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Key recommendations

Noting the request to consider how the content of this report could inform the future work planning of the Health Scrutiny Committee, we recommend that the committee:

- Schedule an agenda item to **scrutinise the work of the Health and Wellbeing Climate Change Advisory Group.**
- Investigate the implementation and enforcement of the smoke free zone and action taken against non-compliance with this.
- **Review all food procurement** under MCC influence.
- Recommend and support **training for all front line staff** (as a matter of urgency) in the impacts of climate change and mental health.
- **Call for a GMHSC-wide net zero strategy** and bring an item to scrutinise it.
- Bring a report in the next six months to **scrutinise the MFT Green Plan**, comparing its ambition to other trusts and asking for regular future updates to assess progress.

More generally, we recommend that Manchester City Council should:

- Make **health and climate change indicators like air pollution and heat-related illnesses publicly available** in a format that is easily understandable
- Take an **emergency review of the planned Beeline** cycle network routes with a view to implementing them in their entirety as quickly as possible.
- Convert a significant proportion of Council-owned **car park sites to cycle parking**.
- Protect its most vulnerable residents and **support a GMCA-wide charge or levy for those who pollute our air the most**.
- **Drive the development of a Manchester Food Strategy**, agreeing to a deadline for delivery and a monitoring and evaluation framework.
- Put in place provision to **meet the current need of mental health support**.
- **Recognise a broader range of direct and indirect ways in which climate change impacts mental health, and the role that socio-economic inequalities will play in this.**
- The Health Scrutiny Committee should work with other Directorates of Manchester City Council to **establish a natural services network** to map all sites in their local area that provide opportunities for interaction with nature and/or activities that preserve the natural environment and promote these to mental health services.

Introduction

“Like all crises, COVID has made poorer people poorer and sick people more sick”. That’s what then-Executive Member for Health and Care Bev Craig said to the Manchester City Council’s Health Scrutiny Committee in February 2021.

The Council unanimously declared a climate emergency in July 2019. In doing so, it confirmed that the climate crisis deserves urgent action on and above the scale that we have since seen is possible throughout the COVID-19 pandemic. Left unchecked, the climate crisis will cause widespread harm to health and widen health inequalities, and we are not doing enough to address this.

This report is a response to the Health Scrutiny Committee’s An Introduction to the Impact of Climate Change on Health and Healthcare in Manchester. That report takes a broad sweeping approach to climate change in Manchester and the city’s ambitions and activities to date.

Consequently, we will in response also represent and introduce a wide range of issues and ideas. Both reports are light in detail and do not begin to address the level of change needed to adequately respond to the climate emergency. We should have already gone beyond an ‘introduction’ to these issues in 2022. It’s now crucial that more time is dedicated to in-depth discussion of specific climate issues in the health scrutiny work from this point forth. The report to Health Scrutiny sketches some of the activity undertaken so far, but **what must Manchester do next**?

The UK’s health and social care systems are notoriously complicated to understand, which makes scrutiny by both councillors and the public difficult. This report is intended for both of these audiences and we have tried to make it as clear as possible. All acronyms are defined when introduced but we have also included an acronym list for reference.

For more information about Climate Emergency Manchester and its work to hold local authorities to account on their climate commitments, see climateemergencymanchester.net. If you’d like to help out with future reports or work on health and climate, please do get in touch - contact@climateemergencymanchester.net

Climate Change and Both-sides-ism

On two occasions, the health scrutiny report speaks about the health benefits of a warming climate (in sections 2.2.4 and 3.1.8). For example, it claims that warmer summers and milder winters will 'encourage greater use of the outdoors and greenspace' and so there will 'need to be constant monitoring of the balance of risks and benefits' of climate change. We were shocked to read these statements, and reject them unequivocally. It is dangerous to hold up the miniscule benefits of increased plant productivity and mild temperatures in balance with the devastating effects of climate change, and to do so is a tactic that has been used by climate deniers and others that intend to slow or prevent climate action.

Acronyms

ATN - Active Travel Neighbourhoods

AQMA - Air Quality Management Area

DFT - Department for Transport

GHG/ GHGE - Greenhouse gas/greenhouse gas emissions

GM / GMCA - Greater Manchester / Greater Manchester Combined Authority

GMHSC - Greater Manchester Health and Social Care Partnership

MCC - Manchester City Council

MCCA - Manchester Climate Change Agency

MFT - Manchester University NHS Foundation Trust

WHO - World Health Organisation

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Climate change in Manchester and the impact of climate change on health

Climate change is **already** having a negative impact on the health of Manchester's residents, and this impact will worsen over time. The extent to which it affects our health and healthcare system is dependent on how much warming occurs, and it remains vitally important that Manchester (alongside the rest of the world) delivers on promised mitigation action to prevent the worst impacts on our health being actualised.

With this in mind, it is a **public health scandal** that the city is not on track to reach the science-based carbon budgets set by the Manchester Climate Change Agency. Manchester will 'almost certainly' exceed the first interim carbon budget for 2018-2022. We have burned through about 40% of this century's budget in the last three years. This unequivocally contributes to physical and emotional harm and excess deaths from climate change.

