

KENT PUBLIC HEALTH DEPARTMENT
TACKLING CLIMATE CHANGE WORKSHOP

6 November 2008

NOTES OF GROUP SESSIONS

These notes should be read alongside the slides from Jenny Griffiths and Jackie Spiby (already circulated), plus “The Carbon Test” questionnaire and the handout on “What will a low carbon community look like?” given out at the workshop.

The Faculty of Public Health will send copies of its guide “Sustaining a Healthy Future: Taking Action on Climate Change” on request to any organisation.

The notes are under the 4 headings on which we had group work or plenary discussion:

- *Living better in a not-very-distant two tonne future*
- *Making it happen – action planning (mainly active travel planning)*
- *Advocacy for structural change*
- *Maintaining the momentum*

I. LIVING BETTER IN A NOT-VERY-DISTANT TWO TONNE FUTURE

What will life be like?

In addition to the points in the handout “What will a Low Carbon Community Look Like?” ...

The community ...

- Better community cohesion – people will spend more time in their local community
- Personal carbon allowances and personal carbon trading within the local community
- Purpose-built local community facilities, including some communal living
- Draw inspiration from other countries, e.g. Cuba
- Importance of public health engagement with the rapidly-growing Transition Towns movement

Health and health services ...

- Obesity will be massively reduced
- General well-being improved – people will be out and about more locally
- Personalisation agenda in NHS needs to be used to take low-carbon living forward – but choice can increase carbon – needs challenging
- Reduced use of pharmaceuticals (which are a large part of the NHS Carbon Footprint) – much less prescribing, recycling of drugs (this was done in the 2nd World War), more use of complementary therapies

Food

- Seasonal, locally-grown and locally processed

- Supermarkets will be tightly regulated to reduce their carbon footprint; no more open fridges and freezers

Travel and localisation rather than globalisation

- No Lewis Hamiltons! (Debate about the future of The Olympics and the World Cup ...)
- The TV companies will not fly reporters all over the world

Consumption and the economy

- There will be consumer champions for green consumption everywhere
- Packaging will be massively reduced
- Need for a redesigned economy whose objective is NOT growth

Work

- The UK will no longer have a culture that is so focused on achievement at work – reaching the top of the hierarchy will be less important – people will work fewer hours
- Videoconferencing will be the main means of conducting meetings

Energy

- Renewable energy – solar, wind, wave - will be ubiquitous (Debate about the role of nuclear power)

The alternative to a low-carbon, better society might be anarchy and social collapse ...

II. MAKING IT HAPPEN - ACTION PLANNING

Groups chose from a menu of: travel, energy, food, water, integration of carbon reduction with health improvement, and agencies working together in the South East.

Group A looked at:

- Computer Strategy – Directorate league tables for those that perform badly/ versus those that perform well.
- Putting stickers on computers left on reminding people to turn them off – name and shame
- PCTs could link together for comparisons

We also looked at:

- Low energy lighting
- Onsite incineration
- Car sharing
- Combined heat and power supplies

TRAVEL PLANNING

Several groups chose to focus on this – summary from each below.

Group A

Asked Stuart Jeffrey to share what has been happening in Darent Valley Hospital - methodology of establishing a travel plan.

- 1) It was a Trust priority. Chief Exec aware of Stuart's interest and asked him to sort out parking – there was a half hour wait to get in – caused delays with patient appointments etc. etc. Local authority would not allow any further space for car parking without efforts by Trust to reduce its needs.
- 2) Full database of staff postcodes. Worked with Kent County Council to get these mapped and times from public transport – Graham Turner at KCC sustainability unit did this at no cost.
- 3) Survey to staff – email to all users and on wards etc. 300/400 back (2,000 staff) 15% response rate.
- 4) Used results – produced 20 options which included:
 - salary sacrifice (don't pay tax on these)
 - cycles areas - secure and showers
 - minibuses from railway stations and other key points
 - pool cars for people who could walk/cycle to work but need car for job
 - car sharing database
 - teleconferencing
 - will use stick – actually enforce car parking (clamps) and price (currently fairly low for staff)
 - CONSULTATION OCCURING NOW

Happy to link with other NHS Trusts in area and others. Use this man!!

Group B

- 1) Shower facilities for cyclists/ lockers
- 2) Financial incentives – passenger allowance in cars, cycling allowances
- 3) Prizes for achievement – e.g. Halfords, B&Q
- 4) Working within our locality
- 5) Teleconferencing/ limit on number of meetings
- 6) Extensive consultation on travel plans before developing one
- 7) Home working
- 8) Staff mileage payments
- 9) Park and walk system

Group C

3 Aspects – Incentives

- Disincentives
- Facilities

- Huge wish list and potential actions...
- Maybe need a centralised (Kent and Medway?) systematic expert service to:
 - 1) Survey employees
 - 2) Map public transport routes
 - 3) Identify potential areas for action – identify common journeys and focus on these

- 4) Set targets for travel change and health improvement
- 5) Could compare travel costs and carbon emissions between PCTs in the south east – and publish the results

Similar to Transport for London online tool (surveys, produces summary statistics and areas for action backed up by site audit.)

