Belfast Healthy Cities response to the pre-consultation report seeking views on the need for a NI Climate Change Bill

Introduction

About Belfast Healthy Cities:

Belfast is a leading member of the World Health Organization European (WHO) Healthy Cities Network, which has approximately 100 cities, with a strong track record of meeting WHO goals and objectives. Belfast Healthy Cities (BHC) office has a staff team dedicated to working with partner organisations to facilitate and support change to improve health equity and wellbeing for people living and working in Belfast and beyond. The office also acts as the link between the city and WHO and BHC currently provides the WHO Secretariat to the European Networks.

Role of Belfast Healthy Cities:

The role of the organisation is through leadership and innovation, to inspire and utilise the collective and individual strengths of partners to deliver the WHO European Healthy City goals and requirements and maximise their impact on health and inequalities. The focus of the global Healthy Cities movement is on the wider physical and social living conditions that shape health and wellbeing and creating conditions that support health and tackle inequalities.

In the current Phase V (2009 – 2013) the overarching aim for Belfast and all WHO European Healthy Cities, is Health Equity in All Local Policies, supported through the core themes of Healthy Urban Environment, Climate Change and Health, Healthy Living (including Active Living and Wellbeing).

Belfast Healthy Cities currently facilitates a regional Climate Change and Health Partnership (CCHP) chaired by the deputy Chief Medical Officer. This group is made up of around 20 organisations including: DHSSPS; Health and Social Care Trusts; Public Health Agency; Institute of Public Health Ireland; University of Ulster, Food Standards Agency; Chartered Institute of Environmental Health; Sustainable NI; NIEL; Belfast City Council; Chief Environmental Health Officers Group; BSO and Bryson Group.

Priorities for CCHP for 2012/14 include:

- Research/ data surveillance – development of an indicator set to measure health impacts of climate change; research gaps; survey with young people and health professionals regarding attitudes and future needs; mapping impacts of extreme weather events
- Capacity building – development of briefing papers on health impacts for a range of audiences; knowledge/information exchange
- Synergies – collection of case studies that to promote synergies with climate change; demonstration project with children focusing on sustainable food/obesity; support of a sustainable food charter (work being led by the Soil Association).

This consultation response represents the views of Belfast Healthy Cities and has been drafted using the pre-consultation questions suggested in the report.

Pre-Consultation Questions and Belfast Healthy Cities (BHC) answers:

Q1. Should Northern Ireland have a Climate Change Bill?
Yes, BHC suggests that adding statutory/legislative duty to climate change targets would strengthen current efforts to mitigate (and adapt) to climate change.

Q2. Is a long-term target to reduce greenhouse gas emissions for Northern Ireland necessary?
Yes – this would fall in line with UK and EU legislation.

Q3. Is an interim target to reduce greenhouse gas emissions for Northern Ireland necessary?
Yes. We agree that the suggestion for "point" targets for NI set for 2020, 2030 and 2040 is a good one. This will allow for departments and business to maintain a focus on meeting these targets and can more easily be integrated into strategies and plans, which have often either a 5 or 10 years lifespan.

Q4. Should targets be set in primary legislation (the Bill) or in subordinate legislation?
BHC suggests that clear targets should be set in subordinate legislation, which allows for flexibility whilst still ensuring clarity, high visibility and transparency within legislation.

Q5. Should provision for an independent advisory body be included in a Northern Ireland Climate Change Bill?
Yes – this would be beneficial and allow for a greater degree of scrutiny.

Q6. Should provision for reporting on adaptation measures by public bodies be included in a Northern Ireland Climate Change Bill?
Yes – climate change adaptation and mitigation need to go hand in hand at both a legislative level, strategy level and operational level. Reporting mechanisms should be clear and straightforward.

Q7. Should provision for reporting on mitigation measures by public bodies be included in a Northern Ireland Climate Change Bill?
See response to Q6

Q8. To which public bodies and /or statutory undertakers should the reporting duties apply?
Reporting duties should apply to all government departments including local government. Departments should be responsible for collecting relevant data from all agencies that they currently sponsor/fund/commission services from. This will provide a more holistic and comprehensive picture of activity.

Q9. Should provision for reporting on an adaptation programme to the Assembly be included in a Northern Ireland Climate Change Bill?

