



Sustainable Health and Social care R&D Summit, 6th November, 2012

1. To develop a better, shared understanding of the most urgent gaps and opportunities for more multi-disciplinary research;
2. To clarify how research funders and commissioners can routinely embed the principles of sustainability into the commissioning / funding / conduct of research;
3. To help develop a clearer understanding of how we pilot likely models and systems of health and social care
4. To identify specific collaborative actions to coordinate systematic research and development for sustainable health and social care.



Discussion 1: Where are the biggest opportunities for research to stimulate action?

Morning: 11.45 to 12.30

Group 1 - **Models of care and clinical innovation** (Sonia Roschnik)

Group 2 - **Technologies and facilities** (David Pencheon)

Group 3 - **Individual and organisational behaviour** (James Mackenzie)

Group 4 - **Systems and policies at the national level** (John Appleby)

Group 5 - **Assessing the scale of the challenge** (Chris Naylor)

The key questions to discuss in this session are:

1. **What are the most significant gaps in the existing evidence base?**
2. **Where are the biggest opportunities for research to stimulate action?**
3. **What kinds of inter-disciplinary research might be needed to bring together expertise from different parts of the research community?**



Discussion 2: Proposals for collaborative action

Afternoon: 2.00 to 2.45

The key questions to discuss in this session are:

- 1. What are the specific collaborative actions that are needed to ensure the necessary research is funded and conducted?**
- 2. What ongoing mechanisms and processes should be put in place to ensure that the proposals from the day are carried forward to the next level?**
- 3. How can research funders and commissioners embed the principles of sustainability into the commissioning / funding / execution of research?**



Sustainable healthcare?

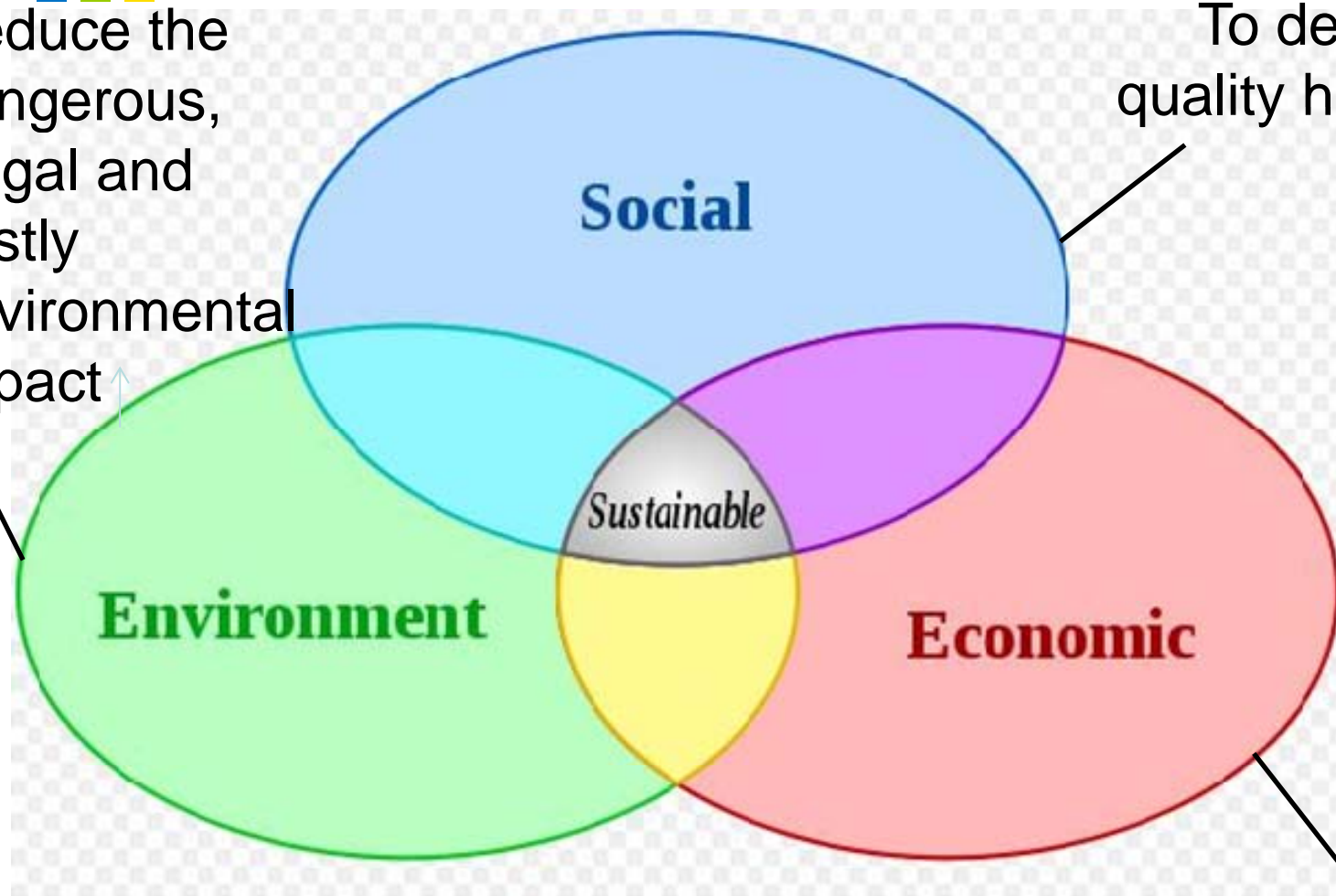
“Healthcare that meets the needs
of the present...

