



Minutes of the UK Health Alliance on Climate Change Executive Committee

Held online 14 November 2024, 14.30-16.30

Present: Jill Belch (RCPE), Juliet Dobson (BMJ), Rose Gallagher (RCN), Jacob Kranowski (RCPsych), Rodney Morton (FNF), Elaine Mulcahy (Director, UKHACC), Richard Smith (Chair, UKHACC), Anandita Pattnaik (UKHACC), Emma Radcliffe (GP), Eleanor Roaf (FPH)

Apologies for absence: Sandy Mather (ICS), Raneer Thakar (RCOG)

Summary of actions:

- RS/EM to find format for exit interviews for retiring trustees > Done
- EM to update date of June 2025 exec committee meeting > Done
- JB to approach Jim Skea regarding presenting at a council meeting - providing both March and September dates as options > Done
- RS to approach leaders of specialty toolkits to ask about presenting at a council meeting (wait to do this until Jim Skea date has been confirmed)
- EM to get quotes for preparation of accounts and examiners report > Meeting scheduled in new year
- EM to produce a 2025 operational plan for approval at the next meeting > Done
- EM/RS to take forward the process for recruiting a new chair > In progress
- EM to update members on the commitments project next step > Done
- EM to liaise with CSH team regarding scorecard in September 2025 > Done
- Fundraising committee to seek funding for the commitments project > Done
- EM to produce a 2-year project plan for production of How To guides and case studies > Done
- RS/EM/AP to finalise NHS England 10 year plan response and submit > Done
- EM to share UKHACC response to 10 year plan with all UKHACC members > Done
- JB/EM to review 10 year plan response and tweak for Scottish context
- RM/EM to review 10 year plan response and tweak for Northern Ireland context
- EM to liaise with Marc Davies, Public Health Wales, to tweak 10 year plan response for Wales context > Contact made
- EM to find out if NHS Wales has published its carbon footprint > Done
- RS to send questions regarding NHS carbon footprint to Chris Gormley > Done
- RS/EM to write a response to the criticisms of UKHACC received > Done
- 3% pay increase and additional payments to be issued to EM and AP > Done
- EM/AP to liaise with JB on letter to Scottish Government on wood burning stoves to be sent by Monday 18 November > Done

1. Welcome from the Chair

RS welcomed everyone to the meeting. Everyone introduced themselves.

2. March council meeting venue and speaker

RS updated trustees that BMA House is likely to be BMA House for Council meeting in March. We are currently in discussions to confirm this.

Suggestions for speakers for the 2025 council meeting were put forward::

- Palliative Care physicians, GPs and RCEM green toolkits presentations (model that could be applied to other specialties)
- Ed Miliband
- Chris Stark
- Current Chair of CCC
- Jeni Millar, GCHA
- Economist
- Lancet Countdown - Marina Romanello
- Jim Skea (IPCC)
- Alok Sharma (PfP)
- Institute for Healthcare Improvement / Centre for Sustainable Healthcare
- Andy Haines
- Andrew Gwynne
- Maria Neira

It was agreed that Jim Skea should be asked about presenting at either the March or September meetings (giving him the option of dates).

It was agreed that asking different specialities who have introduced the toolkit models should be asked to present at one of the meetings (whichever one Jim Skea is not speaking at).

Actions:

- JB to approach Jim Skea regarding presenting at a council meeting - providing both March and September dates as options
- RS to approach leaders of specialty toolkits to ask about presenting at a council meeting (wait to do this until Jim Skea date has been confirmed)

3. Minute from the October meeting

The minute from the October meeting was accepted.

The following actions were discussed and/or carried forward from the previous meeting

- Calendar invites for Exec Committee meetings in 2025 have been sent out following agreement at the previous meeting. One date needs to change in June 2025 to the following week. EM will update this.
- The charity register has been updated with details of the new trustees and retired trustees have been removed.

4. October Director's report

The October Director's report was shared prior to the meeting. Points noted were:

- The food systems policy report was published on World Food Day on 16 October. EM congratulated AP on all her work on producing this policy report with the working group. The report was launched at an event in London alongside a letter delivered to the Secretary of State for Health and Social Care calling for plant-based food to be served in hospitals.

