

Standards for Better Health - SDC response

01.04.04



Sustainable
Development Commission

*Department of Health Consultation
Standards for Better Health:
health care standards for services under the NHS*

Response from the Sustainable Development Commission

Introduction

1. The Sustainable Development Commission (SDC) is the Government's independent advisor on sustainable development. It is chaired by Jonathon Porritt and reports directly to the Prime Minister and the leaders of the Devolved Administrations.
2. In this response to the consultation on healthcare standards we have set out some of the links between sustainable development, health and the NHS (section A), given our views on why sustainable development should be at the heart of health standards (section B), answered the questions posed in the consultation paper (section C) and given some more specific comments on the seven domains (section D).

A. Sustainable development, health and the NHS

3. Sustainable development is about achieving a better quality of life now and for generations to come. This includes developing stronger, more cohesive communities and economies, and a high quality environment that everyone can enjoy. There are clear synergies between sustainable development, public health and tackling health inequalities. Sustainable development will help to reduce inequalities and improve public health, and will therefore help to control demand for health services. In addition, achieving improved health, and narrowing inequalities, is a crucial part of moving towards sustainable development, and sustainable development cannot be achieved if we do not develop healthy communities with access to healthcare. The SDC's *Healthy Futures* project builds on these synergies, explores the role of the NHS in promoting sustainable development, and looks at the benefits that this approach offers the NHS.
4. A central part of the *Healthy Futures* project involves exploring and highlighting how, through their corporate activities and their role as 'corporate citizens', NHS Trusts can contribute to a healthier population, a better environment and stronger communities and economies – for example, through employment schemes, initiatives to reduce traffic, involvement in healthy eating projects, and by opening up their facilities as a community resource. Recently we have been working with the Healthcare Commission to develop ideas for possible criteria to measure good corporate citizenship in acute and primary care Trusts.
5. Sustainable development not only helps the NHS to improve public health. It also brings financial benefits to the NHS, as more efficient management of resources, energy and waste will reduce expenditure in the short, medium and longer term.

B. *Putting sustainable development at the heart of standards*

6. We welcome the development of health care standards. They will be crucial as a framework for the Healthcare Commission's work, and for establishing the Department of Health's future priorities. The Government has identified the pursuit of sustainable development as a priority, and it should therefore be at the centre of any new statutory organisation's objectives, including those of the Healthcare Commission, and at the heart of these standards. Because improving health and reducing inequalities are crucial in moving towards sustainable communities, economies and environments, the health sector in particular has a major role to play in achieving sustainable development.
7. The Department of Health and the NHS are already making some progress towards sustainable development (although different terminology is often used) and there are various examples of good practice (see the SDC's website: www.sd-commission.gov.uk/healthyfutures/progress.htm). For example:
 - The Whipps Cross University Hospital PFI redevelopment aims to contribute to regeneration, maximise local employment and procurement opportunities, and provide education and sports facilities for the local community.
 - The four Primary Care Trusts in Hull and East Riding have developed the Pickering Community Orchard as part of their 5 A DAY scheme, which provides fruit for local residents and encourages them to get involved in planting and maintaining the orchard.
 - Four hospitals in London are working with London Food Link and the Soil Association to increase the proportion of local and / or organic food in their canteens.
8. However, within the NHS sustainable development is still often seen as the responsibility of estates management teams, and is in danger of becoming marginalized as an issue for estates or procurement teams only. The Department of Health should use the development of new healthcare standards as an opportunity to bring sustainable development into the heart of its activities, to underline the part that the NHS can play in achieving sustainable development by improving health, and to highlight the wider benefits to the NHS of a sustainable approach, in terms of better working environments, healthier communities, and improved health and well-being staff and patients.
9. The Department of Health's Public Service Agreement includes targets relating to mortality rates, quality of life, health inequalities and value for money in the NHS. Putting sustainable development at the heart of the new standards will help to achieve these targets, for reasons outlined above. An underlying commitment to sustainable development should also help to strengthen the forthcoming white paper on public health.

