THE CONVERGENCE OF HEALTH AND SUSTAINABLE DEVELOPMENT

A MANIFESTO AND A NETWORK

"The UK public health organisations have recently shown what they can achieve when they work together by successfully convincing the Government to allow a free vote on smoking in public places. The strength and passion of the argument mounted ... was an example of political campaigning at its best. I would love to secure this level of passion and commitment from the public health community in support of sustainable development."

Jonathon Porritt, ph.com, March 2006

INTRODUCTION

The purpose of the attached manifesto is to enable people and organisations in the National Health Service [NHS] and in the wider health community to work together to give sustainable development a much higher priority. Staff and organisations are engaged in a wide range of activities, but many feel there are significant barriers to the full recognition of sustainable development within the health sector.

The aim is to develop a network of individuals, organisations and partnerships who, as signatories to the manifesto, work together to implement a programme of work based on the manifesto's commitments.

Structure of the manifesto

The manifesto has five sections:

- 1. The importance of sustainable development for health
- 2. A commitment to work with UK Government Departments and related agencies, and the European Commission, to strengthen policy implementation
- 3. A commitment to take action to ensure that existing opportunities to promote sustainable development are used to best effect within the NHS and the wider public health community
- 4. A commitment to take action to strengthen the position of sustainable development within workforce development
- 5. A commitment to lead by example by implementing personal and organisational carbon audits and ecological footprint analyses

In April 2006, the Faculty of Public Health publicised the opportunity to join a network in its electronic newsletter. In May and June 2006, we circulated a draft manifesto to public health colleagues who were known to us to be interested. The manifesto now has over 50 signatories. Its content has undergone significant revision as a result of input from colleagues.

In July 2006, it was decided to expand the scope of the manifesto and the network to include NHS provider and commissioning organisations as well as the public health community.

As a first action by the network, a letter was sent to the British Medical Journal in support of its stand on climate change.

Next steps

1. Inviting public health and environmental organisations to join the network

The Faculty of Public Health, the Scottish Environmental Protection Agency, and the UK Public Health Association Strategic Interest Group on the Natural and Built Environment have agreed to support the manifesto.

We believe that the manifesto has now developed sufficiently and has enough support for it to be submitted to NHS, public health and environmental organisations to seek their commitment and expand the network.

Organisations and partnerships are therefore invited to sign up to the manifesto and join the network. Individuals will continue to be most welcome to sign up and join the network.

2. Developing an action plan

The manifesto is a commitment to action. We suggest we should limit ourselves to, say, ten areas of action initially, to ensure a manageable programme of work. In some cases, it may be most effective for the network to lend its support to initiatives already taken by signatories as individuals, organisations or partnerships.

3. Linking with the initiative 'Development of the public health role in sustainability and health', co-ordinated by Helen Ross

Helen Ross, Public Health Development Manager for the Greater Nottingham Health and Environment Partnership, has convened two meetings this year to explore the potential for the development of the public health role in sustainability and health. The planning group has included representatives from the Greater Nottingham Partnership, the UK Public Health Association, the Sustainable Development Commission, the East Midlands Public Health Team, the North West Region and the Faculty of Public Health.

The Sustainability and Health Planning Group is intending to hold a 'think tank' event in the late autumn. The manifesto action plan could contribute to this event. It is then hoped to provide an opportunity to take forward the whole work programme at the UK Public Health Association Annual Forum in Edinburgh in March 2007. The UK Public Health Association Strategic Interest Group on the Natural and Built Environment has agreed to become the co-ordinating group which would organise these events.

Alison Hill, alison.hill@phru.nhs.uk Jenny Griffiths, <u>GriffHobbs@aol.com</u> Jackie Spiby, <u>Jackie.Spiby@nelondon.nhs.uk</u>

