to a separate NHS Trust with effect from 1st April 2010. When extrapolating the national carbon footprint we can see that NHS Cambridgeshire has the following exposure:

- Procurement: 1775 tonnes CO2 (60%)
- Building energy: 651 tonnes CO2 (22%)
- Travel: 532 tonnes CO2 (18%)

Our targets then will be to reduce this exposure to the following levels by 2015:

- Procurement: 1598 tonnes CO2 (60%)
- Building energy: 586 tonnes CO2 (22%)
- Travel: 479 tonnes CO2 (18%)



Roles and Responsibilities

The Chief Executive is ultimately responsible for achieving the sustainability objectives of NHSC, ensuring that the necessary resources are made available to achieve this. To ensure that sustainable development is fully integrated we have established a Sustainability Group. This group provides the medium for discussing and decision-making regarding our community's social, economic and environmental sustainability.



The group consists of a range of staff from across the organisation. The Lead Executive Director for Sustainability, Director of Contracts and Performance, chairs this group using his membership of the Programme for Sustainability Leadership at the University of Cambridge¹¹ to maintain currency on sustainability.

The remit of the Sustainable Group is as follows:

- To develop the Sustainability Strategy for NHSC
- To gain board approval for the Strategy
- To develop and agree the Sustainable Development action plan
- To identify any risks/issues and to escalate to the Executive Management Team where appropriate
- To share information and best practice across the county/region.
- Developing baselines, benchmarking and reporting mechanisms.
- Establish and maintain links with other partners/groups and communicate key messages from/to these groups as appropriate e.g. Sustainable Development Unit.

¹¹ <http://www.cpi.cam.ac.uk>



Sustainable Development Action Plan

An annual Sustainable Development Action Plan (SDAP) will be produced each year to compliment this Sustainability Strategy and highlight how the sustainability strategic objectives will be delivered. The plan will form an important appendage to the Annual Operating Plan each year and demonstrate how NHSC plans to achieve effective carbon management over the next five years and thus achieving the stretching targets set out in this Strategy.

The SDAP is designed to ensure a compliant implementation of this strategy and will ensure that the key recommendations of the NHS Carbon Reduction Strategy for England: Savings Carbon, Improving Health, as set out below is included.

Each recommendation sets out a UK national perspective, using the aforementioned Carbon Footprint (CF) analysis¹² and then places it into context for the NHS at PCT level and we then conceptualise this for NHSC wherever possible.

¹² The NHS commissioned a consumption based carbon footprint (CF) analysis of NHS England activities.



Energy and Carbon Management

“Every Organisation should review its energy and carbon management at Board level; develop more useful renewable energy where appropriate; measure and monitor on a whole life cycle cost basis; and ensure appropriate behaviours are encouraged in individuals as well as across the organisation.”

NHS Carbon Reduction Strategy for England: Saving Carbon, Improving Health. NHS Sustainable Development Unit: 2009

The CF analysis uses data from the ERIC data systems at individual PCT level. This provides high quality data in terms of building energy consumption, for example breaking energy use down into fuel types. NHS organisations gather this information, which is then collected nationally each year, and this is available publicly in the middle of the following year (eg 2008/09 data available June 2009). Thus it is not proposed to collate any further datasets, beyond that already collated. Installation of sub-metering where done would help individual Trusts identify energy reduction opportunities, but would not be required per-se to monitor progress towards carbon reductions in this sector. Further guidance would be useful in order to use the correct conversion factors from energy consumption to carbon emissions.

The UK has signed up to the EU Renewable Energy Directive, which includes a UK target of 15% of energy from renewables by 2020. This target is equivalent to a seven-fold increase in UK renewable energy consumption from 2008 levels: the most challenging of any EU Member State. While such an increase is ambitious, and will be challenging, the UK is fully committed to meeting the target. The EU Directive also requires Member States to set minimum requirements for renewables on new and refurbished buildings where appropriate. The Strategy to deliver this target¹³ envisages:

- More than 30% of electricity generated from renewables, up from approximately 5.5% today. Much of this to be from wind (on and offshore), but biomass, hydro wave and tidal power will also play an important role.
- 12% of our heat generated from renewables, up from very low levels today.
- It is expected that will come from a range of sources including biomass, biogas, solar and heat pump sources in homes, businesses and communities across the UK.
- 10% of transport energy from renewables, up from the current level of 2.6% of road transport consumption.
- Government will also act to support electric vehicles and pursue the case for further electrification of the rail network.

