Public Health England

NHS England

Securing healthy returns

Realising the financial value of sustainable development

hfma

CIPFA The Chartered Institute of Public Finance & Accountancy

Sustainable Development Unit

Working across the NHS, Public Health and Social Care system

Contents

This work has been produced by partners throughout the health and care system coordinated by the Sustainable Development Unit (for NHS England and Public Health England) and the Healthcare Financial Management Association (HFMA) NHS Environmental Sustainability Special Interest Group. It provides crucial evidence on where the health and care system can improve sustainability both financially and environmentally.

"The £22bn efficiency saving is a huge challenge. We need to simultaneously exploit the financial opportunities of being socially and environmentally sustainable. The future of the sector and the health and wellbeing of the public depends on us living within the limits of our available resources, but we can only do this if we are able to identify where we can at the same time save money and ensure the sustainability of our environment, on which all health depends.

Many healthcare finance professionals are already committed to action in this area as part of their organisational plans, and in wider Sustainability and Transformation Plans (STPs) locally. The HFMA sustainability group can play a distinctive role in engagement and leadership, providing a voice, tools, recommendations and guidance, in particular for financial and accountancy professionals."

Sandra Easton
Chair
Healthcare Financial Management Association (HFMA) NHS Environmental Sustainability Special Interest Group

Foreword

The NHS, social care, and public health system face challenging times to ensure the investments we make have the best possible outcomes for current and future generations. How we improve and transform the health sector to be financially sustainable is an important part of delivering the Five Year Forward View[1]. The evidence presented here shows that savings and investment are lasting and effective when the efficiencies and transformations we make are also socially and environmentally sustainable.

Since 2007, NHS organisations, supported by the SDU, have ensured that in excess of £190m each year remains available for front line care, rather than being spent on energy, waste, water or fuel. We have exceeded the NHS and wider sector first target of a 10% reduction in carbon emissions, by 2015, contributing to the national and global public health challenge of mitigating climate change.

These efficiencies are welcome, but this is a long-term journey where everyone needs to be engaged to improve the health ecosystem. These future focussed health benefits must be acknowledged and delivered in every improvement initiative, from Sustainability and Transformation Plans (STPs) to plans beyond the next five years. Only then can we be sure that both the population and the exchequer gain from living within financial and environmental limits.

The Carter Report highlighted opportunities for efficiency savings and environmental benefits with examples such as energy used in the health care system. This report highlights further opportunities for longer-term financial savings in areas such as procurement, public health and better models of care, all of which have clear positive environmental and health benefits.

The case for action is clear. What is needed is the leadership, clarity, and collaboration to deliver it; leadership at every level and collaboration between every part of the health system, from clinicians to patients to managers to researchers. Mechanisms such as Academic Health Science Networks are well placed to facilitate this, to set out long term principles of improvement, not short term detailed maps of quick fixes.

We need to develop a health system that is seen as the best possible investment in people and long term health for all, and not an unsustainable consumer of finite resources. We must allow the strong intrinsic motivation of our staff to perform to the best of their abilities; to be able to practice the values they have at home, whilst at work.

The evidence to support action is increasing but we need to ensure the actions are possible and pervasive. There is a critical role for healthcare finance professionals to play in this area, through supporting development of local leadership, governance arrangements and organisations' plans and reporting. I look forward to the results of this research improving patient care and public health before the planet is too warm, and the resources too depleted. By thinking and working in this way we can build on a Five Year Forward View to develop a longer term vision of a truly sustainable health service, now and for future generations.

Ed Smith
Chair, NHS Improvement

1. NHS Five Year Forward View - sets out a shared vision for the future of the NHS based around the new models of care

Introduction

There is a clear, proven financial case for sustainable development. Resource efficiency and improvements in areas such as energy, waste, water and use of raw materials have already delivered financial savings along with positive environmental impacts and direct benefits to health. However there are opportunities for further savings and benefits that go beyond the areas of estates and facilities. This document provides an insight into the financial savings for projects which deliver financial, social and environmental benefit. Along with the supporting resources this report is primarily intended to aid finance professionals and those managers and decision makers working with finance colleagues, to realise these benefits.

