Adaptation Report for the Healthcare System 2015

Executive Summary

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The full report is available to download here:
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Executive summary

Introduction

This report is written in response to the Department for Environment, Food and Rural Affairs (Defra) invitation to produce an Adaptation Report for the health sector as outlined under the Climate Change Act 2008 (CCAct)[1].

The health sector in England has made a joint collective commitment[2] to address sustainable development and climate change recognising that by doing so it can develop more resilient services and improve population health. This first sector-wide report covers the majority of the health system in England. However, although social care is integral to the health sector, it is not included in this report for pragmatic reasons of time and resources. It is hoped that social care can be included in future reports.

This report first outlines the risks resulting from climate change to the public's health and to service delivery. It then describes an overview of the health sector's response based on information collated from existing data and bespoke surveys. Lastly the report highlights a number of recommendations for the system to take forward.

Background

The Intergovernmental Panel on Climate Change (IPCC)[3] summarises the increasing impact of climate change and highlights in its latest report that the predictions are following a worsening scenario. The United Kingdom[4] is predicted to experience much greater rainfall leading to flooding during the winter, alongside drier summers with heatwaves and heightened air pollution.

The first Climate Change Risk Assessments[5] (CCRA) carried out for the UK in 2012 identified the top climate change risks for the UK and a public health report on the health effects of climate change was subsequently updated.

Summary of climate change risks to the health sector

The risks to the health sector include those to the health of the population, and risks to the delivery of services through changes in service patterns and to the infrastructure. Headline risks include the impact of heatwaves and overheating of buildings, increased risks of air pollution and its associated health effects, and the increasing likelihood of flooding events, alongside impacts on service disruptions and communities. The effects are expected to be unequally distributed, affecting deprived people and groups the most.

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[1] http://www.legislation.gov.uk/ukpga/2008/27/contents
[2] http://www.sduhealth.org.uk/policy-strategy/engagement-resources/un-climate-summit.aspx
[3] http://www.ipcc.ch/
[4] http://ukclimateprojections.metoffice.gov.uk/21678
[5] http://randd.defra.gov.uk/Default.aspx?Module=More&Location=None&ProjectID=15747

The health estate infrastructure is unlikely to be resilient to the changing summer temperatures (particularly as hot summers days are already having an impact on hospital wards) and 9.5% of health care buildings are in flood risk zones[6]. Clearly these impacts also apply to partner services and supply chains which will have a knock on effect on the health of people and the health sector's ability to deliver care.

Health sector plans to address the risks

As part of the National Adaptation Programme[7] (NAP) the health sector has set itself two objectives that will help ensure the health system is resilient and adapted to climate change:

- to reduce mortality and morbidity associated with severe weather events and climate change
- to promote resilience and service continuity to ensure sound service delivery.

A number of plans are in place to support these objectives. Well established heatwave[8] and cold[9] weather plans help the health sector prepare and respond to severe weather events. Health Building Notes[10] provide a best practice approach to resilience and risks for the healthcare estate, including climate change, using a whole system approach to the healthcare estate and incorporating considerations into design, planning, procurement and use.

In addition, the Sustainable Development Strategy[11] (SDS) for the NHS, Public Health and Social Care system describes how a resilient sector can also be sustainable and reduce its impact on the environment. Indeed these are best considered jointly and in a collaborative manner to maximise benefits to all.

Local health systems hold the key to ensuring that services and communities are sustainable and resilient to climate change. The National Cross System Group[12] monitors and supports the health sector to make progress towards a more environmentally and socially sustainable system.

Monitoring mechanisms

The health sector needs to monitor the developing impacts of climate change, the effects on the population and the level of preparedness of services and communities. Public Health England (PHE) monitors the risks to the public through surveillance and monitoring mechanisms. The National Capabilities Survey[13] helps to establish the level of preparedness for emergency responses inherent across the sector. Sustainable Development Management Plans (SDMPs)[14] and annual sustainability

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[6] Adaptation Sub-Committee (2014) Managing climate risks to well-being and the economy: Progress report 2014

[7] https://www.gov.uk/government/publications/adapting-to-climate-change-national-adaptation-programme

[8] https://www.gov.uk/government/publications/heatwave-plan-for-england

[9] https://www.gov.uk/government/publications/cold-weather-plan-for-england-2014

[10] https://www.gov.uk/government/collections/health-building-notes-core-elements

[11] http://www.sduhealth.org.uk/policy-strategy/engagement-resources.aspx

[12] This group involves representation and engagement from the breadth of the health and care system organisations to ensure an effective system-wide approach to sustainable development.

[13] https://www.gov.uk/preparation-and-planning-for-emergencies-the-capabilities-programme

[14] http://www.sduhealth.org.uk/delivery/plan.aspx

reporting help organisations to evaluate progress made, develop board-approved plans, and publicly report a summary of their position.

Further research to fully understand the best ways of developing climate resilience, supporting the development of sustainable cities and the impacts of a changing environment on health are being developed.