Commitment (time and funding) needed for:

- *Culture change from top and from bottom
 - * Induction training
 - *True acceptance of flexible working and approval for work on train to count towards hours (making it work for employees)
 - *Reorganisations – planning to take account of postcode of staff and office location
 - *Links with other agencies (LA school travel) (transport providers).
- Should Trusts sometimes commission minibus transport to/from public transport hubs?
 - Can meetings be arranged at central locations easily accessed by public transport (when necessary)
 - Investigate having pool cars (encouraging people not to drive to work and using more parking spaces)
 - Eco job swaps – enable staff to transfer between different NHS/public sector organisations to achieve greater home/work proximity
 - Link to work place health (see Carol Black review).

Group D

- Key challenge around behaviour change – staff/ patient
- Leaflet for patients and staff – bus timetable/ different ways of getting to services – send out with appointment letters and put in libraries
- Treat patients at home
- Park and Ride
- Car sharing
- Incorporate physical activity into care pathways
- Champions at local level
- Link in with local partners – schools/ LA
- Financial incentives – patients/ staff

Group E

Responsibility of convenor of meeting to assess carbon footprint and change organisation of meeting to reduce it.

Staff: -

- 1) Start by assessing carbon footprint of conferences/ meetings etc. and staff relocation.
- 2) Moving staff to different offices should reduce footprint not increase it.

- 3) Comparison of travel costs, PCTs etc. Data – cars, trains, bus
- 4) Home working encouraged: - priority to people who live far away.
- 5) No financial benefit for cars with higher emissions? – straight payment for everyone – or financial incentives for small cars
- 6) Teleconferencing
- 7) Cycling/ showers
- 8) Subsidised bus travel
- 9) Loans for long term public transport passes
- 10) Car sharing, car pools
- 11) Subsidised park and ride

Patients: -

- 1) Buses – free/ subsidised? Airport shuttle?
- 2) Identify patterns of movements – patients and staff

III. ADVOCACY FOR STRUCTURAL CHANGE

General

- The public sector workforce is 5% of the population – use as a lever to instigate change
- Think in terms of the combined NHS and local authority system acting together, including the HPA – lobbying power
- Ensure evidence-based
- Multi-sector tenant groups in large offices to link together, e.g. Preston Hall.

Travel

- Move from subsidising lease cars and large cars to subsidising low CO₂ cars and rail/bus/cycle/walking travel
- Lobby government on the actions in the 2008 Sustrans/Association of Directors of Public Health report on travel and health
- Set policy standard for tele/videoconferencing – e.g. all meetings of five or less should be done by teleconference – could pilot this for 6 months and then evaluate
- Sustrans – suggest that NHS and local government pay for bike cages at stations
- Personalised travel advice – set up service
- (See Travel Action Planning section)

Energy

- PASA Green Tariff – use it
- Nuclear power – agree policy
- Lobby for investment in server farms in cold places, e.g. the Hebrides, Iceland to reduce costs of cooling computers

Communication and public engagement

- Citizen engagement – public forum groups, e.g. of older people, to adopt combined green and health improvement initiatives
- Use email virtual groups
- Get staff up to speed on the agenda – 3 or 4 seminars, e.g. lunchtimes

- Use DPH Annual Reports (see Portsmouth), the media, policy consultations, staff newsletters, staff intranet, LA Cabinet agendas, Public Board meetings, Council meetings – put it on every agenda
- Use social marketing techniques to identify and target key audiences
- Lobby MPs and MEPs
- Quality of information on low-carbon living is highly variable – need accreditation of information for the public

NHS management and commissioning

- Lobby for including carbon reduction in governance and performance management, e.g. Monitor for NHS Foundation Trusts, NHS Operating Framework
- Lobby for ring-fenced money for carbon reduction
- Lobby for investment in leadership and capacity building – National Support Team for Carbon Reduction
- Lobby on the choice agenda – patient choice needs to be low-carbon, less travel
- Commissioning and implementing Darzi. Need templates for service specifications. Use Joint Strategic Needs Assessments for dataset.
- Use integrated appraisal – HIA/EIA
- All NHS organisations to do carbon audits (Carbon Trust)

Local government specific

- Section 106 payments to be used for sustainability projects, not road infrastructure
- Lobby on the building regulations – move beyond the minimum standard

Strengthen national/international networks

- Join population control groups, e.g. International Planned Parenthood Federation
- Join national networks – UK Public Health Association, Climate and Health Council, Health and Sustainability Network, WWF etc.

IV. MAINTAINING THE MOMENTUM

- Local Area Agreements – LAAs – indicators 188, 189, 186, 197 are all focused on sustainability e.g. per capita CO₂ emissions, biodiversity – make the most of these
- Get involved with the Transition Town movement - Stuart Jeffrey. Lewes, Tunbridge, Canterbury are all engaged.
- Link with Kent and Sussex Food Producers Association and the Fairtrade movement
- Link with NGOs in the South East – use RAISE
- Consider a follow-up event in 6-12 months to take stock of progress

Jenny Griffiths

Jackie Spiby

www.healthandsustainability.net for information and to join our network (with Alison Hill, Director of the South East Public Health Observatory)

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