

- 50 Years -



**FACULTY OF  
PUBLIC HEALTH**

1972 - 2022

Faculty of Public Health Climate & Health Conference – What can we do?

22 September 2022

#FPHClimateConference

## **Climate and health – Reflections and the FPH Strategy** **Sue Atkinson, Chair, Climate and Health Committee**

Climate and health issues have been a passion of mine for many years and date back before I Co-chaired – with Robin Stott – the Climate and Health Council, the forerunner to the UKHACC (UK Health Alliance on Climate Change). The UKHACC proved to be so successful in mobilising the health voice on climate change.

Long past are the days when the international health representatives at COP could all meet every morning in a small room to plan their action for the day. I still have on my laptop the leaflets on co-benefits – created by Izzy Braithwaite and Nick Watts and others - when they were still medical students – to hand out to delegates at long past COPs. We have come a long way, but the challenge remains enormous and action now even more urgent.

The idea that health is a key issue in climate change is now recognised as more mainstream – there is good scientific evidence, but we still need to win some hearts and minds. Unfortunately, still amongst some of the public health community.

Over recent years, and especially through Professor Maggie Rae’s Presidency, the Faculty of Public Health (FPH) acted. FPH declared a climate emergency, disinvested from fossil fuels, revised the curriculum, advocated for health in climate change, achieved observer status at COP, and recognised climate change as a major public health issue. It has also, at the instigation of the Sustainable Development Special Interest Group (SD SIG), set up the Climate and Health Committee, which I have been privileged to Chair. FPH now has a new president – Professor Kevin Fenton – who has identified climate and health as a key priority and a ‘flagship’ for his presidency. Already, FPH has signed the Fossil Fuel Non-Proliferation Treaty<sup>1</sup> alongside WHO and other international health organisations, which is part of the health voice in the run up to COP 27.

I write this in the days prior to the “Faculty of Public Health Climate & Health Conference - What can we do?”, which we hope will provide a picture of action on climate and health both internationally and across the UK, and encourage public health professionals to take action themselves.

Such events are just one part of the Climate and Health Strategy, created by members of FPH and approved by the Board in November 2021. We are nearing the end of our first year of implementation of the strategy – action that FPH can do to support its members in advocating for climate and health and bringing climate and health matters into their day-to-day portfolios. Whilst the Climate and Health Strategy covers five years, we will review its annual priorities towards the end of 2022.

Much climate action is also good for people’s health (co-benefits) – such as reducing the use of fossil fuel in transport and encouraging active travel, both reduces air pollution – potentially saving 40,000 premature deaths per annum in the UK and 7 million globally – and improves physical and mental health through increased physical activity. Similarly, climate and biodiversity action on food, housing and nature also demonstrate health co-benefits.

Unfortunately, as we have seen from the recent Climate Change Committee’s 2022 Progress Report, whilst the UK have some good policies on climate change, the government is failing in much of its implementation.<sup>2</sup> Current action will not achieve the Paris Agreement of limiting

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<sup>1</sup> <https://fossilfuel treaty.org/home>

<sup>2</sup> [Progress-in-reducing-emissions-2022-Report-to-Parliament.pdf \(theccc.org.uk\)](https://www.theccc.org.uk/wp-content/uploads/2022/07/Progress-in-reducing-emissions-2022-Report-to-Parliament.pdf)

global warming to less than 1.5 degrees Celsius above pre-industrial levels. The Climate and Health Strategy identifies ways that FPH, through all facets of its work, can support its members to act professionally (and individually) on climate change. Importantly, the strategy makes the case, based on scientific evidence, for swift and decisive action.

FPH, alongside its partners, need to be a key advocate for the right national and international policies and action on climate change, not only due to the potential co-benefits, but also because many of the negative health impacts are already affecting the most disadvantaged. The effects of climate change have been compounded by political and economic crises, such as the war in Ukraine, which compellingly demonstrated how the extent of our dependency on fossil fuels can wreak havoc in our society, particularly for the most vulnerable to the current cost of living and energy crises. Climate justice must be addressed. Long term policies for renewable energy and building the consideration of health into policies are needed.

In developing the Climate and Health Strategy and its related work through the Climate and Health Committee, working closely with the SD SIG, and through the wider FPH membership, what has been exciting for me has been working closely with specialty registrars. I have learned so much from the series of specialty registrars that have taken forward and supported the work through their project attachments to the FPH. They are the ones that have really made all this happen for the Faculty and continue to do so through the various working groups implementing the strategy etc. They have been an inspiration and I have learned a lot from them, and FPH has gained hugely from their involvement. As the public health leaders of the future, they give me enormous hope. In the Climate and Health Committee, we have tried to capture this 'youth' voice through reverse mentoring, with specialty registrars and, soon to start, practitioners and associates, mentoring more 'senior' members of the committee.

I am pleased that Paul Johnstone has agreed to take up the role as Chair of the Climate and Health Committee and, as a board member, will be able to take the FPH climate and health work further.

In my personal summary, what the science shows and the health community know is that:

- Climate change is real and is largely a result of human activity across multiple sectors.
- It is harming people's health now, across the UK and around the world.
- We need to reduce greenhouse gas emissions at a faster rate over the next five years to avoid triggering dangerous tipping points that would set in motion a climate and ecological disaster.
- The right climate solutions can deliver important health benefits and health savings immediately – from cleaner air, access to healthier foods, and greener, more walkable, and liveable communities, to protection of the natural ecosystems and biodiversity that sustain us – delivering real wins for people's health and well-being.
- This is a major public health priority and should be at the fore of everyone's agenda – it's imperative that we as Public Health community, move from health in all policies to health & environment in all policies.
- There is still time for action and the time to act is now.

**FPH Climate & Health Conference – What can we do?**
**22<sup>nd</sup> September 2022**
**Online (zoom details to be shared at later date)**