Market forces on their own may not achieve the necessary changes sufficiently quickly, even with a price put on carbon emissions. To support the rapid delivery of renewable and low-carbon technologies, Government will therefore:

¹³ Renewable Energy Strategy 2009



- Expand and extend the long-term incentive for major renewable electricity developments – the Renewables Obligation – to ensure that it can deliver around 30% renewable electricity by 2020.
- Introduce ‘clean energy cash-back’ for households, industry, businesses and communities to use renewable heat and small-scale clean electricity generation, by introducing new guaranteed payments through Feed-In Tariffs from 2010, and a Renewable Heat Incentive by 2011.
- Amend or replace the Renewable Transport Fuel Obligation to impose an obligation designed to deliver 10% renewable energy consumed in transport by 2020, subject to sustainability controls.

Key Primary Care Trust National Objective

- Reduce carbon emission from the PCT’s estate by **10% by 2015** (compared to 2007 levels), **26% by 2020** and **80% by 2050** (compared to 1990 levels).

In order to achieve this NHSC will:

- Develop an Estates Strategy that will encompass the latest energy efficiency tools and techniques taking advice from Anglia Support Partnership (ASP)¹⁴ and other third parties eg Office Government Commerce (OGC) Estates Directorate and the NHS Sustainability Development Unit.
- Every new Capital project will have energy efficiencies built into the business plan with carbon reduction being assessed alongside financial monetary savings.
- Establish contractual obligations with all providers and suppliers to reduce their carbon emissions in line with the key national objectives above.
- Establish Capital funding for energy efficiency projects and investigate funding opportunities eg SALIX funding.
- Explore the utilisation of SMART metering and use of renewable energy sources and supplies.
- Ensure that all properties owned by NHSC have an energy efficiency audit and that actions are taken to reduce consumption in all properties in line with recommendations from the audit.
- All NHSC buildings (over 1000m²), open to the public, have the appropriate Energy Efficiency Certificates displayed for public consumption.
- Reduce its day-to-day consumption of energy with appropriate measures e.g. by turning off lights and installing energy reducing software.

¹⁴ ASP provide a range of shared services, including Estates Management, to NHS Cambridgeshire and a number of other health organisations in the Eastern Region



Procurement and Food

“Every organisation should consider minimising wastage at the buying stage; work in partnership with suppliers to lower the carbon impact of all aspects of procurement; make decisions based on whole life cycle costs; and promote sustainable food throughout its business. In addition the pharmaceuticals within the NHS will need further research and action to produce significant reductions.”

NHS Carbon Reduction Strategy for England: Saving Carbon, Improving Health. NHS Sustainable Development Unit: 2009

The CF analysis uses Input-Output (I-O) tables to determine emissions in this sector. These are national level datasets in terms of expenditure and emissions for 123 economic sectors. Expenditure and carbon emissions were combined in 2004 to give 'carbon intensity' data for each economic sector. As the most recent dataset is 2004 it is not possible to monitor live progress using this information. NHS Procurement Hubs are moving towards collecting current expenditure data for NHS Trusts. With significant work this could be combined with predicted carbon intensities for each industry to indicate changes in the carbon footprint at a national level over time.

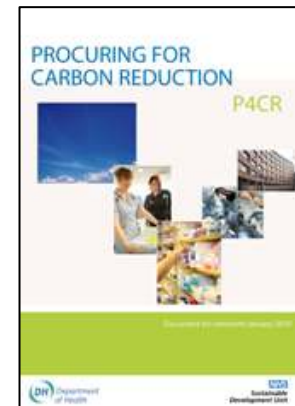
Key Primary Care Trust National Objective

- Identify a champion to lead your work.
- Benchmark your organisation against the P4CR Flexible Framework.¹⁵
- Use the SCO₂PE tool to start identifying your carbon hotspots.
- Start to raise awareness of carbon and emissions and build confidence of key procurement staff on this issue.

In order to achieve this NHSC will:

Introduce the concepts and tools contained in Procuring for Carbon Reduction (P4CR) as standard practice for all future procurements and in particular:

- Ensure that goods and services are procured from recognised sustainable sources.
- Ensure we are buying “Quick Wins” as denoted by DEFRA and available through national framework contracts.
- Establish a contractual obligation with Anglia Support Partnership.
- Use E-Procurement systems for commodities, drugs and medicines.



