



EUROPEAN HEALTHCARE CLIMATE SUMMIT 2019



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1. INTRODUCTION & CONTEXT

The healthcare sector is on the frontline when it comes to dealing with the ever-increasing effects of climate change; and yet the sector with a unique healing mission is also contributing to the problem through greenhouse gas (GHG) emissions from its activities, undermining the health of the very populations it seeks to heal. Climate change not only damages the environment and human health, but also threatens the sustainability of our healthcare systems in Europe.

Now is the time for the European healthcare sector to step up its efforts and take coordinated action to reduce its own GHG emissions, foster resilience to climate change at organisational and community level, and become a leading voice in wider international efforts to tackle this issue. [The IPCC's 2018 report](#) highlighted the need for swift and ambitious action if global temperature rises are to be kept below 1.5°C this century.

In recognition of this, over 110 sustainable healthcare leaders from around Europe attended the first ever European Healthcare Climate Summit, organised by HCWH Europe at St Thomas' Hospital on 11 September 2019. The summit was an opportunity for these current and future leaders to share their experiences of tackling climate change in the European healthcare sector, learn about proven solutions and opportunities for the sector to achieve measurable GHG reductions, and gain inspiration from peers to help enhance their own organisation's response to climate change and contribute to the development of Climate-smart Healthcare in Europe.

Feedback gathered from participants at the Summit will be used to develop the 2020-2030 Roadmap for Climate-smart Healthcare in Europe, and this Summit will be the first in an annual series of events to gather feedback from a number of key stakeholders in different regions in Europe.

You can read more about the input gathered from participants in this report.

2. AGENDA



Wednesday 11 September 2019 | 08:30 - 17:30 (UTC+1)

Parliament Panorama, St Thomas' Hospital
Westminster Bridge Rd, Lambeth, London SE1 7EH, UK

AGENDA:

08:30 - 09:00	Registration and coffee
09:00 - 09:45	Welcome messages and setting the scene ↳ Gary COHEN , President and Founder - Health Care Without Harm (HCWH) ↳ Josh KARLINER , International Director Program & Strategy - HCWH Global
09:45 - 10:15	Towards Climate-smart Healthcare Presenting the vision of a roadmap for Climate-smart Healthcare in Europe, the window of opportunity, and the three pillars of climate action (mitigation, resilience, and leadership). ↳ Will CLARK , Executive Director - HCWH Europe ↳ Viktor JÓSA , Climate Policy & Projects Officer - HCWH Europe ↳ Cathy VAN BEEK , Chair - European Healthcare Climate Council (EHCC)
10:15 - 10:30	Coffee break
	Workshop sessions Building our roadmap and creating conditions for the transition to Climate-smart Healthcare in Europe: presenting best practice, exploring what's required to deliver change, and identifying and addressing barriers.
10:30 - 12:00	1. Leadership <ul style="list-style-type: none">■ How do we move beyond organisational level to create a more joined-up, systemic response to climate change in the health sector in Europe?■ How can the health sector and the private sector work more closely to create innovative, cost-effective solutions to climate change and transform the supply chain?■ How do we increase awareness and inspire commitment to action amongst healthcare leaders across Europe?■ What support and resources are needed/available?<ul style="list-style-type: none">▫ What is missing?▫ What are the barriers and challenges?▫ How can HCWH Europe facilitate this development? ↳ Sonia ROSCHNIK , Director - Sustainable Development Unit ↳ Fiona ADSHEAD , Chair - Sustainable Healthcare Coalition ✳ Co-facilitated by HCWH Staff
12:00 - 13:00	Lunch & Networking

