

West Yorkshire Health and Care Partnership Climate Change Strategy 2022-2038

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Draft for discussion

Beyond 2040 and depending on the level of global warming, climate change will lead to numerous risks to natural and human systems (high confidence). The magnitude and rate of climate change and associated risks depend strongly on near-term mitigation and adaptation actions, and projected adverse impacts and related losses and damages escalate with every increment of global warming (very high confidence)¹.

Introduction

Climate change has rightly become an increasingly important feature in our everyday lives. We are all affected by it and, health and social care contribute significantly towards causing it. Climate affects all the determinants of health and wellbeing in our communities. Dealing with climate change requires everyone working and volunteering in health and social care in West Yorkshire to act – to reduce our environmental impact, but also to prepare for the changes that are already taking place and that will intensify in future.

Focusing on climate change is challenging in a system which is already overstretched and under significant pressure. However, failure to address our societal and environmental responsibilities will lead to increasingly frequent and severe emergencies.

Facing the impending effects of climate change can be frightening but everyone in the health and care sector can contribute, and collaborate, to achieve a future in which there is less inequality, more biodiversity, less pollution, and more human thriving than there is at present.

This strategy sets out system ambitions on climate and sustainability, establishes the Doughnut Economic Model of managing trade-offs, and highlights that we need a risk management approach, all in alignment with the West Yorkshire Integrated Care Partnership's (ICP) five-year strategy.

¹ Climate Change 2022: Impacts, Adaptation and Vulnerability.
<https://www.ipcc.ch/report/ar6/wg2/>

Background

Human and ecosystem vulnerability are interdependent (high confidence). Current unsustainable development patterns are increasing exposure of ecosystems and people to climate hazards (high confidence)¹.

Climate change is fundamentally a human health issue because the drivers of climate change are also the drivers of ill health and health inequalities². We cannot be healthy if our biosphere is poisoned.

In providing health and social care, we are contributing to the degradation of the environment on which we all depend by³:

- Burning fossil fuels for heat and transport
- Using single-use plastic
- Eating unsustainable food
- Taking too long to adopt digital technologies
- Underestimating our influence on the supply chain
- Undervaluing water supplies
- Being profligate with our medicines
- Accepting unwarranted variations in care
- Underrating the health benefits of our green and blue spaces

Our contribution to the bigger picture is not inconsequential. Health services contribute about four percent of UK carbon emissions⁴.

The UK has a legal obligation under the 2008 Climate Change Act to be net carbon zero by 2050⁵. The NHS Net Zero Paper, published on 1st October 2021, establishes a goal to be net zero carbon by 2040⁶, and West Yorkshire Combined Authority has pledged to be net carbon neutral by 2038 (with significant progress towards this by 2030)⁷. As a Partnership, we want and need to do more. Net carbon zero alone is not sufficient for us to be truly sustainable; we must ensure that we do not denude any of our planet's resources over time and that all communities can co-exist for the long run.

² <https://www.england.nhs.uk/greenernhs/wp-content/uploads/sites/51/2022/07/B1728-delivering-a-net-zero-nhs-july-2022.pdf>

³ <https://view.genial.ly/63186829fa7f08001829bfbfb/interactive-image-sustainable-healthcare>

⁴ <https://www.england.nhs.uk/greenernhs/wp-content/uploads/sites/51/2022/07/B1728-delivering-a-net-zero-nhs-july-2022.pdf>

⁵ Participation, E. Climate Change Act 2008.

⁶ Greener, N. H. S. Delivering a 'Net Zero' National Health Service.

<https://www.england.nhs.uk/greenernhs/publication/delivering-a-net-zero-national-health-service/>.

⁷ Net Zero-Carbon Leeds City Region. (2019).

Net zero is an important element of doing no harm, but then we must move to regenerative approaches.



Figure 1 - The transition from maximising profits to sustainability

As well as reducing our environmental impact, a further focus will be on adaptation to living in a changing environment. Specifically, this is how to manage less frequent but more heavy rainfall (leading to flooding, drought, and wildfires), food and energy insecurity, supply chain disruption, and an influx of climate migrants to higher ground. This is already causing an increased demand for health and care services, and a reduced ability of anchor organisations to provide these services⁸.

Our Ambition

Many initiatives prioritise immediate and near-term climate risk reduction which reduces the opportunity for transformational adaptation (high confidence)¹.

