



The Kings Fund

NHS
*Sustainable
Development Unit*

Sustainable Health and Social Care R&D Summit

Summary of outcomes

**A report on the key outcomes of the R&D Summit held on
06 November 2012**

Sustainable Health and Social Care R&D Summit
Summary of outcomes
Tuesday, 6 November 2012.

**Convened by the King's Fund and the NHS SDU,
and generously supported by Philips¹**

Contents

1	Background to this Summit.....	3
2	Executive Summary including key conclusions, other recommendations and next steps	5
2.1	Key recommendations	5
2.2	Other recommendations.....	5
2.3	Next steps	5
3	More detailed outcomes of process, discussions and conclusions reached at Summit.....	7
3.1	Where are the biggest needs and opportunities to develop a collaborative research base that stimulates action?	7
3.2	Specific proposals for collaborative action	9
4	Appendix 1: Organisations represented	12
5	Appendix 2: Proposals for action	13
6	Appendix 3: Glossary.....	15

¹ At a King's Fund event in November 2012, Philips outlines the triple bottom line benefits of one very tangible and costed example of research based implementation (LED lighting) in the healthcare environment.

<http://youtu.be/lcGNwWTeBVw>

1 Background to this Summit

There is increasing international pressure to improve health and care - to do more for less - in a rapidly changing world with a rapidly changing environmental, financial, and social drivers - and where the evidence base is contested, complex or insufficient/absent.

This needs a clear, shared process for identifying the most important research needs, both for new research, and for implementing more systematically what is already known: at a local level, a system level, and at a policy level. Current research and implementation is impressive but patchy. More of the same is needed but may to be sufficient. ***Much future research may need to be prioritised, commissioned, and funded via even more system wide and interdisciplinary approaches.***

An R&D Summit for Sustainable Health and Social Care was organised and convened jointly by the King's Fund and the NHS SDU, and generously supported by Philips.

This one day summit at the King's Fund on November 6th 2012 brought together senior people with a role in funding, commissioning and coordinating research and implementation in order:

- to develop a shared understanding of the research needs of a sustainable health and care system;
- to clarify how research funders and commissioners can embed the principles of sustainability into the commissioning/funding/execution of research;
- to identify specific ongoing collaborative actions that can improve/support the research base needed for a sustainable health and care system.

The Summit built on the work already done by the SDU, the King's Fund and others – in particular, the NIHR funded King's Fund report "Sustainable health and social care – Connecting environmental and financial performance". The key messages from this report included:

- the need to broaden actions to include transformational change alongside efficiency changes,
- the need to link environmental sustainability to financial sustainability and health outcomes, and
- the need to understand how better models of care and prevention will help achieve this.

The scope of the recommendations were broad and far-reaching, and although the overall vision is clear, there is now a need for a well coordinated and broadly owned research and development strategy to help continuously develop the evidence base as a foundation for effective action. This summit was designed to clarify the initial process and the initial content of such a strategy.

More information available at:

<http://www.kingsfund.org.uk/events/sustainable-health-and-social-care>

<http://www.kingsfund.org.uk/publications/sustainable-health-and-social-care>

<http://www.sdu.nhs.uk/sustainable-health/r-and-d.aspx>

The full SDO report which includes more details on the research needs:

http://www.netscc.ac.uk/hsdr/files/project/SDO_FR_10-1008-18_V03.pdf

2 Executive Summary including key conclusions, other recommendations and next steps

Key recommendations

Delegates proposed a number of specific collaborative actions. These were prioritised at the meeting using a scoring exercise. The recommendations with the strongest level of support were:

1. To convene 6 month meetings (with alternate meetings to be annual summits) to showcase progress and needs to wider stakeholders: other policy-makers, funders, researchers and users (to increase awareness, share learning, and to strengthen networks for collaborative action).
2. To develop and iterate a research strategy for more sustainable health and social care primarily aimed at stakeholders [above] (to provide a clearer route map that guides research for a sustainable health and care system).
3. To generate a prioritised list of top issues that needs researching with explicit criteria to constantly review and refine such a list. These criteria can, for instance, include magnitude of potential health benefits, cost effectiveness of specific interventions, feasibility...
4. To support the implementation of what is already known more widely, more systematically, and more quickly.
5. To support the development of exemplary multisectoral, demonstrator sites