13:00 - 14:30	<p>2. Mitigation</p> <ul style="list-style-type: none"> ■ How do we galvanise commitment and action to the climate emergency amongst senior health leaders? ■ What does a climate-neutral healthcare provider look like and how will we get there? ■ What practical approaches can we take to engage clinical staff in climate action and make Climate-smart Healthcare <i>business as usual</i>? ■ What support and resources are needed/available? <ul style="list-style-type: none"> ▫ What is missing? ▫ What are the barriers and challenges? ▫ How can HCWH Europe facilitate this development? <p>↳ James DIXON, Head of Sustainability - The Newcastle upon Tyne Hospitals NHS Foundation Trust ↳ Susie VERNON, Associate Director Sustainability - Sussex Community NHS Foundation Trust ↳ Dr Frances MORTIMER, Medical Director - Centre for Sustainable Healthcare ↳ Co-facilitated by HCWH Staff</p>
14:30 - 15:00	Coffee break
15:00 - 16:30	<p>3. Resilience</p> <ul style="list-style-type: none"> ■ What strategies can the healthcare sector adopt to support communities to become more resilient to climate change? ■ What is the role of healthcare practitioners in raising awareness about the impacts of climate change within their patient populations? ■ What are the opportunities for practical, healthcare-led interventions that reduce CO₂ emissions whilst simultaneously increasing community resilience to a changing climate? ■ What support and resources are needed/available? <ul style="list-style-type: none"> ▫ What is missing? ▫ What are the barriers and challenges? ▫ How can HCWH Europe facilitate this development? <p>↳ Martin PEAKE, Business Development Manager - Beat the Cold ↳ Dr James SZYMANKIEWICZ, Director of Strategy and Partnerships - Centre for Sustainable Healthcare ↳ Co-facilitated by HCWH Staff</p>
16:30 - 16:45	Coffee break
16:45 - 17:15	<p>Presentation of 2019 Health Care Climate Challenge Champion Awards</p> <p>↳ Nick THORP, Global Green and Healthy Hospitals Network Director - HCWH Global</p>
17:15 - 17:30	Closing messages

Supported by

Sustainable Development Unit



Guy's and St Thomas' NHS Foundation Trust



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3. SETTING THE SCENE - HEALTHCARE'S GLOBAL CLIMATE FOOTPRINT

Health Care Without Harm (HCWH) President and co-founder, **Gary Cohen**, opened the 2019 European Healthcare Climate Summit with inspiring words about the history of HCWH and the global sustainable healthcare movement. Gary highlighted that the sector has the moral imperative to reduce its environmental footprint, but also the power to mobilise its ethical, economic, and political influence and create an ecologically sustainable, equitable, and healthy world. Recognising that many of the participants were new to the movement, Gary encouraged everyone present to become leaders in the movement for environmental health and justice.



If the global healthcare sector were a country, it would be the fifth-largest greenhouse gas emitter on the planet - that was the opening message from our next speaker **Josh Karliner** - International Director of Program and Strategy at Health Care Without Harm. At the European Healthcare Climate Summit Josh launched HCWH's new report [Health care's climate footprint: How the health sector contributes to the global climate crisis and opportunities for action](#), written in

collaboration with Arup. The report shows that healthcare's climate footprint is equivalent to 4.4% of global net emissions (2 gigatons of carbon dioxide equivalent CO₂e), and roughly the same as the annual GHG emissions from 514 coal-fired power plants. The report also finds that, taken as a bloc, the European Union is the third highest contributor to healthcare's global GHG emissions, with 248 megatons of CO₂e annually.

This report provides the most comprehensive global analysis of healthcare's contribution to climate change to date. Specifically, the report:

- Provides a global estimate of healthcare's greenhouse gas emissions, as well as provide 43 country estimates broken down by Scopes 1, 2, and 3.
- Examines how energy, food, anesthetic gases, and transportation contribute to healthcare's global climate footprint.
- Identifies opportunities for further research and methodological development that would support the sector in its efforts to understand and address its climate footprint.
- Outlines a series of international, national and subnational policy recommendations for healthcare climate action.

Josh talked participants through the results of the report, discussed its limitations and findings, and presented the policy recommendations developed as a result.

Josh Karliner's presentation



4. TOWARDS CLIMATE-SMART HEALTHCARE IN EUROPE

Providing a more local perspective, HCWH Europe Executive Director **Will Clark** introduced



participants to the work of the HCWH Europe office. In his presentation, Will broke down the healthcare emissions for the EU region, explaining how at 4.7% these are slightly higher than the world average. The region is the world's third largest emitter and these emissions are largely comprised of supply chain emissions - with Scope 3 making up 75% of the total.