As noted by the Health Scrutiny report, many climate decision-making processes do not account for health co-benefits and their economic valuation. The report also notes that 'public health benefits from implementing ambitious climate actions far outweigh the costs and strengthening health resilience and building adaptive capacity will protect vulnerable populations from health shocks and promote social equity'. This rhetoric is positive but as always we must see deeds that match these words.

With that in mind, the news of the establishment of a Health and Wellbeing Climate Change Advisory Group should be approached cautiously. Who forms this advisory group, and whether their work extends beyond updating the 'narrative' around climate change and health to actual policy change, must be monitored.

Recommendation - that an item is scheduled for the Health Scrutiny Committee to scrutinise the work of Health and Wellbeing Climate Change Advisory Group. As the Advisory Group is meeting for the first time in February, this should be set for May 2022 to allow for work to have started and for scrutiny to be part of the group from the beginning.

The impacts of climate change are wide ranging, and can include:

- Injury / death from extreme weather events
- Heat related illnesses
- Respiratory illnesses
- Water borne diseases
- Zoonoses (diseases transmitted from animals to humans)
- Vector borne diseases (parasites, bacteria, viruses)
- Malnutrition
- Non-communicable diseases
- Mental and psychological health impacts

Source: WHO

Some of these issues affect Manchester's residents more than others, and the amount that they affect residents will change over time. There is no detail in the report about the extent and spatial distribution of these health impacts, and that information is not readily available online, but it is vital to understanding where mitigation measures like reducing traffic and adaptation measures like increasing healthcare capacity and adapting homes to prepare for dangerous heatwaves and cold spells should be targeted first.

There is ward-level health data available publicly on the Intelligence Hub, including climate-adjacent measures like respiratory diseases, fuel poverty and access to outdoor spaces. MCC could incorporate data on health and climate measures into this Intelligence Hub. The scrutiny committee should have access to data like this to drive their work.

Recommendation - that MCC makes health and climate change indicators like air pollution and heat-related illnesses publicly available in a format that is easily understandable for all residents, including ward-level data and progress over time.

Extreme weather events

Heat

The last decade has seen warmer and wetter weather than previous decades.

While many enjoy the hot weather, high temperatures already have consequences. Summer 2020 saw 2,556 all-cause excess deaths (excluding deaths from COVID-19) during episodes of heat. A heatwave in Manchester is defined by the Met Office as 3 consecutive days above 25℃. There is now a 1 in 10 chance that a summer as hot as 2018 (equal-second hottest) is likely to happen. This is projected to happen more frequently with potentially a 1 in 2 chance by the 2050.

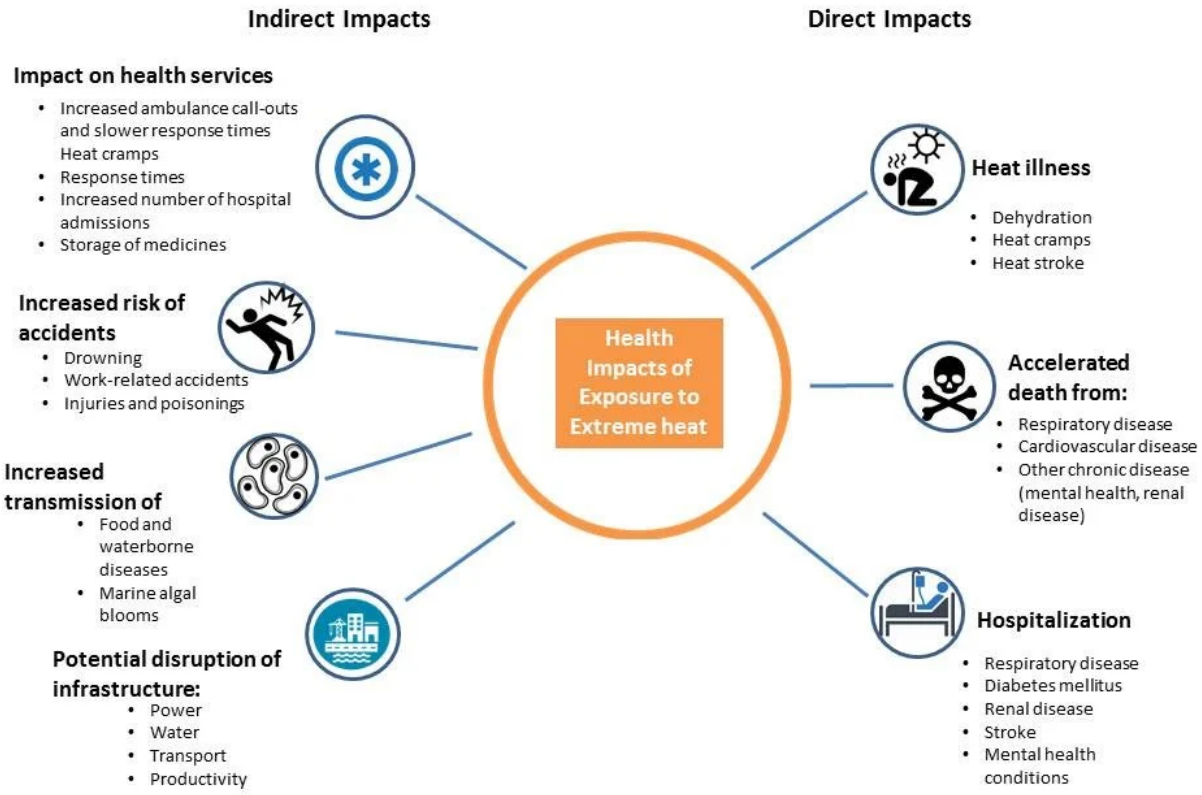
It is projected that numbers of heat related deaths will triple by 2050, with the hottest summers on record that we have observed in recent years, becoming “normal” future summers.

