Health and sustainability

Climate change threatens to undermine the foundations of public health and wellbeing, both in the UK and around the world. Left unabated, it will exacerbate existing national health challenges, place undue financial strain on the NHS and worsen inequality within and between countries.

Many actions to limit climate change also directly improve health by ensuring cleaner air, a more active population, healthier diets and more resilient health systems – sensible and cost-effective public health interventions in their own right. While challenging, the 2015 Paris Agreement – to keep warming well below 2°C above pre-industrial levels – provides a crucial 5-year window to unlock these benefits and transition towards a healthier future.

In 2016, the UK Health Alliance on Climate Change – of which the Royal College of Physicians (RCP) is a founding member – was formed to respond to this challenge. It unites the voices of medical and nursing royal colleges and other leading health organisations to firmly position the health and climate change agenda in the minds of colleagues, patients, policymakers and politicians. In doing this, the Alliance supports and coordinates health professionals across three areas: empowering them to advocate for better responses to climate change; engaging with policymakers to strengthen policies that protect public health from climate change; and raising awareness of the links between health and climate change among the wider public and healthcare staff.

The Alliance promotes the related health benefits of acting on climate change. Take air pollution and road transport, a key focus of both the Alliance’s and RCP’s policy work. Reducing the number of dirty vehicles on our roads will lower carbon emissions and improve air quality, helping assuage a persistent threat to public health. In part, this can be achieved by encouraging and enabling more people to cycle and walk, bringing further health benefits from increased physical activity. Although we have not commissioned anything specifically on air pollution for this issue of Future Healthcare Journal it obviously remains a key topic in sustainability. We have emphasised this by asking the mayor of London to contribute an editorial explaining his commitment to this essential area.

The role of the NHS is important. Across its activities, the NHS emits around 4.5% of UK greenhouse gas emissions and is likely to have a large air pollution impact, with as much as 5% of UK road transport being attributable to NHS business at any one time. In response, the NHS has been proactive in reducing its impact while reaping the benefits in the process. The NHS’s Sustainable Development Unit (SDU) – a body funded and accountable to NHS England and Public Health England – leads the way in understanding, developing and testing how the NHS and health professionals in general can benefit from sustainable development.

From procurement and food policy to technology and care models, acting more sustainably can improve health outcomes at lower cost. The SDU website hosts a wealth of case studies demonstrating effective sustainable change and is well worth a look! What’s more, understanding the potential benefits of more sustainable procurement is part of the law, with the Public Services (Social Value) Act 2012 – often shortened to the Social Value Act – requiring all public bodies in England and Wales to consider how the services they commission and procure might improve the economic, social and environmental wellbeing of local areas. The RCP recently launched a report looking at how healthcare professionals could encourage more sustainable procurement.

Health professionals have a duty to protect and promote public health in the face of threats beyond the clinic. The health profession has been a key voice in advocating for basic sanitation, vaccination coverage, tobacco bans and more recently sugar taxes, all in the name of public health. Some of the articles in this issue demonstrate ways in which frontline healthcare staff can engage with this agenda in their everyday professional lives. Mortimer et al, in two related articles, describe how sustainability can be incorporated into quality improvement methodology as a measure of value. The idea of sustainability as a concept of value is taken further by de Preux and Rizmie who succinctly demonstrate how environmentally (less carbon intensive) practices can also be economically favourable and should be considered during the evaluation of potential care pathways. Finally, Dunbar-Rees describes different funding models and how current activity-based commissioning can offer perverse incentives and barriers to patient-centred change.

References
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