Will outlined how the overall goal for the healthcare sector should be zero emissions by 2050, which would align the sector with the objectives of the Paris Agreement and ensure it is seen as a leader in tackling climate change. In doing so, Will highlighted that the time for action is now, as the next ten years are a critical window - that's why HCWH Europe are developing a 2020-2030 Roadmap for Climate-smart Healthcare in Europe.



[Will Clark's presentation](#)

Next, HCWH Europe Climate Programme & Policy Officer, **Viktor Jósa** introduced the organisation's European Healthcare Climate Council (EHCC) - a coalition of hospitals and health systems that are committed to strengthening the healthcare sector's response to climate change. Viktor gave an overview of the members of the council and their work, including some of their commitments and achievements, including Stockholm County Council's aim to achieve carbon neutrality by 2050 and South-East Norway Regional Health Authority's ISO 14001 certification.



[Viktor Jósa's presentation](#)



Finally in this session, current Chair of the EHCC **Cathy van Beek** spoke about Radboud University Medical Center's impressive climate action work. Cathy outlined that the hospital had highly ambitious targets, including reaching carbon neutrality across scopes 1 and 2 by 2030. She also introduced the hospital's Food for Care programme that aims to improve patient diets, which has not only reduced food waste from 35% to less than 10%, it has also

increased the amount of local products purchased from local suppliers - all of which help reduce the Center's climate footprint.

Cathy ended her presentation by speaking of the Netherlands' Green Deal initiative, which seeks to increase the quality, accessibility, and availability of healthcare whilst reducing the footprint of care, introducing a more circular model for the use of raw materials. She also highlighted the importance of WHO's Ostrava Declaration, which commits Member States to increasing the environmental sustainability of health systems and reducing their environmental impact, urging other hospitals and health systems to work within this framework and engage both their respective ministries of health and environment.



[Cathy van Beek's presentation](#)



5. WORKSHOPS - THE THREE PILLARS OF CLIMATE-SMART HEALTHCARE

In line with the Climate-smart Healthcare approach developed by HCWH, much of the day was dedicated to interactive sessions focused on the pillars of leadership, mitigation, and resilience. These sessions were designed to gather valuable feedback from participants in the development of HCWH Europe's Roadmap for Climate-smart Healthcare. Each session presented examples of best practice, exploring what will be required to deliver change, and how to best identify and address challenges.

In each area, three goals were identified for 2030, and participants worked together to outline what they felt were the barriers and enablers of progress towards these goals.

Below is an overview of each session and a summary of the responses collected from participants.

A. LEADERSHIP

This session began with presentations from **Sonia Roschnik**, Director of the NHS England's Sustainable Development Unit (SDU), and **Fiona Adshead**, Chair of the Sustainable Healthcare Coalition (SHC).



Firstly, Sonia gave an overview of the SDU and its work, touching on the importance and power of data in terms of sustainability, as well as the power of systems-thinking and system-level approaches. Sonia also presented NHS England's impressive progress to date, which includes achieving an 18.5% decrease in CO₂ since 2017 (during which time activity increased) and a 21% decrease in the systems' water footprint since 2010.



[Sonia Roschnik's presentation](#)

In her presentation, the SHC's Fiona Adshead gave an overview of the importance of partnerships for sustainable healthcare. She presented some of the SHC's work on sustainable care pathways, with case studies from their members and next steps. Fiona also spoke about the importance of circular solutions for healthcare and building supply chain partnerships.



Fiona Adshead's presentation

From these valuable inputs, **three goals for 2030** were identified by HCWH Europe:

1. Hospitals and healthcare systems are working together to achieve decarbonisation in Europe through effective collective action.
2. The healthcare sector is playing a central role in driving policies that support climate action.
3. The healthcare sector is leading the transition to a low carbon economy through increased demand for sustainable goods and services.