<b>Time</b>	<b>Speaker</b>	<b>Title</b>
<b>9-9.15</b>	Kevin Fenton President of the Faculty of Public Health, UK Regional Director for London in the Office for Health Improvement and Disparities (OHID) within the Department of Health and Social Care (DHSC)	Introduction to the conference – how the FPH is taking action to address the climate and health emergency
<b>9.15-9.45</b>	Elizabeth Haworth Public Health doctor and active member of Doctors for the Environment Australia (DEA) and the Climate and Health Alliance (CAHA)	Effective action by Australia on climate change and it's health effects. Can Australia catch up under its new Government?
<b>9.45-10.30</b>	Alexandra Macmillan Pākeha Public Health doctor and Associate Professor in environmental health at the University of Otago, Aotearoa New Zealand Rhys Jones Māori Public Health doctor and Associate Professor in Māori health at the University of Auckland, Aotearoa New Zealand	Decolonising climate action wherever you are
<b>10.30-11.00</b>	Mozaharul Alam Regional Coordinator, Climate Change for Asia and the Pacific Office	Nature-based Solution: Opportunities and Challenges for Asian Cities to Adapt
<b>11.00-11.15</b>	Break	
<b>11.15-11.45</b>	David Nabarro Co-Director of the Institute of Global Health Innovation and Professor of Global Health at Imperial College London  Emma Lawrance Mental Health Innovations Fellow at the Institute of Global Health Innovation, Imperial College London	Mental Health Impacts of Climate Change: implications for public health action
<b>11.45-12.15</b>	Anthony Nyong Regional Director of the Global Center on Adaptation in Africa	Adaptation, Resilience and Health Nexus – the African perspective
<b>12.15-12.45</b>	Ken Henshaw Executive Director of We the People, a civil society organization based in the Niger Delta cities of Port Harcourt and Calabar	Oil Pollution, Climate Change and the Health of Niger Delta Communities

<b>12.45-1.30</b>	Break	
<b>1.30-2</b>	Marija Jevtic Professor at University of Novi Sad, Faculty of Medicine, specialist in Hygiene (Public Health) at the Institute of Public Health of Vojvodina with subspecialisation in medical ecology President of the Environment and health Section European Public Health Association (EUPHA),	The role of health professionals in Climate Action (viewpoint of EUPHA ENV and Climate Pact Ambassadors)
<b>2-2.30</b>	Courtney Howard Emergency Physician in Chief Drygeese Territory Past president of the Canadian Association of Physicians for the Environment and board member the Canadian Medical Association and the Global Climate and Health Alliance	A Healthy Response to Climate Change
<b>2.30-3</b>	Silvia Fontan Professor and researcher at Universidad Nacional de La Matanza, Buenos Aires	Responding to the impact of climate change in urban areas in Argentina
<b>3-3.15</b>	Break	
<b>3.15-3.45</b>	Pam Warhurst Cofounder and chair of Incredible Edible, activist and advisor on climate and ecology	Believe in the power of small actions – the example of Incredible Edible
<b>3.45-5</b>	Abstract presentations	
<b>4.50-5</b>	Sue Atkinson Chair of the Climate & Health committee of the FPH	Implementation of the Climate & Health strategy of the FPH
<b>5-5.15</b>	Kevin Fenton President of the Faculty of Public Health, UK	Conclusion – the challenges ahead and how the FPH will support its members in taking action to address climate and health

## Abstract presentations

Time	Presenter	Title
3.45-3.52	Beattie Sturrock Public Health Registrar, London Borough of Redbridge	Modelling the health and economic impacts of air pollution in Redbridge
3.52-4	Emily Loud, public health registrar at BLMK Integrated Care System, East of England	Audit of local authority public health teams' activities on climate change and health in the East of England
4-4.08	Abi Deivanayagam, Public Health Registrar, Lancaster Medical School, Lancaster University and Institute for Global Health, University College London	How can the public health workforce resist fossil fuel expansion in the UK?
4.08-4.16	Marc Davies, Consultant in Public Health, Swansea Bay Public Health Team, Public Health Wales	Staff Engagement in the Climate and Health Agenda: Establishing the Swansea Bay Green Group
4.16-4.24	Peter Davey, Faculty of biology, medicine and health, University of Manchester, Manchester, UK	What do public health professionals think their role is in tackling the climate and ecological emergency? A qualitative study
4.24-4.32	Virginia Murray, UK Health Security Agency	Climate and Health Security in the UK
4.32-4.40	Rebecca Masters, Consultant in Public Health, Public Health Wales NHS Trust	Public Health Wales Decarbonisation Action Plan
4.40-4.48	John Middleton, President, Association of Schools of Public Health in the European Region (ASPHER)	Climate Action through Public Health Education and Training



# Speakers

## **Kevin Fenton**

Professor Kevin Fenton CBE is the President of the Faculty of Public Health. He is a senior public health expert and infectious disease epidemiologist who has worked in a variety of public health executive leadership roles across government and academia in the United Kingdom and internationally. His specialist interests are in tackling health inequalities, infectious disease prevention and control, climate justice and urban health.

Professor Fenton is the Regional Director for London in the Office for Health Improvement and Disparities (OHID) within the Department of Health and Social Care (DHSC). Within this role, he is also the statutory public health advisor to the Mayor of London and the Greater London Authority and the Regional Director of Public Health for NHS London. He is also the government's Chief Advisor on HIV and Chair of the HIV Action Plan Implementation Steering Group for England.

As President, Kevin works closely with the Academy of Royal Medical Colleges, UK Local Government Association and a wide range of partners who have interests in Public Health. Kevin is committed to working with all 4 Nations of the UK and FPH members across the world.

## Sue Atkinson

Professor Sue Atkinson CBE chairs the Faculty of Public Health Climate and Health Committee, which published their Climate and Health Strategy in 2021. She is currently engaged in implementing the strategy, together with the Sustainable Development Special Interest group and with a number of specialist registrars' support. She recently completed her 5-year term as an elected General Board Member of the Faculty of Public Health. She represents the FPH on the UKHACC Council (UK Health Alliance on Climate Change) and co-chaired the Climate and Health Council, the forerunner to the UKHACC.

Sue holds a number of academic and non-executive posts, including Visiting Professor at UCL, Non-Executive Director at Dorset County Hospital NHS Foundation Trust, founding Director and Chair of PHAST (Public Health Action Support Team – a not for profit social enterprise). She was awarded a CBE for services to health.

Sue is a Public Health professional with considerable experience in all aspects of Public Health at local, national and international levels. She also has considerable experience in clinical medicine, as a Chief Executive, Executive Director and Non-Executive Director in the NHS and Local authorities. She was the first Regional Director of Public Health/Medical Director for London in the early 2000's and developed the role as Health Advisor to the Mayor and Greater London Authority.

## **Elizabeth Haworth**

Dr Elizabeth Haworth is a medical graduate of Sydney University. She completed her postgraduate training in Paediatrics and Public Health. She worked in the UK in Health Authorities of the Thames Valley, Health Protection Agency and Public Health England as regional epidemiologist and director and universities, most recently the University of Oxford.

Her main interests are in disease control, particularly the epidemiology of infectious diseases, including the involvement in a programme of infection control at the Hajj, and also in environment and health, especially climate change and health.

She has pursued these interests as adjunct senior Research fellow at the Menzies Institute for Medical Research at the University of Tasmania since returning to Australia. She is active member of Doctors for the Environment Australia (DEA) and the Climate and Health Alliance (CAHA).