Yes – this is important to ensure good governance and levels of accountability are in place. It will support Assembly efforts through Programme for Government and climate change targets within PfG.

Q10. Can you provide evidence on the impact the introduction of a Bill may have on economic structure, employment, performance and competitiveness relevant to Northern Ireland?

BHC agrees with the arguments made within the pre-consultation report highlighting the benefits of introducing a Bill. For example, the Bill will potentially provide greater opportunity for NI to engage and develop new industries around the green/low carbon economy thereby supporting employment.

For targets to be realised and achieved there is the need for greater information and support to be provided to SME's and the agriculture sector to reduce carbon emissions. In addition, there will also be the need to place additional resources into further building public transport infrastructure to be able to reduce carbon emissions from transport (one of the major contributors to carbon emissions in NI).

One area that is missing in this pre-consultation report is the linkages to the health agenda and wider societal benefits. Stressing the co-health benefits of activities and targets to reduce green house gasses within the NI Bill and subordinate legislation will be important to gain buy-in from a much wider audience beyond those interested in the green agenda. The Climate Change Risk Assessment provides summary information of health benefits, which would be useful to include in a NI Bill under adaptation with requirements to consider and assess health implications within mitigation and adaptation plans.

Belfast Healthy Cities through the Climate Change and Health Group has produced a report '*Climate Change and Health: Impacts, Inequalities and Action',* which focuses on the health impact of climate change and in particular impacts on inequalities and vulnerable groups. Whilst it is suggested within the pre-consultation report that an equality impact assessment has been carried out and "any proposed legislation will not lead to discriminatory or negative differential impact on any of the section 75 groups" – what is missing from this (and equality legislation in general) is the assessment of impact on people in different socio-economic groups, different geographical areas e.g. deprived areas/communities and impact on inequalities. The Belfast Healthy Cities report addresses this gap and gives suggestions on impacts on inequalities and vulnerable groups, which would be worth considering by DoE whilst drafting a NI Bill on Climate Change.

The BHC report also outlines suggestions of what the health sector can do to support these impacts. The health sector is a major employer in NI and therefore it is important that it be adequately engaged in the development of a NI Bill on Climate Change. The executive summary of the BHC report can be found in appendix one and the full report downloaded from the following website: *Belfast Healthy Cities (2010) Climate Change and Health: Impacts, Inequalities and Action:*
http://www.belfasthealthycities.com/PDFs/BHCClimateChange.pdf

Appendix 1:

Executive summary of Belfast Healthy Cities (2010) Climate Change and Health: Impacts, Inequalities and Action:
http://www.belfasthealthycities.com/PDFs/BHCClimateChange.pdf

1. Direct impacts of climate change on people

Extreme weather events, floods and higher temperatures can very directly affect people's physical as well as mental health and wellbeing. The key risks that will directly affect people include:

Floods and extreme weather

- Injury and death, e.g. in fast flowing waters and severe gales
- Disease, e.g. infection or poisoning from contaminated floodwater
- Mental ill health - long-term mental stress of dealing with aftermath of being flooded

Warmer temperatures

- Excess mortality, especially in first days of a heatwave – linked to complications of cardiovascular and respiratory disease
- Increased risk of skin cancer, linked to greater exposure and potential behaviour change that maximises exposure
- Reduced efficacy of medicines at temperatures over 25 degrees and appropriate storage, in homes and pharmacies
- Increased risk of food poisoning
- Longer pollen season, leading to more respiratory disease and potentially other complications for allergy sufferers
- Longer term, potential for new vector borne disease patterns (in Northern Ireland as well as popular tourist destinations)
- On the positive side, reduced risk of cold related deaths

Impact on inequalities:

Vulnerable households have fewer resources for cleaning up after a flood and reducing future risk. Therefore, they are at greater risk of long-term stress and associated health risks, e.g. unhealthy lifestyles as coping mechanisms and a directly raised cardiovascular disease risk.

People most at risk from warmer temperatures include key vulnerable groups, i.e. older people, babies and young children, people with chronic conditions and people less able to alter behaviour, e.g. through illness.