Here in West Yorkshire, we have an ambitious ICP strategy which is helping us to reduce inequalities in our communities as well as weaving climate action into all we do. Our Partnership has an agreed vision for the future of health, care, and wellbeing in West Yorkshire, where all partners are working together so people can thrive in a healthy, equitable, safe, trauma informed, and sustainable society.

More specifically, Strategic Big Ambition number nine is, "We aspire to be a leader in the delivery of environmentally sustainable health and social care through increased investment, mitigation and culture change throughout our system"

⁸ <https://onlinelibrary.wiley.com/doi/full/10.1002/wmh3.421>

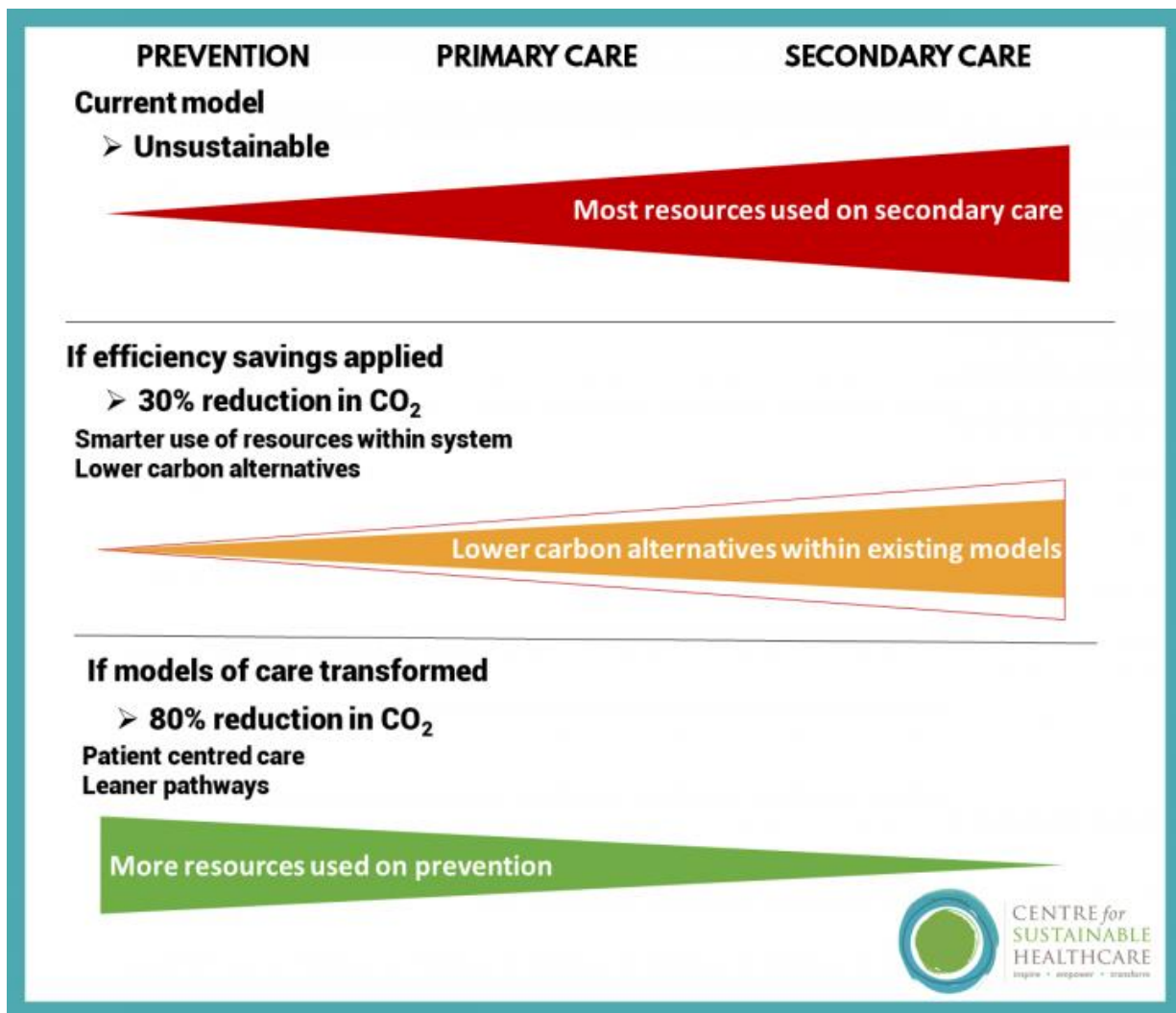


Figure 2 - Incremental change is insufficient. We must implement radical change

In a future where we fail to act, we will fail to achieve our ambitions and vision. Instead, we will see more morbidity, mortality, and inequality, and the system will struggle to cope, eventually failing under impossible demand. We can expect:

- More people suffering with cardiac disease
- More people developing and dying of respiratory conditions
- More people in food poverty and facing foodborne illness
- Travel and transport difficulties for patients, residents, and staff
- Increased malaria and other vector-borne diseases
- Disrupted supply chains with essential supplies increasingly unavailable
- New and emerging communicable diseases
- Significantly increased inward migration to the region from other parts of the UK facing extreme weather and flooding
- Community collapse leading to poorer population mental health, trauma, violent crime and possibly increased suicide rates

But that future is not pre-determined. In a future where we get this right, we can see better outcomes through better models of care, including:

- More people helped to stay in better health and remain independent
- Care closer to home
- Digital appointments as standard
- Comfortable, efficient, and well-insulated homes safe from extreme temperatures
- Health and care staff who travel actively on flood-resilient green and blue routes, with local public sector anchor organisations leading the way in their adoption of active travel
- Cleaner air leading to fewer respiratory, cardiac, and neurodegenerative conditions
- Good-quality housing, and employment in a sustainable, fair local economy
- A regenerative, local food system that ensures all people can afford a good diet
- Places and system designed to minimise, and prepare for, new infectious diseases

This will not be achieved by the work of individuals in isolation. We must act in collaboration so that the sum of our improvements is much more than each one of us, or each organisation could do on our own.

How will the change be made?

Enabling conditions are key for implementing, accelerating and sustaining adaptation in human systems and ecosystems. These include political commitment and follow-through, institutional frameworks, policies and instruments with clear goals and priorities, enhanced knowledge on impacts and solutions, mobilization of and access to adequate financial resources, monitoring and evaluation, and inclusive governance processes. (high confidence)¹.

In 1987 the Brundtland Commission defined Sustainable Development as, “Development that meets the needs of the present without compromising the ability of future generations to meet their own needs”⁹. To make this high-level definition operational, there are many more functional definitions. The United Nations’ 17 Sustainable Development Goals (SGDs)¹⁰ are one paradigm.

⁹ Brundtland. our-common-future. (1987)

¹⁰ Sustainable Development Goals ∴ Sustainable Development Knowledge Platform. <https://sustainabledevelopment.un.org/?menu=1300>.

Many systems and partnerships – including Climate Action Leeds – have used Kate Raworth’s Doughnut Economics¹¹ approach, providing our system with a regional exemplar for adopting this approach across the ICP¹². The Doughnut approach is a way to think about how a place can meet its local aspirations while also living up to its global responsibilities. It encourages a consideration of the UN SDGs that puts human development in balance with sustainable and responsible planetary limits. Each of the factors in the doughnut must be considered when making every decision, in order that trade-offs are made visible and explicit, risks can be quantified and managed, and progress can be demonstrated towards sustainability.

Adopting this approach enables the ICP to ensure that we were creating a West Yorkshire that is safe and just, exceeding a ‘social floor’ of what communities need for a good life while staying within the ecological ‘ceiling’ of local and planetary environmental limits.

¹¹ Doughnut. *Kate Raworth | Exploring Doughnut Economics*
<https://www.kateraworth.com/doughnut/> (2013).