There are specific groups that are more vulnerable to heatwaves. The NHS highlights:

- older people – especially those over 75
- those who live on their own or in a care home
- people who have a serious or long term illness – including heart or lung conditions, diabetes, kidney disease, Parkinson's disease or some mental health conditions
- those who may find it hard to keep cool – babies and the very young, the bed bound, those with drug or alcohol addictions or with Alzheimer's disease
- people who spend a lot of time outside or in hot places – such as those who live in a top floor flat, the homeless or those whose jobs are outside

Deaths and hospitalisations from heat can occur extremely rapidly (same day), or have a lagged effect (several days later) and result in accelerating death or illness in the already frail, particularly observed in the first days of heatwaves. Even small differences from seasonal average temperatures are associated with increased illness and death.

Heat also has important indirect health effects. Heat conditions can alter human behaviour, the transmission of diseases, health service delivery, air quality, and critical social infrastructure such as energy, transport, and water.



Source: WHO

Floods

More frequent, extreme rainfall is projected; it may result in more floods, of greater intensity and various types. Flooding has extensive and significant effects on health, spanning the short and long terms and ranging from drowning and injuries to infectious diseases and mental-health problems. Two thirds of flooding-related deaths in Europe were from drowning, and the remainder from physical trauma, heart attacks, electrocution, carbon monoxide poisoning and fire.

Health effects observed during and after floods include injuries, infections, poisoning and greater mental-health problems. Outbreaks of infectious disease are rare. The longer-term health effects result from displacement, shortages of safe water, injuries, disruption of access to health services and delayed recovery.

The flooding of health facilities disrupts services, and results in loss of infrastructure (such as water supply and electrical power) and increased difficulty in providing routine care for patients with chronic diseases, at a time when admissions increase.

What is Manchester doing?

The report to MCC's Health Scrutiny committee highlights that a lot is already known about the extreme weather events and risks that affect the city and its residents. Going further than this report it also mentions the risks of moorland fires during heatwaves in the surrounding areas where smoke blows across the city further damaging air quality and the risk of drought due to our reliance on rainwater-fed reservoirs for drinking water.

However, it is disturbing to read (section 3.1.8) what is perceived as benefits from milder winters or warmer summers from climate change repeated in this report as it is so frequently used by those who try to deny or delay action in reducing CO_2 emissions.

What is required now needs to go far further than 'comprehensive understanding of specific climate risks' reports, which will often lie gathering dust on shelves or archived on websites. The longer those who require adaptation measures such as those listed in section 3.1.9 to reduce their vulnerability to climate risks go unidentified the more likely they suffer, their health outcomes deteriorate and valuable resources are used to treat the symptoms rather than prevent them occurring in the first place.

Recommendation - That MCC develops a series of extreme weather adaptation and treatment plans, and a timeline to roll them out.

Air pollution in Manchester

As well as contributing to a third of Manchester's carbon emissions, the way we travel has a detrimental effect on our health. And out of all our modes of transport, nearly 70% of emissions come from cars and taxis.

The important pollutants to measure are NO_2 (nitrogen dioxide), and PM2.5, which is a mixture of tiny, invisible particles created by the combustion of liquid and solid fuels (i.e. petrol/diesel engines, wood and coal burning fires).

WHO guidelines recommend that PM2.5 does not exceed 10 $\mu g/m^3$. During lockdown in Manchester, even though the level of PM2.5 did fall, it still exceeded the WHO limit and has quickly bounced back to pre-pandemic levels.

Particulate air pollution in Manchester contributes to 5.2% of deaths (the highest of all GM authorities), or the equivalent of approximately 178 annually.

Everyone who breathes polluted air is at risk of health complications, however there are certain groups who are more vulnerable, including:

- **Children** - air pollution has been found to alter the development of a baby's lungs in the womb, and can lead to premature birth and low birth weight. Poor air quality continues to affect lung development into adulthood, causing conditions such as asthma. Air pollution has also been linked to poor mental health in children.
- **People with respiratory conditions** such as asthma or chronic obstructive pulmonary disease (COPD). People with asthma tend to suffer from more asthma attacks in places where air pollution is high. According to data from Public Health England, Greater Manchester has the highest incidents of asthma of any combined authority in the country.
- **People who live on main roads.** These residents also tend to be poorer and are less likely to own a car, meaning that they are paying with their health for the behaviour of others.