Goal 1: Hospitals and healthcare systems are working together to achieve decarbonisation in Europe through effective collective action

Barriers identified

There is currently a lack of understanding and agreement about what a common approach should look like, and where collaboration could be effective, as well as a lack of data to support shared learning, collective goal setting and benchmarking. This is compounded by the way health systems are designed with complex and fragmented structures leading to divergent perspectives, siloed working, and an inability or unwillingness to build partnerships in the common interest.

There is a lack of drivers and incentives to encourage collective action and joined-up thinking on Climate-smart Healthcare which leads to an insufficient will to collaborate and an absence of clear leadership. A lack of resources, conflicting priorities, and a short-term perspective in healthcare planning means it is difficult to make promote action on climate change to the top of the agenda.

Enablers and opportunities – how we make progress

A first step would be to create a simple overarching framework for Climate-smart Healthcare in Europe with clear goals, which can be adopted and supported at a national level by health and environment ministries and other national healthcare bodies. This framework should clearly establish what action needs to be taken, who the key stakeholders are, and how collective action can be effective.

One significant opportunity for collaborative working is aggregating demand for low carbon goods and services, and renewable energy for healthcare. Building climate change criteria into major investment schemes could be another area for coordinated action, as well as increasing collaboration between local government/ authorities and health systems.

Education, awareness, training, and visibility at board level are key requirements, with an underlying message that climate change is a health issue and taking action can contribute to other priorities and goals (e.g. quality improvement and innovation, and cost reduction).

There needs to be a common space available to healthcare providers across Europe to come together, synergise, and share learning.



Goal 2: The healthcare sector is playing a central role in driving policies that support climate action

Barriers identified

Whilst the connection between climate and health is clear, it is not currently a strong enough motivator within the public policy domain. There is also a lack of coordination across the healthcare sector and no clear consensus on the healthcare sector's position and what action should be taken.

There is a lack of awareness on how to make healthcare voices heard and no clear route to get their messages direct to policy makers - currently there is limited capacity to make this happen. Healthcare professionals in particular have concerns about acting politically in a professional role, and healthcare organisations do not see it as part of their remit.

The carbon footprint of the healthcare sector is significant and this could potentially undermine advocacy efforts to encourage wider political action – the sector needs to be seen to be getting its own house in order first.

Enablers and opportunities – how we make progress

There is a clear opportunity for the healthcare sector to act to reduce its own carbon footprint, which would strengthen its advocacy position through greater accountability and role modelling. Healthcare professionals are a trusted voice and have the ability to reach policy makers and the public in ways others cannot.

It is important to formulate clear messages that leverage a 'health in all policies' approach, using social determinants of health as an entry point for messaging. For example: framing climate change as a health issue, preventative healthcare is better for both health and climate, European economies need to reduce dependence on fossil fuels for domestic energy production and implement energy policies that reduce health inequalities, as well as promoting wellbeing as a key indicator for growth.

Creating a platform to channel and amplify the voice of the healthcare profession on a large scale across Europe would be a significant step forward; this would help build awareness and leadership, but could also act as a means of sharing evidence, best practice, and data.

Goal 3: The healthcare sector is leading the transition to a low carbon economy through increased demand for sustainable goods and services

Barriers identified

Cost is both a perceived and real barrier to purchasing low carbon goods and services - this barrier is driven by short term budget constraints, price premiums for lower carbon alternatives, and limited uptake of whole-life costing techniques in procurement evaluations. Long-term contracts and monopoly providers lead to "locked-in" technologies and products.

Carbon reduction is rarely prioritised in procurement policies and processes; non-evidence based decision making (e.g. in relation to infection control risk) has also led to a fear about moving away from tried and tested solutions, which can also create tension between clinicians, procurers, and sustainability teams.

There is a lack of skills, capacity, and awareness within healthcare procurement teams, alongside a lack of clear alternatives and guidelines, this makes it difficult for procurers to determine what is important and what questions to ask in tenders.

Enablers and opportunities – how we make progress

There is a long-term opportunity to aggregate buying power to achieve economies of scale and create stronger demand for low-carbon products and services. A first step is to ensure that healthcare procurement teams have the required knowledge, skills, and tools to bring Climate-smart Healthcare principles into procurement, supported by informed clinical staff. The supplier should be responsible to demonstrate the sustainability value of products and services.