¹⁵ http://www.sdu.nhs.uk/page.php?page_id=159



- Use financial expenditure data records in reducing carbon emissions using the following proxy indicators:
 - Volumes of pharmaceuticals prescribed, eg for the top 5 drugs
 - Volumes of key medical equipment eg mattresses
 - Volume of clinical waste
 - Unused pharmaceuticals
 - Food waste

Ethical Procurement

The EoE Procurement Hub (EPH) provides a model, flexible framework, against which NHS organisations can benchmark their practices and identify actions that will make these practices more effective, mitigating risks. It provides guidance, templates, tools and case examples to support organisations as they develop and implement policies and practices which build a robust management process to address labour standards through procurement activity.

Sourcing Management is one of many challenge to our procurement process and how to embed responsible sourcing practices into our sourcing process, to protect our reputation and brand and in particular our aspiration to be the leader of the NHS in Cambridgeshire. In order to combat this we will develop a framework for responsible sourcing and supplier assurance and ensure this is incorporated into routine sourcing methodologies:

The application of risk assessment techniques to this framework will help raise awareness and set priorities for continuous improvement. This in turn should help gain alignment within the health industry and with all stakeholders in and external to the county.

Supplier Relationship Management (SRM) is a key capability in managing risk and reputation. It does little good for NHSC to establish core values and then find that one of our suppliers or providers are unwilling or unable to align and practice these values in their organisation. Knowing and engaging the change agents in our strategic suppliers that are vital to reputation and branding is key. Our aim is to influence supplier leadership and connect them to our interests and values, resulting in sustainable actions we will achieve this by:

- Developing closer working relationships.
- Achieving creating greater transparency of suppliers and providers practices and supply chains.
- Identifying potential issues early thus enabling us to work together to mitigate reputational risk.
- Insisting, through formal contracting, that providers and suppliers have an environmental standard equivalent to at least ISO 14001.



Low carbon travel, transport and access

“Every organisation should routinely and systematically review the need for staff, patients and visitors to travel; consistently monitor business mileage; provide incentives for low carbon transport; and promote care closer to home, telemedicine, and home working opportunities.”

NHS Carbon Reduction Strategy for England: Saving Carbon, Improving Health. NHS Sustainable Development Unit: 2009

The CF analysis used the following methodology for calculation of national level emissions:

- **Staff commuting:** from known Whole Time Equivalent (WTE) staff numbers combined with National Travel Survey (NTS) mode/distance survey data.
- **Patient/visitors:** from known population data, coupled with NTS personal medical journey mode/distance data.
- **Staff business travel:** from I-O table analysis of NHS expenditure on business travel on site travel surveys can be used to provide data at an organisational level however the inconsistent gathering of data from surveys would make national data collection unreliable. Patient travel and staff commuting distances could be estimated using home postcodes and GIS data systems.

Key Primary Care Trust National Objective

- Reduce carbon emission from staff travel by **10% by 2015** (compared to 2007 levels), 26% by 2020 and **80% by 2050** (compared to 1990 levels).
- Measure and monitor grey fleet.
- Use low emission pool car and bicycle methods of transport.

In order to achieve this NHSC will:

- Develop a corporate “Green Travel Plan” to reduce car use by staff; both business and private travel miles to work and patient/visitors travelling to health properties, full utilisation of public transport.
- Continue to be a corporate member of the Travel for Work scheme.
- Introduce the use of “pool” vehicles including bicycles and carbon efficient vehicles including electric cars.
- Work with ASP to provide carbon footprint reporting for all transport usage across NHSC.





- Encourage home working with an established policy and infrastructure to support this modus operandi.
- To encourage and support the extensive use of video/audio conferencing for meetings.
- To facilitate the use of tele medicine to prevent patients having to travel unnecessarily to health sites.
- To adopt a major “shift” of clinical procedures and medical interventions from centralised Acute hospitals into a community setting thus reducing the need for patients to travel.



Water

“Because water usage and heating has a direct impact on carbon, every organisation should ensure efficient use of water by measuring and monitoring its usage; by designing it into building developments; by quick operational responses to leaks; by using water efficient technology; and by avoiding the routine purchasing of bottled water.”

NHS Carbon Reduction Strategy for England: Saving Carbon, Improving Health. NHS Sustainable Development Unit: 2009

- annually by all NHS organisations as part of their Annual Report to staff, patients and the public.
- Leaks in NHS infrastructure should be identified and fixed immediately.
- Water efficiency technology should be adopted as standard across the NHS estate.

In order to achieve this NHSC will:

- Work with ASP to automate means of utility data collection and monitoring and the acquisition of more accurate consumption data by the use of “smart” / “real time” metering.
- Carry out water usage surveys to detect leaks and identify preventive measures to stop water leakages.
- To adopt a principle that considers any opportunity to recycle water, use of grey water systems and sustainable drainage systems (SUDS) schemes on NHS estate and sites.

