UK Health Alliance on Climate Change

The 10 year health plan for England

The UK Health Alliance on Climate Change is an alliance of 49 UK-based health organisations representing more than one million health professionals, most of the NHS workforce.

This response to the consultation on the 10 year health plan for England is based on existing evidence-based policy reports and publications focused on sustaining our health, health and care services, and the environment. Greater detail, including references, can be found in the additional supporting documents linked at the end of this document.

Question 1: What does your organisation want to see in the ten year health plan and why?

The ten year health plan for the NHS is an opportunity to deliver transformative change to meet environmental targets, ensure resilience for the future, and improve the health and wellbeing of the population. As the impacts of the climate and nature crisis deepen, so too will the burden on our health service. It is critical that the ten year plan takes into account the increasing risks while also adapting to deliver a more environmentally sustainable service.

The health sector can be a major force in the government's ambitions to deliver a green economy and an NHS fit for the future. Placing sustainability at the heart of the 10 year plan and maximising the opportunities to build a more sustainable approach through the three big shifts would achieve positive transformative change for health, health and care services, and the environment.

Embed sustainability across the health and care system

The NHS in England has appointed a chief sustainability officer with staff and a budget to support work on sustainability in the NHS. This leadership and resource are welcome but by themselves will not be sufficient to drive change at the scale and pace required. To create a stronger impetus for change, sustainability needs to be hardwired into broader NHS accountability mechanisms. The 2040 and 2045 net zero targets should feature more prominently in national policy documents and accountability frameworks so that there is a clear sense of shared ownership rather than net zero being seen as the responsibility solely of sustainability leads and estates teams. NICE should incorporate environmental costs and benefits alongside

clinical effectiveness and financial costs in its judgements, and relevant metrics should be included in the oversight and assessment framework and CQC assessment processes for ICSs and Trusts, and the annual planning guidance.

Ensure the health service is resilient to the changing external environment

The ten year plan must consider the changing patterns of need to ensure it is equipped to provide continuity of service delivery in spite of evolving environmental pressures and resilience to the climate emergency.

Rising temperatures, increased frequency of extreme weather events, spread of infectious diseases, and pollution bring multiple health risks which will increase patient demand. Agencies across the health sector, including educators, regulators, standard setting bodies, and governance structures must respond to changing patient needs to ensure the service and staff are adequately equipped to provide health and care services. Priority areas include development of adaptation strategies, climate informed health programmes, broader community resilience, and empowerment of the health workforce.

The NHS must also address the increasing risk of service disruption from climate-related events, such as flooding and extreme heat. Thousands of UK hospitals, GP surgeries, emergency services and care homes are located in high risk flood zones and incidents of overheating at NHS England sites almost doubled, to 5,554 from 2016-17 to 2021-22. Extreme heat can cause equipment malfunctions, IT and laboratory disruptions, risks to staff, and surgery cancellations. NHS infrastructures and services must be adapted to ensure minimal disruption to service from these risk factors in order to maintain continuity of care.

Provide the capital investment needed to deliver the net zero target by 2040 for all the NHS directly controls and 2045 for all it consumes.

The NHS contributes about 5% of the UK's carbon footprint. NHS England's 2020 report on Delivering a Net Zero Health Service set out a road map for achieving the goal of making the NHS net zero. Good progress has been made, however progress is slowing and NHS organisations still consume 75% of their energy from fossil fuels. Most NHS organisations have not received funding for sustainability and decarbonisation. Lord Darzi's report on NHS England said the NHS must stick to its net zero ambitions and that there is no trade-off between climate responsibilities and reducing waiting lists, highlighting that often health and climate are mutually reinforcing goals.

Capital investment to decarbonise the NHS through methods such as installing solar panels and heat pumps, upgrading buildings to energy efficiency standards, accelerating the electrification of the NHS fleet, adopting energy efficiency and waste

saving measures must be delivered in parallel with integrating climate-resilient measures to protect our vital health services from climate threats.

The three shifts:

1. **Moving more care from hospitals to communities;**
2. **Analogue to digital;**
3. **Sickness to prevention**

In answering the following questions on the 3 shifts:

- *references to specific examples or case studies are welcomed.*
- *indicate how you would prioritise these and*
- *at what level you would recommend addressing this at, i.e. a central approach or local approach.*

Question 2: What does your organisation see as the biggest challenges and enablers to move care from hospitals to communities?