¹² <https://www.climateactionleeds.org.uk/leedsdoughnut>

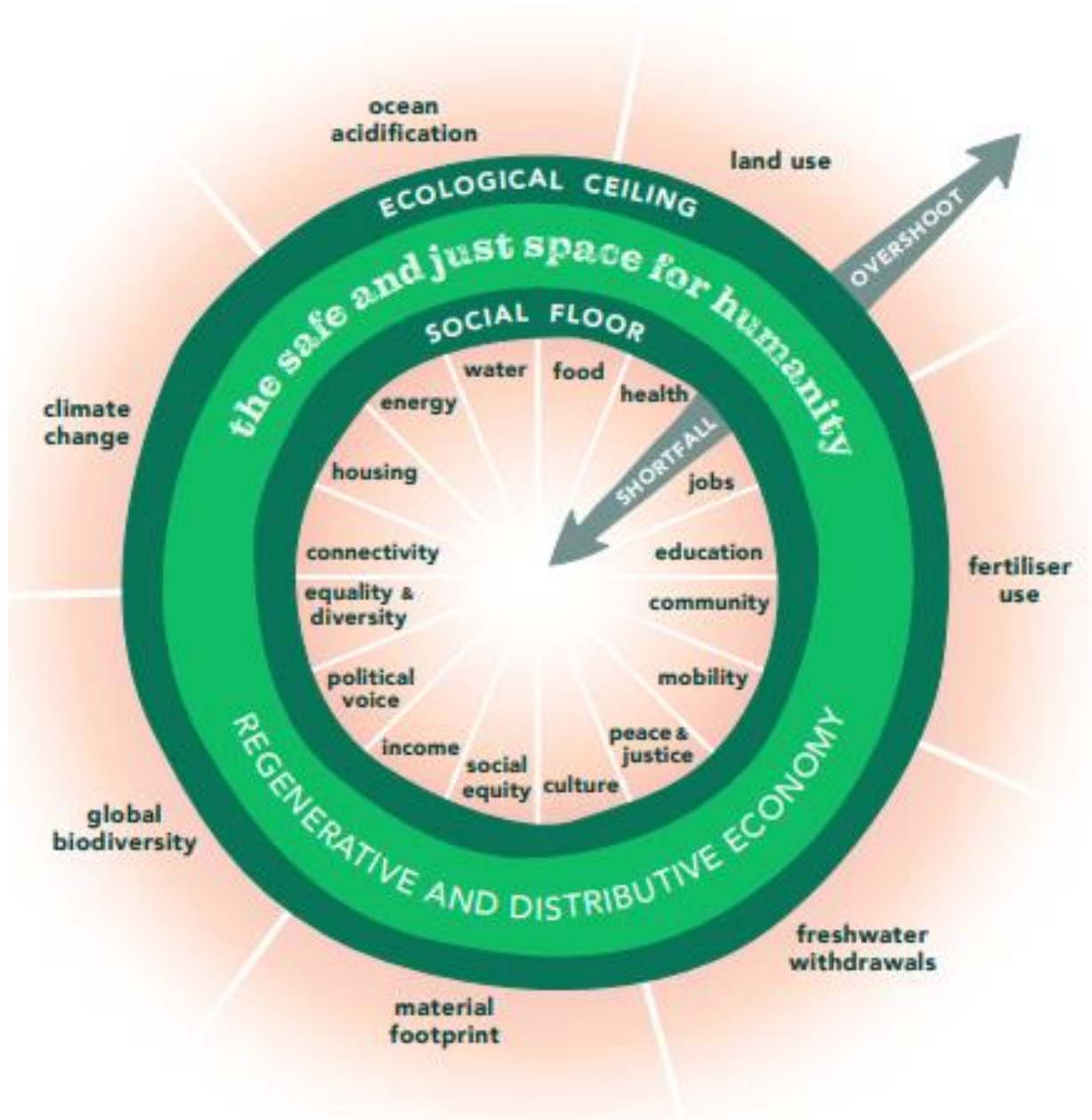


Figure 3 - The Doughnut Economics model

While humanity is currently far from achieving balance in line with this model, on close inspection, we can see that adopting the doughnut model is not such a big change from our current approach in West Yorkshire as it may appear at first. The social floor is the things that we are already working on hard across the whole system. The ecological ceiling is things which we are currently working on but in an unstructured way. By adopting this model, we can ensure that all dimensions of sustainability are incorporated into our existing risk management processes. Although lots of the thinking might be familiar to us, by tying them together and assessing trade-offs between the dimensions, the actions and outcomes will be very different, and much healthier, for the whole system.

Climate risks are experienced across our system, so these risks are identified and registered at a system level in the corporate risk register. Governance of climate change activities sits, where the work happens, with individual organisations.