20th October 2006

THE CONVERGENCE OF HEALTH AND SUSTAINABLE DEVELOPMENT

A MANIFESTO

1. We believe that:

- Sustainable development is the integration of environmental, social, political and economic development, underpinned by equity. It meets the needs of the present without compromising the ability of future generations to meet their own needs [the Brundtland definition].
- Natural resources and ecosystems, on which human life, and quality of life, depend, have been strained in recent decades to, and sometimes beyond, their limits, as demonstrated by climate change and the global loss of biodiversity. The economy is dependent on the ecosystem.
- Climate change is likely to have a range of impacts on health and society, such as changes in disease patterns, drought and extreme weather events, conflict over access to water, and forced migration.
- We should promote the sustainable use of finite natural resources [including, but not only, fossil fuels and water] as a major determinant of health; we should develop healthy environments, noting that environmental inequalities can generate health inequalities.
- Building on the rich history of public health in protecting the environment, sustainable development should now be mainstreamed within the NHS. The NHS can contribute to improvements in the environment and a healthy environment can promote good health.
- The reduction of carbon emissions by UK countries, organisations and communities must become a legitimate priority for public health.
- Action should be taken within an awareness of the global context, including the real poverty of billions of people, who live with the health consequences of environmental degradation on a daily basis.
- 2. We will work with the English Department of Health and other Government Departments, the Welsh Assembly Government, the Scottish Executive, the Department of Health for Northern Ireland, and associated agencies, and with the European Commission, to strengthen:
 - UK Government action to implement energetically policies on climate change and energy, and on sustainable consumption and production [including more appropriate measures of economic success].

- Action to reduce substantially carbon emissions in a way that is fair and equitable for all countries around the globe¹.
- Joined-up government to ensure that sustainable development, including the responsible use of finite natural resources, is given a central place in health policies and guidance, in target-setting and in performance management.
- The development of strategies for reducing health inequalities that include environmental inequalities as determinants of health and promote environmental justice.
- Partnerships between health organisations and local authorities which promote the sustainable use of natural resources in all stages of development, from effective spatial planning of the natural and built environment, including sustainable use of transport, to appropriate building design, materials and construction.
- The inclusion of sustainable development principles and practices in all health policy documents [national, regional and local]: we will develop a 'sustainability check' with which to prompt policy-makers.
- 3. We will take action to ensure that existing opportunities to promote sustainable development, including the responsible use of finite natural resources, are used to best effect within the public health community and in the commissioning and provision of NHS services, including:
 - Improved collaboration and shared objectives between organisations working in the NHS, public health, sustainability and climate change, and the sectors which impact on both.
 - Promoting the 'business case' for the value for money of sustainable development.
 - Using 'virtuous cycle' thinking to bring together social, environmental and economic policies to achieve synergy.
 - Promoting and developing the web-based Good Corporate Citizenship Self-Assessment Model, jointly launched by the Department of Health and the Sustainable Development Commission [www.corporatecitizen.nhs.uk]; and the implementation of 'Sustainable development: Environmental Strategy for the National Health Service' [NHS Estates, 2005].
 - Working with NHS providers and commissioners to implement sustainable: procurement, transport, capital development, energy and water use, waste management and to promote healthy workforce policies and community engagement.

_

¹ See the Global Commons Institute's policy of Contraction and Convergence, which is a carbon cap and trade policy designed to reduce CO2 emissions: www.gci.org.uk/contconv/cc.html

- The proactive use of local forums and agreements, such as Local Strategic Partnerships and Local Area Agreements in England, sustainable communities and healthy community strategies and initiatives, and local transport strategies and plans.
- Joint working between local authority planning departments and NHS organisations, using spatial planning processes [including HIA/EIA/SEA impact assessment processes] from their earliest stages to design healthy, sustainable communities and 'healthy urban development'.
- Implementing policies that address the objectives of health, sustainable development and sustainable communities simultaneously; for example, food and nutrition, housing, physical activity, sustainable modes of transport and mental health.
- Working with the Healthcare Commission to strengthen its recognition and regulation of action by the NHS to influence environmental determinants of health.
- Input to the Comprehensive Spending Review to advocate for sustainable policies that contribute to improved health, and contribute towards the achievement of the Royal Commission on Environmental Pollution's target of reducing carbon dioxide emissions by 60%.

4. We will take action nationally and locally to strengthen the position of sustainable development within workforce development, through:

- Curriculum development: including appropriate competences in National Occupational Standards, and in the competency frameworks and standards of all the professions and disciplines.
- Training and development programmes, including continuing professional development, to cover sustainable development.
- Job descriptions and person specifications including competences on sustainable development.

5. We will lead by example by:

- Undertaking carbon audits and ecological footprint analyses, and acting on the findings by implementing personal, team and organisational sustainability action plans.
- Encouraging workplace teams, departments and organisations to do likewise.
- Encouraging organisations to include sustainable development routinely in business plans.

