**Sustainability Impact Assessment**

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

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| **Title of the document** | **Individual Funding Request Policy and Procedure** |
| **What is the main purpose of the document** | **To demonstrate a clear process for decision making** |
| **Date completed** | **7 August 2014** |
| **Completed by** | **Caroline Briggs** |

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| **Domain** | **Objectives** | **Impact of activity**  Negative = -1  Neutral = 0  Positive = 1  Unknown = ?  Not applicable = n/a | **Brief description of impact** | **If negative, how can it be mitigated?**  **If positive, how can it be enhanced?** |
| **Travel** | Will it provide / improve / promote alternatives to car based transport?  Will it support more efficient use of cars (car sharing, low emission vehicles, environmentally friendly fuels and technologies)?  Will it reduce ‘care miles’ (telecare, care closer) to home?  Will it promote active travel (cycling, walking)?  Will it improve access to opportunities and facilities for all groups? | 0 | Patients will be required to travel to providers of healthcare to receive their treatment. |  |
| **Procurement** | Will it specify social, economic and environmental outcomes to be accounted for in procurement and delivery?  Will it stimulate innovation among providers of services related to the delivery of the organisations’ social, economic and environmental objectives?  Will it promote ethical purchasing of goods or services?  Will it promote greater efficiency of resource use?  Will it obtain maximum value from pharmaceuticals and technologies (medicines management, prescribing, and supply chain)?  Will it support local or regional supply chains?  Will it promote access to local services (care closer to home)?  Will it make current activities more efficient or alter service delivery models | 1 | Where possible treatments will be collaboratively commissioned seeking to maximise clinical and cost effective services. |  |
| **Facilities Management** | Will it reduce the amount of waste produced or increase the amount of waste recycled?  Will it reduce water consumption? | n/a |  |  |
| **Workforce** | Will it provide employment opportunities for local people?  Will it promote or support equal employment opportunities?  Will it promote healthy working lives (including health and safety at work, work-life/home-life balance and family friendly policies)?  Will it offer employment opportunities to disadvantaged groups? | n/a |  |  |
| **Community Engagement** | Will it promote health and sustainable development?  Have you sought the views of our communities in relation to the impact on sustainable development for this activity? | n/a |  |  |
| **Buildings** | Will it improve the resource efficiency of new or refurbished buildings (water, energy, density, use of existing buildings, designing for a longer lifespan)?  Will it increase safety and security in new buildings and developments?  Will it reduce greenhouse gas emissions from transport (choice of mode of transport, reducing need to travel)?  Will it provide sympathetic and appropriate landscaping around new development?  Will it improve access to the built environment? | n/a |  |  |
| **Adaptation to Climate Change** | Will it support the plan for the likely effects of climate change (e.g. identifying vulnerable groups; contingency planning for flood, heat wave and other weather extremes)? | n/a |  |  |
| **Models of Care** | Will it minimising ‘care miles’ making better use of new technologies such as telecare and telehealth, delivering care in settings closer to people’s homes?  Will it promote prevention and self-management?  Will it provide evidence-based, personalised care that achieves the best possible outcomes with the resources available?  Will it deliver integrated care, that co-ordinate different elements of care more effectively and remove duplication and redundancy from care pathways? | 1 | Commissioning policies are evidence based and where appropriate supported by clinical network structures and processes. They will also support the introduction of new technologies as appropriate. |  |