What is Manchester doing?

Poor air quality is an issue faced by councils around the country, however action to tackle the problem has been lacking. Manchester is no exception; despite having an Air Quality Management Area (AQMA) in place for several years, progress on reducing air pollution has been painfully slow.

The key strategies that Manchester City Council has in place to encourage to improve air quality include the following:

Greater Manchester Transport Strategy - 'Right Mix 2040'

MCC has an aim to reduce car journeys to no more than 50% by 2040 - a modest target considering this would mean a reduction of only an additional 10% from the figure of around 40% from 2017.

The Bee Network

30% of trips in Greater Manchester are under 1km in distance, which is the equivalent of a 15 minute walk or 4 minute cycle. Improving walking and cycling infrastructure to encourage people to leave their cars at home is key to tackling this - enter the Bee Network, delivering 1,800 miles of cycling routes.

Following the resignation of Chris Boardman as walking and cycling commissioner, the Bee Network is at a crossroads. 2021 was supposed to see 100km of safe cycling routes constructed, but many projects are behind schedule and only £70m of the £160m funding has been spent.

Active Travel Neighbourhoods

Technically part of the Bee Network, 17 Active Travel Neighbourhoods across Greater Manchester have been proposed. The schemes include road filtering to prevent rat-running, making streets quieter to enable children to walk and cycle to school safely, and crossing improvements.

The Levenshulme and Burnage ATN has seen endless rounds of consultation and watering-down of plans, with a new proposal put forward by the council for the final version of

the ATN which removes some key road filters. The council hasn't provided a rationale for these changes, or how they will benefit pedestrians and cyclists.

In a wider sign that convictions are wavering on ATNs, the scheme in Cheadle was recently cancelled after residents claimed they were not properly consulted, and the proposals were ultimately rejected.

School Streets

An update on Manchester's School Streets trials - "providing traffic-free space outside schools!" was provided at the Children and Young People's Scrutiny Committee in Jan 2022 (3.2 - 3.4):

"The Neighbourhood Teams, alongside Highways, have supported 20 primary schools in 13 wards across Manchester to hold one day tester "School Street" Sessions.

Following successful one day trials, many schools have asked that they hold them more regularly. The Council was successful in September 2021 in a funding application to TFGM and has been granted £50k to roll out a pilot programme at 7 schools in Manchester that will see School Streets Sessions held every school term day.

The Council will provide accredited marshal training and resources for school staff and parent volunteers"

Although the aim is commendable, this update highlighted multiple problems with the current scheme and the likelihood of it being rolled out to the necessary extent.

20 primary schools (the sample size) represents a fraction of the schools in Manchester and the distribution across the city is not clear (have they been trialled more in some areas than others?). Like many initiatives, this still seems stuck at the aspiration / pilot phase.

Moreover, the marshalling of the School Streets seems to depend on the availability of parents to give up their time for free and / or school staff who may already be stretched.

CAZ

Arguably the linchpin of the clear air strategy, the introduction of the Clean Air Zone has been paused due to significant backlash from business owners and others whose vehicles would come under the new charges. The scheme will now not begin until 2026, and will not include private cars, meaning its impact will be limited.

Recommendations

We strongly urge Manchester City Council to implement the following recommendations:

1. The Bee Network is failing due to a mixture of apathy and lack of bravery from local councillors. Engagement in culture wars between motorists and cyclists benefits nobody; however they choose to travel, all Manchester residents ultimately have to breathe the same air, and this is the message that the council needs to get across.

   Recommendation: The council should take an emergency review of the planned routes with a view to implementing them in their entirety as quickly as possible.

2. Similarly, with ATNs the council must show leadership and resolve in the face of a noisy minority opposition - make permanent the positive changes that have been made by the Levenshulme and Burnage scheme rather than rolling them back.

   Recommendation: The council should learn lessons from the challenges faced by the Levenshulme and Burnage scheme, work to quickly identify more neighbourhoods that would benefit from these schemes and implement them swiftly without repeating the mistakes.

3. Reallocate road space from cars to people. This includes new planning policies to ensure all future development and infrastructure schemes are designed around clean air and people. Additionally, the banning of pavement parking following the example of Sheffield City Council imminently introducing new traffic regulation orders and other disincentives for driving such as workplace parking levies. MCC recently took back control over 13 NCP car parks in the city centre, meaning it has an opportunity to make meaningful change to how people travel here.

   Recommendation: The council should convert a significant proportion of these sites into cycle parking. The city of York is planning to ban all private cars from its centre from; MCC could take note of this leadership and set a date to phase out cars from the centre.

4. Councillors should publicly back the CAZ and push for its implementation as quickly as possible. The London Ultra Low Emissions Zone has been shown to reduce the number of people living in areas where levels of NO_2 exceeded the legal limit by 94%.

Furthermore, research suggests that those exposed to pollution are most often not the ones responsible for creating it.