## Alexandra Macmillan

Alex is a Pākeha\* public health physician and Associate Professor in environmental health at the University of Otago, Aotearoa (New Zealand). Her scholarship and activism link climate justice and health equity, working to change transport, housing, urban planning, and food systems in ways that understand climate change as one symptom of end-stage colonial capitalism.

Together with Rhys Jones, she has previously been the co-convenor of OraTaiao: NZ Climate & Health Council, and a Board member of the Global Climate & Health Alliance. They are now co-leading Climate Health Aotearoa, an emerging national research centre. These roles involve ongoing self-directed learning/unlearning about how to be a tangata Tiriti\*\* in Aotearoa.

\*a person in Aotearoa of British/European descent.

\*\*an aspirational term used by non-Māori to acknowledge they are in Aotearoa as a beneficiary of the live treaty between Māori and the British Crown and to signal they are learning about and acting on their obligations to it.

## Rhys Jones

Ngāti Kahungunu | Associate Professor  
Te Kupenga Hauora Māori | Department of Māori Health  
Mātauranga Hauora | Faculty of Medical and Health Sciences  
Waipapa Taumata Rau | The University of Auckland

Rhys is a Māori public health physician and Associate Professor in Māori health at the University of Auckland, Aotearoa New Zealand. His research addresses Indigenous health and health equity, with a particular focus on the environmental determinants of Māori health and wellbeing. He is a passionate advocate for health equity, Indigenous rights and climate justice. Rhys was the founding Co-Convenor of OraTaiao: NZ Climate and Health Council. Alongside Alex Macmillan, he is now co-leading Climate Health Aotearoa, an emerging national research centre.

## **Mozaharul Alam**

Mozaharul Alam joined the United Nations Environment Programme (UNEP) in 2009, serving as Regional Coordinator for Climate Change for Asia and the Pacific Office. He provides strategic and technical guidance to design and implement climate change actions. Before joining UNEP, he worked for the Bangladesh Centre for Advanced Studies (BCAS) and led its climate change programme.

He also worked for the Ministry of Environment and Forests, Government of Bangladesh as a National Project Coordinator and successfully formulated the National Adaptation Programme of Action (NAPA) following an inclusive process. He participated in climate change negotiations for more than two decades and coordinated the adaptation group of G7 and China from 2007 to 2009. He also worked as Lead Author for the Working Group II for the Intergovernmental Panel on Climate Change Fifth Assessment Report. He received an international fellowship award in 2006 for three years from the International Institute for Environment and Development (IIED) under its Climate Change Programme.

## Emma Lawrance

Dr Emma Lawrance is the Mental Health Innovations Fellow at the Institute of Global Health Innovation (IGHI), Imperial College London. She leads the Climate Cares program, working with researchers, designers, and policy experts to better understand and respond to the interconnections between climate change and mental health.

Other work focusses on digital mental health, in collaboration with Shout crisis text line, and youth mental health. She completed her MSc and DPhil in computational and clinical neuroscience at the University of Oxford. She also holds a BSc (Hons) in physics and chemistry from Flinders University, and a science communication graduate diploma from the Australian National University. She is the Chair of Trustees and co-Founder of youth mental health charity It Gets Brighter. She loves spending time in the natural world, particularly her homeland of the Adelaide hills, and on a bike.

## David Nabarro

Dr David Nabarro is Co-Director of the Institute of Global Health Innovation and Professor of Global Health at Imperial College London. He established the Geneva-based social enterprise Skills, Systems and Synergies for Sustainable Development (4SD) with Florence Lasbennes in 2018. [4SD](#) accompanies development practitioners from local and national Governments, civil society, professional organizations, business enterprises, academic institutions as they advance the transformation of complex people-centred systems.

David serves as Special Envoy of the UN World Health Organization Director General on COVID-19, advises the UN Food and Agriculture Organization on follow up to the September 2021 [Food Systems Summit](#), and leads the Food Workstream in the [UN Global Crisis Response Group](#) on Food, Energy and Finance (GCRG). This was established by the UN Secretary-General in March 2022 to respond to the immense pressures faced by governments and households as a result of extraordinary increases in the cost-of-living, exacerbated by the war in Ukraine.

## Mental Health Impacts of Climate Change: implications for public health action

There is increasing recognition of both the direct and indirect impacts of climate change on the health of millions of people and the vital need for all people to be supported in developing resilience to a rapidly warming planet. The threats to human health posed by the climate emergency underscore the urgency of concerted action by leaders everywhere for significant reductions in emissions of greenhouse gases.

The presentation will focus on how climate change is associated with increased risks to mental health and well-being that threaten people's functional potential and undermine their livelihoods, endanger their lives, and limit their capacity to adapt to new weather patterns. The needs for mental health care greatly exceed the capacities of current services, especially in low-income countries. Our basic premise is that people can achieve mental and emotional resilience, including in the context of the climate crisis, if they are supported in ways that explicitly take account of the complex and disturbing challenges that they face. Health workers can contribute through prioritizing approaches that both strengthen the determinants of good mental health and wellbeing while safeguarding the climate: they need to be able to generate opportunities for diverse individuals and communities to work together effectively and to act collectively. This means honing their skills at forging novel connections, inter-weaving varied proven approaches from diverse disciplines and cultures, and consistently prioritizing trust. As health workers draw on these skills to support people's mental health and well-being, and to nurture the social and environmental systems on which this health and wellbeing depends, they achieve their potential as effective leaders for climate action.

## **Anthony Nyong**

Professor Anthony Okon Nyong is the Senior Director at the Global Center on Adaptation as well as the Africa Regional Director. He is on secondment from the African Development Bank where he is the Director of Climate Change and Green Growth. He has about 30 years of experience in climate change, environmental and natural resources management, environmental and social safeguards, renewable energy and green growth that span academia, private sector and development finance.

Professor Nyong has served on several Global Advisory and Scientific Boards including the Sustainable Stock Exchange Green Finance Advisory Group, the World Economic Advisory Panel on Circular Economy, Advisory Board of the World Economic Forum on Circular Economy, the Platform for Accelerating Circular Economy Leadership Group. Professor Nyong is a member of the Planning Committee of the Climate and Health Initiative of the National Academy of Medicine (USA).

Professor Nyong holds a Ph.D. in Geography from McMaster University, Canada, a D.Sc. (hc) from the University of Calabar in Nigeria. He is a Senior Executive Fellow of the Harvard Kennedy School of Government. Professor Nyong is a Fellow of the African Academy of Sciences. He is named among the top 20 of the 100 most Influential People in Climate Policy 2019 by Apolitical.

## Ken Henshaw

Ken Henshaw is Executive Director of *We the People*, a civil society organization based in the Niger Delta cities of Port Harcourt and Calabar.