Water will be considered and managed as a precious resource. The design of all new healthcare facilities will include the most efficient technology. Reporting on water use will provide an important part of each NHS organisations own sustainability reporting.

In 2007-08, the NHS in England consumed an estimated 38.8 million cubic metres of water and generated approximately 26.3 million cubic metres of sewage at a cost approximately £145 million.¹⁶

Key Primary Care Trust National Objective:

- Reduce water consumption by 25% by 2020, relative to 2004/2005 levels.
- No bottled water will be permitted; use mains water for hot/cold drinks and use low flush toilets.
- Efficient use of water should be integrated into building developments at the design stage.
- Water costs and consumption should be measured, monitored and reported

¹⁶ Health Technical Memorandum 07-04: Water management and water efficiency, 2008; (HTM) Department of Health: London: HMSO



Waste

“Every organisation should monitor, report and set targets on its management of domestic and clinical waste, including minimising the creation of waste in medicines, food and ICT and review its approach to single use items versus decontamination options.”

NHS Carbon Reduction Strategy for England: Saving Carbon, Improving Health. NHS Sustainable Development Unit: 2009

In a low carbon NHS, waste is minimised, and managed to consistently comply with legislation, and is recycled or composted routinely. Waste in the NHS continues to increase and ERIC shows that in 2007/08 waste cost the NHS £71.2 million.

The Government targets in relation to waste are demanding, not least the legal and contractual requirement to deal effectively with Providers primary care waste. This includes Trust and GP clinical waste as well as Trust’s general waste, waste electrical and electronic equipment (WEEE) waste and other hazardous non-clinical waste. Management of domestic, clinical and hazardous waste should be reported at Board level by all NHS organisations as a key part of their sustainability reporting.

Key Primary Care Trust National Objective

- Boards should undertake a balanced risk assessment of all waste, and its associated costs and carbon including those related to single issue, use and disposal policies in contrast to sterilisation and re-use policies.
 - All Trusts should ensure they have the necessary skills to manage waste legally, efficiently and cost effectively.
 - All Trusts should monitor the quantity and cost of all waste streams and set trajectories to monitor, manage and reduce them over time.
 - The DH and the NHS SDU will consider appropriate targets to; reduce waste from clinical areas / hazardous waste, reduce domestic waste to landfill, and increase recycling.

In order to achieve this NHSC will:

- Ensure compliance with waste legislation.
- Reduce the amount of waste produced by **5% by 2010** and by **25% by 2020**, relative to 2004/2005 levels.
- Increase recycling figures to **50% of domestic waste arising by 2015** then by **75% by 2020**
- IT equipment will be subject to WEE regulations and the disposal cost will be part of the cost to purchase
- Encourage paperless meetings thereby reducing paper waste.
- Implement schemes to eliminate waste at the source point across the health system.



Designing the built environment

“Built environments should be designed to encourage sustainable development and low carbon usage in every aspect of their operation. This includes resilience to the effects of climate change, energy management strategies, and a broader approach to sustainability including transport, service delivery and community engagement. A taskforce should be created to develop a blue print for optimum low carbon healthcare buildings.”

NHS Carbon Reduction Strategy for England: Saving Carbon, Improving Health. NHS Sustainable Development Unit: 2009

Key Primary Care Trust National Objective:

- Reduce carbon emissions from the PCT’s estate by **10% by 2015** then **30% by 2020**, relative to 1999/2000 levels.
- Ensure that all new builds and refurbishments over £2 million (capital costs) comply with BREEAM¹⁷ (BRE Environmental Assessment Method) Healthcare requirements¹⁸.

¹⁷ <http://www.breeam.org/page.jsp?id=105>

¹⁸ BREEAM Healthcare was commissioned by the Department of Health and Welsh Health Estates and has now replaced NEAT (NHS Environmental Assessment Tool) as the preferred environmental assessment method for healthcare buildings in the UK.

In the March 2008 Budget, Government announced its ambition that all new non-domestic buildings should be zero carbon from 2019. Even without Government legislation in this area, the public sector would wish to be taking a lead in this area, and the number of new public buildings expected in Cambridgeshire as part of the growth agenda provides a particular opportunity to demonstrate this.