Agreed 20th October 2006 To be reviewed in March 2007

SIGNATORIES

Faculty of Public Health of the Royal Colleges of Physicians of the United Kingdom

Scottish Environmental Protection Agency

UK Public Health Association

Sheila Adam, Interim Regional Director of Public Health, NHS London

Edwina Affie, Public Health Consultant

John Ashton, title to be confirmed

lan Baker, Hon. Reader in Public Health, University of Bristol

Geoff Barnes, Health Policy Adviser, Sustainable Development Commission

lan Basnett, Assistant Director of Public Health, North East London Strategic Health Authority

Chris Bentley, Director of Public Health & Clinical Engagement, South Yorkshire Strategic Health Authority

Graham Bickler, Regional Director, South East Health Protection Agency

Chris Birt, Consultant / Honorary Senior Lecturer in Public Health, Central Liverpool PCT

Leslie Boydell, Consultant in Public Health Medicine, Institute of Public Health in Ireland

Nick Cavill, Cavill Associates

Sir Ken Collins, Chairman, Scottish Environment Protection Agency

Anna Coote, Public health specialist

Fiona Crawford, Public Health Programme Manager, Glasgow Centre for Population Health

Andrew Furber, Honorary Senior Clinical Lecturer/ Consultant in Public Health Medicine, South East Sheffield PCT

Campbell Gemmell, Chief Executive, Scottish Environment Protection Agency

Mike Gill, Visiting Professor in Public Health, University of Surrey

Sir Muir Gray, Director of Clinical Knowledge, Process and Safety, NHS Connecting for Health

Jenny Griffiths, independent consultant

Rod Griffiths, President, Faculty of Public Health

Siân Griffiths, Director, School of Public Health, The Chinese University of Hong Kong

Sir Andy Haines, Professor, London School of Hygiene and Tropical Medicine

Neil Hamlet, Consultant in Public Health Medicine, NHS Fife

John Harvey, Director of Public Health, Havering PCT

Tony Hedley, Chair Professor in Community Medicine, Department of Community Medicine, School of Public Health, The University of Hong Kong

Alison Hill, Director, South East Public Health Observatory

Linda Hillman, Consultant in Public Health and Dental Public Health, Norfolk Public Health Network.

Phil Insall, Director, Active Travel, Sustrans

Lizi Irvine, Senior Lecturer, Napier University, Edinburgh

Julie Hotchkiss, Director of Public Health, Ashton, Leigh & Wigan Primary Care Trust

Richard Jarvis, Consultant in Health Protection, Cheshire & Merseyside

Jack Jeffery, Immediate Past Chairman of the Royal Institute of Public Health and Director, Durham County Waste Management Ltd.

Alyson Learmonth, Director of Public Health and Health Improvement, Sedgefield PCT

Giovanni Leonardi, Consultant in Environmental Epidemiology, Health Protection Agency, Centre for Radiation, Chemical, and Environmental Hazards

Carolyn Lester, Lead for Health Inequalities & Equity, National Public Health Service for Wales

Ann McCarthy, Senior Lecturer, Division of Criminology, Public Health & Policy Studies, School of Social Sciences, The Nottingham Trent University

John Middleton, Director of Public Health, Sandwell

David Miles, Director of Public Health, West of Cornwall Primary Care Trust

Ruairidh Milne, Clinical Senior Lecturer, School of Medicine, University of Southampton

George Morris, Professor, Senior Medical Officer, Scottish Executive,

Maggi Morris Director of Public Health, Preston Primary Care Trust

Aldo Mussi, Snr Lecturer in Health Development, Faculty of Health, University of Central England

David Ogilvie, MRC fellow, MRC Social and Public Health Sciences Unit, Glasgow **Lindley Owen**, Director, Mobilise! Project, Manager Sustrans Cornwall & Plymouth

David Pencheon, Director, Eastern Region Public Health Observatory

Cathy Read, Consultant in Public Health Medicine, Barnsley Primary Care Trust

Paul Redgrave, Director of Public Health, Barnsley Primary Care Trust

Sue Roaf, Councillor Professor, Oxford Brookes University

Ian Roberts, Professor of Epidemiology and Public Health, London School of Hygiene and Tropical Medicine

Helen Ross, Public Health Development Manager, Greater Nottingham Health and Environment Partnership,

Harry Rutter, Deputy Director, South East Public Health Observatory

Paul Scourfield, Chief Executive, Faculty of Public Heatlh

Jackie Spiby, Consultant in Public Health, North East London Strategic Health Authority

Cameron Stark, Consultant in Public Health, NHS Highland

Robin Stott, vice chair Medact

Updated 2nd December 2006

Jeremy Wight, Director of Public Health, North Sheffield Primary Care Trust **Ewan Wilkinson**, Consultant in Public Health, Liverpool Primary Care Trusts