The following additional resources will be available at:
www.sduhealth.org.uk/carboncostcurve

- A detailed technical annex containing full case studies, endorsements and detailed calculations
- An interactive tool that scales interventions to organisations: *Healthy Returns: Your carbon cost benefit curve*[2]
- National carbon cost benefit curve
- National organisation type carbon cost benefit curve

Return on Investment – finances

The SDU have estimated the cumulative savings from energy measures alone implemented in England since 2007 is in the region of £1.85bn[3], in addition to environmental and health benefits such as reduced air pollution. Continuing to realise the savings to date with investment maintained at the current expected rate to 2025 would return a cumulative saving of £6.2bn against a business as usual case. Significant further savings have been made in waste, water, transport and increasingly procurement.

Saving money and resources

Ensuring financial investments address social, economic and environmental sustainability means that saving money and resources for front line care now, simultaneously helps to improve our health and wellbeing in the future. Longer term sustainability in the health sector relies on realising these savings.

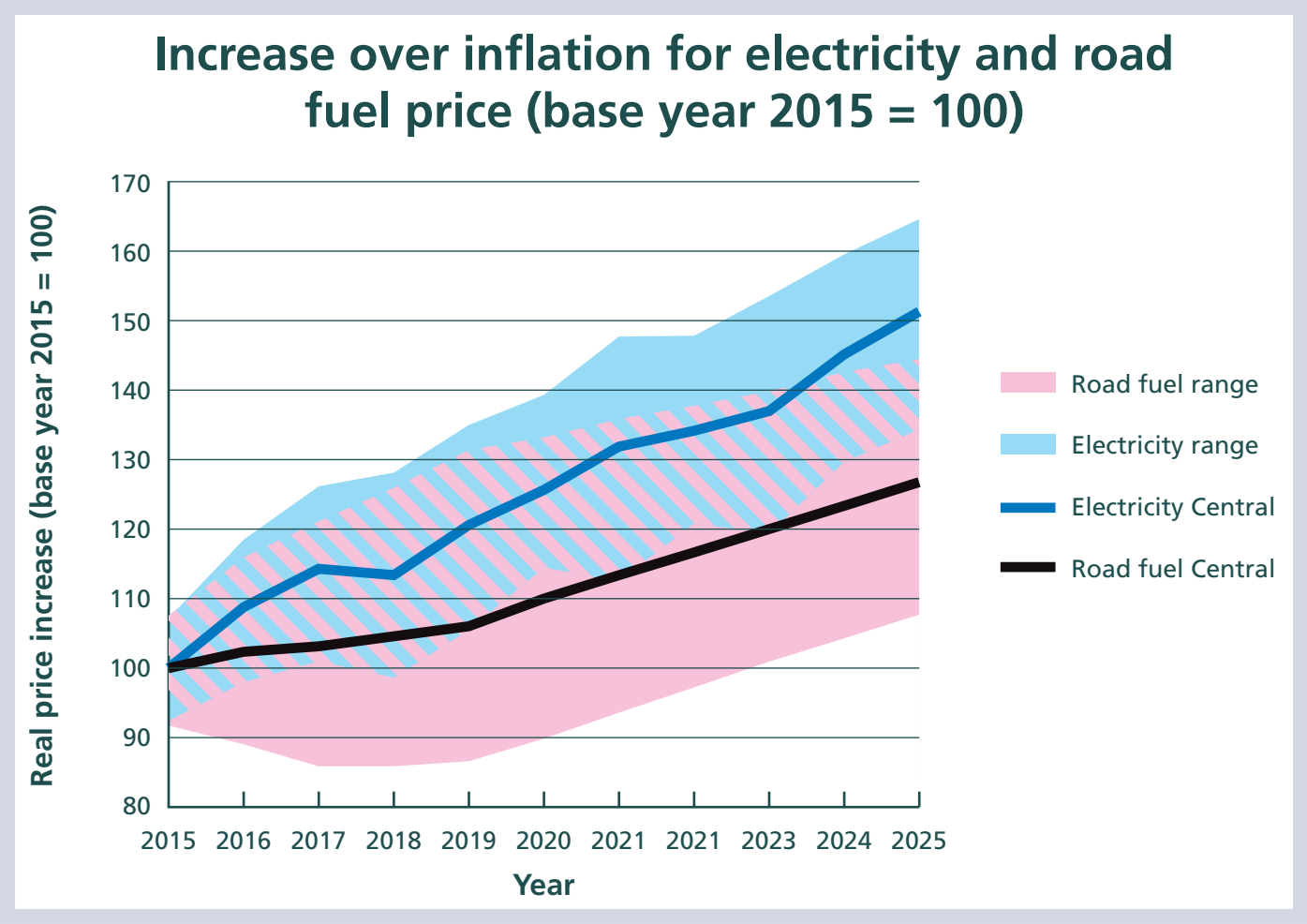
The 2016 Carter Report[4] highlighted opportunities for systematic efficiency savings and environmental benefits with examples such as health sector energy use. HM Treasury forecasts energy prices to increase above average inflation to 2020, so both direct and supply chain efficiency gains will be needed to keep down costs (opposite).