The longer term value of investing in lower carbon solutions needs to become a factor in procurement decision making. i.e. reduced annual operating costs. Providing the procurement community with information, evidence, case studies, and decision-making tools that enable whole-life costing approaches, for example, would facilitate this.

Creating partnerships between the healthcare sector and suppliers to set new standards and find new solutions would encourage innovation and enable more circular or modular economic models (e.g. service provision vs. capital purchase).

B. MITIGATION

This session featured presentations of best practice in the area of mitigation from three leaders in the field of low-carbon healthcare: **James Dixon**, Head of Sustainability - The Newcastle upon Tyne Hospitals NHS Foundation Trust, **Susie Vernon**, Associate Director Sustainability - Sussex Community NHS Foundation Trust (SCFT), and **Dr Frances Mortimer**, Medical Director at the Centre for Sustainable Healthcare (CSH) in the UK.



James opened the session with an inspiring account of The Newcastle upon Tyne Hospitals NHS Foundation Trust's journey to declaring a climate emergency in 2019. James gave an overview of sustainable healthcare in Newcastle and the Trust's 'Shine' programme. He also talked about how the Trust came to declare a climate emergency, and how they might achieve carbon neutrality in the future.



[James Dixon's presentation](#)



Next, Susie outlined how the Sussex Community NHS Foundation Trust is mitigating climate change through its award-winning Care Without Carbon (CWC) programme. She outlined the impressive achievements of the CWC programme, which include: a 35% reduction in CO₂e since 2010 and a £8.54m saving against a total investment cost of ca. £1.56m. She also showed participants how the Trust achieved these results and what is next for the CWC programme.



[Susie Vernon's presentation](#)



Finally in this session, Dr Frances Mortimer from the Centre for Sustainable Healthcare presented *Sustainability in quality improvement: harnessing clinical innovation*. Frances' presentation focused on the importance of incorporating sustainability into quality improvement in healthcare, with concrete examples of how this might look in practice.



Frances Mortimer's presentation

From these valuable inputs, **three goals for 2030** were identified by HCWH Europe:

1. Hospitals and healthcare senior leaders fully support low-carbon healthcare projects and initiatives and are committed to achieving carbon neutrality.
2. We have a long-term plan for the European healthcare sector to achieve net zero emissions by 2050, supported by immediate action and measurable progress by 2030.
3. Climate-smart principles are integrated into the core business of European healthcare

Goal 1: Hospitals and healthcare senior leaders fully support low-carbon healthcare projects/initiatives and are committed to carbon neutrality.

Barriers identified

Overall there is a lack of awareness amongst hospital leaders (management and Boards) about climate change, its links to health, and the importance of taking action to address it at both hospital and societal levels. There is also a sense that leaders believe that climate action is not compatible with their care model or core business and so consequently it does not need to be prioritised as a Board-level concern.

Leaders do not fully understand the benefits of taking action to reduce CO₂ emissions in healthcare and a perception that it is too expensive. This is compounded or driven by a lack of data and case studies showcasing the tangible, measurable, and verified benefits of CO₂ mitigation actions and how healthcare providers can achieve carbon neutrality in practice. Consequently there is insufficient investment in low carbon actions at present.

There is currently no mandate for hospital boards to take action on climate change and integrate this into their healthcare planning activities; such a mandate could come from policy makers (ministries of health), staff, patients, and wider civil society.

Enablers and opportunities – how we make progress

Fostering climate literacy amongst healthcare leaders and educating them in the value of taking action on climate change is a key opportunity, particularly in relation to the link to core business (health and health outcomes) and the economic benefits. This could come in the form of case studies showcasing the financial and health benefits (in particular, benefits to patients), benchmarking, or reporting mechanisms and recognition schemes.

Hospitals and healthcare providers across Europe are already setting carbon neutrality goals and creating plans for achieving them. This needs to be understood, captured, and shared via the European Healthcare Climate Council.