In the last 17 years, Ken has worked closely with communities in the Niger Delta especially in those communities where oil and gas have been extracted for decades with devastating environmental, health and social consequences. He also works with indigenous forest dependent communities who are losing land and livelihood rights as a result of the UN supported carbon reduction scheme, REDD+. His work is focused on ensuring that decades of environmental pollution are cleaned up, that the human rights of the people are respected and protected, that community livelihoods lost to pollution are restored, and that the rising effects of climate change are mitigated.

Ken Henshaw keenly monitors the unfolding impacts of climate change and hydrocarbon pollution on communities in Nigeria, including connections with health challenges, insecurity, food security and migrations. Ken participates in the global climate movement and has spoken at several international forums during the COPs. He has also spoken extensively in local forums on how pollution and climate change impacts health and livelihoods. His research works have interrogated Nigeria's plans in combating climate change and driving a just transition. Ken has published many research papers and reports and delivered several lectures on the subject of environmental justice, community impacts and climate justice.

Ken is currently leading a campaign asking fossil fuel companies that have extracted crude oil and gas in the Niger Delta for over 6 decades, and are now planning to sell off and leave, to account for the health and environmental impacts of their activities. He is also collaborating with other organizations to introduce a global ban on fossil fuel adverts.

Ken is passionate about increasing community voices and strengthening community agency in engaging the government and corporate power. He organizes platforms to project community voices in global conversations around climate justice and environmental remediation.

He has lived his entire life in Nigeria's Niger Delta.

## **Marija Jevtic**

- Full professor at University of Novi Sad, Faculty of Medicine, specialist in Hygiene (Public Health) at the Institute of Public Health of Vojvodina with subspecialisation in medical ecology.
- Research collaborator at the Université Libre de Bruxelles, Research Centre on Environmental and Occupational Health, School of Public Health.
- Associate member of the Academy of Medical Sciences Serbian Medical Society.
- Group analytic therapist and System Psychodynamic Organizational Consultant.

She has 25 years of experience in the research and education process and advocacy in public health and environment and health. Field of interest and work: public health, environment and health, sustainable development goals, climate change, disaster and health, migration, mental health, school health, food safety, nutrition, health management, reproductive and sexual health, group psychotherapy, organizational consulting.

As a university professor she has been involved in different curricula development in Faculty of Medicine University of Novi Sad in the field of Public Health, Nursing, Disaster medicine, Nutrition, Medical ecology, Hygiene. She is also professor at Faculty of Technical Sciences University of Novi Sad (undergraduate and postgraduate studies) in the field of disaster and vulnerability, public health and emergencies, mental health and psychosocial support in emergencies).

Previous position and role: Director of Institute of Public Health of Vojvodina: Head of the Department of Hygiene at the Faculty of Medicine, University of Novi Sad; Assistant minister Ministry of Health RS.

Member of: The Society of Physicians of Vojvodina of The Serbian Medical Society, The Serbian Public Health Association, The Group Analytic Society Belgrade (GAS Belgrade), The Serbian Association of Societies of Psychotherapists (SASP), Scientific and Professional Society for Disaster Risk Management, European Public Health Association (EUPHA), Group Analytic Society International (GASI), International Society for the Psychoanalytic Study of Organizations (ISPSO), and member of Climate Commission ISPSO), Association of Sexual and Reproductive Health and Rights Serbia, European Health Management Association (EHMA). Associate member of Club of Rome (EU Chapter - Brussels).

Actual roles/activities:

- president of the Environment and health Section European Public Health Association (EUPHA)
- Climate Pact Ambassador,
- member of Science Advisory Committee European Health Management organization
- ENBEL (Enhancing Belmont Research Action to support EU policy making on climate change and health)
- Member of Advisory Board (HORIZON 2020)

## Courtney Howard

Dr Howard is an Emergency Physician in Chief Drygeese Territory in Canada, and a globally recognised leader on the impacts of climate change on human and planetary health. She has advanced policy and advocacy on active transport, ecoanxiety, movement-building, plant-rich diets, fossil fuel divestment, carbon pricing, coal phase-out, hydraulic fracturing, vaccine equity, and health impact assessments. She led the 2017-2019 Lancet Countdown on Health and Climate Change Briefings for Canadian Policymakers, was the 2018 international policy director for the Lancet Countdown and has researched wildfires and menstrual cups.

Dr Howard is past president of the Canadian Association of Physicians for the Environment and sits on the boards of the Canadian Medical Association and the Global Climate and Health Alliance. She is part of the Steering Committee of the Planetary Health Alliance, the WHO-Civil Society Working Group on Climate Change and Health and the Editorial Advisory Boards of the Lancet Planetary Health and the Journal of Climate Change and Health. She is delighted to be spending 2022/2023 in the UK completing a master's in public policy at Oxford.

When not deep in a literature review or seeing patients in the ER, Dr Howard can often be found enjoying the great outdoors and dancing with her two daughters.

## **Silvia Fontan**

Professor Silvia Fontan is a sociologist, professor and researcher at La Matanza University in Buenos Aires, Argentina. Since 2009, she has been working on the intersection between health, urbanism and climate in urban populations from Latin-America, with both the public sector and academia.

She took part in multi-centre studies which served as the basis for the Early Warning Systems developed by the National Weather Service and the Public Health Ministry. This system is a very important tool to protect populations who bear the brunt of extreme weather events, particularly heat waves. She is also founding member of the Interdisciplinary Laboratory of Climate and Health Studies. In her research, the dissemination of knowledge to the community plays a paramount role and, thus, varied strategies are used to reach out to different audiences, particularly those who are typically left behind. She believes that interdisciplinary approaches are very important in order to understand the impacts of the environment, such as climate variability, on people's health and communities and to propose smart actions.

## **Pam Warhurst**

Pam believes that communities can be trusted to play their part in creating a kinder more inclusive prosperity wherever people live.

As cofounder of Incredible Edible, an international initiative with roots in Northern England, she uses the Trojan horse of local food growing to demonstrate the power of small actions in bringing about major cultural shifts. By growing food locally on unused land, sharing the food skills that exist across the community and supporting local sticky money economies, the Incredible Edible movement has demonstrated that citizens activism moves folks from bystanders into local investors of time and resources, and partners in a more sustainable future.

Pam Warhurst CBE has been an activist and advisor for over 40 years. From Leader of a Local Authority, Chair of an Acute Health Trust, board member of several national environmental bodies, Chair of the Board of the Forestry Commission GB, Yorkshire representative on the Committee of the Regions in Europe and currently Chair of a Town Deal board she has had a front row seat on how government at all levels operates and invests.