£540m has been invested over eight years in technologies such as LED lighting, insulation and better energy control. £1.85bn has been saved over that time and £190m cut off the 2016 NHS energy bill.

2. Carbon cost benefit curves show the carbon and financial savings across interventions
3. Gross - details of calculations available in the Technical Annex
4. Review of efficiency in hospitals

"The evidence presented here shows that we don't always have to choose between saving financial resources or protecting the environment – indeed, the most effective investments can often save money, improve health now, and safeguard the environment on which all future health depends. What's good for the environment, and good for the patient's health, can be good for the nation's finances too."

John Holden,
Director of Policy Partnership & Innovation, NHS England



(Based on HM Treasury Green Book supplementary guidance)

While resource efficiency in facilities management will continue to release immediate cash savings, initiatives such as preventing ill health (as prioritised in the Five Year Forward View) and sustainable procurement address costs and impacts at source and for the long term.

The Five Year Forward View stresses the need for affordable models of care and health improvement through, amongst other things, radical prevention of disease. This report captures a number of individual interventions with short and longer-term financial savings and demonstrates their additional environmental and health benefits (which in turn save even more money). It also covers some of the existing organisational and governance tools that support a systematic integration of triple bottom line

Rampton Hospital replaced a coal fired heat plant with a Combined Heat and Power (CHP) unit, and a wood chip boiler (see above). The Trust reduced energy costs by 44% saving around £790k per year, cut 8,614 tonnes of CO2e and produces significantly less air pollution.

(financial, social and environmental) accounting for sustainability.

Achieving lasting benefits in prevention, procurement and resource use requires even closer collaboration across local health communities and wider local economies.

Sustainability and Transformation Plans can enable the delivery of more integrated local models of care. Those that take into account financial, environmental and social sustainability can also help address the social determinants of health. Harnessing every opportunity will be vital in achieving the £22bn efficiency savings outlined in the Five Year Forward View.

Health and care system Carbon and Cost Benefit Curve

Assessing savings - financial and carbon impact curve

The Carbon and Cost Benefit Curve and the interventions table overleaf present examples of health and care interventions with their direct and indirect financial savings, and their carbon savings. Measures are prioritised to support decision making and help develop local investment plans in organisations and with partners.

Annual savings have been calculated for the health and care sector in England using existing case studies and research evidence with an assumption of moderate implementation in five years. If delivered nationally these measures alone could save the health sector a further one million tonnes of carbon and £414 million each year by 2020.

More detailed and organisation type specific carbon cost benefit curves are provided in the associated documents and the interactive online tool via:

www.sduhealth.org.uk/carboncostcurve

York Teaching Hospital built their estates investment plans on the 2010 SDU MAC Curve. Direct investments by the trust, and those through an Energy Performance Contract, including a large Combined Heat and Power system, have saved £680k in annual energy costs. The Trust have reported a Net Present Value for the project of £3m and emission reduction of 24.5% on their baseline, cutting 2,997 tonnes of CO2e

