

ANCHOR INSTITUTIONS- INVESTMENT FOR THIS AND FUTURE GENERATIONS?

Jerome Baddley
SDU Head of Unit

**The *way* we deliver health and social care
should also improve the populations
health.**

First do no harm



1 NO
POVERTY



2 ZERO
HUNGER



3 GOOD HEALTH
AND WELL-BEING



4 QUALITY
EDUCATION



5 GENDER
EQUALITY



6 CLEAN WATER
AND SANITATION



7 AFFORDABLE AND
CLEAN ENERGY



8 DECENT WORK AND
ECONOMIC GROWTH



9 INDUSTRY, INNOVATION
AND INFRASTRUCTURE



10 REDUCED
INEQUALITIES



11 SUSTAINABLE CITIES
AND COMMUNITIES



THE GLOBAL GOALS

For Sustainable Development

12 RESPONSIBLE
CONSUMPTION
AND PRODUCTION



13 CLIMATE
ACTION



14 LIFE BELOW
WATER



15 LIFE
ON LAND



16 PEACE AND JUSTICE
STRONG INSTITUTIONS



17 PARTNERSHIPS
FOR THE GOALS



3 life support systems

“Meeting the needs of the present without compromising the ability of future generations to meet their own needs...”

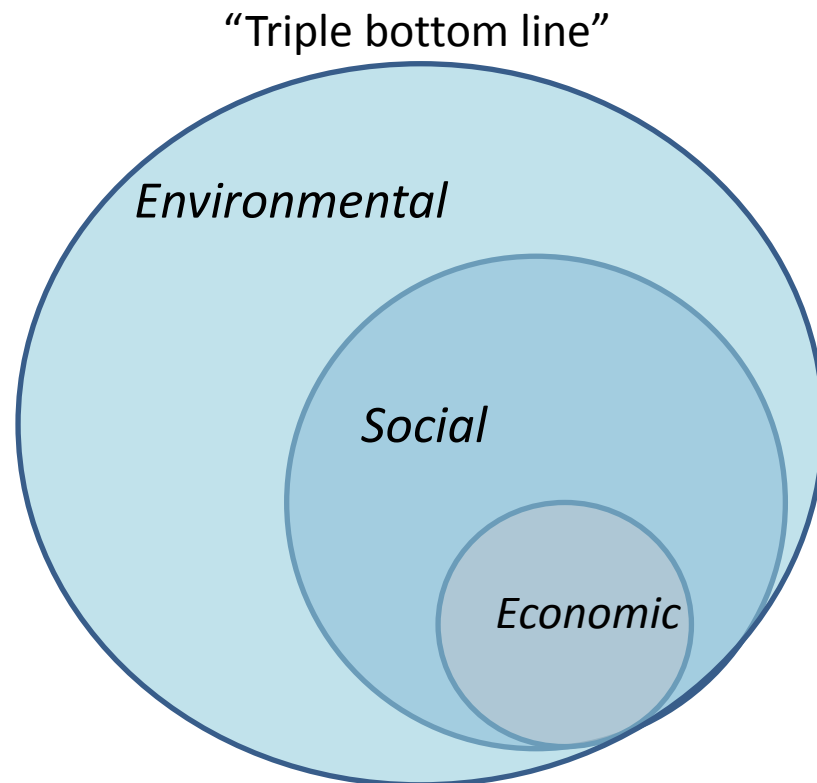
Our Common Future 1987

“High quality health and care for all, now and for future generations.”

NHS strapline

“The NHS is committed to providing the most effective, fair and sustainable use of finite resources...”

NHS Constitution (6th guiding principle)



Barbier (1987); Adams (2006)





Public Health
England

Why health?

NHS
England



1.4m staff in NHS, 5% of
working population -£48bn

£34bn goods and services-biggest
procurer



Health 3-5% all road traffic

UK's largest estate C30m m2
C1/3 public GHG emissions



How do we engage?

Anchor organisations-
socially, economically and
environmentally

First leading by example,
then with staff into
communities and then
supply chain

**Health and care as well as
healthcare**



Requirement



Public Services (Social Value) Act 2012

“All public bodies in England and Wales, including local authorities, will be required to consider how the services they commission and procure might improve the **economic**, **social** and **environmental** well-being of the area”



Mandate

“As they think about how to develop their local health and care systems, STPs will want to take account of wider **social, economic and environmental** benefits of the sort referenced in the Social Value Act.”