Driven by the lack of effective leadership on sustainable development post Rio and most other Earth Summits she cofounded the first grassroots Incredible Edible in her hometown of Todmorden in 2008, to encourage and demonstrate community empowerment through local growing. Incredible Edible started small, with the planting of a few community herb gardens in Todmorden, and today has spin-offs in the U.S. and Japan, counting over 150 groups in the UK and 1000 world-wide. Incredible Edible inspires ordinary people to take more control of how they live their lives through active civic engagement, redefining prosperity through the power of small actions.

Today Pam chairs Incredible Edible CIC, supporting and amplifying the work of groups around the UK, developing a new localized partnership model where citizen and anchor institutions both play their part in creating a healthy local food economy, and pressing for a change in the law giving citizens the right to grow food on the public realm.

Pam also works as part of a global network of social entrepreneurs, as an Ashoka Fellow.

For more information contact [info@incredibleedible.org.uk](mailto:info@incredibleedible.org.uk)



# Abstracts

## Modelling the health and economic impacts of air pollution in Redbridge

**Authors** – Dr Beattie Sturrock, Public Health Registrar (ST2), London Borough of Redbridge; Abbie Imakumbili, Health Protection Officer, London Borough of Redbridge; Ian Diley, Public Health Consultant, London Borough of Redbridge

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### Abstract

**Background:** Air pollutants, such as NO<sub>2</sub> and PM<sub>2.5</sub>, are a significant health hazard. They can have both short- and long-term health impacts, especially on people who may already be vulnerable due to health or socioeconomic factors. This also has knock-on economic effects for health and social care.

**Objectives:** To determine the impacts of current NO<sub>2</sub> and PM<sub>2.5</sub> levels in Redbridge on health and social care costs, deaths and cases of air-quality related diseases.

**Methods:** We used NO<sub>2</sub> monitoring site and DEFRA PM<sub>2.5</sub> data and population statistics to estimate the proportions of the Redbridge populations exposed to low, medium and high levels of pollution. This data was entered into the PHE Air Quality tool to model the health and economic changes if all Redbridge residents moved to areas of low levels of NO<sub>2</sub> and PM<sub>2.5</sub>.

**Results:** If all residents living in high or medium NO<sub>2</sub> areas moved to a low NO<sub>2</sub> area in 2022, cases of asthma would drop by 115 per 100,000, cases of diabetes by 346 per 100,000, and cases of lung cancer by 3 per 100,000 by 2032. There would be a reduction in the rate of deaths by 25 per 100,000 people by 2032. In total, this would result in £3.55 million in health and social care costs saved per 100,000 people between 2022 and 2032 (adjusted for 2021 costs). Conversely, all residents are modelled to already live in low a PM<sub>2.5</sub> area according to the tool's definitions.

**Conclusion:** In Redbridge, reductions in NO<sub>2</sub> are projected to have significant health and cost-saving implications. In addition, while Redbridge is modelled to have low levels of PM<sub>2.5</sub>, all areas have higher levels than those recommended by the World Health Organisation meaning that they cannot be considered safe. We would support a change to the DEFRA air pollution recommendations, bringing them in line with the WHO, as well as an update to this tool to ensure the data produced is relevant for current and future use.

## **Audit of local authority public health teams' activities on climate change and health in the East of England**

**Authors** – Emily Loud, public health registrar at BLMK Integrated Care System, East of England  
Gabrielle Woolf, public health registrar at NHS England and NHS Improvement, East of England  
Rebecca Best, public health registrar at Bedford Borough Council, East of England  
Lee Watson, public health registrar at NHS England and NHS Improvement, East of England  
Ramya Ravindrane, public health registrar at Cambridgeshire and Peterborough Integrated Care System, East of England

**Contact for further information** – [Emily.loud@nhs.net](mailto:Emily.loud@nhs.net)

### **Abstract**

Background: As sustainability representatives for the East of England registrar group, we wanted to understand what local authority public health teams were engaging with the climate and health agenda.

Objectives:

- To understand how engaged local authority public health teams are with climate change
- To identify and share good practice and areas for improvement
- To recommend registrar projects based on gaps identified

Methods: A group of interested registrars developed 21 questions for council teams (based on existing tools with added public health criteria) and set out to answer them by contacting both public health and sustainability teams in East of England councils.

Results: We received sufficient responses for 5 of 9 councils we approached. Good practice included having an identified officer or a team working on public health and sustainability, being present on the council climate change committee, and using some kind of framework (e.g., social value) in commissioning. Areas for improvement were that no team surveyed had a climate change and health strategy or other formal document that could parallel the 'green plan' or feed into their council's net zero ambitions; there were only few teams who had a formalised public health sustainability role or who interfaced with the council's sustainability work. There was also little evidence of collaboration with ICSs or NHS Trusts on this issue.

Conclusions: Health and climate change does not appear to be a high priority for local authority public health teams in the East of England. However, we identified a number of areas public health professionals could work on to fill gaps identified.

## How can the public health workforce resist fossil fuel expansion in the UK?

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### Abstract

**Background:** The fossil fuel industry harms health through global warming, the major cause of climate change and pollution, disproportionately affecting those least responsible, and our fossil fuel-dependent energy system is also rooted in colonialism. These represent a set of active political choices, not simply 'inaction'. Currently, many people in the UK are unable to keep homes warm or afford to insulate them, while those most impacted in global South countries are doubly impacted by fossil fuel-related harms (pollution and global warming). The industry's role in spreading doubt and undermining evidence has caused devastating delays in policy action. Protecting human and planetary health is in direct conflict with the interests of the fossil fuel industry.

**Objectives:** Explore how the public health workforce can resist fossil fuel expansion and influence in the UK

**Methods:** Two case studies of anti-fossil fuel advocacy by the UK health community are presented, based on publicly available information and the authors' experiences.

**Results:** One case focuses on Health for a Green New Deal, a campaign mobilising health workers towards a transformative Green New Deal. This case highlights the importance of the health community building power to overcome industry interests and promote a just transition, and strategically targeting national policy with partners such as Stop Cambo. The second explores the value of direct action against corporate interests. Following traditional advocacy efforts, health workers from Doctors for Extinction Rebellion undertook non-violent civil disobedience demanding an end to new fossil fuel projects and protesting JPMorgan's fossil fuel investments. A Doctors for XR member shares reflections on the global North's responsibilities for these problems and needed solutions.

**Conclusions:** As public health professionals we have a duty to be a counterforce in denormalising the fossil fuel industry. We identify an overarching theme of collaboration, driven by solidarity with groups already working towards a socially just and liveable future. The public health workforce urgently needs the right skills and support to better counter the many threats the industry poses. As citizens and within our institutions, we need to work towards fair and sustainable energy systems, pension fund divestment, and ending fossil fuel expansion, whilst centring those most affected in solutions.