To illustrate the range and scale of the task of delivering zero carbon, the table opposite sets out the average emission rates for a range of buildings. It shows the broad pattern of distribution of different energy usage for each building type per m2 with health buildings having the highest impact.

kgCO ₂ /m ² /pa	Heating	Cooling	Auxiliary	Lighting	Domestic hot water	Equipment	All end uses
Commercial Offices	20	6	4	20	3	26	78
Communications and Transport	16	12	5	22	4	28	87
Education	10	0	2	15	6	15	48
Government	20	6	4	20	3	26	78
Health	17	0	12	27	9	62	127
Sports and Leisure	0	30	15	22	31	14	112
Other services	13	10	7	27	9	31	97
Average all sectors	12	8	7	28	5	16	76



In order to achieve this NHSC will:

- Work with Cambridgeshire Horizons to assess potential for zero carbon buildings .
- The development by ASP of in-house BRE assessor skills.
- Achieve average emission rates for buildings, which meet 2006 Building Regulations.
- Delivering Zero Carbon New Public Buildings as part of the Growth Agenda for new health facilities as highlighted below.
- Encourage whenever and wherever possible Biodiversity across our NHS estate and sites.

A timeline for delivery of public buildings is being compiled across the Growth Sites in Cambridgeshire to identify when new buildings are likely to be designed and completed. The following table indicates what is in the draft Growth Plan which is however still in draft form so some of the timing is uncertain. However, using this timeline as a guide, the following can be estimated for Health, among others:

Building Type	Building Regulations deadline for Zero Carbon	Total currently planned	Complete before 2016	Complete between 2016/19	Complete 2019/2021
Primary Schools	2016	At least 19	7	5	7
Secondary Schools	2016	At least 6 (incl an extension)	2	3	At least 1
Health facilities	2019	At least 6	2	3 (est)	At least 1
Library	2019	At least 7	2	4	At least 1
Community Facilities (youth, sports, centres)	2019	At least 22	At least 4	15	More than 3
TOTALS		At least 60	17	30	13

This table shows that there is a possibility that at least five health facilities will be built before the Building Regulations will require zero carbon for other non-domestic buildings will bite (at 2019). The balance of costs between investing upfront to deliver these facilities to zero carbon compared to the possibility of paying more over the longer term as part of the carbon reduction commitment is an area for further detailed analysis.



Organisational and workforce development

“Every member of the NHS workforce should be encouraged and enabled to take action in their workplace. NHS organisations should support their staff by promoting increased awareness, conducting behavioural change programmes, encouraging home working, low carbon travel, the use of ICT, and by ensuring sustainable is included in every job description.”

NHS Carbon Reduction Strategy for England: Saving Carbon, Improving Health. NHS Sustainable Development Unit: 2009

- Ensure that sustainability is a standard agenda item of the Healthy Workplace Staff Engagement Forum.
- Providing staff with fuel efficient pool cars to use for business travel.
- Provision of recycled pool bicycles.
- Support staff to use Information and Communication Technologies (ICT) and their place of work in ways that reduce carbon.
- Produce a Road Safety Policy which will have sustainability advantages as well as safer travel for our staff.
- Consider joining a corporate scheme such as NHS forest¹⁹
- Participate in local county wide and city schemes such as Transport for Work initiative and Cycling Guarantee Scheme

It is the responsibility of all staff to undertake their job in such a way as to support sustainability and behavioural change in delivering sustainability is the responsibility of all leaders within NHSC.

Key Primary Care Trust National Objective:

- Sustainability will be achieved through various organisational development initiatives

In order to achieve this NHSC will:

- Support staff to adopt more sustainable ways of working that will deliver benefits to our staff and the communities we serve – this will clearly be linked to our quality, productivity, innovation, and prevention agenda.
- Implement a Home Working Policy (to support home working)
- Review and update the PCT's Employment Contract whereby all staff will have a responsibility to adhere to the PCT's sustainability policies and ways of working.

¹⁹ <http://nhsforest.org/>



Role of partnerships and networks

“Every NHS organisation should consolidate partnership working and make use of its leverage within local frameworks including Local Area Agreements, Local Strategic Partnerships and through Comprehensive Area Assessments. Every NHS region should promote and develop a regional network for sustainable development to ensure a broad consistent approach and an action plan across each region to tackle this agenda.”

NHS Carbon Reduction Strategy for England: Saving Carbon, Improving Health. NHS Sustainable Development Unit: 2009

It is not unusual for the local NHS, in the form of the Primary Care Trust, to be the largest public sector budget holder in a defined geographical footprint. It is therefore imperative that this spending power should be leveraged across this footprint in order to gain maximum advantage when managing sustainability and together reducing carbon for the whole of the public sector.