Healthcare leaders should be given a clear mandate by making climate action contractual or part of national health policy frameworks, or by integrating sustainability into quality improvement initiatives; pressure to take action could also come from staff, patients, and the media.

Goal 2: We have a long-term plan for the European healthcare sector to achieve net zero emissions by 2050, supported by immediate action and measurable progress by 2030.

Barriers identified

National healthcare systems across Europe all have their own structures and priorities with many different models and national policy frameworks. This means that creating a Europe-wide plan for the healthcare sector will be potentially challenging. There are also currently no binding national plans for carbon reduction and climate action within the healthcare sector.

There is no common baselining methodology or reporting framework for healthcare emissions across Europe and no means of meaningfully benchmarking hospitals or health systems across national boundaries. There is therefore currently no basis for setting targets at this level or agreement about what a Europe-wide plan should look like.

There are no consistent means of measuring Scope 3 emissions which is vital to achieving carbon neutrality as 75% of the sector's carbon footprint is embedded in the supply chain. There is also a need to develop effective strategies to decarbonise the supply chain by increasing demand for low-carbon goods and services.

Enablers and opportunities – how we make progress

It will be important to develop top-down policy advocacy initiatives with a climate and health narrative to ensure the healthcare sector is incorporated in national and European climate and energy plans. The European Healthcare Climate Council is well-placed to lead on this and should be developed and expanded, perhaps to include the voice of healthcare professionals.

There needs to be a clear plan for translating policy into practice, as well as educating healthcare leaders and healthcare practitioners in the importance for the healthcare sector to take action and lead the way. One key opportunity could be to integrate climate change and sustainability into medical curricula and healthcare planning processes. There could also be potential to develop a system of international recognition and accreditation of healthcare climate leaders to encourage action.

It will be necessary to establish common measurement, reporting, and benchmarking processes to support national- and provider-level target setting, analysis, and progress evaluation. A new Europe-wide methodology for measuring supply chain emissions and engaging key supply chain actors also needs to be developed.



Available data (e.g. HCWH Green Paper) can be used to identify hotspot areas to take action, highlight good practice, facilitate innovation pilot projects, and share learning across an expanded European network.

Goal 3: Climate-smart principles are integrated into the core business of European healthcare providers, and are seen as a critical component of clinical excellence and quality.

Barriers identified

There is insufficient awareness of the relationship between climate-smart and sustainable healthcare and the delivery of healthcare; too few senior leaders and hospital directors are advocating for change.

Preventative medicine has the potential to deliver a host of co-benefits, including carbon mitigation through reduction in carbon-intensive activities and public health improvements, however, this is not recognised and prevention is not the current primary model for providing healthcare in Europe.

Healthcare leaders are often forced to focus on narrow economic outcomes that fail to address climate-smart principles. There are also often conflicting priorities and perverse incentives that act against the pursuit of actions and decisions that support Climate-smart Healthcare e.g. payment by results in the UK.

Enablers and opportunities – how we make progress

There is an opportunity to integrate standardised sustainability and climate-smart principles as a component into quality improvement and excellence frameworks and create national guidelines for climate-smart healthcare.

More resources need to be dedicated to preventative medicine as a model for care. This could be encouraged by developing a stronger evidence base to demonstrate the co-benefits of a preventative model, including how this supports Climate-smart Healthcare.

There is a need to support education and training of the healthcare workforce to improve understanding and awareness of the links between climate and health. This could be achieved by integrating climate change into clinical curricula and by developing open access educational resources for healthcare workforce.

The healthcare sustainability profession should be developed and sustainability professionals should be more involved in health and healthcare planning and operations.

C. RESILIENCE

The session on resilience aimed to identify which strategies the healthcare sector could/should adopt to become more resilient to climate change, and what the roles of healthcare practitioners is in raising awareness about the impacts of climate change in their patient populations. The session opened with presentations from **Martin Peake**, Business Development Manager - Beat the Cold, and **Dr James Szymankiewicz**, Director of Strategy and Partnerships - Centre for Sustainable Healthcare (CSH).