This means delivering more tests, scans, treatments and therapies nearer to where people live. This could help people lead healthier and more independent lives, reducing the likelihood of serious illness and long hospital stays. This would allow hospitals to focus on the most serious illnesses and emergencies. More health services would be provided at places like GP clinics, pharmacies, local health centres, and in people's homes. This may involve adapting or extending clinics, surgeries and other facilities in our neighbourhoods, so that they can provide things that are mostly delivered in hospitals at the moment. Examples might include: • urgent treatment for minor emergencies • diagnostic scans and tests • ongoing treatments and therapies.

Use the NHS as an anchor institution to improve the determinants of health

The NHS should be supported to act as an anchor institution in communities that, along with providing health and care services, can also address environmental, social, economic and health inequalities by employing local people, using local services, and easing access for patients and staff, facilitating active travel and public transport, and ensuring land and assets are used to the benefit of the local community to reduce inequalities and maximise the benefits of the natural environment.

As one of the largest landowners in England, the NHS can expand beyond the boundaries of a place where people receive treatment for ill health, to one that provides physical spaces for socialising, learning, recreating and exercise, benefiting the health and wellbeing of the local communities they serve.

The people who live and work in a place best understand the local needs. Shifting more care from hospitals to the community must involve an inclusive, participatory process to collectively agree on priorities and foster community agency.

Support the NHS workforce and promote better value patient care

Encouraging more healthcare professionals to work in primary care and community-based services will only be achieved with adequate workforce planning, investment, and staff wellbeing. Health workers should be supported to uphold continuity of care to ensure patients consistently see the same GP or care worker rather than repeating their needs to a new person every time.

It is estimated that up to 20% of healthcare spending adds no value to those receiving it. Better value, more sustainable care, with greater community engagement could reduce waste both in terms of resources, medications, and unnecessary travel. Developing the advocacy role and connecting-power of health and care professionals to engage around the needs of patients and communities to influence and model more sustainable care can be a powerful driver for change.

Enabling patients to recover after surgery in their own homes is often preferred by patients and associated with high levels of satisfaction. Early discharge planning can also contribute to both decreased length of stay and readmission rates, and some components of patient care, such as physical therapy could be performed in community-based settings to reduce hospitalisation length after treatment. When managed appropriately, such interventions can improve patient outcomes and reduce carbon emissions associated with travel and hospital stays.

Question 3: What does your organisation see as the biggest challenges and enablers to making better use of technology in health and care?

Improving how we use technology across health and care could have a big impact on our health and care services in the future. Examples might include better computer systems so patients only have to tell their story once; video appointments; AI scanners that can identify disease more quickly and accurately; and more advanced robotics enabling ever more effective surgery.

Promote digital care, emphasising giving more control to patients

Digital technology tools and apps have the potential to reduce inappropriate or unnecessary investigations and treatments, reduce the impact of patient transport or travel to the clinic setting, and decentralise care out of hospitals and into communities and homes. Digital technologies can also improve access to care for traditionally under-served and rural populations.

Digitisation of health records and patient management systems can empower patients, decrease the number of face-to-face appointments, and reduce the carbon footprint of care delivery.

Wider opportunities for digital technologies that can also reduce environmental

impact including utilising virtual wards and at-home vital sign monitoring, which enable patients to be treated in the community.

Coordinate and integrate data systems to minimise disruption

Health information systems can support the monitoring of and response to climate risks by assessing system capacity, disease surveillance, and enabling early warning systems and targeted interventions.

Data monitoring systems, such as the Greener NHS dashboard, which tracks key sustainability indicators to monitor progress towards net zero commitments, and the Respiratory Carbon Impact dashboard, which monitors prescribing of respiratory drugs, can enable progress to be monitored and practices to be improved. However, currently metrics and indicators are uncoordinated between academic and public institutions and data that measure health risks and vulnerability or progress on adaptation are incomplete.

UK health resilience is dependent on the ability to track the health impacts of the climate crisis and potential risk factors. The implementation of standardised frameworks for metrics and indicators, combined with coordination and integration of datasets would enable more accurate monitoring of progress and prediction of health risks to ensure minimal disruption to services and clinical pathways.

Question 4: What does your organisation see as the biggest challenges and enablers to spotting illnesses earlier and tackling the cause of ill health?