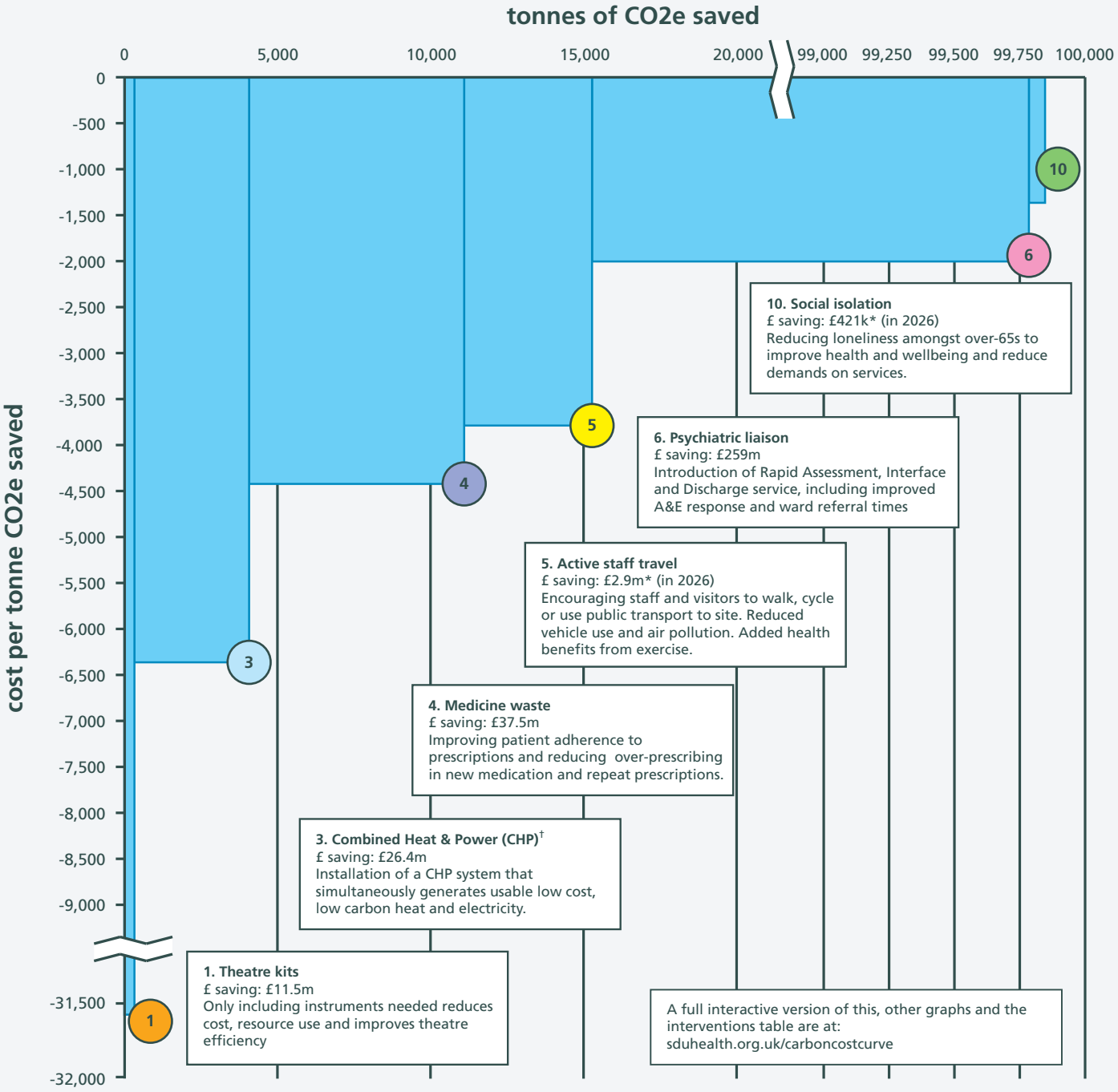
The sector could save £414 million and one million tonnes of carbon per year by 2020.

A Worcestershire County Council and local CCGs programme to reduce social isolation for 3,000 older people, will deliver £1.3m direct savings annually and 244 QALYs (worth £15m in avoided social cost), reducing carbon emissions by 217 tonnes. The Age UK and local community organisation partnership was awarded the UK's first 'payment by results' Social Impact Bond.

Carbon and Cost Benefit Curve

These 35 interventions do not represent a comprehensive list. They have been selected because they are supported by robust data and evidence to enable analysis and scaling. The dataset on procurement, prevention and models of care measures in particular is still growing.
It can be seen that the most dramatic absolute savings, both financially and environmentally, are in the areas of prevention, waste (especially pharmaceuticals), new models of care and staff behaviour.

One intervention from each category has been selected and their potential savings plotted on the graph below.