*...without compromising the ability
of others, in future or elsewhere
now, to meet their own needs”*

- Adapted from the Brundtland Commission



Reduce the dangerous, illegal and costly environmental impact ↑



To deliver high quality health and care

Maintain financial viability

- Barbier, E., 1987. *The Concept of Sustainable Economic Development*. Environmental Conservation, 14(2):101-110.

- Adams, W.M. (2006). ["The Future of Sustainability: Re-thinking Environment and Development in the Twenty-first Century."](#) Report of the IUCN Renowned Thinkers Meeting, 29–31 January 2006.

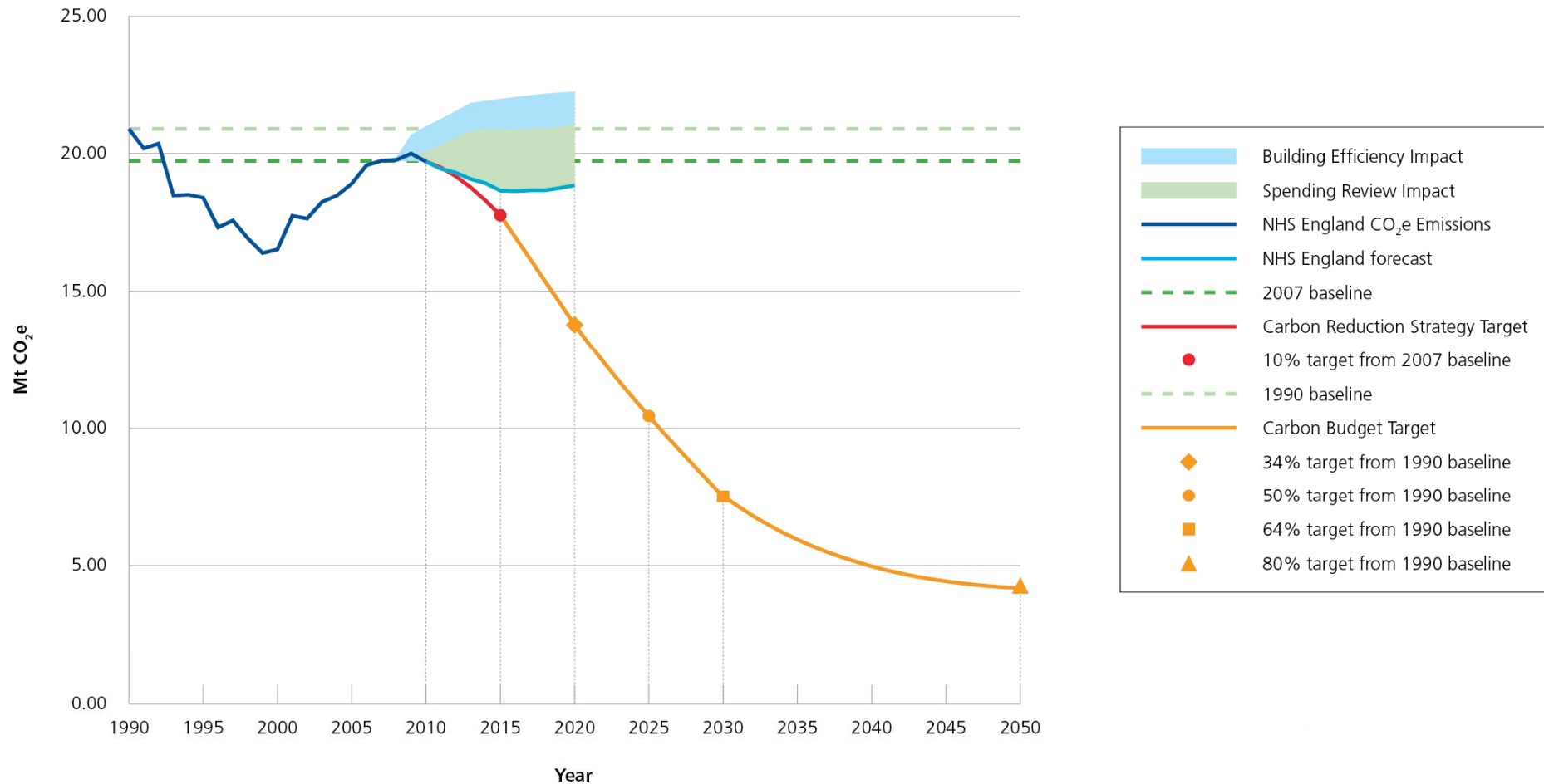
TheKingsFund



**Sustainable
Development Unit**



NHS England CO₂e footprint 1990 – 2020 with Climate Change Act targets





Health co-benefits:

“What is good for adaptation to, and mitigation of, climate change.....is ALSO good for health and healthcare”

1. For the public's health

- *More physical activity, better diet, improved mental health, less road trauma, less air pollution, less obesity/ heart disease/cancer, more social inclusion/cohesion...*

2. For the healthcare system

- *More prevention, care closer to home, more empowered / self care, better use of drugs, better use of information and IT, fewer unnecessary admissions, **better models of care...***

3. For global health inequalities / social justice

- *Contraction and convergence, technology leapfrogging*



Research is the door to tomorrow



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NHS
*Sustainable
Development Unit*



CLIMATE SUMMIT

WHAT IF IT'S
A BIG HOAX AND
WE CREATE A BETTER
WORLD FOR NOTHING?

- ENERGY INDEPENDENCE
- PRESERVE RAINFORESTS
- SUSTAINABILITY
- GREEN JOBS
- LIVABLE CITIES
- RENEWABLES
- CLEAN WATER, AIR
- HEALTHY CHILDREN
- etc. etc.