Building the current work and harmonizing it across the system will help drive the necessary change. For example, in line with the ICP strategy, digital transformation is helping us streamline processes, find patterns that are not obvious, reduce unnecessary variation and share information much more efficiently but it is not a silver bullet, we need to do things differently as well. Climate change is not an “either-or” consideration, where working on one thing means that something else misses out. Instead, we take an “also-and” approach, where climate action is built into all our other decisions and actions across West Yorkshire.

While some actions – like digital transformation and waste reduction – will save money, meeting all our ambitions will need investment, and accessing capital is challenging. We recognise the financial pressures across the health and social care system, among partners and our people. Even so, the cost of inaction is greater than the cost of investing to mitigate and adapt effectively around the climate and biodiversity crises as they unfold. Proactively addressing the climate emergency as an ICP will reduce community need and vulnerability – and thus system workload – in the long term. West Yorkshire’s health and care system employs around 100,000 people and controls a budget in excess of £5bn per year. We have people who think big, care deeply, and work hard. As a system, we can choose to commit our considerable pooled resource to changing the way we currently work in order to address the climate emergency and deliver better outcomes for the public¹³.

Who’s going to make the change?

Integrated, multi-sectoral solutions that address social inequities, differentiate responses based on climate risk and cut across systems, increase the feasibility and effectiveness of adaptation in multiple sectors (high confidence)¹.

Most work and change will happen within organisations. The ICP has a vital role in coordinating and amplifying such organisational action to compound impact across West Yorkshire. It will also continue to lead on revision of this strategy at least every two years to reflect the fast pace of change in climate and sustainability.

Big organisations such as NHS Trusts have big footprints because of their estates and fleets and because of the nature of their work. Rightly, they are the first focus of the

¹³ Haines A, McMichael AJ, Smith KR, Roberts I, Woodcock J, Markandya A, et al. Public health benefits of strategies to reduce greenhouse-gas emissions: overview and implications for policy makers. *Lancet* 2009; 374: 2104–2114

national Greener NHS team and there are some statutory climate obligations for them to deliver. These are laid out in the ICP and Trust Green Plans. Local authorities are also doing a lot of good work, some to meet their statutory responsibilities and some are going beyond, of their own initiative. This work is not sufficiently joined up across the different parts of our system so we will create and enhance these relationships, because interconnected challenges need interconnected solutions.

By being agile, smaller organisations have an important role to play. They can make changes quickly and then advise their bigger partners on successes. By distributing risk, expertise and funding, smaller organisations can contribute, benefit, and thrive, even if some initiatives fail.

As in the rest of the West Yorkshire system, Places have an important role to play in creating our sustainable future. They are ideal mechanisms to build networks and relationships across professional boundaries, to plan and deliver projects within a geographical boundary, and to establish new social norms which prioritise impact reduction and adaptation.

System or place?

DO ONCE	WORK THAT WE AGREED WOULD MAKE THE MOST SENSE TO BE DELIVERED ACROSS WEST YORKSHIRE	IN THIS STRATEGY
COORDINATE ONCE	WORK THAT WE AGREED THAT WOULD MAKE SENSE TO COORDINATE/ SHARE/ GATHER/ COLLABORATE ON ACROSS WEST YORKSHIRE	IN THIS STRATEGY
DO FIVE TIMES	WORK IN RESPONSE TO LOCAL INTELLIGENCE AND AUDIT	IN LOCAL STRATEGY OR PLAN
ONLY IN CERTAIN PLACES	WORK THAT IS BASED IN COMMUNITIES AND NEIGHBOURHOODS	IN LOCAL STRATEGY OR PLAN

Figure 4 - From the ICP Strategy explaining the primacy of place

Whilst the climate team work closely with the Trusts in the region to align priorities, we have more to do in building and maintaining other relationships which we understand are crucial going forwards. We will work much more closely with the voluntary, community and social enterprise (VCSE) sector, primary care (including primary care networks), private healthcare providers, educational institutions, local authorities

including social care and wider services and the West Yorkshire Combined Authority (WYCA).

How will we know that the change is being made?

Societal choices and actions implemented in the next decade determine the extent to which medium- and long-term pathways will deliver higher or lower climate resilient development (high confidence). Importantly climate resilient development prospects are increasingly limited if current greenhouse gas emissions do not rapidly decline, especially if 1.5°C global warming is exceeded in the near term (high confidence).