Martin opened by presenting Beat the Cold's project with University Hospitals of North Midlands NHS Trust - *Saving Lives With Solar*. Martin talked the audience through the goals and objectives of the project, and how services and systems were transformed to improve health outcomes for their communities. He also outlined some of the challenges faced during implementation of the project, and how these were overcome.



[Martin Peake's presentation](#)



James spoke about the importance of developing resilience at different levels, and the threats and opportunities faced by healthcare professionals and their communities in the face of climate change. He finished by outlining some of the challenges faced by healthcare professionals, and how these might be overcome by honesty, humility, humour, and courage.



[James Szymankiewicz's presentation](#)

From these valuable inputs, **three goals for 2030** were identified by HCWH Europe:

1. The health and social impacts of climate change on communities are understood by healthcare providers and minimised, for example, through prevention-based approaches.
2. Climate action supports better health outcomes in communities and emissions reduction.
3. Place-based planning approaches are increasing community resilience through greater connectivity between partners and coordination of local climate initiatives.

Goal 1: The health and social impacts of climate change on communities are understood by healthcare providers and minimised, for example, through prevention-based approaches.

Barriers identified

There is currently a lack of education and awareness across the health profession regarding prevention, health promotion and the links between health and wellbeing and climate change. This is also reflected amongst patients and the wider community with a sense that the problem of climate change is too complex and too overwhelming to shape individual behaviours.

The impact of climate change on communities is context-specific and change resistant. Time constraints, growing workload and indirect or invisible effects which are difficult to measure lead to inaction. More evidence is needed to demonstrate the co-benefits of prevention based approaches. There is a lack of policy support for prevention based interventions and this leads to inaction at the organisational level.

Enablers and opportunities – how we make progress

Healthcare professionals, and primary care practitioners in particular, can play a leading role in promoting co-benefits of social prescribing, guiding patients and initiating conversations about prevention-based approaches.

Healthcare curricula are an opportunity to highlight the co-benefits of prevention and nature based approaches. Social prescribing could become more widespread, driven by an increase in research to demonstrate the evidence for these approaches.

Goal 2: Climate action supports better health outcomes in communities, alongside emissions reduction.

Barriers identified

There is a lack of evidence about these approaches and the co-benefits they could yield and so more examples are required if a change in approach is going to be achieved. A lack of evidence leads to a fragmented policy response and a lack of funding and investment in initiatives that reduce emissions and improve health.

Policy makers do not see the economic advantages and do not make decisions in a systemic way and costs and benefits often fall on different stakeholders. Local infrastructure is therefore not planned in a way that automatically delivers health and climate benefits. Greater coordination is needed between different actors in the system with a more coherent public policy approach that draws together health and environmental priorities.

Enablers and opportunities – how we make progress

A body of evidence needs to be developed to showcase the advantages of taking a coordinated approach that focuses on both environmental and health outcomes. This body of evidence needs to be communicated to policy makers and local decision makers, highlighting the long-term economic benefits of taking action on climate and health.

Funding should be targeted at new, innovative initiatives that seek to reduce emissions, improve local environmental quality and enhance the health and wellbeing of local communities.

Goal 3: Place-based planning approaches are increasing community resilience through greater connectivity between partners and coordination of local climate initiatives.

Barriers identified

Local care systems are often complex, with independent and disconnected stakeholders pursuing their own agendas and protecting their own increasingly limited resources. A lack of policy initiative means there is little or no incentive to adopt place-based planning and systemic thinking with no clear perspective on who should take the lead and what the priorities should be.

Place-based planning needs healthcare leaders to surrender some autonomy for the greater good of the populations they collectively serve. Though difficult to coordinate, it also means pooling resources and setting joint priorities; introducing climate goals into the process would add further complexity. We must define common language and objectives for community resilience.

Enablers and opportunities – how we make progress

Collaboration through place-based systems of care offers a significant opportunity for the healthcare sector to tackle the growing challenges they are faced with, and could also offer an opportunity to build community resilience to climate change. Organisations should work together to govern the common resources available for improving health and care in their area and set local priorities based on their own local needs and conditions.