C. Questions posed in the consultation paper

- Do the standards cover all the key areas of health provision?***
10. Currently there is no mention in the standards of the NHS' role in contributing to sustainable development. Although there is no imperative to use the terminology of sustainable development, 'good corporate citizenship' and 'impacting on the wider determinants of health' all convey the need to think about how corporate activities

and policies which impact on the environment, the local economy, the local community and the health and well-being of employees, patients, and local residents. The potential for maximising positive impacts by promoting sustainable development should be highlighted, because this is an important route to improving health and reducing health inequalities.

11. In order to highlight the contribution that Trusts can make to their local environments and communities (and to acknowledge the contribution that many Trusts are already making), it would be beneficial to develop an eighth domain on “Good Corporate Citizenship”, which should also underpin all seven other domains. Failing that, the concept of good corporate citizenship could be incorporated into either the governance domain or the public health domain, as set out in section D below.
12. The public health domain focuses on the delivery of programmes to promote health. Clearly, public health is about much more than this and the NHS has a wider role to play. Its corporate activities and the way it chooses to spend and use its resources all impact on the health of staff, patients, visitors and local populations. For example:
 - By spending a greater proportion of their budgets locally, NHS Trusts can strengthen local communities and employment and thereby have a positive impact on health.
 - By providing healthy meal options, and not having junk food vending machines on site, hospitals can send the right messages about healthy eating.
 - By incorporating the principles of sustainability into new capital developments, Trusts can encourage exercise – for instance, something as simple as providing bicycle racks and showers will encourage staff, and others, to cycle rather than drive.

This potentially broader contribution to public health should be incorporated into the standards. It would encourage the NHS to mainstream public health promotion into the delivery of services and all its corporate activities.

13. These additions would not require major changes to the domains, but would require expanding on some of the standards. Section D looks at this in more detail.
14. There is recognition, in the public health domain, that the NHS can contribute to improving public health and reducing inequalities. However, the role of the NHS in improving public health and tackling health inequalities, through contributing to sustainable development or good corporate citizenship, could be included in all the domains. For example, the domain concerned mainly with people is entitled “Patient Focus”, rather than “Citizen Focus”. Centring this domain around patients suggests a narrow remit for treating illness, rather than a wider responsibility for promoting the health of individuals and communities. This domain could include public involvement, and could incorporate standards which highlight the role of Trusts in promoting health and well-being, rather than just treating ill patients. This would strengthen the role of the NHS in helping to deliver healthy communities.
15. Local government now has a shared priority with central Government on “promoting healthier communities and narrowing health inequalities”. Local

authorities will need to work closely with Primary Care Trusts, particularly through Local Strategic Partnerships. It would be beneficial for the Healthcare Commission to develop joint standards with the Audit Commission, to encourage both local government and the NHS to play their part in delivering this priority.

16. In developing these standards it is important to consider how improving health and tackling inequalities can be integrated into other monitoring processes. In particular, the healthcare standards should make links with local government's Comprehensive Performance Assessment process and with national and local Public Service Agreements.

Is there sufficient distinction between the core and developmental standards?

17. It is helpful to distinguish between the two types of standard. Having developmental standards allows new ideas and policy priorities to be introduced incrementally. However, the core standards still need to remain challenging and there are some developmental standards (e.g. D9) which should become core standards, over time.

Are there any standards in this consultation document which you feel should be removed?

18. Whilst the recognition (in domain four) of the importance of consulting and informing patients is welcomed, it is crucial that this domain extends beyond patients to citizens in general. This would reflect the NHS' role in preventing illness and promoting public health, as well as treating patients.

How challenging is it to expect that the NHS will meet the core standards?

19. As written the core standards focus on delivery of health services and treatment of patients, and they are quite inward looking. The challenge for the NHS should now be to engage with staff, visitors and communities, as well as with patients, to promote public health and address health inequalities. For example, the standards under the "Care Environment and Amenities" domain currently focus on the impact that the care environment has on those using the facilities; a more important challenge would be for the NHS to look for ways to ensure that health facilities impact positively on local communities as well. This should not become an additional burden on Trusts; if Trusts do seek to promote sustainable development through engagement with communities this will have a positive impact on the health of the local population and will, in the medium and longer term, help reduce demand on health services.
20. Similarly, under the "Patient focus" domain (which should become "Citizen Focus"), the standard on food (C18) should encourage the NHS to maximise its positive impact on local communities and economies through the way it purchases food.