Other recommendations

- Develop measures and metrics of environmental sustainability to complement other dimensions of sustainability (financial/social) in all research and research proposals.
- Map stakeholders (including senior decision makers) in order to involve a broader range of people in the design, execution and implementation of research for more sustainable health and social care
- Embed the importance of sustainable health and care (and the place of research) into health related curricula and funding processes – including improving awareness and guidance for peer reviewers of research proposals about sustainable development.
- Use anchor institutions to develop and test research locally, with the assistance of key local stakeholders: NHS, Social Care, local government, academia (including Academic Health Sciences Centres and Academic Health Science Networks), businesses and third sector organisations.

Next steps

1. To iterate and disseminate a constantly updated sustainable health and social care research strategy based on engagement and research to date.

2. To support funding agencies to address opportunities for aligning action and sharing approaches.
3. To convene 6 monthly meetings to share progress and prioritise actions for Sustainable Health and Social Care. Alternate meetings to be used for showcasing progress to a wider audience of stakeholders in conference setting if appropriate.

Next meeting: Provisionally: King's Fund, Marlborough Theatre - 14th June 2013, from 9am - 1pm.

3 More detailed outcomes of process, discussions and conclusions reached at Summit.

Where are the biggest needs and opportunities to develop a collaborative research base that stimulates action?

This was addressed from five perspectives:

- a. Models of care and clinical innovation
- b. Technologies and facilities
- c. Individual and organisational behaviour
- d. Systems and policies at the national level
- e. Assessing the scale of the challenge

The key trigger questions to discuss in this session of the Summit were:

- 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?**

Results of discussion:

A: Develop baseline and methodologies:

- We need to co-ordinate an understanding of the evidence base, the research needed, and methods of dissemination and learning – ideally through existing mechanisms such as Cochrane methods and NICE guidance.
- We should understand how to measure the environmental impact / carbon impact of different models of prevention and care, but acknowledge that such methods will need to involve different ways of quantifying costs, risks, benefits, and values (i.e. more than money).

B: Focus on multiple benefits for multiple stakeholders at system level:

- We can start by focussing on areas where gains are maximal (e.g. initial hot spots) and/or aligned with other priorities and benefits (e.g. financial savings, more efficient and patient centred integrated care, better waste reduction [especially of drugs], and improved resilience and safety). We should begin by identifying areas where there are multiple benefits: e.g. waste reduction, cost savings, improved patient experience/outcome, and resilience? E.g. procuring sustainably needs to identify the most vulnerable products that are resource-intensive and scarce, and where there is room for cost reduction and improved sustainability simultaneously. We need more research on the positive health benefits (as well as financial benefits) of valuing environmental resources (e.g. health benefits short and long term of a better physical environment) There is an opportunity to select a care model in a real setting and move towards measuring all the bottom lines (health outcomes, finance, and environmental improvement), therefore developing the methodology for wider use.

- We should ensure research is focussed, not just on specific groups, structures or institutions, but also on whole systems of prevention and care where the objectives are the health of the population and the care of patients. Beyond hospitals to multi-disciplinary home support of well informed and empowered people. Beyond “structures for care” to “systems of care”.
- Biomedical research can be slow at acknowledging inter-disciplinary research is becoming the norm.

C: Specific research themes / areas to address:

- Behaviour change currently too focussed at changing individuals: evidence suggests it is more useful to focus on groups of people, organisations, environments, and whole systems.
- Research should address what drives people (including leaders) to make sustainability a core value and behaviour at both home and at work, by identifying values, incentives, and barriers (real and perceived).
- There is an important need/opportunity to fund a small number of game-changing, flagship inter-disciplinary studies *in specific areas*. Three examples from different perspectives: a health care issue, a public health issue, and a methodological issue:
 - *Research areas which use the principles of sustainability and co-benefits to address the unmet health need in the most vulnerable and deprived people/groups. An example with mental health: people with severe mental health problems have a much lower life expectancy than those without (decades). How could models of care be developed that would address the physical health of patients, improving diet, physical activity and fulfilment based on what we already know about co-benefits of sustainable behaviour? Mental health centres are keen to implement such programmes (kitchen gardens for inpatients, for example) that may deliver multiple and sustainable co-benefits; the research evidence to quantify this is important to support and guide such implementation.*
 - *Research the multiple benefits of addressing poor quality housing (from physical health to employment). This is another important area where the health of the population can be protected / improved / promoted by early action and foresight and to prevent avoidable health and social care needs developing.*
 - *Develop better scenario-based research and modelling for a sustainable health and care system. These are methods widely used elsewhere to help manage the challenges and opportunities of the future but not extensively used in the health and care sector.*
- Align financial and environmental sustainability: We need an assessment of the likely financial impact taking no action by the health system of environmental change: a “Stern review for the NHS or wider health system”.
- Understand how we can align adaptation and mitigation actions for the health and care sector using CCRA and UKCIP and thus shape the National Adaptation Plan (NAP).

D: Broad engagement and framing:

- Engagement of clinical leads and clinical communities will be important as they have a role in prioritising research (and hence funding).
- A need to frame the benefits of sustainable research and action as a powerful business model for health care providers including pharma companies, especially around research gaps in waste reduction and illness prevention which suggest better business models, health outcomes and environmental consequences.
- A need to involve the needs of the patient, service users, and public both short and long term – what are the links between research, sustainability and the patient of the future.
- A need to understand how Academic Health Science Networks (AHSNs) may wish/need to be engaged – e.g. to develop products (? from certificates to degree level modules, clinical and honorary fellowships...)

E: Actions for research community, including funders and journals

- We can start to build a sustainability element into every research application.
- Funders can collaborate / agree on how to evaluate standards of sustainability of research proposals.
- Need to encourage joint research funding to avoid competing priorities on related outcomes.
- Journals (via International Committee of Medical Journals) could increasingly expect/demand sustainability measures as a condition of publication, although one needs to justify the cost (and minimise the hurdles) of including sustainability issues in research proposals/projects.

Specific proposals for collaborative action

Trigger questions used in this part of the Summit:

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

Research commissioners and funders

- Funders to meet regularly and address how they can influence policy and practice in research.
- Ensuring plans align with current policy and help shape future policy
- Make the case for sustainability to be embedded in assessment of research applications.
- Identify sustainability champions in research councils and related organisations to help support/coordinate action

Researchers, clinicians, teachers, patients, and people who need/use services

- Engagement of clinicians, patients and service user communities to help determine research
- Develop even better methods of measuring environmental impact of our research e.g. the carbon footprint of trials.
- Embed research needs for a sustainable health and care system into curricula routinely

All:

- This group to ensure R&D strategy evolves supported by 6 monthly meeting (and broaden this group to local authority public health, social care, GPs, others...)
- An annual conference to assess progress and showcase the range of challenges and research opportunities in order to engage other influential policy makers/practitioners.
- More effective synergy of different people in different agencies across the whole system - not well joined up currently. Very important to understand the overlapping and aligned opportunities of research needs, research providers and research funders and actively develop networks of these people/agencies (NIHR, Research Councils, Wellcome, LWEC, SDU, Technology Strategy Board, CSH, Environment Agency, Defra, DECC, AMRC....) Involves active and continuous mapping/engagement/collaboration of stakeholders.
- Demonstrator sites (“living labs”) in order to demonstrate system wide/societal engagement with future proof systems for health and care.
- Develop a list of the top Research Questions (similar to other sectors such as agriculture).

Specific organisational responses:

Most organisations in the health and care field have access to networks of professionals and can therefore engage them through their routine mechanisms. In addition, many organisations have dedicated research staff and/or departments/functions which have the opportunity to address sustainability as a part of their routine duty to ensure maximum social benefit and/or shareholder/stakeholder value within financial and environmental limits.

Example from the Royal Pharmaceutical Society (RPS).

“The RPS has a diverse set of networks that can be accessed for information, contribution, engagement, seeking and disseminating best practice across all sectors and specialisms in pharmacy. This includes individuals and networks of pharmacists in community pharmacy, hospital pharmacy, academia and research and industry. The RPS has a small team of research staff and on specific projects, engagement of them could be of benefit – to be discussed. RPS productive relationships with other pharmacy and pharmaceutical organisations, such as the ABPI, the trade bodies and

schools of pharmacy, so our role as a collator and disseminator of best practice, challenger or the status quo extends to this group also.”