What the health sector can do:

- Maintain and develop flood preparedness, e.g. through emergency and resilience planning
- Conduct flood health risk assessments and identify measures that limit harm to health and equity – including effective implementation of existing measures
- Provide ongoing support to people affected by flooding, including access to mental health care
- Maintain and develop public health information on heat health impacts, including advice on appropriate precautions, actions and remedies
- Develop contingency plans, e.g. strategic heatwave action plan

• Maintain registries of extreme weather events and health impacts e.g. monitoring of vector borne diseases

2. Communities and social networks

A changing climate will shape communities, and is likely to have a particular impact on people's opportunities to meet with each other and socialise. This will affect individuals' mental wellbeing, and social wellbeing through shaping opportunities to maintain a sense of place, community and cohesion.

The key pathways that will influence health include:

Warmer temperatures

• Warmer temperatures may encourage people to spend more time outside
• Potential for encouraging physical activity

Floods and extreme weather

• Disruption to everyday social networks, including formal and informal care arrangements
• Potential long term effects if people and households are forced to move

Impacts on inequalities:

People in more deprived areas may benefit less from better weather, where the physical environment does not support or encourage outdoor activities.
Disruption will be greatest for vulnerable groups, who may depend on outside care and support. For some vulnerable people there may be long-term harm to social networks, if the weather makes them anxious about going outside.

What the health sector can do:

• Ensure arrangements for vital care and support are in place as part of emergency plans
• Inform people, and in particular service users, of contingency plans
• Support and invest in community development to encourage social interaction and build resilience
• Support and provide physical activity programmes for all ages

3. The local economy

The local economy can find opportunities in a changing climate, but is at risk from floods and extreme weather. Key climate change impacts on the local economy, which also affect health, include:

• On the positive side, potential for new job opportunities firstly related to warmer temperatures and longer summer seasons, e.g. in tourism and leisure sectors and secondly linked to tackling climate change and developing green economy, e.g. in energy efficiency, renewable energy, local food production
• Stock and financial loss following floods, potentially leading to job losses – particular impacts on farmers and other self employed people
• Disincentives to investment in high flood risk areas – including difficulties in getting house insurance, potential for long-term economic and social decline

Impacts on inequalities:
New job opportunities are likely to arise at all skill levels, creating opportunities for improved income and material living standards for low income, unemployed and economically inactive people. Low and medium income households living in flood prone areas may be unable to afford insurance or move, facing increased uncertainty and associated stress. This, especially if coupled with falling investment in area, can generate rising deprivation and vulnerable communities.

What the health sector can do:
• Support employability schemes
• Explore green economy opportunities within sector
• Explore opportunities to utilise local products and providers in procurement
• Strengthen understanding of links between health and the economy, e.g. through emergency planning and resilience fora

4. Everyday activities: working, moving, learning, shopping

Everyday activities will be influenced by a changing climate, especially during acute crises such as floods. This may change established travel routes and service use patterns, and shape health and wellbeing by affecting access to jobs, services and people. High temperatures can affect learning in schools and productivity at work, and can exacerbate poor performance.

The health impacts associated with these changes include:
• Delay or lack of access to emergency and critical care, e.g. as a result of blocked roads or flooded facilities
• Difficulties keeping warm, cooking and storing food safely during power cuts
• Limited access or lengthy round trips to services during clean up and repair following flooding, affecting mental and physical wellbeing
• Difficulties in keeping cool and maintaining productivity in warm conditions – particular risks for outdoor workers
• On the positive side, opportunities to encourage active travel and tackle obesity in warmer conditions

Impacts on inequalities:
Vulnerable groups, such as older people, people with disabilities and people with long-term illness, are more likely to need external care and support and are at greater risk from disruption to normal services. Long term changes to travel or service provision patterns may reduce access to services and create stress for all vulnerable groups. People in more deprived areas may be less able to take up active travel and benefit from better weather conditions, where the physical environment does not support walking and cycling. This also applies to people living in suburban car centred developments.