Additional comments

21. It would be helpful to highlight examples of good practice, to demonstrate what Trusts are already doing to meet these standards. The SDC is gathering examples; these are published on our website (www.sd-commission.gov.uk/healthyfutures/progress.htm), and we are happy to share them and make them available as a resource to underpin the standards.

22. In developing these standards it will be important to consider how they can reinforce the goals of existing policies, as well as policies that are currently being developed, such as the public health consultation and forthcoming white paper and the Food and Health Action Plan.

D. *Comments on seven domains*

23. It is helpful to have a separate domain on public health, but at the same time, the NHS' role as a good corporate citizen and its contribution to improving public health and reducing inequalities should underpin all the domains.
24. We would be happy to discuss any of the comments in this paper, and help develop the standards, particularly in relation to how the NHS can promote sustainable development through good corporate citizenship.

First domain – Safety

25. This domain seems focused on acute Trusts, rather than primary care. There may be a case for developing separate standards for acute and primary care Trusts. C5 in particular is vague and could usefully be made more specific e.g. what sort of services could Trusts provide in order to contribute to staff and patient welfare?

Second domain – Clinical and Cost Effectiveness

26. There is clear evidence to demonstrate that the hospital environment and catering can contribute to clinical effectiveness, e.g. healthy hospital meals and access to green space can speed patient recovery times, and these elements should be included in this domain. This domain should also include a development standard on the importance of whole-life costing (which takes account of the longer term impacts of any goods or services procured) when looking for cost effectiveness.

Third domain – Governance

27. These standards should be used as an opportunity to show that good governance is broader than just short-term value for money. For example, C8 could highlight how Trusts can act as good corporate citizens by using their resources in ways that impact positively on the health and well-being of local communities, patients, staff and visitors.

Fourth domain – Patient Focus

28. This domain should be broadened out to citizens, rather than just patients, and should include standards concerned with public engagement. Again, it would be useful to develop separate standards here for acute and primary care Trusts. A standard for PCTs on engaging with communities to improve population health, address the wider determinants of health (e.g. employment, education and decent housing) and reach previously excluded members of the community should be included. Standards should also be developed on engaging with employees, to spread messages about good public health.
29. C18 a) should include staff and visitors, as well as patients.

Fifth domain – Accessible and Responsive Care

30. The standards within this domain are useful. It is important that the role of choice is not exaggerated, as there is a need to balance individual choice against the requirements of the whole community.

Sixth domain – Care Environment and Amenities

31. This domain provides an opportunity to promote good corporate citizenship. It should include a standard on the responsibility of Trusts to provide community resources (e.g. a healthy canteen, green space, meeting space for community groups, sports facilities or education facilities). C12 b) should go further to encourage Trusts to provide environments which actively promote the health of patients and staff, for example by providing exercise facilities and green space.
32. Additional standards could be included in this domain which set specific environmental requirements for Trusts (e.g. in relation to energy use, emissions and waste) and the NHS Environmental Assessment Tool (NEAT) could be promoted under this domain. NEAT is currently managed by NHS Estates, but these standards provide an opportunity to mainstream environmental management, so that its contribution to health can be more widely recognised.

Seventh domain – Public Health

33. It is helpful to highlight here the role that Trusts should play in improving public health and reducing inequalities. However, this goes beyond involvement in health promotion projects, and the standards need to reflect this broader role. For example, this domain could include standards to measure what a Trust is doing to encourage staff to walk or cycle to work, to contribute to local training and employment and to strengthen the local economy (which contributes to a healthier community in the longer term).

Next steps

34. We would be happy to discuss this response with you in more detail, so please do not hesitate to get in touch.

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