## Staff Engagement in the Climate and Health Agenda: Establishing the Swansea Bay Green Group

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### Abstract

**Background:** The health community are essential contributors to climate action, as trusted advocates for population health and drivers of the transformational change required [1]. In 2021/22 all health boards and trusts in Wales were required to develop decarbonisation action plans as part of Wales net zero targets [2,3]. In Swansea Bay, there was an identified need to ensure staff were fully engaged in the development and delivery of this plan.

**Objective:** Ensure all health staff in Swansea Bay are engaged and support climate action through the decarbonisation action plan.

**Methods:** During development of the Health Board's Decarbonisation Action Plan, it was agreed to create a staff group with a clear mechanism by which any health staff in the region could engage with the plan's development and implementation, providing appropriate challenge where necessary.

**Results:** The Swansea Bay Green Group launched in March 2022 and includes staff from a range of departments and disciplines working across secondary, primary and community care. Staff meet monthly and have organised around four key topic areas: travel, food, theatres, waste.

This group feeds into health board governance arrangements for the decarbonisation plan and contributes to other networks both locally and nationally. Early success on this approach includes Welsh Government awarding Swansea Bay with a grant of over £58,000 on 5 staff-led sustainability projects.

**Conclusions:** By integrating into health board governance structures this staff group has helped challenge and inform the decarbonisation plan process, creating a culture where staff feel empowered to develop their own initiatives and sharing ideas where initiatives are successful. There are plans to build on this engagement and encourage more staff to join the group over the coming months. Further areas to explore include incorporation of adaptation strategies into the work and broader engagement with patients, public and other sectors.

### References

- [1] World Health Organization (2021) COP26 Special Report on Climate and Health <https://www.who.int/publications/i/item/9789240036727>
- [2] Welsh Government (2021) Net Zero Wales <https://gov.wales/net-zero-wales>
- [3] Welsh Government (2021) NHS Wales decarbonisation strategic delivery plan <https://gov.wales/nhs-wales-decarbonisation-strategic-delivery-plan>

## What do public health professionals think their role is in tackling the climate and ecological emergency? A qualitative study

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### Abstract

**Background:** The climate and ecological emergency is the single biggest health threat facing humanity. Yet it is not universally seen as a priority for public health. It is not clear to what extent public health professionals are involved in working on the climate and ecological emergency.

**Objectives:** This research aimed to establish what senior public health professionals working in English local authorities perceive their role is, what activities they are involved in, whether climate and environmental issues are a core component of public health, and to identify barriers to action.

**Methods:** Semi-structured interviews were done with a purposive sample of 15 local authority public health consultants and directors of public health in England using a predefined and piloted topic guide over a Zoom session. Participants were recruited via national public health bodies, social media, or snowballing. Thematic content analysis was used to identify codes and key themes. Ethical exemption was obtained from the University of Manchester.

**Results:** Some public health professionals have started work on climate change and others were unclear about the role of public health. Key activities included establishing governance structures, bringing together stakeholders, making the case for health co-benefits of climate action, and advocating for reducing inequalities while reducing carbon emissions. Barriers to action included shortage of financial resources, communication tools and capacity, little sharing of best practice, scarcity of local expertise, and conflict between the need for action on climate change and other urgent public health issues.

**Conclusions:** Public health professionals increasingly work on climate change, but practice would be strengthened by improved intelligence, more resources, and support networks. This new qualitative data can inform the development of the role of public health professionals in climate change and the ecological emergency. However, a limitation on the study was that only able to engage public health consultants who considered the climate and ecological crisis as important for public health, so it remains unclear in how far our findings represent the views of the larger public health community.

## Climate and Health Security

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### Abstract

Climate change is a major current and future risk to the global population, representing not only extreme risks to human health and biodiversity. Scientific evidence has confirmed that the impacts of global warming and climate change are scientific fact and the risks that this poses to populations are diverse and stark further increasing health equity issues. The impacts of climate change are already being felt in a number of areas globally (Figure 1) including:

- **Extreme heat** resulting in heart-related illnesses, cardiovascular failure and **severe weather** resulting in physical injury and fatalities.
- **Altered vector distribution and ecology** with impacts on vector-borne diseases and zoonoses
- Negative impacts on **air quality and pollution**

Heatwaves, for example, are projected to become more frequent in the future; the Met Office notes that extreme temperature events in Europe are now 10 times more likely than they were in the early 2000s. By the 2040s, heatwaves as severe as 2003 could occur every other year. The UK Climate Change Risk Assessment 2017 Evidence Report projects that the number of heat-related deaths in the UK could more than double by the 2050s from a current baseline of around 2,000 per year.

In order to respond to these public health impacts, effective policies and interventions are needed to adapt to, and mitigate, current and future risks to health and impacts on inequalities, both in the UK and internationally. COP26 and its outcomes in the Glasgow Climate Pact have also brought this need into sharp focus alongside the 2915 UN Landmark agreements of the Paris Agreement on Climate Change, the Sendai Framework and the Sustainable Development Goals.

Over the coming months, we are working together on climate and health as part of a newly developing Centre for Climate and Health Security based within UKHSA, which will help us make the step change that we need to respond to the inevitable health impacts of the climate emergency.



Figure 1: summary of climate and health security impacts<sup>3</sup>

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<sup>3</sup> This figure is a derivative of "[Impacts of Climate Change on Human Health](#)", in Patel, V., D. Chisholm., T. Dua, R. Laxminarayan, and M. E. Medina-Mora, eds. 2015. Mental, Neurological, and Substance Use Disorders. Disease Control Priorities, third edition, volume 4. Washington, DC: World Bank. It has been adapted with permission from Dr. George Luber (PhD), National Center for Environmental Health, Centers for Disease Control and Prevention, Atlanta, GA, USA.

## Public Health Wales Decarbonisation Action Plan

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### Abstract

**Background:** In 2021 Welsh Government published their NHS Wales Decarbonisation Strategic Delivery Plan, which outlines their commitment to achieving Net Carbon Zero by 2030. All NHS Trusts in Wales were required to develop a decarbonisation action plan that outlines their journey towards achieving Net Zero.

**Objectives:** To co-produce a decarbonisation action plan with staff working across Public Health Wales, that met the requirements of Welsh Government's NHS Wales Decarbonisation Strategic Delivery Plan and achieving Net Zero by 2030.

**Methods:** We utilised co-production methodologies to engage with staff and services across the organisation to develop our decarbonisation action plan. By utilising this method, we were able to ensure that staff were fully engaged in the process and could see the benefit that working towards Net Zero would have on the future generations in Wales.