Recommendation: The council should protect its vulnerable residents and support a charge or levy for those who pollute our air the most.

5. The new regulations put in force by the Government are that, by 2022, all new log burners and wood-burning stoves must restrict their emissions to an agreed level. Since May 2021, all wood must be Ready to Burn certified and whilst MCC does not have the power to ban wood burning, it is a smoke free zone and can issue fines for non-compliance in terms of appliances and types of fuel burnt. But this hasn't happened yet.

   Recommendation: The Health Scrutiny committee should investigate the implementation and enforcement of the smoke free zone and action taken against non-compliance with this.

Food

Climate change impacts food and nutritional security in a number of ways, including: warmer summers, milder winters and higher rainfall which all influence the spread and transmission of foodborne pathogens (bacteria or viruses) and the occurrence of illness and outbreaks of food poisoning; whilst some products that are essential to diets in the UK can be grown and made locally, people are dependent on global imports for supplies of healthy foods such as fruits and vegetables; almost 10 million tonnes of food is wasted each year in the UK despite poverty levels; the environmental contribution of the food sector to total greenhouse gas emissions (GHGE) is estimated at 15 to 31 %;[1] poor access to shops, inadequate storage and cooking facilities, and unemployment prevent low-income families from maintaining a healthy diet, not simply a lack of education or knowledge.

What is Manchester doing?

We know that citizens in Manchester want a better food system. Food was one of the focus areas for the Manchester Community Assembly on Climate Change in summer 2021, and recommendations for a healthier and more sustainable food system featured in the assembly's final mandate. Residents from all over the city were invited to share ideas, engage in discussion, and hear from experts on key issues, including food and agriculture. Following this, assembly members proposed a higher council tax for farms producing meat or dairy; a ban on well researched damaging pesticides, an environmental labelling / rating on food production; for Manchester to push for a national ban of harmful monocrop practises like palm oil; educational campaigns for sustainable food in partnership with Manchester food retailers; strict food waste regulation; school partnership projects; and more effective utilisation of land. The status of these recommendations and who is tasked with reviewing them remains unclear.

We also know that Manchester's food system is being pushed closer to breaking point. Between 2019 and 2021 the number of food distribution centres in GM increased from 56 to 64 and food parcels distributed increased by 29%. As the food prices rise through the cost of living crisis, the need for all residents to have access to healthy, affordable meals which do not come at the expense of the planet has never been greater.

[1] Sustainable Healthy Eating Behaviour of Young Adults

Coordinating action on healthy and sustainable food in Manchester is a task outsourced to the Manchester Food Board, an independent body made up of organisations across the city and run by a company called FoodSync. Information about the membership and actions of MFB is difficult to access: the website does not list member organisations, nor the governance structure. MFB presented at the Environment and Climate Change Scrutiny Committee in January 2022, but submitted a recent newsletter rather than an action plan or progress report. The committee revealed a number of problems with the work on Manchester's food systems and key questions from councillors remained unanswered:

- There has been a **lost decade** in reforming the food system in Manchester: we are on the back foot. Barry Gillespie, consultant in Public Health in MCC's Population Health Team introduced the item at ECC with the remark: "There had been a food board, there had been a lot of work had been done on this ten years ago, but then we lost posts and work through the cuts to the Council and the impact of austerity" (2:30).
- FoodSync was commissioned in 2018 to lead the Manchester Food Board. Their contract only runs until 2023. Whether they will be recommissioned is unclear. This may be a moment to review the arrangements or re-tender, and clarity is needed soon.
- The report to Health Scrutiny notes in 5.2.1 that 'the objectives of the MFB are to develop a food strategy for Manchester'. The deadline for such a strategy is not stated, nor is there any sense of how this might build upon future efforts to draw up a food strategy, including Manchester's application to become a bronze Sustainable Food City in 2017.
- FoodSync currently has **one employee working three days a week** on this programme. It may be difficult to scale or provide strategic leadership with this level of resource.
- There was little detail on how the Council ensures there is healthy and sustainable food in the organisations with which it has contracts, including care settings.
- Following the closure in 2020 of Manchester Fayre, MCC's internal school catering provider, all schools in Manchester are now using private catering contractors. Although there may be examples of private catering contractors using healthy and sustainable food, the quality of school meals will vary considerably and this is a lost opportunity for influence.

In addition to MFB, there are a number of wider groups with MCC or GMCA representation, although the Food Sync CEO acknowledged at the Environment and Climate Change Scrutiny Committee that some of these are 'talking shops'. MCC and GMCA also sign up to a number of national and international declarations on food, including the Right to Food Campaign, the No Child Should Go Hungry and, most recently, the Glasgow Food and Climate Declaration cited in 5.2.3 of the Health Scrutiny Committee. How these commitments will be implemented locally is not clear. Certainly the Council should not rely on EU-funded programmes alone (the Food Wave initiative cited in 5.2) as these are not a long-term funding source.

