

# PUBLIC HEALTH IN A CHANGING CLIMATE

This study considers how shifting public health from primary care trusts to local authorities has affected efforts to mitigate and adapt to climate change in areas vulnerable to climate hazards. It examines barriers and opportunities for action and makes recommendations for achieving progress.

## Key points:

- Despite the shift of public health into local government facilitating greater collaboration on climate change, the full potential of this structural change to the public health system has not yet been realised.
- Joint Strategic Needs Assessments (JSNAs) occasionally acknowledged climate change health risks. However, this awareness was seldom reflected in Joint Health and Wellbeing Strategies (JHWSs). Local climate strategies rarely contained evidence or intention of collaborative working with the health sector.
- Many public health departments were taking climate action. Rather than being strategy driven, action was often by individuals championing initiatives. Action rarely featured as a priority of health and wellbeing boards. Any relevant activities undertaken were regularly framed in terms of shorter-term benefits accruing to health and wellbeing.
- Heavy cuts to their budgets have led local authorities to focus on narrower priorities. As action on climate change is largely non-statutory and its effects generally longer term, climate change was seldom regarded as a priority.
- To improve local responses, JSNAs need to outline all local climate risks and opportunities regarding health and wellbeing. JHWSs need to include plans to address these risks, and health and wellbeing boards need to provide the leadership required to turn strategy into action.
- National level recommendations are: increased focus on early action; knowledge and capacity-building for health and wellbeing boards; revisions to the Public Health Outcomes Framework to include explicit climate outcomes; evaluation and funding guidance; and online resources to collate and share good practice.

## The research

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# BACKGROUND

Climate change poses direct and indirect threats to people's health and wellbeing. Moreover, many measures that could be taken to mitigate and adapt to climate change have co-benefits in terms of health and wellbeing. Examples include energy-efficient, well-insulated and ventilated homes, reduced air pollution, opportunities for active travel (walking and cycling), accessible green spaces, and a sustainable food production system and diet.

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The recent shift of public health from primary care trusts to local authorities in England provides scope for more joined-up action to mitigate and adapt to climate change locally. The shift presents an opportunity for different professions to come together to address climate change as both a determinant of ill health and a means to improve quality of life in local communities. In addition, each unitary and upper-tier local authority now has a health and wellbeing board which provides a mechanism for setting priorities across the health and social care sector to tackle climate change collaboratively in the local area.

This study addressed the question of whether and how public health departments and their partners are driving and collaborating on action to mitigate and adapt to climate change in areas known to face 'climate disadvantage'. This term was developed by Lindley *et al* (2011, *Climate change, justice and vulnerability*) to describe areas with high levels of exposure and high social vulnerability to climate hazards such as floods and high temperatures.

The study aimed to:

- assess current strategies and actions to address climate change by public health departments and partners across the local authority and healthcare system;
- explore barriers and opportunities to developing responses, and how these barriers can be overcome and opportunities maximised;
- identify recommendations for policy and practice.

## Needs assessment and strategy

In addressing health and wellbeing across a locality, Joint Strategic Needs Assessments (JSNAs) and Joint Health and Wellbeing Strategies (JHWSs) are important tools for co-ordinating policy and action to mitigate and adapt to climate change risks. The study team reviewed JSNAs, JHWSs and local authority climate change strategies in 20 areas with high levels of climate disadvantage and fuel poverty.

These JSNAs occasionally acknowledged the risks of climate change (eight of the twenty explicitly referenced it). However, this awareness was seldom reflected in subsequent JHWSs, where explicit, action-orientated strategies to mitigate or adapt to climate change were rare (only two areas referred directly to climate change in their JHWS).

The JSNAs frequently cited priorities relevant to mitigating and adapting to climate change (e.g. addressing fuel poverty, supporting active travel, improving green spaces and building social capital), but these were usually included for their impacts on health while their relevance to climate change was rarely acknowledged. Once again, even when such issues were included in JSNAs, they rarely featured in JHWSs.

Of the 20 areas, 13 had strategies for climate change mitigation covering the whole local authority, and eight had adaptation strategies. The majority of these strategies explicitly recognised the link between climate change and health. It was, however, uncommon for climate strategies to contain evidence or intention of collaborative working with the health sector. However, many of these climate change strategies were written before the shift of public health into local government.