Spotting illness earlier and tackling the causes of ill health could help people stay healthy and independent for longer, and take pressure off health and care services.

Focus on promoting health, maximising the co-benefits of interventions that also create a healthy environment

Health is broader than healthcare and in order to improve health, there needs to be much more emphasis on health and prevention rather than sickness. The World Health Organization defines health as a state that encompasses physical, mental and social wellbeing. Between 60-80% of our wellbeing is determined by social circumstances, the environment, and lifestyle.

For many across the UK, poor living conditions, fuel poverty, polluted air, lack of access to green space, a built environment poorly supportive of active travel and heavily skewed towards motorised traffic, and diets high in processed foods and saturated fats contribute to ill health and poorer health outcomes.

Many of the interventions to create a safer, healthier environment for people to live and work can also contribute to reducing the UK's carbon footprint and improve

climate resilience. This includes affordable, energy efficient housing, affordable and easily-accessed public transport, planning that enables and supports active travel, improved access to green space, and wide availability of affordable healthy food.

Achieving the change required will need a joined-up approach across all areas of government to deliver interventions that seek to address climate change and protect health, reduce disease spread, improve wellbeing, create better living conditions, and foster relationships with nature.

The greatest enablers to achieving this are:

1. Improve infrastructure to enable active travel
   The health benefits of active travel include improved productivity and reduced pressure on the health service associated with air pollution, physical inactivity and social isolation. All hospitals and care settings should ensure safe active travel and public transport routes are available to staff, visitors and patients.

2. Enable and encourage healthier food choices
   One in four adults and one in five children in the UK are clinically obese. Healthy, nutritious food costs twice as much as unhealthy, obesogenic food. In the UK in 2020, approximately 70,000 deaths were linked to inadequate consumption of nutritious plant-based foods and nearly 42,000 deaths were associated with overconsumption of dairy, red meat, and processed meat. Reducing meat consumption in line with increasing plant-based foods would bring significant reductions in greenhouse gas emissions while also improving health outcomes.

   The health sector should lead the way by introducing plant-based by default menu hospitals for patients and staff to reduce the consumption of red meat and dairy while increasing the uptake of fruits, vegetables, cereals, legumes and nuts to prevent ill health and support recovery.

3. Increase access to green space and encourage nature-based prescribing
   In the NHS nature-based interventions are valuable strategies for preventing ill health, supporting patients to recover from illnesses, and promoting good health and wellbeing. Participation in nature-based activities can have a positive effect on psychological, social, physical, and intellectual outcomes. Existing evidence suggests that nature prescribing programmes have the potential to save the NHS £100 million per 1.2 million people.

Enablers to improve public health that fall outwith the scope of the Department of Health and Social Care but require action in other areas of government include:

4. Affordable, energy efficient homes

Cold homes cost billions a year through increased costs to the NHS, higher caring costs, lost productivity, and carbon emissions. There were almost 5,000 excess winter deaths in the UK in 2023 caused by people living in cold homes. The cost of retrofitting all low-income homes in England to bring homes up to the standard advised by the Climate Change Committee would pay for itself through avoided health and climate costs, with savings that would accumulate over decades.

5. Enforce clean air
   Air pollution is associated with about 30,000 deaths in the UK annually.Domestic wood burning has become the largest source of PM2.5 pollution in the UK (22%) and is associated with £0.9 billion in health-related costs. Prioritising interventions that reduce air pollution while also contributing to achieving net zero targets can significantly benefit public health.

6. End to fossil fuel dependency
   Climate change, which is predominantly driven by the burning of fossil fuels - coal, oil, and gas - is the greatest threat to human health and threatens the resilience of health systems. Reducing reliance on fossil fuels for energy is the most important intervention for protecting the health of the population.

Ideas for change

We're inviting everyone to share their ideas on what needs to change across the health and care system. These could be: • Ideas about how the NHS could change to deliver high quality care more effectively. • Ideas about how other parts of the health and care system and other organisations in society could change to promote better health and/or improve the way health and care services work together. • Ideas about how individuals and communities could do things differently in the future to improve people's health.

Question 5: Share specific policy ideas for change. Indicate how you would prioritise these and what timeframe you would expect these to be delivered (e.g. within 12 months, 2-5 years, more than 5 years)

Here, we outlined specific policy recommendations that we believe should form part of the ten year plan to create a health service fit for the future and will support delivery of the three shifts to improve health and care services in England. All are drawn from existing policy reports and academic papers produced by the UK Health Alliance on Climate Change, which are provided as reference for further detail.