Case studies from other councils

Bristol was awarded Gold Sustainable Food City Status in May 2021 and thus forms a good case study for best practice. The successful application includes the following features:

- Driven by Bristol City Council, with a clear governance structure that reports to the Mayor
- A sense of momentum and excitement about 'going for gold', public engagement and communications campaign (e.g. a stories section of the website with local perspectives)
- Explicitly learning from and building on previous awards (Bronze and Silver - and tying this to 'moving up the waste hierarchy')
- Clear long term goals attached to dates
- Creative us of Council influence and policy levers to bring about change

Bristol's **Local Plan** creates additional space for allotments, includes a policy which prevents fast food takeaways from being built within close proximity to schools and requires a health impact assessment to be undertaken for all new food and catering developments

Liverpool City Region supports a wide range of food projects through its Community Environment Fund

Title of Project	What
Compost Works (UK) Ltd – Compost is the Future	Delivery of education, practical food waste workshops through engagement with environmental organisations, resident groups and the public.
School Improvement Liverpool Limited – Liverpool: Think, Cook, Save!	Primary school resource pack on food waste, awareness raising and cooking workshops
South Sefton Development Trust, Regerus – A community growing circle	Creation of sustainable street gardens supported by food growing training sessions.
Fazakerley Community Federation – Karonga Community Growing Project	Working in conjunction with Cobalt Housing, using their land to create community allotments for food growing and education, with support from Myerscough College.
Farm Urban and Make CIC – Seeds of Change	Creating a hydrophonic Edible Wall with Magenta Housing residents, bringing accessible indoor food growing to life at Make Hamilton, supplemented by workshops.
The Joseph Lappin Partnership Ltd – The Lappin Centre Food Growing Project	Creation of food growing on currently disused piece of land which would complement existing food pantry/café.

Recommendations

- Accelerate the development of a Manchester Food Strategy, agreeing a deadline for delivery as well as a monitoring and evaluation framework
- Review the commissioning and governance arrangements for coordinating food strategy in the city, ensuring that any future arrangements are adequately resourced
- Review all food procurement under Manchester City Council influence
- Review the decision to outsource all school meals to private catering companies
- Consider the recommendations related to food in Community Assembly Mandate, including:
    - A higher council tax for farms producing meat or dairy
    - A ban on well-researched damaging pesticides
    - School partnership projects
    - Stricter food waste regulation
    - More effective utilisation of land for growing projects, potentially using levers available in the Local Plan

Mental Health

We adopt the WHO's stance on health – that it should be defined by a complete state of physical, mental and social well being, not just an absence of disease (WHO, 2018).

There is **increasing evidence** of both direct and indirect impacts on mental health from the climate and ecological emergency[2]. In May 2021, the Royal College of Psychiatrists declared a climate and ecological emergency, releasing survey results which revealed that four-fifths (84%) of the UK public think that climate change will affect their mental health in a decade.

Source: *Royal College of Psychiatrists, 2021*

> **"The climate and ecological emergency is a mental health emergency. Our mental health is entwined with the health of our natural world.**
>
> **"We have no choice but to join the voices of those who are calling for urgent action and declare a climate and ecological emergency to avert a health and mental health catastrophe."**

Dr Adrian James, President of the Royal College of Psychiatrists

[2] Berry H, Waite T, Dear K et al (2018) The case for systems thinking about climate change and mental health. Nature Climate Change. 8: 282–90; Hayes K, Blashki G, Wiseman J et al (2018) Climate change and mental health: risks, impacts and priority actions. International Journal of Mental Health Systems, 12(28)

Children and young people are likely to see their mental health affected by climate change. This includes but also goes beyond 'eco-anxiety'. For example, research points to the link between childhood exposure to air pollution and mental illness in adulthood. Today's young people will grow up to become adults in the era of the climate emergency: action can not therefore target young people or educational settings alone.

The links between climate change and mental health include more than extreme weather events. For example, we need to prepare for a future in which Manchester receives significant numbers of climate refugees, as well as residents with family in areas of the Global South whose homes and livelihoods will be hit hardest by the ravages of a changing climate.

Mental health problems will affect those already worse off, vulnerable groups and those with pre-existing mental health conditions. According to the Centre for Mental Health:

> **"Some groups of people have far poorer mental health than others, often reflecting social disadvantage. In many cases, those same groups of people have less access to effective and relevant support for their mental health. And when they do get support, their experiences and outcomes are often poorer, in some circumstances causing harm. This 'triple barrier' of mental health inequality affects large numbers of people from different sections of the population".**

- Children from the poorest 20% of households are four times as likely to have serious mental health difficulties by the age of 11 as those from the wealthiest 20%.
- Men and women from African-Caribbean communities in the UK have higher rates of post-traumatic stress disorder and suicide risk and are more likely to be diagnosed with schizophrenia.
- Women are ten times as likely as men to have experienced extensive physical and sexual abuse during their lives: of those who have, 36% have attempted suicide, 22% have self-harmed and 21% have been made homeless.

(Summary of multiple sources from the Commission for Equality in Mental Health, 2020)

Preventing mental health problems requires an understanding that mental health is interwoven with other agendas – including housing, employment, social inclusion, economic development, and safety. **Local authorities are uniquely placed to connect all parts of the system. They**

have the ability to knit together their own strategies to work towards fewer health inequalities and better mental health for all.