Key Primary Care Trust National Objective:

- The NHS should use its leverage within local frameworks in relation to carbon reduction.
- Every NHS organisation should actively pursue climate change action in their Local Strategic Partnership (LSP).
- NHS/DH regional sustainable development networks need further support to ensure wide representation across organisations and functions.
- Each SHA Board should receive, at least annually, a report about progress in meeting the requirements of this strategy in their region.
- The NHS should take a lead on sustainable development and carbon reduction and be an exemplar to other sectors and to other health systems.

In order to achieve this NHSC will:

- Be an integral part of Cambridgeshire Together²⁰.
- Play a leading role in Cambridgeshire Horizons²¹ to support the achievement of their objectives around delivering the growth strategy for Cambridgeshire up to 2021. These objectives are:
 - Coordinate development and infrastructure implementation.
 - Overcome barriers to sustainable development.



²⁰ <http://www.cambridgeshire.gov.uk/council/partnerships/LAA/CambsTogetherPartnership.htm>

²¹ <http://www.cambridgeshire.gov.uk/council/partnerships/LAA/CambsTogetherPartnership.htm>



- Secure and manage funding for infrastructure.
 - Ensure developments employ high quality sustainable design.
 - Communicate the wider benefits of the planned development to the wider community
- Participation in the Cambridgeshire Climate Change Partnership Network.
 - Establish Local Area Agreements with Cambridgeshire County Council.
 - Participate in the Local Strategic Partnerships covering the county as follows:
 - Cambridge Local Strategic Partnership
 - East Cambridgeshire Strategic Partnership
 - Fenland Strategic Partnership
 - Huntingdonshire Strategic Partnership
 - South Cambridgeshire Strategic Partnership
 - Participation and involvement in shaping Making Cambridgeshire Count a new initiative to transform partnership working and public services across Cambridgeshire.
 - Utilising the specialist advice services available through The Climate Connection which is a partnership for public health action on climate change, supported by the Faculty of Public Health, the UK Public Health Association, the Health Protection Agency, the Chartered Institute of Environmental Health, the NHS Sustainable Development Unit and the Department of Health.
 - Participate in the Carbon Reduction Implementation Group; Department of Health; NHS East of England Public Health & Social Care Directorate Government Office for the East of England.
 - Continue to be a funding member of The Travel for Work Partnership²²
 - Ensuring that the Joint Strategic Needs Assessments (JSNA)²³ and pooled commissioning via Section 75 agreements take sustainability requirements into consideration during policy making decisions. The table below indicates how the various inputs inform the JSNA and then links thro to the outputs.



²² <http://www.tfw.org.uk/links.php>

²³ Department of Health, 06/03/07. Commissioning framework for health and well-being. © Crown Copyright 2007. Available at http://www.dh.gov.uk/en/Publicationsandstatistics/Publications/PublicationsPolicyAndGuidance/DH_072604.



Governance

“Every NHS organisation should sign up to the Good Corporate Citizenship Assessment Model and produce a Board approved sustainable development management plan. The NHS should set itself interim targets and trajectories to meet the provisions of the Climate Change Act. In the first instance, this should be set at 10%, as a minimum, of the 2007 levels by 2015. Carbon reduction and sustainable development are corporate responsibilities and should be an inherent part of each organisation’s performance and governance mechanisms.

Healthcare regulators should ensure that sustainability and the environmental impact of services are an integral part of quality standards. The Strategic Health Authorities and Regional Government Offices should ensure that:

- *the NHS delivers carbon reduction through its commissioning frameworks*
- *the NHS delivers on its sustainability commitments within Local Area Agreements*
- *sustainable development regional networks in the NHS are developed further to deliver on this agenda.”*

NHS Carbon Reduction Strategy for England: Saving Carbon, Improving Health. NHS Sustainable Development Unit: 2009

All commissioners of health services will need to fully consider and stipulate the need for their provider organisations to both comply and demonstrate this compliance with all environmental/sustainability targets and carbon reduction requirements. The Audit Commission via their “Comprehensive Area Assessments” (CAA) will look for evidence of all organisations working together, not least to ensure the sustainable and effective use of natural resources as PCTs will be assessed on this element of the CAA in 2009-2010 and all future assessments.