What the health sector can do:
• Develop alternative service delivery mechanisms through emergency and contingency plans
• Provide public information on how to prepare for flooding

• Support and invest in community development to build resilience and encourage voluntary support mechanisms.
• Share evidence on health and social benefits of mixed land use, e.g. improved air quality, social cohesion and active travel
• Develop green travel plans, emphasising active travel for staff and patients/clients
• Support and provide physical activity programmes
• Explore use of technology to support service delivery and reduce need to travel
• Explore opportunities to strengthen public transport links to key sites, such as hospitals
• Explore opportunities for supporting mixed land use and reduce need to travel, e.g. through service provision in facilities shared with other public services

5. The built environment

Buildings, streets and other infrastructure will come under considerable pressure in a changing climate, which will increase risks to human health and wellbeing. The impacts can be controlled through land use planning as well as service planning.

Climate change will affect the built environment and health in a number of ways:
• Buildings can become uncomfortably or unsafely warm in summer especially in older buildings
Urban areas can become very warm as buildings trap heat at ground level (the urban heat island effect)
• Demand for mechanical cooling will increase, which increases electricity use that contributes to future climate change and raises maintenance costs
• Dry weather leads to a fall in sewer flow, which increases the risk of blockages and the likelihood of sewer overflows in later heavy rains
• Flood defences in buildings may become increasingly required to protect people and property, including medication and health related equipment

Impact on inequalities:
People who are less able to cool themselves down, through illness or job role, are at greater risk from heat. Greater electricity demand can drive prices up, putting low-income households at overall disadvantage by reducing disposable income.
Low-income households are less likely to afford flood defence measures or repairs, increasing stress and the risk of being forced to live in low quality housing. However, vulnerable groups can benefit significantly, where green space is used as a natural defence against floods and heat.

What the health sector can do:
• Work towards maximising energy efficiency in the health estate, including maximising use of green space for cooling, drainage and shade
• Explore opportunities to utilise renewable energy
• Develop heat action plans
• Provide and signpost support for people affected by flooding
• Share evidence of the multiple health benefits of natural flood defences, in particular green space

6. The natural environment

The natural environment will be fundamentally affected by climate change; for example, many species may disappear, while the habitats of others change. A number of the impacts on biodiversity will also have a clear impact on health and wellbeing.

Many impacts are linked to warmer temperatures and include:

• On the positive side, more viable local food production and greater crop yields, improving food security
• Increased ozone pollution and poor air quality especially in summer, leading to more respiratory disease
• More frequent algal blooms and longer lifespan for pathogens in waterways
• Potential changes in tick borne and infectious disease patterns
• Potential shortages of water and quality issues
• Contamination of water – during droughts rise in effluent concentrations, in storms and floods increased risk of contaminants leaching into waterways

Impacts on inequalities:

Deprived areas are more likely to have poorer air quality primarily because they are located near busy roads. Poorer air quality may have greater negative impacts on people in deprived areas, by compounding and adding to other health risks.
Increased local food production may enable vulnerable and low-income households to include more local and healthy produce in their diet, depending on price development.

What the health sector can do:

• Collaborate with other authorities to monitor water quality
• Identify effective measures and protocols for protecting health in flood health risk assessments and emergency plans
Maintain and develop monitoring of vector borne and infectious disease
• Explore opportunities to utilise local produce in catering

7. Global to local: Impacts on health in Northern Ireland from global climate change

Global changes related to climate change will affect health and wellbeing in Northern Ireland through higher living costs and potentially changed migration patterns. In addition, fossil fuel production is likely to have peaked, which will put pressure on energy prices, as remaining reserves become increasingly costly to extract.

These impacts include:

• Greater vulnerability of the food chain (food security)
• Increased poverty, with associated risk of ill health related to rising cost of living, with particular effects on:
    fuel poverty
    diet, potentially affecting obesity trends
• Potential changes to population structure through migration, with particular impacts on mental and social wellbeing

Impact on inequalities:
Rising living costs will have a disproportionate impact on the lowest socioeconomic groups, as they may already find it difficult to make ends meet. In addition, for example more expensive transport may mean that job opportunities some distance away become less viable, increasing benefit dependence and affecting the health and overall life opportunities for people on the lowest incomes. Globally, the most vulnerable groups are most at risk from climate change, as they have the least resources needed to reduce risk or adapt to change.

What the health sector can do:
• Work towards maximising energy efficiency
• Explore opportunities to utilise local products and providers in procurement
• Support and encourage community gardens and allotments, as valuable local food production, physical activity and social resilience programmes
• Maintain and develop healthy eating programmes and social marketing schemes
• Maintain and develop services for migrants