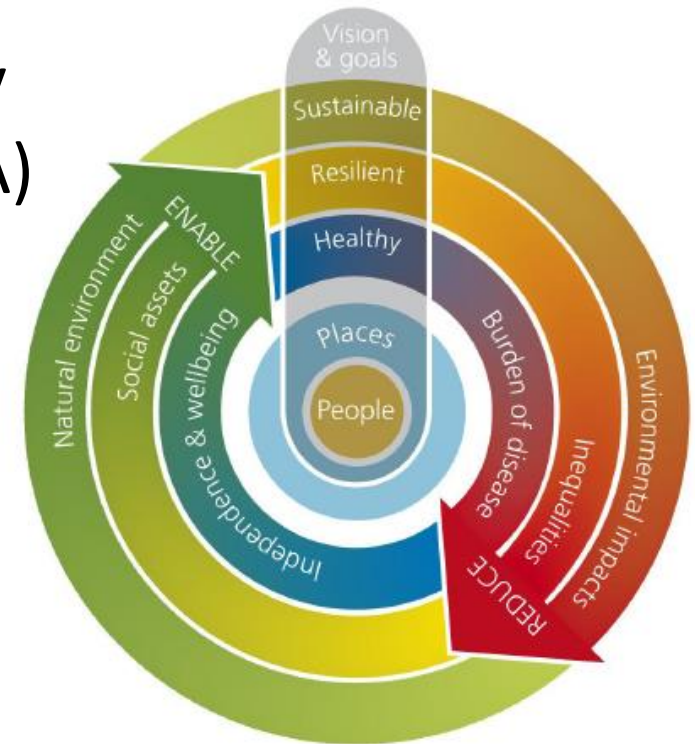
From Cost to Value

- Wider financial and non-financial impacts/value
- Wider health value-prevention
- *Arguably*-always relevant to the health service being procured
- *Greater health gain for every health £*



Already happening?

- Sustainable Development Strategy
- NHS standard contract (SDMP/SVA)
- Mandatory annual reporting
- Required SD Management Plans covering:
 - corporate,
 - staff +community,
 - supply chain



Results

- 71% providers have board adopted SDMP
- 85%, have sustainability reports
- 21% providers encouraging SD with suppliers
- +£2bn saved in natural resources costs; money kept in communities

*Need to be looking **beyond** corporate to health inequalities, staff, community + supply chain. Air pollution, local economy, social prescribing etc.*



SD Management Plans

Online tool-SDAT-2017

Guide to produce SDMPs . Aligned to UN SDGs. +30% NHS orgs used already. **Linked with national sustainable health awards.**



Module title	Area of Impact		
Corporate Approach	Corporate	Supply chain	Staff and community
Asset Management & Utilities			
Travel and Logistics			
Adaptation			
Capital Projects			
Green Space & Biodiversity			
Sustainable Care Models			
Our People			
Sustainable use of Resources			
Carbon / GHGs			

Black Country

In the Black Country, the NHS contributes 6% of local spend (+2% for multiplier effects)- locally spends C£2bn
(Strategy Unit with the Black Country STP, 2017)

NHS spending supports 40,800 full-time equivalent jobs –
8.3% of Black Country workforce



Nottingham

- One of worst Healthy Life Expectancies in country
- One of 1st 5 Clean Air Zones
- Hospitals surrounded by low income housing

	Nottm
<u>% Mortality air pollution</u>	6.40%
Life Years Lost	1,556
<u>Health related vehicle miles (hospital trust only)</u>	78m
Est. QALY loss -air pollution from <i>Trust</i> related travel	62
% Air pollution QALY loss	4%
Cost to economy	£3.3m

Health Outcomes of Travel Tool -Health and economic costs calculated



Great practice

-Saving lives with solar

- University Hospitals N. Midlands
- Public investment raised £336K
- Community owned solar on hospital.
- £600k saved lifetime energy costs
- No capital cost to NHS
- £300k to tackle local fuel poverty



Social Value Portal

For commissioners and procurers

Theme	Outcome	Measures	Units
Employment & Skills	Employing those who face greater challenges to work	No. Young Offenders	No. people
	Training opportunities		
Business growth	Local supply chain school	No. Voluntary hours	No. hrs
	Supporting local 3 rd sector providers	Spend in local supply chain	£ spent
Community	Reduce waste to landfill	Reduced CO2e	tCO2e
	Reduced carbon emissions		
Environment			



TOMS for Health

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