Current assessment across the health sector

Sector wide:

The health sector varies in its understanding and commitment to adapting to climate change. There is a system-wide governance process in place through the National Cross System Group and support is available for organisations to plan and take forward adaptation planning. The NHS contract[15] requires organisations to demonstrate progress made in this field and there are areas of excellent practice however this is not uniform and not systematic at any level.

National Organisations:

Only three of the health organisations with a national role have adaptation plans in place, although most are signatories to the Sustainable Development Strategy and recognise the need to do so.

NHS provider organisations:

Estates and facilities data highlights that 57% of NHS providers have a board-approved adaptation plan in place (either as part of their SDMP or as a standalone plan) and that 80% consider they are capable of coping with rising temperatures, flooding and other projected events that may disrupt 'normal' service. However findings from a recent SDMP survey suggest that only a third of providers have plans in place to address service delivery in the event of climate change (only a third state that their plans fit into local system planning structures).

Primary Care:

Of 50 General Practitioners (GPs) that responded to a nationwide Royal College of General Practitioners (RCGP) survey, less than half were confident that their practice had adaptation plans in place to remain resilient in adverse weather events. They were even less confident in relation to their local Clinical Commissioning Groups' (CCG) plans.

Commissioning Groups:

Based on the SDMP survey, 18% of CCGs feel that their board-approved plans address the need to adapt the delivery of their organisation's activities and organisation's infrastructure as a result of climate change and adverse weather.

Health and Wellbeing Boards:

Of 29 Health and Wellbeing Boards (HWB) that responded to a recent bespoke survey, over 60% reported that they have undertaken risk assessments in relation to climate change and extreme weather events and have local plans in place to address and monitor them.

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[15]Section 15.5: http://www.england.nhs.uk/wp-content/uploads/2013/12/sec-b-cond-1415.pdf

The health sector is clearly at an early stage of development in relation to climate change adaptation. It recognises the need to prepare and respond to extreme weather events and that doing so sustainably will reap greater benefits for all. Some plans and mechanisms are in place however it is not yet systematic or fully integrated into local health systems or national roles.

Recommendations

The health sector is dealing with a high number of priorities and cost pressures which can make it difficult to prioritise action on climate change. However a number of actions can be taken to improve resilience and to reduce the likelihood of climate change which will also bring health benefits for individuals, communities and services. Many of these actions also bring financial savings so can be considered as multi-win measures. The health sector should seriously consider these actions.

There is a clear synergy between responding to emergencies under the Civil Contingencies Act 2004 (CCA)[16], preparing for extreme weather events and developing sustainable communities and services. In order to achieve a more joined up and cohesive approach this report recommends that further support is given to HWBs, Local Resilience Forums (LRFs) and Local Health Resilience Partnerships (LHRPs) to embed climate change into local thinking and decision making. This includes sharing information and plans in response to the CCA and CCAct, ensuring climate change is included in risk registers, HWB assessments and strategies as well as supporting local assurance mechanisms.

Whereas the full extent of the effects of climate change on the health of the national population is reasonably well-established, local climate change risks and the resilience of the health estate infrastructure are managed locally. Information on risks and actions are not reported or analysed centrally to provide a comprehensive picture of the risks or actions taken at national level. This report recommends that available data from locally developed plans is analysed to draw out nationwide risks and identify key areas that need extra support or action. It is worth monitoring staff and patient experience in relation to environmental changes for instance overheating on wards so that a baseline can be established and monitored over time. This report recommends that further consideration is given to how best to integrate this into existing mechanisms.

Conclusion

This report is a first health sector-wide report on adaptation to climate change and as such has been invaluable to understanding the level of preparedness that is in place and to building cross-system working including across public health and voluntary care. It forms a baseline against which future action can be monitored. The greatest benefits of writing this report lie in the way it is taken forward and developed further over time. As such an action plan to support the recommendations has been developed (and is currently included in the What Next? Section). This will feed into the National Cross System Group and NAP Steering Group for monitoring on a yearly basis.

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[16] http://www.legislation.gov.uk/ukpga/2004/36/contents

Report Content Overview

Vision					
A proactive approach to preparedness and resilience amongst people, communities and services which means the health sector can respond to extreme weather conditions and events.					
Risks	Plans	Impacts	Opportunities	Barriers	High level Recommendations
To population: Heat, cold and flood-related mortality and morbidity. Increase in vector borne diseases.	NAP obj 11 Heatwave Plan. Cold Weather Plan.	NCS Weather plan evaluations. National bodies and HWBB surveys.	Health benefits. Low regret actions.	Competing priorities. System fragmentation.	Support joined up working across organisations and local systems. Develop continuum from emergency responsiveness to longer term planning.
To services & infrastructure: Service pattern changes and business continuity	NAP obj 12 SD Strategy. SDMP. Health Building Notes.	NCS SDMP indicator. Good Corporate Citizen (GCC) sector surveys.	Cost savings. Systems approach.	Short termism. Finances.	Summary of local information into national intelligence. Monitor patient experience.
What Next?					
A full action plan is included in response to the recommendations and will be monitored by the National Cross System Group and the NAP Steering Group.					

Table 1.1 – A summary overview of this adaptation report content

Acknowledgments