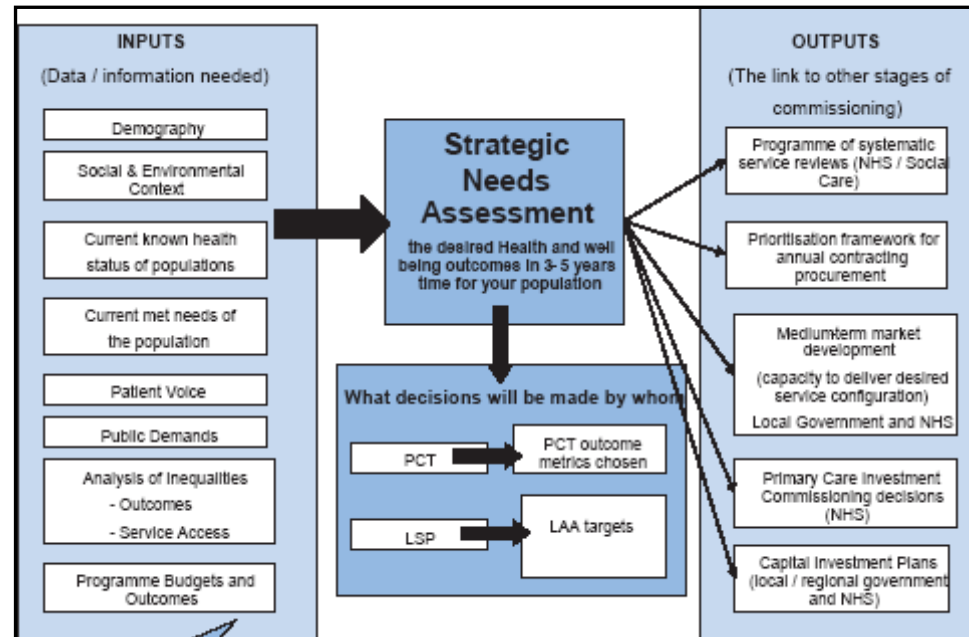
Key Primary Care Trust National Objective:

- Every NHS organisation should sign up to the NHS Good Corporate Citizenship Assessment Model and produce a Board approved Sustainable Development Management Plan which sets out clear measurable milestones to measure, monitor and reduce direct carbon emissions.
- The NHS should set itself targets and trajectories to at least meet the provisions of the Climate Change Act. In the first instance this should be 10% of the 2007 levels by 2015, as a minimum.
- Carbon reduction and sustainable development are corporate responsibilities for all organisations and should be an inherent part of each organisation’s performance and governance mechanisms.
- Healthcare regulators should consider making sustainability and the environmental impact of services an integral part of quality standards.
- SHAs (through PCTs) and Regional Government Offices should ensure:
 - The NHS delivers carbon reduction through its commissioning frameworks.
 - The NHS delivers on its sustainability commitments within Local Area Agreements (LAAs).
 - Sustainable Development Regional Networks in the NHS are developed further and given more prominence to ensure broad corporate representation across organisations and directorates.



In order to achieve this NHSC will:

- Produce an Annual Sustainability Development Plan which will form an adjunct to the Annual Operating Plan.
- Continue with its participation in the Good Corporate Citizenship Assessment Model²⁴ and improve the annual score year on year.
- Appoint an Executive Director lead for sustainability at Board level.
- Appoint a Sustainability Office Manager to manage the operational aspects of delivering the annual sustainability plan.
- Ensure that the Social and Environmental Context of the Strategic Needs Assessment is linked into our Sustainability Strategy.



²⁴ The Sustainable Development Commission , Good Corporate Citizenship Assessment Model available at: www.corporatecitizen.nhs.uk



Finance

“Every organisation should become carbon literate, carbon numerate and ensure appropriate investment to meet the commitments required to become part of a low carbon NHS and in preparation for a carbon tax regime. Partnership working will be required to deliver appropriate incentives, economies and training to support this shift in culture and for the local economy.”

NHS Carbon Reduction Strategy for England: Saving Carbon, Improving Health. NHS Sustainable Development Unit 2009

It is important that Finance start to baseline and measure carbon as a currency in its own right. This will involve staff becoming carbon literate in anticipation of a carbon tax regime.

Key Primary Care Trust National Objective:

- NHS organisation should develop carbon literacy and embed carbon reduction in their financial mechanisms.
- NHS organisations should take advantage of schemes which support investment in energy efficiency initiatives.
- The DH and NHS SDU will provide practical guidance for Trusts on the Carbon Reduction commitment following the consultation process in 2009.
- NHS organisations should be involved in local strategic partnership arrangements and regional economic forums in order to play their part in developing a sustainable and resilient health economy.
- The DH and the NHS SDU will work in collaboration to encourage the development of further incentives to support carbon reduction in the NHS.