- The UK policy brief for the Lancet Countdown was published on 30 October. This was produced with a working group involving RCPCH, RCN, UKKA, BMA and covered the areas of health system resilience, heat adaptation, and air pollution.
- Our letter to Ed Miliband was sent ahead of COP29 with signatures of 27 UKHACC members. The global health policy recommendations were also published this week and shared with the letter.
- Twitter followers are continuing the fall and article today that Guardian is leaving Twitter. We have previously agreed to run Twitter and Bluesky in parallel for the time being until we build a following on Bluesky. BMJ has also noticed a drop of followers on Twitter and increase on Bluesky with better engagement. There is software to make it easier to post on multiple platforms simultaneously. Politicians are still on Twitter and need to continue engaging on Twitter while they are there.

5. Budget update

The October budget vs income/expenditure overview was shared for review on the spreadsheet of the accounts. There were no issues to report.

EM summarised the budget spreadsheet.

EM updated on discussions with the accountant regarding charges for their services. They have confirmed the monthly payroll charge is £65 plus VAT, preparation of the annual accounts and independent examination is £3,500-£5,000 plus VAT, and advice is charged at an hourly rate (depending on staff member) of £50-£150. It was agreed that we should aim to get quotes from other providers for advice and preparation of the accounts next year.

Action:

- EM to get quotes for preparation of accounts and examiners report

6. Strategic objectives 2025-26

The strategic objectives for 2025-26 were shared with UKHACC members for any feedback prior to approval by the trustees. No feedback was received. The trustees approved the objectives. EM will now produce an operational plan to deliver the objectives.

Actions:

- EM to produce a 2025 operational plan for approval at the next meeting

7. Process for recruiting a new chair

A paper outlining a process and requirements for recruiting a new chair was shared prior to the meeting and discussed.

Trustees agreed it was a good approach and the process was approved.

Actions:

- EM/RS to take forward the process for recruiting a new chair

8. Our Commitments project objectives

A paper outlining the objectives of our Commitments project for 2025 and 2026 was shared prior to the meeting and presented by EM.

Points noted:

- Publishing the Climate and Health Scorecard with Platinum, Gold, Silver and Bronze ratings on delivery is a good way to demonstrate progress and should be continued. We should strongly encourage members to participate in the scorecard.
- We should inform members that over the next two years we will develop guides and case studies to support work towards the commitments with the intention of publishing the full list of organisations that have endorsed the commitments at the end of 2026.

Actions:

- EM to update members on the commitments project next step
- EM to liaise with CSH team regarding scorecard in September 2025
- Fundraising committee to seek funding for the commitments project
- EM to produce a 2-year project plan for production of How To guides and case studies

9. NHS England 10 year health plan

The consultation on the NHS England 10 year plan is open until 2 December.

UKHACC has produced a joint response with the Centre for Sustainable Healthcare and Sustainable Healthcare Coalition which was supported by Chris Naylor. This has been shared with the leads of the working groups and with members of UKHACC.

UKHACC has also drafted an independent response, which was discussed during the meeting.

Points noted were:

- Areas of action that fall outwith the responsibility of the health sector (e.g. transports, fossil fuels) could be put under one heading with the point made that if we do not do these things as well we cannot make the changes needed to prevent ill health
- Population health was a fundamental part of the Darzi review
- Important to have something in around the wider determinants of health and the need to take a population health approach
- Make the point about why public health and health inequalities are a 'green' thing - sustainability is not a distinct thing from public health and health inequalities. It is all interlinked.

It was agreed that the final document should be tweaked for relevance to Scotland, Wales and Northern Ireland and shared with relevant people in those governments.

Actions:

- RS/EM/AP to finalise NHS England 10 year plan response and submit.
- EM to share UKHACC response to 10 year plan with all UKHACC members
- JB/EM to review 10 year plan response and tweak for Scottish context
- RM/EM to review 10 year plan response and tweak for Northern Ireland context
- EM to liaise with Marc Davies, Public Health Wales, to tweak 10 year plan response for Wales context

10. NHS carbon footprint

The most recent [NHS England carbon footprint data](#) was published in the 2023/24 annual report. The trustees were asked to consider whether UKHACC should write to the Chief Sustainability Officer with some questions about the data, and/or to request a question to be asked in parliament.