Rank £/tCO2e	Name	£ / tCO2e	tCO2e saved in 2020	£000s saved in 2020
1	Theatre kits in hospitals - reducing packaging	-31,600	329	11,500
2	Sugar reduction in soft drinks	-7,380	1,420	0 (saving in 2026: 32,200)*
3	Combined Heat and Power (CHP)†	-6,340	3,750	26,400
4	Reducing medicine waste	-4,430	7,030	37,500
5	Active staff travel	-3,790	4,180	0 (saving in 2026: 19,500)*
6	Psychiatric liaison	-2,000	84,500	259,000
7	Biomass boilers	-1,870	28,400	4,690
8	Effective use of long-acting injections	-1,620	166	297
9	Driver training for fuel efficiency and safety	-1,570	3,960	1,480
10	Reducing social isolation in older people	-1,320	62	0 (saving in 2026: 421)*
11	Teleconferencing	-981	4,100	5,020
12	Furniture reuse scheme	-527	175,000	425
13	Telehealth/Telecare for long term conditions	-341	6,740	2,550
14	Solar - photovoltaic	-261	2,690	1,030
15	Variable speed drives	-231	10,300	3,930
16	Staff energy awareness & behaviour change	-210	75,100	21,500
17	Lighting - controls	-167	2,250	863
18	Building Management System (BMS) - optimisation of existing systems	-153	14,100	3,440
19	Lighting - high efficiency	-141	18,800	7,190
20	Optimising office electrical equipment	-125	11,100	4,250
21	Temperature set points - '1 degree C'	-111	46,200	6,260
22	Building Management Systems (BMS) - new systems	-93	29,200	4,440
23	Heating upgrade	-91	18,200	2,470
24	Decentralisation of hot water boilers	-87	18,000	2,430
25	Boiler plant optimisation	-76	2,050	278
26	Dry recycling of general waste	-45	1,240	387
27	Building fabric - glazing, insulation & draft proofing	-24	11,400	1,540
28	Reducing waste anaesthetic gases	-15	11,900	201
29	District heating	-15	27,900	3,780
30	Boiler replacement	-3	6,160	834
31	Smoking cessation	-1	42,200	0 (saving in 2026: 248)*
32	Solar - thermal	0	2,350	319
33	Prescribing non-propellant inhalers for asthma	0	341,000	0
34	Travel planning	1	48,900	23
35	Reducing fuel poverty through referrals for home insulation	1,480	17,400	0 (saving in 2026: 171,800)*
	Grand total savings in 2020		**1.1 million tonnes**	**£414 million**

* Interventions' direct financial savings for the sector not realised until 2026 so excluded from total.
† From 2021 gas CHP is higher carbon than grid electricity is expected to be.

Interventions category key:

Product and procurement innovation	Waste reduction
Healthcare delivery/service innovation	Energy saving
Health Protection (£ saving not until 2026)	Travel

Operationalising sustainability and finance

Organisational Sustainable Development Management Plans (SDMPs) are in place in most NHS organisations. They bring together the interventions (such as those detailed on the previous page) that drive down use and cost of finite resources, in line with the NHS Constitution commitment, Number 6[5].

"The NHS is committed to providing best value for taxpayers' money - it is committed to providing the most effective, fair and sustainable use of finite resources. Public funds for healthcare will be devoted solely to the benefit of the people that the NHS serves."

SDMPs and sustainability reports are required from all providers through the NHS Standard Contract[6] and are a key performance indicator (KPI) in the Public Health Outcomes Framework (PHOF)[7]. The majority of providers and commissioners follow best practice in detailing financial and non-financial indicators of progress on their SDMP in their annual report.

The requirement for sustainability reporting as part of annual reports is also emphasised by DH[8] and in guidance from HM Treasury[9]. In building an investment plan for sustainable development an SDMP can help contribute towards building a Strategic Outline Case/s for investment.

Increasingly organisations are including sustainability impact assessments into business case development to identify opportunities to leverage social and environmental value.

Finance professionals are crucial to realising and reporting savings from SDMPs, by ensuring they

"In addition to the legal and scientific reasons for taking sustainable development and climate change seriously, there are equally important financial and organisational reasons for action. In PHE, we have already saved millions of pounds and reduced our carbon footprint by rationalising processes and estate, empowering our staff and the public with the latest opportunities in IT. We will continue to work with our partners in health and local government to create the right conditions for a fair, healthy and sustainable future for us all."