Within the next twelve months

1. Reaffirm commitment to deliver a net zero health service by 2040 for all it controls and 2045 for all it consumes and publish an annual report on progress in reducing emissions in NHS England

2. Ensure NHS net zero targets to feature more prominently in national policy documents and accountability frameworks
3. Incorporate environmental costs and benefits of medicines alongside clinical effectiveness and financial costs in judgements by the National Institute for Health and Care Excellence (NICE)

Within the next five years

4. Implement educational requirements across all areas and levels of healthcare to ensure health professionals are educated and informed on the risks of climate change and adaptation measures they will need to implement
5. Implement the recommendations of the Green Surgery Report
6. Implement standardised monitoring frameworks and integrate datasets to enable more accurate prediction of health risks and ensure sufficient adaptation measures are in place to maintain resilience of the health service
7. Commit to providing plant-based food as the default menu option in all healthcare settings, and stop serving processed meat to patients
8. Ensure access to active travel and public transport routes to hospital and care settings for staff, patients and visitors

To achieve within the next ten years

9. Provide sufficient capital investment and funding over the next decade to decarbonise NHS infrastructure, estates, and services to achieve the target of 80% emission reductions by 2032
10. Develop green spaces on NHS sites as key health infrastructure to improve population health and deliver green social prescribing

Areas that require action across broader areas of government

11. Deliver a ten-year programme to ensure all homes have achieved energy efficiency standards recommended by the Climate Change Committee
12. In 2025, publish a new national food strategy that promotes and supports reduced red meat and dairy consumption in favour of plant-based foods
13. Implement targets to reduce motorised road traffic in line with net zero targets and upscale investment in infrastructure to enable and promote active travel and public transport use
14. Protect, restore and regenerate nature and biodiversity in urban landscapes and ensure everyone has access to green space within 15 minutes of their home
15. Mandate a new Clean Air Act to legislate clean air as a human right and meet the WHO-recommended limits of air pollutants by 2030
16. Develop a framework to implement a just transition away from wood burning to clean fuels in urban and rural areas

17. End government subsidies, investments, new licences and consent for fossil fuel exploration, extraction and sales; redirect funds to renewable energy sources and technologies; and implement policies to achieve a just transition.

All of the content and recommendations provided in this response are based on fully referenced evidence-based reports produced by the UK Health Alliance on Climate Change. Links to these are provided below for detailed references, additional information, case studies where possible, and further recommendations.

Green Surgery Report: Reducing the environmental impact of surgical care
Created with multiple stakeholders, the Green Surgery Report is a landmark report that presents the first detailed account of how to reduce the environmental impact of surgical care while maintaining high quality patient care and potentially saving the NHS money. The report includes multiple short, medium and long-term recommendations.

A just energy transition for the good of health
Created in collaboration with the Faculty of Public Health, Planetary Health Report Card, Royal College of Paediatrics and Child Health, Royal College of Physicians, Royal College of Psychiatrists, and Royal College of Veterinary Surgeons, the report details the health harms of fossil fuel dependency and the health benefits of a green energy system, with six recommendations for action.

Plant-powered planet: Building a healthy and sustainable food system
Created in collaboration with the Plant Based Health Professionals UK, UK Kidney Association, and Royal College of Veterinary Surgeons, this report outlines six recommendations for the government to drive a just transition to sustainable and healthy food systems and five recommendations for the health sector to enable, promote and support good health.

Lancet Countdown UK policy brief 2024
Created in collaboration with the Royal College of Paediatrics and Child Health, the Royal College of Nursing, the BMA and the UK Kidney Association, the policy brief highlights three priorities for the UK: reducing air pollution, protecting populations from extreme heat, and advancing a low-carbon climate-resilient healthcare sector

Biodiversity, Climate Change and Health
Created in Collaboration with Plant-Based Health Professionals UK), Greener Practice, the Royal Pharmaceutical Society, Royal College of Veterinary Surgeons, and Faculty of Public Health, this report describes the impacts of biodiversity loss on land and oceans for human health with recommendations for the UK to reduce biodiversity loss, restore nature, and achieve climate goals for the benefit of health.

Sustainability is crucial for future proofing the NHS

An article published with multiple partners as part of the BMJ Commission on the future of the NHS.