It was agreed that we should write to Chris Gormley, Chief Sustainability Officer with the following questions:

1. Why are the figures provisional?
2. There has been a reduction from 4550 to 4500 (a reduction of 1.09%). Yet there needs to be a reduction (from 4500 to 3200) of 1300 by 2032 (at the latest), a reduction of 28.8%. Reductions become harder not easier. How does NHSE plan to increase the speed in reduction and where will the savings come from? And how does NHSE plan to genuinely sequester the 3200?
3. All the gain is in medicines, but a) stopping leakage of nitrous oxide has been fairly easy; b) desflurane should never have been available on the NHS as it does severe damage to the atmosphere and has minimal if any clinical benefit; and changing patient to low-carbon inhalers has been underway for years. Where will future gains come from?
4. Why no reduction in estates when renewable energy is widely available?
5. Will the increase in business travel continue?
6. Why is there no update on the NHS carbon footprint plus? Could it be because there has been no reduction or it has increased?
7. What are the barriers to NHS estate decarbonisation? It would be helpful to have a framework we could understand.
8. What is the next step around clinical pathway transformation?

JB shared the [NHS Scotland climate change emergency and sustainability strategy](#) which sets Scotland's targets for 2026 and the [NES \(Education for Scotland\) sustainability strategy](#).

Actions:

- EM to find out if NHS Wales has published its carbon footprint
- RS to send questions regarding NHS carbon footprint to Chris Gormley

11. Criticisms of UKHACC

We recently received feedback that a criticism has been made to two of our ambassadors that UKHACC is a greenwashing organisation for Royal Colleges and other members. By belonging to us it helps them to look like they are doing something when they are really not doing very much.

Points noted:

- Difficult criticism to refute because we are still swimming against the tide and action is a slow process to embed, but this is not UKHACC's fault. The work of bringing people together and supporting action is valuable and we are seeing some change. We are seeing progress and UKHACC has a really useful part to play in this. Enables organisations to be braver.
- Criticism is harsh
- Most members would be doing less if UKHACC did not exist
- If we didn't exist, does the person criticising feel more would be happening? More constructive criticism would be more helpful. Is there something specific we have done that is not the right approach, something we should do differently?

- We give activists in Colleges and membership organisations legitimacy and move this work into the mainstream, UKHACC supporting these individuals has moved it up
- Grateful for criticism, difference of opinion keeps the movement healthy.
- Strong level of caution to what has been said - under duress need to be careful where you are building solidarity. Encourage strong words to be had.
- Unhelpful and disappointing comments that come from a lack of understanding and appreciation to the background of a lot of the work we have achieved with our members

Actions:

- RS/EM to write a response to the criticisms of UKHACC received

12. 2025 budget and salaries

The projected income and expenditure in 2025 was presented. The budget is based on current membership numbers and without external funding. It was noted that if additional funding was received and new members appointed, this would enable us to do more. Likewise there is a low risk of members not renewing their membership which would impact our income.

EM and AP left the meeting while trustees discussed staff salaries. It was agreed that salaries should be increased by 3% in January 2025. Trustees also awarded a one off performance related payment for services of £500 and £200 to EM and AP respectively.

Actions:

- 3% pay increase and additional payments to be issued to EM and AP
- Performance payments to be issued in December

13. Potential members

RS updated on discussions with potential members:

- Royal College of Midwives was interested but not able to join now due to budget constraints - we have offered to speak at their annual meeting
- Jackie Gordon (Fundraising Committee) is presenting to Allied Health Professionals today
- We have been in contact with the British Cardiovascular Society and waiting to set up a meeting
- We spoke to Royal College of Pathologists who were interested and will be taking this to their council to decide about joining
- RS has been in contact with sustainability fellows from the Royal College of Radiologists and encouraged us to reach out to them, we have followed up to request a meeting

14. Conflicts of interest

No issues were raised

15. Risk register

The risk register was shared prior to the meeting. No additional changes were requested.

16. Any other business

Wood Burning Stoves

The Scottish Government is meeting on Tuesday 19 November to discuss the reversing of the ban on wood burning stoves in new builds. A letter co-signed by Scottish colleges has been coordinated. It was agreed that UKHACC should also send a letter

Actions:

- EM/AP to liaise with JB on letter to Scottish Government on wood burning stoves to be sent by Monday 18 November

17. Next meeting

The next meeting will be held online at 10.30-12.30 Wednesday 11 December 2024