Michael Brodie,
Finance and Commercial Director, Public Health England

5. NHS Constitution establishes the principles and values of the NHS in England
6. NHS Standard Contract - clause 18 service conditions
7. Public Health Outcomes Framework - a vision for public health, desired outcomes and the indicators

Derbyshire Community Healthcare Services Foundation Trust estimate they are now saving almost £2m and 3,224 tonnes of carbon per annum against a business as usual case, by taking a whole trust approach rooted in their Sustainable Development Management Plan

are valued and integrated into Cost Improvement Programmes (CIPs) and given sufficient coverage in annual reports. Inclusion allows organisations to demonstrate financial savings alongside non-monetised social and environmental returns on investment, such as carbon reduction, cleaner air, community partnership or support for local employment and skills.

The SDU provides guidance on SDMPs and sustainability reports at:

www.sduhealth.org.uk/plans

www.sduhealth.org.uk/reporting

8. Department of Health Group Accounting Manual 2016 to 2017- 'Reporting entities are expected to comply with mandatory sustainability reporting requirements'
9. HM Treasury Financial Reporting Manual 2016-17: 'mandatory sustainability reporting requirements'

Integrated localised planning

Ensuring a best value approach to local health system planning and commissioning, including all three aspects of sustainability, protects and improves health, reducing later demand on services and saving money.

SDMPs and sustainability reporting are a common thread across the health system. The social and environmental issues they address, such as air quality and carbon reduction, are common currency with all organisations engaged in local health system planning.

SDMPs are valuable tools to support the delivery of aligned approaches to local cross system efficiency, in line with the objectives of the FYFV and Sustainability and Transformation Plans (STPs).

The Public Service Social Value Act 2012[10] requires social, economic and environmental factors to be considered in service procurement where "relevant" and "proportionate". Social determinants of health and health inequalities such as air quality, climate change resilience or local economic growth and employment priorities are 'relevant' matters in procurement and commissioning as they have longer term health implications[11].

A triple bottom line approach to sustainability with partners and supply chains across local geographies also provides opportunities to draw in and align resources from outside the health system, particularly for innovation and efficiency. For example public funding is often awarded through local enterprise partnerships (LEPs) to universities to support small businesses in innovation and resource efficiency, or to public bodies to support infrastructure investment in energy equipment. There are often central government infrastructure investment programmes, channelled through local authorities, for clean transport such as the current Clean Air Zone[12] funding (through the Office of Low Emission Vehicles) and community energy, such as district heating[13] (through DECC).

CARE WITHOUT CARBON

Sussex Community Trust's comprehensive approach to sustainable transport is one of seven elements supported by its Sustainable Development Management Plan called Care Without Carbon. The Trust provided a Travel Bureau advising staff on sustainable travel choices as well as providing access to 15 low-emission pool cars and electric bikes.

This was backed up by annual travel surveys and quarterly reports. The Trust reduced grey fleet (personal cars used for work) mileage by 16.7% in one year - almost one million miles, saving £500k and 60 tCO2e.

10. The Public Service Social Value Act 2012 - requires commissioners of public services to think about how they can also secure wider social, economic and environmental benefits
11. PHE and UCL guidance for using the Social Value Act for action on the social determinants of health
12. Office of Low Emission Vehicles – cross department government team supporting use of ultra-low emission vehicles (ULEV)
13. DECC support and guidance for local authorities developing heat networks.

North East Ambulance Trust fitted telematics technology in 50 vehicles which included speed limiters when not on emergency response. This cut accident rates and improved patient experience, saved 3 million litres of fuel which would have cost £100k, and cut 250 tonnes of CO2 per year improving local air quality.

Considering wider benefits

Ill health prevention and health improvement depend significantly upon local social and environmental determinants of health.

The financial decisions made by health organisations themselves have a significant impact on local health and wellbeing.

Health sector organisations have very large financial, social and environmental footprints: as employers in their local community, as procurers in the local economy and as major infrastructure in the environment. In 'getting serious about prevention', health sector organisations have a responsibility through financial decision making, to minimise negative impacts from their local footprint, and maximise local public health and social value.

An integrated organisational approach to sustainability can for example:

- Support local employment in the supply chain through sustainable procurement
- Support innovation and participation in efficiency through staff and community engagement
- Protect local public health through reduced air, water and ground pollution
- Use investment in NHS infrastructure to leverage social value, for example by connecting a new energy plant to a district heating network to supply low cost heat to people in fuel poverty.