4 Appendix 1: Organisations represented

Arup
BBSRC - Biotechnology and Biological Sciences Research Council
British Medical Journal
BT Health
Building Research Establishment
Bupa Foundation
Buro Happold
Catherine Max Consulting: The Future Health Partnership
Centre for Behavioural Medicine, UCL
Department for Environment, Food and Rural Affairs
Department of Health
Engineering and Physical Sciences Research Council
Environment Agency
Environmental Sustainability Knowledge Transfer Network
European Centre for Environment and Human Health
Health Care Without Harm - Europe
Health Protection Agency
Living With Environmental Change
London School of Economics
LSHTM
National Environment Research Council
NHS City and Hackney CCG
NHS Midlands and East
NHS South of England (Central)
NHS Sustainable Development Unit
NIHR Evaluation, Trials and Studies Coordinating Centre
Nottinghamshire Healthcare NHS Trust
Philips
Plymouth University
Royal Pharmaceutical Society
Social Care Institute for Excellence
The Centre for Sustainable Healthcare, Oxford
The Economic and Social Research Council
The King's Fund
The Lancet
Third sector organisations (e.g. Addaction, Catherine Max consultants)
UCL Partners
University College London
University of Warwick
Wellcome Trust
World Health Organisation

5 Appendix 2: Proposals for action

Which of the proposals below you think should be taken forwards?

Please rank the proposals below in terms of which you think are the most important, indicating your first, second, third choice etc. It is not necessary to rank all of the proposals.

Proposal	Ranking (1 = first choice)
Convening a group of research funders and other stakeholders to meet every 6 months to review progress	
Funding a small number of research projects to act as exemplars of how we can do inter-disciplinary research - 'quick wins'	
Involving more stakeholders in design of research e.g. Royal Colleges, clinicians, local authorities - to understand their knowledge needs	
Knowledge translation & exchange - finding ways of implementing what we already know more quickly	
Mapping out all of the stakeholders and understanding systematically what each can contribute	
Generating a list of 'top 100' research questions through a facilitated workshop with representation from a range of stakeholders	
Influencing senior-level decision makers	
Putting sustainability into medical and other training curricula	
Research funders working together to think about how to embed sustainability in funding processes, e.g. putting criteria in bid processes through an equivalent of the CONSORT requirements	
Developing a research strategy which lists the main research gaps and puts forward a process for filling them	
Sustainability demonstrator sites involving action research across health, local authorities and other sectors	
Using Academic Health Sciences Centres e.g. to create research fellowships	

Building measures of environmental sustainability into our own research	
Using 'anchor institutions' to drive research at the local level by looking at things in a geographical rather than sectoral way	
Educating peer reviewers of research proposals about sustainability	

How could your organisation contribute to the proposals you have ranked highly above?

Would you be happy for us to contact you regarding these proposals in future? Yes / No

Name: _____

Organisation: _____

Thank you!

6 Appendix 3: Glossary

AHSN: Academic Health Science Network

AMRC: Association of Medical Research Charities

CCRA: UK Climate Change Risk Assessment

CSH: Centre for Sustainable Healthcare

EA: Environment Agency

HPA: Health Protection Agency

KTN: Knowledge Transfer Network

LSHTM: London School of Hygiene and Tropical Medicine

NAP: National Adaptation Plan

NHS SDU: NHS Sustainable Development Unit

NIHR: National Institute for Health Research

PHE: Public Health England

RPS: Royal Pharmaceutical Society

TSB: Technology Strategy Board

UKCIP: UK Climate Impacts Programme: UKCIP supports adaptation to the unavoidable impacts of a changing climate, and coordinates / influences research into adapting to climate change, and encourage organisations to use our tools and information to help them consider their climate risks and how to adapt.

UKCP09: UK Climate Projections 2009. Initially led by UKCIP, UKCP09 support is now delivered through the Environment Agency as part of its enhanced role in climate change adaptation.

WHO: World Health Organisation