There are different options for collaboration with many successful examples; national bodies and policy-makers have an important role to play in removing the obstacles to the development of systems of care and creating the conditions for these to be successful.



6. HEALTH CARE CLIMATE CHALLENGE AWARDS 2019

The EHCS finished with the presentation of the Health Care Climate Challenge Awards by **Nick Thorp**, Global Green and Healthy Hospitals (GGHH) Network Director.



GGHH is an international network of hospitals, healthcare facilities, health systems, and health organisations (coordinated by HCWH) dedicated to reducing their environmental footprint and promoting public and environmental health.

Launched in 2015 at the Paris Climate Conference, the Health Care Climate Challenge is a HCWH initiative designed to mobilise healthcare institutions around the world to play a leadership role in addressing climate change.

The objectives of the challenge are to:

- Engage hospitals and health systems from around the world to commit to climate action
- Measure collective healthcare sector carbon footprint reductions
- Showcase success and scale development of Climate-smart health systems around the world
- Foster collaboration amongst members to share best practices, strategies and learnings
- Mobilise healthcare to play a leadership role to advocate for a healthy climate



To date, more than 200 institutions representing the interests of over 18,000 hospitals and health centers from more than 31 countries, have joined the Health Care Climate Challenge and committed to taking meaningful action.

By 2019, Challenge participants had collectively reported commitments to reduce their carbon emissions by more than 34 million metric tons - the equivalent of both a year of carbon emissions from 9 coal fired power plants, and of saving an estimated U.S. \$3.2 billion in health costs related to air pollution. Participants also report saving U.S. \$394 million through energy efficiency and renewable energy generation.

The Challenge is based around the three pillars of Climate-smart Healthcare, following the layout of the workshop sessions: leadership, mitigation, and resilience.



A number of European recipients of the 2019 Health Care Climate Champion Awards were recognised at the event, including:

- Sustainable Development Unit of NHS (UK) - Gold Award: Energy GHG Reduction (Mitigation), Silver Award: Non-Energy GHG Reduction (Mitigation), and Gold Award: Climate Leadership
- Società Italiana dell'Architettura e dell'Ingegneria per la Sanità (Italian Society for Healthcare Engineering and Architecture) (S.I.A.I.S.) - Gold Award: Climate Leadership
- Sussex Community Foundation NHS Trust (UK) - Gold Award: Climate Leadership
- Departamento de Salud Xàtiva-Ontinyent (Spain) - Silver Award: Climate Leadership
- Northampton General Hospital (UK) - Silver Award: Energy GHG Reduction (Mitigation)
- Larisa University Hospital (Greece) - Silver Award: Climate Resilience

Congratulations to all of this year's winners!

Any hospital, health system, or health organisation can join the Health Care Climate Challenge by [signing the Climate Challenge pledge today](#).

If you are not a GGHH member and agree to participate in the challenge by signing the climate pledge [here](#), your institution will receive an automatic membership in GGHH, and with it, access to tools and resources, including our online collaboration platform, GGHH Connect, and Hippocrates Data Center.

7. NEXT STEPS

With the feedback gathered at this European Healthcare Climate Summit, HCWH Europe will begin to build its 2020-2030 *Roadmap for Climate-smart Healthcare in Europe*. HCWH Europe seeks to actively involve its members, partners, and other key stakeholders in the development of this Roadmap, and you can engage in this process, as well as receive invites to future Healthcare Climate Summits, by subscribing to the Climate-smart Healthcare newsletter [here](#).



If you are part of a hospital/healthcare provider and would like support in reducing your institution's climate footprint (including getting access to exclusive tools and resources), please consider joining HCWH Europe as a member today. Read more [here](#).

THANK YOU





Sustainable Development Unit



CARE
WITHOUT
CARBON

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Health Care Without Harm (HCWH) Europe is the European arm of a global not for profit NGO whose mission is to transform healthcare worldwide so that it reduces its environmental footprint, becomes a community anchor for sustainability and a leader in the global movement for environmental health and justice. HCWH's vision is that healthcare mobilises its ethical, economical, and political influence to create an ecologically sustainable, equitable, and healthy world.



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