All these examples can help to reduce levels of preventable illness and therefore the burden on NHS resources.

Financial benefits also accrue from indirect and wider impacts from interventions. For example an England wide approach to promoting staff cycling or walking. If taken up by a quarter of NHS organisations by 2020, and with just 3% of staff switching to be more active, this could reduce car miles as well as increasing exercise and improving health in NHS staff by 114,000 Quality Adjusted Life Years (QALYs). This will also help improve local air quality and reduce road traffic.

Quantifying social, local economic and environmental value can be challenging, however some examples are covered in the annex of this report.

www.sduhealth.org.uk/carboncostcurve

Implementation

The Five Year Forward View challenges the system to consider direct financial savings and highlights the greater savings from health improvement and prevention. In addition the system will need to look to social impacts such as inequalities and environmental impacts such as air pollution. Both current and future financial costs and system wide savings will need to be considered in planning locally integrated health services. This will help develop an efficient, patient and community focused health and care system. A system that is serious about prevention is the lowest cost route to sustainable healthcare.

The HFMA Environmental Sustainability Group has received feedback from many finance and accounting professionals who are already aware of the benefits and committed to sustainable development but are struggling to realise them.

Collaborative working with finance, sustainability, facilities, procurement, commissioning and other colleagues will be needed to ensure that all three areas of sustainability are integrated into planning and decision making. Where this is done well it is already providing mutually reinforcing opportunities to achieve the sector's challenging ambitions.

Next steps

Many organisations are already making progress on aligning financial and environmental sustainability by acting on some of the opportunities opposite. The resources here and in the technical annex are designed to help accelerate the scale and pace at which these approaches are adopted.

The HFMA and SDU will continue to support this work through further engagement, research and analysis. Together they have committed to examine in detail five interventions and provide in depth case studies, data and outline business cases. The aim is to provide finance professionals with all the evidence and resources to enable implementation of interventions at their organisation.

Support and guidance

The SDU offer support and guidance for organisations across the sector to embed and promote sustainable development. For help and support, or to be involved in this area of work please contact the SDU on england.sdu@nhs.net, 0113 825 3220 or via www.sduhealth.org.uk

The HFMA Environmental Sustainability Special Interest Group was launched to identify how the finance community can help move the environmental sustainability agenda forward. The group will help spread good practice in relation to linking of environmental issues financial best practice. If you are interested in joining the group as a full or associate member contact Debbie Paterson on Debbie.paterson@hfma.org.uk or the HFMA's committee executives on

committees@hfma.org.uk

Top opportunities for finance professionals

1. Work across the organisation (and if possible the local economy) to ensure plans are in place to implement improvements. The SDMP is the best place to start.
2. Ensure your organisation's SDMP is aligned with and recognised within the Cost Improvement Plan and organisational business plan. Where possible, ensure that the SDMP authors/contributors are aware of the possible progression route to and requirements for a Strategic Outline Case in business case developments.
3. Check that your organisation's annual sustainability report identifies financial savings and non-financial indicators such as carbon reduction, staff mileage claims, use of finite natural resources and social value indicators.
4. Include non-financial returns in business case, value for money and impact assessments using both quantitative impacts and non-financial or non-monetised indicators for social and environmental impacts, such as carbon emissions, air quality and local employment.
5. Work with sustainability and procurement colleagues to realise supply chain efficiency opportunities, which reduce indirect costs, environmental impacts and increases social value.
6. Identify opportunities for sustainable development investment from outside the health sector, through match funding, partnerships and collaboration; e.g. transport infrastructure funding with local authorities, energy infrastructure funding through Local Enterprise Partnerships and central government, or funding for supply chain collaboration and innovation through universities.
7. Use planning processes (especially the current STP process) to encourage a collaborative approach to efficiency savings and health improvement. Align financial savings with longer term health benefits, ensuring all health spending, from business case to contract management, is in the spirit of the Public Service Social Value Act; supporting the social and environmental determinants of health.
8. Use the interactive tools and work with colleagues to help build cost saving projects with social and environmental value in your SDMP.