12/7/19 SATURDAY

DEL
PITT



Sustainable Development Unit



Sustainable Dev



NHS
**Sustainable
Development Unit**

S
In

**Fit for
Scenario**

September 2009



NH
Jan

**Saving Carbon
Improving Health**

UPDATE

NHS CARBON REDUCTION STRATEGY

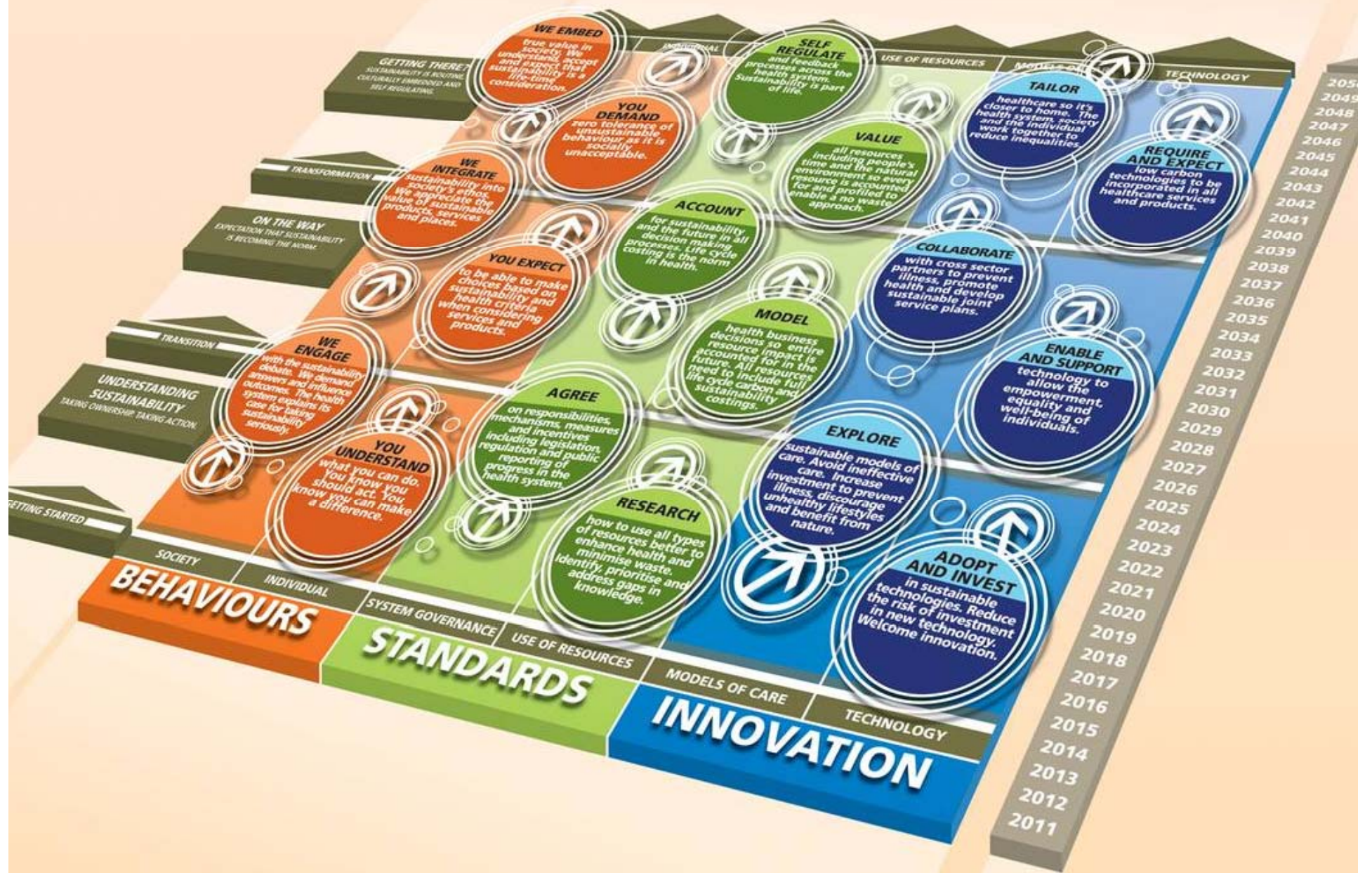
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**SUSTAINABILITY IN THE NHS
HEALTH CHECK 2012**



The journey so far...



Research themes

*Behaviours
(of people
and systems)*

Realigning rewards,
incentives, and status

A more systematic
approach to
awareness of
sustainable
development and
health/care

Large scale change in
complex adaptive
systems

Understanding how
values can be translated
into action

Linking low carbon health
care to and ethical,
compassionate, humane
duty of care.

*Governance and use
of resources
(metrics and methods)*

Metrics and
(integrated)
reporting

e.g. inefficiency and waste

*emergency planning, resilience,
risk, safety, and adaptation*

Quantification of **health**
co-benefits
*“The avoidable disease and
health risks incurred (and the
health benefits foregone) of
doing nothing/too little”*

Quantification of **financial**
co-benefits
*“The cost incurred and
financial benefits foregone of
doing nothing/too little”*

*Technology,
innovation, and
models of care*

Better infrastructure for
health and care
(structures)

Better data/ICT,
telemedicine and
empowerment

Better models for
prevention and care
(systems)