**Results:** We engaged an external energy and environmental consultant to support us to deliver 13 interactive workshops over four weeks. These workshops focussed on identifying actions of greatest relevance, importance and urgency to reduce carbon emissions across all service areas. Over 100 members of staff attended the workshops from almost all of our service areas, including significant numbers from our microbiology services. We delivered 'Call to Action' workshops to 50 members of staff across NHS Wales, to identify actions to reduce our impact on climate change at an individual, team and organisational level. The results were embedded into the development of our plan. A research project is being undertaken to understand the impact the pandemic has had upon our carbon footprint for 2020/21, which will inform future developments and actions for decarbonisation.

**Conclusions:** We produced a decarbonisation action plan that presents an ambitious approach to reducing emissions across five activity streams. Key actions include staff engagement at all levels, engaging with health boards and trusts to identify opportunities for collaboration, reducing travel emissions and developing resources to highlight the associated health benefits from reducing emissions. We recently participated in an NHS Wales peer review process of organisational decarbonisation action plans, which identified opportunities for partnership working, including sharing buildings and resources and joint procurement for actions including electric vehicles and charging infrastructure.

## Climate Action through Public Health Education and Training

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### Abstract

**Background:** Environmental harms driven by climate change, global pollution, land change, etc. are increasingly impacting our daily lives and disrupting our health systems. The fracture between meaningful climate action and the planet and people's livelihood comes at a crucial time where consensus is needed for a commitment to change and education of climate-health.

**Objectives:** ASPHER has a commitment and responsibility to prepare the future health workforce with climate-health education for both practice and research.

**Methods:** ASPHER conducted an online survey in to look at the implementation of climate education and climate action taken by public health institutions to provide a baseline assessment. This supported the development of a Climate-Health implementation strategy for action within ASPHER's strategic priorities and members.

**Results:** The survey results found a lack of a systematic approach and ad hoc actions by public health academic institutions. To improve the education and training of public health professionals, ASPHER built on the Global Consortium on Climate and Health Education's Core Climate & Health Competencies for Health Professionals, by tailoring the guideline suited for European educational programmes and curricula. ASPHER also took action by leveraging the EU Health Policy Platform; an initiative created to ease communication among health stakeholder and with the European Commission. ASPHER was able to leverage the interactive tool to develop a climate-health education statement, and hereby receiving institutional support at various levels. ASPHER's dedication to address the need to take action from the survey results has leveraged its role as an emerging leader in climate-health. This has triggered the formal development of a working group of ASPHER members to synergize climate-health education activities to support knowledge-sharing and lessons learned across institutions adopting climate-health education to its curricula.

**Conclusions:** The assessment of climate-health curricula in the European Region was significant in assessing the readiness of the future public health workforce to address climate and environment issues in both research and practice. The overall paucity of evidence is concerning and represents a majored missed opportunity for learning. There is an urgent need for greater focus on preparing public health graduates in climate change and health adaption responses to enable evidence-based policy action.

## Climate Change and Health Needs Assessment

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### Abstract

Background: It is recognised that climate change will have negative effects on the UK population's health and health inequalities. However, understanding the vulnerabilities that Blackburn with Darwen has in the face of climate change at a local level has not been explored.

Objectives:

1. Gather and synthesise data and evidence about the current and future needs and risks to health in the population of Blackburn with Darwen in relation to climate change
2. Generate recommendations for the local authority

Methods: Previous similar reports from UK local authorities were first reviewed to gain understanding of the data available. The assessment then was structured based on the domains within the council's Climate Emergency Action Plan. The scope of vulnerabilities and needs included those within council policy, current and future population health, upstream influences on population behaviour and the public's views. Data and evidence were gathered from multiple and varied sources including grey literature, scientific literature, government databases and the UK Climate Change risk assessment.

Results: Blackburn with Darwen Borough Council has taken strategic steps to address the climate emergency within its corporate and public health strategic documents. However, opportunities exist for stronger policy links. Blackburn with Darwen is at risk of extreme weather events like much of the country however already sees higher than average rates of illnesses that are particularly susceptible to climate change. High levels of deprivation make the borough more vulnerable, particularly to flooding. The borough has relatively low rates of walking and cycling and this should be a focus for the authority along with sustainable public transport. Survey results suggest residents are concerned about climate change. Challenges in completing this needs assessment included the availability of local data, predicting future local trends and defining the scope of the work. Opportunities included working with partners, raising awareness of the health impacts of climate change and encouraging action with co-benefits for climate and health.

Conclusions: This needs assessment has synthesised information about climate and health in Blackburn with Darwen and the recommendations generated will be used to inform action as part of the local authority's Climate Emergency Action Plan.

## **Syndromic Surveillance in climate-sensitive water-related disease trends based on health, seasonality and weather data in India**

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### **Abstract**

**Background:** Water-related diseases like cholera, malaria, typhoid, and dengue are a significant public health problem that result in about 5 million fatalities yearly. The fifth most common cause of death in children under the age of five is only diarrhoea. Dengue was classified as one of the top ten public health hazards by the World Health Organization (WHO) in 2019. Climate change, shifting weather patterns, water access, and security are all contributing factors to many water-related disorders. Malaria, Typhoid and dengue are three water-related diseases influenced by environmental factors

**Objectives:** We examined whether rainfall and seasonality could predict malaria, typhoid, and dengue reporting symptoms in India

**Methods:** Poisson generalised linear models were fitted with s6 Early Warning, Alert and Response System (EWARS) syndromic conditions, which comprised seasonality, temperature, and rainfall, from March 2016 to December 2020. Indicator-based surveillance and events-based surveillance systems are used to collect EWARS data, allowing for real-time reporting on public health incidents from 523 sites across India's four divisions. The Meteorological Service provided information on daily rainfall, minimum and maximum air temperatures from meteorological stations across India for the years 2016 to 2020. The average weekly rainfall and average minimum and maximum temperatures were determined by averaging the daily data from each meteorological station.

**Results:** Prolonged fever, possible dengue, and watery diarrhoea all showed seasonal patterns with maxima occurring during the rainy season, while bloody diarrhoea, acute fever with rash, and acute jaundice syndrome did not. Increased rainfall was the most frequent predictor, accounting for between 1.2 percent and 6.8 percent of the variation across all circumstances, for acute fever with rash and acute jaundice syndrome in children under 5 years old. Every peak in the number of EWARS syndromic disease cases was associated with a distinct rainfall lag that lasted between 0 and 9 weeks. The results show a relationship between South Asian seasonality, rainfall, and diseases related to water

**Conclusions:** The relationship between EWARS data, seasonality, and rainfall in the South Asian Countries has to be further investigated. In India and the South Asian region, it is crucial to develop robust, flexible systems that reduce the harmful effects of climate change on human health and stop disease outbreaks

## Rising to the Triple Challenge of Brexit, COVID-19 and climate change in Wales

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### Abstract

**Background:** Brexit, COVID-19 and climate change pose challenges of national and global importance. They have impacts across the economy, society, health and the environment, all of which are determinants of health and well-being. They will also impact population and public health in a myriad of ways.