## Action

Despite the lack of a clear strategic steer, in some cases public health departments and their partners were taking action. More detailed work in five case-study areas identified a range of relevant actions, from fuel poverty programmes and flood resilience schemes to initiatives to encourage active travel and food growing.

Islington Council, for example, had a dedicated Seasonal Health and Affordable Warmth team working closely with public health to tackle cold, energy-inefficient homes. The public health department at Middlesbrough Council was funding and working in collaboration with Middlesbrough Environment City to deliver projects contributing to healthy, sustainable communities.

In each of the five areas, however, action appeared patchy. Rather than rounded approaches to mitigation and adaptation covering key risks and areas of disadvantage, action was focused on a limited range of issues.

## Drivers and opportunities

In the five case-study areas, there was consensus that the changing structures have aided collaboration between public health and local government on wider determinants of health, including climate change. Collaboration often involved public health influencing, and being influenced by, work going on elsewhere in the council. Less frequently, public health departments provided funds to other departments, or jointly funded projects, for actions with synergies in addressing health and climate change. This was reported to be easier since the shift.

Rather than health and wellbeing boards and their strategies providing the impetus, in three of the five areas action was down to individuals championing initiatives at officer level within the local authority and the voluntary and community sector. Where relevant activities had been undertaken, they were often framed in terms of their shorter-term benefits to health and wellbeing, and their capacity to attract external funding.

A history of environmental action within the local authority or of collaboration with the NHS sometimes drove action. Other less frequent factors supporting action included experience of extreme weather events, and high-level leadership and backing from health and wellbeing boards.

## Barriers

There were significant barriers to action on climate change. Heavy cuts to local government budgets have led councils to focus on an increasingly narrow range of priorities. Responses to climate change, because of their long-term, largely non-statutory nature, seldom featured as any priority.

Cultural differences between departments and organisations were also a significant barrier to collaborative action. A medical model of illness chiefly influences the NHS, while a broader approach to promoting health and wellbeing tends to prevail in local government.

Insufficient evidence was a further barrier. A number of public health departments reported difficulties in securing funds to evaluate their programmes, while many outside the health sector noted difficulties in pinning down sufficient evidence about health outcomes. They also saw political indifference to climate change at national and, in many cases, local levels as a barrier to action.

## Conclusion

Individual passion, commitment and perseverance have been effective in driving action in a number of areas. However, without strategic backing and leadership from health and wellbeing boards, action on climate change is hard to sustain and likely to be marginalised as funds continue to diminish. To progress the agenda for public health and climate change locally, councils and their partners need to ensure that:

- Joint Strategic Needs Assessments outline all local climate risks to health and wellbeing;
- Joint Health and Wellbeing Strategies subsequently set out actions for mitigating and adapting to the assessed climate risks;
- health and wellbeing boards recognise the importance of tackling climate change and provide the necessary leadership to turn strategy into action across the locality.

To ensure progression on these goals, those who champion climate action locally need to:

- frame action in terms of synergistic shorter-term benefits – such as addressing health inequalities, cost savings through preventative healthcare and mitigating the cost of inaction, improvements to quality of life and local investment – which link to current local and national priorities;
- develop or improve approaches to evaluation and identify evidence of health outcomes;
- draw on good practice from other local authorities.

At national level, the Department of Health, Public Health England and the Sustainable Development Unit need to take supportive action, including:

- increased focus and funding on early action;
- capacity-building among health and wellbeing boards;
- updating the Public Health Outcomes Framework to include explicit climate mitigation and adaptation outcomes;
- developing guidance on evaluating relevant initiatives and funding streams;
- developing an online resource of case studies to identify, collate and share good practice.

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## About the project

The study comprised two research stages: a document review of JSNAs, JHWSs and climate change strategies from 20 areas; and interviews and workshops in five case-study areas, with participants from across the local authority and healthcare sector. The research team analysed the findings and reviewed them with experts in public health and climate change to inform the recommendations.

## FOR FURTHER INFORMATION

This summary is part of JRF's research and development programme. The views are those of the authors and not necessarily those of JRF.

The full report *Public health in a changing climate* by Daniel Button and Anna Coote is available as a free download at [www.jrf.org.uk](http://www.jrf.org.uk)

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