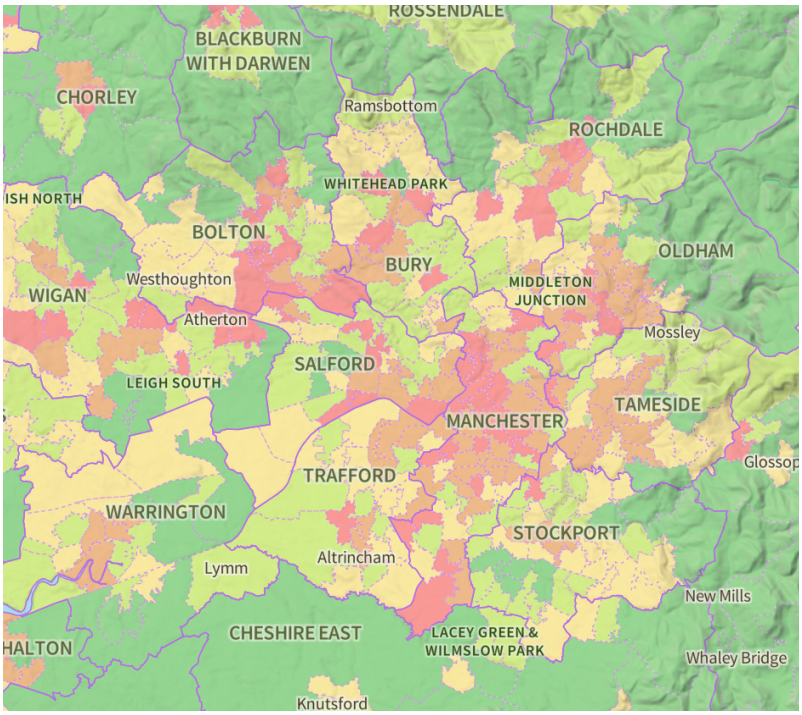
Just as there should be no stigma attached to mental health, there should be no stigma attached to mental health conditions related to climate change. According to Mind, 1 in 4 people in England will experience some kind of mental health condition each year and 1 in 6 will report a common mental health condition in any given week. In September 2021, a global survey of 10,000 young people revealed the extent of mental health concerns linked to climate: most 16-25 year olds worry about the future and feel let down by governments.

What is Manchester doing?

It is worrying that Manchester City Council has only 'anecdotal' evidence on the links between climate change and mental health. Mapping and monitoring the need must be a priority, noting that data on mental health service users only represents one dimension of the challenge.

Social prescribing (improving health and wellbeing by connecting individuals to non-clinical community services) has gained traction across Greater Manchester. In March 2021, five 'green social prescribing' projects received funding from Greater Manchester Health and Social Care Partnership. In February 2022, TfGM received a £100k grant from the DfT for a feasibility study into the physical and mental health benefits of active travel.

These are welcome developments, however many social prescribing initiatives seem stuck at pilot phase rather than embedded. The sums of money invested are not huge (the TfGM award was from a £2m national pot split between 30 local authorities). Social prescribing and nature-based solutions cannot replace investment in mental health services for the most acute conditions. Moreover, they may not also address the underlying inequalities. England's Green Space Gap, recent research by Friends of the Earth revealed a **marked disparity in access to green space across the UK including Manchester** and particularly a strong correlation between green space deprivation and ethnicity.



The research was produced by bringing together ONS data on public green space, garden space, and open land access such as mountain, moor, heath, down or common land and combining it with neighbourhood population data, including on ethnicity and income.

Case studies from other councils

This is an area receiving increasing recognition, so practice is not firmly established in any one local authority. There is real potential for Manchester to lead the way - if it embraces a broad understanding of the connections between climate change, mental health and social determinants.

Manchester City Council should work with other researchers and health professionals leading the way in this field. This could include the Climate Cares initiative at Imperial College London (a collaboration between the Institute of Health Innovation and the Grantham Institute of Climate and Environment), particularly the work of Dr Emma Lawrence, as well as professional networks such as the Climate Psychology Alliance and Royal College of Psychiatrists.

Examples of good practice all focus on adaptation and resilience.

- **Glasgow** - Policymakers and Glasgow Caledonian University facilitated a knowledge exchange session on climate change, climate justice and mental health in May 2019.
    - GPs and local authorities were encouraged to consider drawing on wider frameworks which could be applicable to mental health conditions linked to climate change, including the National Trauma Training Programme as well as the Scottish Recovery Network.
- **Leeds - Mentally Healthy Leeds** is a public mental health programme commissioned by Leeds City Council which is delivered by a consortium comprising organisations with national experience, strong local footprints, and expertise working with communities**.**
    - Public mental health grants focus on areas of the city where there are higher levels of crime, social housing, unemployment, and mental health problems.
    - The programme offers people with lived experience of mental health problems the chance to participate and influence the way services are delivered. For example, training for frontline practitioners has been co-produced and there are opportunities to train as anti-stigma champions.
    - Mentally Healthy Leeds works closely with the Children and Families Directorate, supplying the Parks and Countryside Service with the evidence base for the positive impact of green space on wellbeing.
    - The Mindful Employer programme works with businesses across the city.
- **Tameside and Glossop** have created the Living Life Well Neighbourhood Mental Health Team who situate mental health, employment and peer support coaches alongside practitioners who deliver more intensive mental health interventions.
    - This includes building more mental health informed communities, offering free mental health training for people in accessible community groups and professions, e.g. barbers and faith groups.
    - The team also operate in accessible drop-in locations like the high street based Anthony Seddon Centre, as well as Integrated Neighbourhood Service Hubs where they are situated alongside other frontline health and social service