**Objectives:** To map the synergies in health impact across the 'Triple Challenge' and to identify and capture who will be most affected cumulatively by them and across which determinants of health and wellbeing. To highlight and better understand the commonalities in impact of the three challenges, learn from the process carried out and propose actions which can be taken to mitigate harms and maximise opportunities.

**Methods:** Between 2018 and 2021, Public Health Wales undertook three comprehensive mixed methods Health Impact Assessments (HIA) in relation to the separate challenges.

**Results:** Results indicate the three components of the Triple Challenge must not be viewed as separate silos as they have cumulative multi-faceted impacts. This affects some population groups more negatively than others and present a 'Triple Challenge' to nation states in the UK and Europe. Impacts identified include for example, both positive and negative impacts on mental well-being, negative impacts on access to services including health and social care infrastructure and delivery of services and food standards and security. Population groups affected include those on low incomes, health and social care workforces, rural populations and farmers and agricultural workers. Opportunities for the future were also highlighted including enhanced promotion of public health messages using the enhanced profile of public health as a platform and utilising policy windows of opportunity. The impacts occur through multiple pathways, for example, the way the challenges impact employment or trade and free trade agreements and determinants of health for example, mental wellbeing, transport and active travel, health behaviours, food insecurity and employment

**Conclusions:** A HIA approach can enable a range of policy makers and stakeholders to better understand the health and wellbeing impacts on populations as well as enable them to critically view similar challenges not just as single issues but as a holistic whole to mobilise action.

## Resources for Sustainable Health: an e-catalogue of resources to support action on sustainability and climate change

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### Abstract

Background: Climate change is the single biggest health threat facing humanity (WHO October 2021). In Wales we have the world-leading Well-being of Future Generations Act which places a duty on health boards and public bodies to consider long-term impact as well as contributing to national well-being goals for a healthier, more equal and prosperous Wales. Public Health Wales Health and Sustainability Hub champions the Act across the health system and builds capacity to support action on sustainability and climate change.

Objectives: To develop an e-catalogue of all the resources produced by the Health and Sustainability Hub over the last five years, in order to make them as accessible as possible to stakeholders, helping organisations and individuals to adopt sustainable ways of working, take action on climate change and help them consider the natural environment and the health of the planet and people in everything they do.

Methods: The e-catalogue was drafted over a period of 6 months and includes a range of resources developed by the Hub including e-briefs, reports and toolkits, to support individuals, teams and organisations to adopt sustainable behaviours and take action to improve health and well-being whilst reducing our impact on the planet.

Results: Our e-catalogue – **Resources for Sustainable Health** – was launched on 11 July 2022. It was shared widely with a range of stakeholders, and through a range of communication channels including Welsh Government’s Newsletter, and is available for anyone to access on our [website](#). The e-catalogue provides a short explanation of each resource and is the ‘go to’ resource for sustainable action in Wales.

Conclusions: The health sector has a key role to play in addressing the climate emergency; health bodies must understand and take action on reducing their own emissions as well as preparing for the impacts that climate change will bring to our health and well-being. The **Resources for Sustainable Health e-catalogue** will help teams and individuals reduce their impact on the environment and climate change and encourage sustainable behaviour in their work and home life.

## Strategies for embedding planning for extreme weather events associated with climate change in Norfolk

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### Abstract

**Background:** A need for embedding preparation for the increasing frequency of extreme weather events associated with climate change in Norfolk was identified.

**Objectives:** To understand risks to Norfolk and local services posed by extreme weather events due to climate change, with a particular focus on health and social care. To understand whether plans already in place were adequate, to identify any gaps, establish barriers to implementation, suggest solutions and communicate results to stakeholders.

**Methods:** Literature review to assess risks posed to Norfolk and local authority services. Results of literature review compared with currently identified risks and mitigation measures in risk assessment protocols and business continuity arrangements. Gap analysis suggested solutions, which were communicated with practical examples of how to intervene to protect service users now, seeking to change how people view the issue.

**Results:** Norfolk residents are at particular risk from extreme weather events associated with climate change due to the geography of the county and vulnerabilities of the local population, including the number of older and rural residents. Risks include heat waves, water shortages and flooding. Barriers to action include uncertainties around the frequency and nature of extreme weather events, prioritisation of immediate needs over perceived future problems and lack of quick wins. However, adaptation and mitigation activities are required to meet the needs of service users now and reduce health inequalities. Case studies and a sector-led improvement tool to support planning were used to facilitate change.

**Conclusions:** Stakeholders were made aware of the need to act now to reduce the impacts of extreme weather from climate change that are already affecting vulnerable local residents, particularly older residents, those accessing social care and those in deprived areas. Practical examples of embedding mitigation and adaptation measures facilitated change.

## **A London for climate and health: Building a population health partnership and call to action**

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### **Abstract**

**Background:** During COP26 countries pledged to building climate resilient and sustainable health systems. In support and acknowledging the crucial interdependencies between climate and health, the London Public Health System declared a climate emergency.

**Objectives:** In response and in consideration of London’s urban landscape, global position and strategic levers we aimed to co-design a population health coalition committing to develop the public health role; build sustainability leadership and to working in partnership across sectors and communities.

**Methods:** We utilised a mixed-methods approach to triangulate London data, evidence and policy and qualitative insights. We’re conducting a stakeholder analysis and consultation to identify opportunities for integrated work and challenges to inform responsive framing.

**Results:** We’ve consolidated and continue to grow a multiagency Climate and Health Network that includes partners across OHID, ADPH London and Boroughs, Greater London Authority (GLA), London Region NHS partners, UKHSA and academia. We’ve synthesised data and evidence and applied to a London level to make the urgent case for agency in climate action for health. Initial consultations indicate a need to clearly articulate and frame the public health narrative and position on this agenda while better equipping colleagues to centre health across climate and sustainability agendas and link to other critical public health challenges eg cost of living. While work remains iterative, focus areas include strengthening regional data and insights; co-ordination and partnership; building capacity; joint communications and solution co-design. Emerging partnership opportunities include active travel with ICSs, urban design with the GLA and air quality through a newly established multiagency Programme Office.

**Conclusions:** We’ve begun building the connections and collaborations to embed and implement responses that will promote climate action and sustainable urban health across London. We’ve identified a strength in the public health position at a system level and the potential for cross-sectoral partnership and action. As we learn and adapt through practice, we’ll deliver a framework for action that presents “triple win solutions” for action on health, climate and equity.