In order to achieve this NHSC will:

- Ensure that sustainable development is consistently managed in line with financial policy requirements and commitments.
- Monitor the corporate exposure to any changes in the Carbon Reduction Commitment (CRC) energy efficiency scheme
- Develop a five-year strategy to maximise energy and carbon performance.
- Investigate carbon offsetting schemes, sequestration²⁵ and carbon trading to move us towards a carbon neutral organisation.
- Apply the Marginal Abatement Cost (MAC) Curve²⁶ methodology.

²⁵ Carbon dioxide sequestration is a process by which carbon dioxide is removed from the atmosphere and stored indefinitely. There are several methods available, some new and relatively unproven, some as (theoretically) simple as planting trees.

²⁶ www.sdu.nhs.uk/page.php?page_id=164



Conclusion

Climate change is one of the greatest threats to our health and well-being. In addition, action to tackle climate change offers opportunities to improve our health and well-being and save money.



"Climate change is the biggest global health threat of the 21st century." This statement opens and sums up the final report of a year-long Commission held jointly between *The Lancet* and University College London (UCL) Institute for Global Health. Climate change will have its greatest impact on those who are already the poorest in the world: it will deepen inequities and the effects of global warming will shape the future of health among all peoples. Yet this message has failed to penetrate most public discussion about climate change including the NHS. We have, in Cambridgeshire, our own challenges around health inequalities in Cambridgeshire and it is imperative that we seize the opportunities to make a contribution to the global and local climate change challenges.

However there are considerable barriers to overcome not least the commonly-cited barrier of the need for established best practice before any sustainability programme can be adopted. While this is understandable in risk-averse public bodies successful sustainability programmes cannot necessarily wait for such assurances. Those trusts that sincerely aim to pursue sustainability must commit themselves to lead by example.

The intangible and tangible benefits will more than offset the costs of a well-designed sustainability programme, but leaders must take the calculated leap of faith necessary to realise these benefits. Reasons for inaction always exist but they are increasingly untenable.

All modern organisations have significant accountabilities to their stakeholders that go beyond what they need to deliver in either their authorisation/licence (in regulated industries) and through their legally binding contracts. In the private sector this has become known over the past ten years as the 'licence to operate' that is created through the development of a social compact between an organisation and its stakeholders. At its simplest this means meeting the reasonable expectations that stakeholders have of corporate organisations to act as 'good citizens' and to take their social and environmental responsibilities seriously.

As mentioned, the private sector has been focused on this for some time and most organisations now have an annual cycle of reporting their progress against these expectations. In the best companies this has led to integrated reports through which shareholders and stakeholders alike can view the way in which their interests, and any risks associated with these, are being balanced by the board.

Things are however improving as the government's strategy to reduce carbon emissions in the NHS puts the UK ahead of other countries in recognising the contribution health services make to a country's carbon footprint, according to a new report. The NHS emissions plan is also



the first of its kind in the world, said experts from the World Health Organisation.

"The focus on concrete actions and the high level of support from front-line health professionals [in the UK] is exemplary," said Susan Wilburn, from the World Health Organisation's department of public health and environment.

Earlier this year NHS England released a strategy for reducing carbon emissions. It included plans to build more efficient carbon neutral hospitals, changes to transportation of goods and services, and a move towards meat-free menus.

"It is a really important start, but what counts is implementation, starting to make meaningful cuts in greenhouse gas emissions, without compromising one inch on providing the best possible health care," Wilburn said.

Josh Karliner, international coordinator for Health Care Without Harm, also praised the work of the NHS: "The NHS is a world leader in this effort to reduce emissions and the only national health care system to have a comprehensive strategy for this. More needs to be done, however, in terms of making hospitals carbon neutral, and focusing more on disease prevention."

In the UK the health service accounts for one-quarter of the total public sector carbon footprint. Official figures show that between 1992 and 2004, NHS emissions rose by 12%, meaning the NHS must reduce its existing carbon footprint by 86% by 2050 to meet government CO2 targets.

David Pencheon, Director of the NHS's Sustainable Development Unit, said that the health service has a public duty to take the lead in adopting concrete measures to reduce the UK's carbon footprint. "If the government is imploring people to take this seriously then the public sector has an important role to play," he said. "The NHS has a huge contribution to make."

A spokesperson for the Department of Energy and Climate Change said: "If the NHS becomes carbon neutral this generates an efficiency cycle in the economy. It becomes a kind of positive feedback loop in the economy."

The question for NHSC will be how to meet these expectations while dealing with everything else on our agenda. Hence, the Corporate Social Responsibility agenda has to work with the core and grain of the organisation as a commercial enterprise and as a quality provider of public healthcare.



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