LA-Health Collaboration on energy and sustainability

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Nottingham Case

- **Energy and carbon strategy, commercial, domestic and transport**
- 26% emissions cut target by 2020 (52% on 1990)
- Cost IRO £50m pa for 15 years
- Returning IRO £93m pa by 2021 to local economy
- Sustaining C1500 jobs 2017-21

Targets hit 3 years early! + fuel poverty, AQ, local employment benefits
The SDU

- Lead on SD and SV across health + social care
- Strategy, policy, guidance, practice, review and report
- Systematisation of SD in HSC
Experience of working with NHS?

- CCGs commissioned,
- Estates, infrastructure project
- Travel and transport
- Co-procurement
Common language?

SOCIO-ENVIRONMENTAL
- Health & Safety
- Legislation
- Public awareness

ENVIRONMENTAL
- Compliance
- Bio-diversity mgmt
- Emissions to air
- Water/chemical usage & discharges

SOCIAL
- Diversity
- Human rights
- Equal opportunity
- Outreach programmes

ECONOMIC
- Consistent, profitable growth
- Total shareholder return
- Risk management

ECO-ECONOMY
- Resource efficiency
- Energy efficiency
- Global climate/energy issues

SOCIO-ECONOMIC
- Employment
- Training & development
- Local economies
Legal, financial and policy case

- 2012 Public Service (Social Value) Act
- 2008 Climate Change Act
- 5YFV £22bn challenge, serious about prevention
- 2014 Sustainable Development Strategy
- NHS Standard Contract Clause 18 –SDMP
- PHOF- SDMP as an indicator
- NHS constitution- *For now and future generations...*
- Health + economy are the ultimate beneficiaries of SD
SDU review

- All CCG and Provider annual sustainability reports
- Uptake of SDMPs
- National progress against carbon and other sustainability objectives
- All DH Arms Length Bodies work on SD
- The NHS guidance, policies and standard documentation
• 2016 - State of the system
• 3.4Mt carbon saving since ’07
• 18% Increase in HSC activity...
• 70% of NHS providers now have SD Management Plans
• Almost universal annual sustainability reporting
Economic case - Public value?

Socially - 2.9m staff in HSC

Environmentally - 40% Public emissions

Economically - £20bn goods and services
Securing Healthy Returns

From energy measures alone

• £1.85bn saving since ’07
• £190 annual saving in 2015
• Money kept in local health economies

Investment with SD weighted also ensures longer term health returns
Low Carbon economy ready for sustainable healthcare

- **2013**- Low C economy worth +£26.2Bn. 2.5x pharma
- With supply chain =3% of UK economy
- Over 1.6% of UK workforce
- **Guidance exists for footprinting care pathways**

Innovation for sustainability and low carbon=

More: resilient, resource efficient, jobs, money kept in local economies; lower impact, better health......
Synergies

- Procurement
- Transport
- District heating
- Renewable energy
- Fuel poverty
- Carbon reduction
Example-Social Isolation

- Risk in reduction of LA social care budgets
- Day care centre closure?
- Community ‘meals on wheels’ cuts?
- Shorter less frequent home visits?
- Home care, rather than care home or sheltered housing?
- Increase in isolation risk
- Increased risk of more acute health issues
- Risk of missed early intervention opportunities
Impacts of social isolation

• Isolation on mortality equiv. 15 cigarettes a day

• Depression, anxiety, declining mobility, high blood pressure; increased mortality.

• Immediate quality of life.

• Cost of chronic loneliness to public sector is C£12,000 per person- GP visits, A&E visits, unplanned admissions
Social Isolation

2015 Worcestershire CC + 3 CCGs awarded UK 1st ‘payment by results’, Social Impact Bond – supporting 3,000 older people.

- Delivered by Age UK + local community orgs.
- Conservative annual savings £2.2m (avoided healthcare, NPV) + 244 QALYs (£14m in avoided social cost)
- Avoided admissions and bed days alone save 217 tCO2. (equivalent annual heating emissions for 136 homes)
Social Cost of QUALYs

- **Quantifying health impacts of government policies** - A how-to guide to quantifying the health impacts of government policies.

5.21 ‘The Department of Health estimates that a QALY has a monetised value to society of £60,000’

Could a home visiting service also provide fuel poverty assessment and advice?
Foot printing Guidance

Care Pathways Guidance on Appraising Sustainability

Complements:
Pharmaceutical and Medical Device Carbon Footprint Guidance

Guidance on carbon, waste and water foot printing for pathways.
Air pollution

- Kills C40,000 people per year.
- Costs UK economy +£20bn pa
- NHS very conservatively responsible for 5% of all road traffic...
- 5% = 2,000 deaths, £1Bn social cost

Integrating sustainable travel, telecare, reduced care miles etc into all models of care has multiple cost, carbon and health wins.

But we must quantify and value and report them!
SDU Direction

- Supporting and encouraging greater SD cross working at local level-STP, devolution, HWBs
- SDU establishing local ambassador network
What is the highest priorities to an LA

- Jobs + local economic growth
- Saving money for citizens
- 3rd sector support
- Air quality
- Fuel poverty
- Carbon reduction or adaptation?

Which can easily be quantified in health terms, environmental impacts and also QALYS?
Barriers to collaboration on SD with NHS?

What are the barriers?
- Experienced
- Perceived
- Practical
- Institutional
- Linguistic

How can the unit help address these?
A socially, environmentally and economically sustainable health system *is necessary for* a sustainable local economy and visa versa.
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