Resources

The references below will support organisations to act on the opportunities. More detail about support alongside explanation and calculations can be found in the supporting resources:

- A detailed technical annex
- Your carbon cost benefit curve - interactive tool that scales interventions to organisations
- A national carbon cost benefit curve
- A national organisation type carbon cost benefit curve

all available via: www.sduhealth.org.uk/carboncostcurve

- Sustainable Development Strategy - Commissioning and Procurement module www.sduhealth.org.uk/CP
- Sustainability Impact Assessment www.sduhealth.org.uk/SIA
- SDMP guidance www.sduhealth.org.uk/plan
- 5 to Survive – short guide to Sustainable Development for Finance Professionals http://www.sduhealth.org.uk/documents/publications/5_to_survive_finance.pdf
- HFMA Environmental Sustainability Special Interest Group resources https://www.hfma.org.uk/our-networks/committees-special-interest-groups/environmental-sustainability-special-interest-group

Key legal, mandatory and reputational drivers

Sustainable Development Strategy – provides a vision and goals for the sector up to 2020
www.sduhealth.org.uk/SDS

NHS Five Year Forward View - sets out a shared vision for the future of the NHS based around new models of care
www.england.nhs.uk/ourwork/futurenhs

Carter Review 2016 - Review of efficiency in hospitals including some environmental benefits
www.gov.uk/government/publications/productivity-in-nhs-hospitals

Public Services (Social Value) Act 2012- Legislation that requires commissioners of public services to think about how they can also secure wider social, economic and environmental benefits
https://www.gov.uk/government/publications/social-value-act-information-and-resources/social-value-act-information-and-resources

Climate Change Act 2008 – legislation that commits the UK to reducing emissions by at least 80% in 2050 from 1990 levels
http://www.legislation.gov.uk/ukpga/2008/27/contents

Additional references

NHS Constitution - establishes the principles and values of the NHS in England
https://www.gov.uk/government/publications/the-nhs-constitution-for-england
NHS Standard Contract - clause 18 within service conditions relates to sustainability reporting and plans
www.england.nhs.uk/nhs-standard-contract/16-17/
Office of Low Emission Vehicles - cross department government team supporting use of ultra-low emission vehicles (ULEV)
https://www.gov.uk/government/organisations/office-for-low-emission-vehicles
DECC District Heating - Support and guidance for local authorities developing heat networks.
https://www.gov.uk/guidance/heat-networks-delivery-support
PHE Guidance - Local action on health inequalities -Using the Social Value Act to reduce health inequalities in England through action on the social determinants of health
https://www.gov.uk/government/uploads/system/uploads/attachment_data/file/460713/1a_Social_Value_Act-Full.pdf
STP 'Quick guides' - Guides from NHS England to support STP development
https://www.england.nhs.uk/ourwork/futurenhs/deliver-forward-view/stp/support/
HM Treasury Financial Reporting Manual 2016-17 - Reporting entities are expected to comply with mandatory sustainability reporting requirements
https://www.gov.uk/government/publications/public-sector-annual-reports-sustainability-reporting-guidance-2014-to-2015
Public Health Outcomes Framework - a vision for public health, desired outcomes and the indicators
https://www.gov.uk/government/publications/healthy-lives-healthy-people-improving-outcomes-and-supporting-transparency
Department of Health Group Accounting Manual 2016 to 2017
https://www.gov.uk/government/uploads/system/uploads/attachment_data/file/521881/DH_GAM_1617.pdf
Treasury Green Book – supplementary guidance
https://www.gov.uk/government/publications/valuation-of-energy-use-and-greenhouse-gas-emissions-for-appraisal

Healthcare Financial Management Association (HFMA) NHS Environmental Sustainability Special Interest Group
This group is coordinated by the HFMA with partners from the NHS/PHE Sustainable Development Unit, the Accounting for Sustainability project (A4S)*, CIPFA, and the Department of Health.

**HRH The Prince of Wales established his Accounting for Sustainability project (A4S) in 2004 and tasked finance and accountancy professionals with increasing engagement and building capacity to drive behaviour change that results in sustainable business practices, as well as develop tools, guidance and approaches that enable environmental, social, and economic risks and opportunities to be reflected in decision making.*

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The SDU supports the NHS, Public Health and Social Care system to be sustainable environmentally and socially. This is done by engaging across the system to identify the frameworks, networks and mechanisms that will encourage a healthier environment, better health and enable communities and services to be resilient to adverse weather events and climate change.

Responsibility for the content of this document lies with the Sustainable Development Unit.

Sustainable Development Unit
Working across the NHS, Public Health and Social Care system

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