These prospects are constrained by past development, emissions and climate change, and enabled by inclusive governance, adequate and appropriate human and technological resources, information, capacities and finance (high confidence)¹.

By focussing on levers of change such as relationships, patterns, and culture, we will identify the preconditions for change and impacts, even where those impacts themselves may be intangible and difficult to isolate or quantify. Things which move us towards sustainability are:

- Reducing inequalities in society by any metric¹⁴
- Behaviours which promote wellness¹⁵ and reduce the need for health and social care
- Incorporating sustainability thinking into board papers and decision-making tools
- Transitioning to net carbon zero
- Increased active travel¹⁶
- Plant based, seasonal diets and a thriving local food system¹⁷
- Increased biodiversity and wild space
- Reducing unwarranted variation¹⁸ and unwanted intervention¹⁹
- Increased availability and take up of training about sustainability

Because of the multidimensional complexity and long-term nature of sustainability, success is usually measured by process measures rather than outcomes. We will facilitate this by incorporating a sustainability element into all Impact Assessment

¹⁴ The Spirit Level. <https://equalitytrust.org.uk/resources/the-spirit-level>.

¹⁵ New Economics Foundation. Five Ways to Wellbeing New applications, new ways of thinking. (2011).

¹⁶ Woodcock, J., Givoni, M. & Morgan, A. S. Health impact modelling of active travel visions for England and Wales using an Integrated Transport and Health Impact Modelling Tool (ITHIM). *PLoS One* 8, e51462 (2013).

¹⁷ Tim Lang, B. & Lang, T. Re-fashioning food systems with sustainable diet guidelines: towards a SDG 2 strategy. (2017).

¹⁸ NHS Improvement - Model Hospital. <https://model.nhs.uk/>.

¹⁹ Dying well at home - Choosing to die at home. *Social Care Institute for Excellence (SCIE)*

tools. It is then possible, by using the Doughnut Economics Model, to quantify and visualise the costs, benefits and trade-offs of decisions in terms of societal inequalities, environmental impact, service provision and financial cost.

Progress so far

Across sectors and regions the most vulnerable people and systems are observed to be disproportionately affected. The rise in weather and climate extremes has led to some irreversible impacts as natural and human systems are pushed beyond their ability to adapt. (high confidence)¹.

Key successes from the ICP climate team across the whole system have been:

- Establishing a diverse steering group to help us ensure the work is effective
- Establishing sustainability networks in
 - Pharmacy
 - Procurement
 - Respiratory care
 - Primary care
 - Anaesthetics
 - Board level Net Zero Leads
 - Operational Leads
- Providing a training offer for 200 spaces for West Yorkshire staff and volunteers on courses run by the Centre for Sustainable Healthcare
- Incorporating sustainability in the syllabus of the national NHS Graduate Management Training Scheme
- Green social prescribing grants and evaluation work
- Active travel grant scheme
- Reduction of desflurane use in every hospital in the region to almost zero
- £1m Winter Warmth programme delivered by WY Health and Care Partnership to help people live in warmer, dryer homes thus reducing the likelihood that people will need healthcare
- All acute providers in the region have produced a Green Plan and many organisations have sustainability plans and adaptation plans too

Conclusion

Global warming, reaching 1.5°C in the near-term, would cause unavoidable increases in multiple climate hazards and present multiple risks to ecosystems and humans (very high confidence). Near-term actions that limit global warming to close to 1.5°C would substantially reduce projected losses and damages related to climate change in human systems and ecosystems, compared to higher warming levels, but cannot eliminate them all (very high confidence)¹.

Climate change is here and now and it's not going away. It is the biggest challenge to our communities and therefore our work as an ICP. It causes poorer health and drives greater inequality in our communities, placing increasing strain on the health and care system. We therefore need a risk management approach to limit our exposure. What is more, in delivering care we are contributing to climate change, so it is beholden upon us to both mitigate and adapt for climate change.

Great work is being done but there is much more to do to achieve net carbon zero by 2038 and adapt our system to increase resilience and minimise vulnerability to climate harms. The Doughnut Economic Model is a way to ensure that we assess the trade-offs of our decisions. Our staff come largely from the communities we serve, and those communities are increasingly concerned about climate impacts. They expect leadership and action. It is everyone's responsibility to act on climate change.

Draft for discussion