providers and participate in multi-agency meetings to target resources, consider issues affecting the community, and coordinate support to avoid duplication.

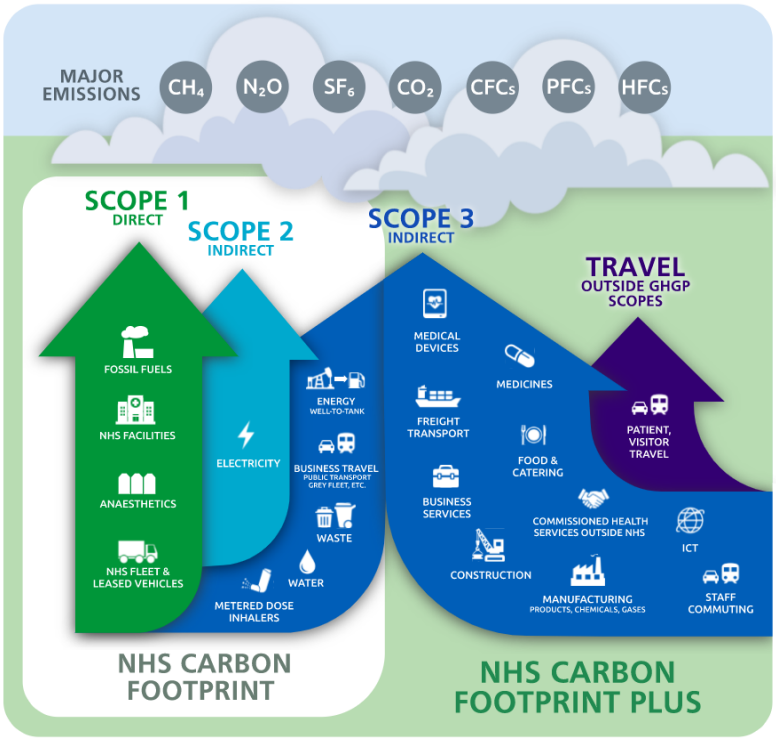
Recommendations

- The Council should put in place provision to meet the current need of mental health support.
- The Council should support training for all front line staff (as a matter of urgency) in the impacts of climate change and mental health.
- The Council should recognise a broader range of direct and indirect ways in which climate change impacts mental health, and the role that socio-economic inequalities will play in this.
- The Council should establish an evidence base that goes beyond anecdotal and considers a wider range of groups (beyond young people already engaged with the Council).
- The Health Scrutiny Committee should work with other Directorates of Manchester City Council to establish a natural services network to map all sites in their local area that provide opportunities for interaction with nature and/or activities that preserve the natural environment and promote these to mental health services.

Healthcare systems and services

The NHS is responsible for approximately 5-6% of the UK's greenhouse gas emissions, and healthcare internationally accounts for 4-5% of global carbon emissions[3]. Reducing this carbon footprint is vital but must be balanced by ensuring the quality of health care services. Measures like disability adjusted life years (DALYs) averted per tonne of carbon can identify how much health a tonne of carbon can "buy" and thus improve health outcomes within a given carbon budget[4]. These could be incorporated into health system priorities to ensure that trusts can identify the best pathway to decarbonising.

The NHS released its Net Zero Strategy in 2020, which commits to reaching net zero emissions on the 'NHS Carbon Footprint' by 2040, and net zero by 2045 for the emissions that they can influence (the 'NHS Carbon Footprint Plus'), as set out below.



[3] Pichler P et al (2019) International comparison of health care carbon footprints. Environmental Research Letters. 14: 6.

[4] Bhopal A, Norheim O F (2021) Priority setting and net zero healthcare: how much health can a tonne of carbon buy? BMJ 375:e067199

The NHS Net Zero Strategy has an 'iterative and adaptive' approach, with a Paris Agreement-esque ratchet mechanism that sees trusts and the overall NHS regularly review progress and increase ambition over time. This strategy is genuinely world-leading, provided it can deliver on its ambition. The NHS has been proactively working on decarbonisation since 2008, with the carbon intensity of NHS services on a per patient basis decreasing by 64% since 1990 according to CarbonBrief. This means that many low-hanging fruit opportunities, such as transitioning from volatile anaesthetics that are potent GHGs and switching lightbulbs to LEDs, have already been enacted leaving difficult issues like reducing supply chain emissions.

To support the NHS to achieve these goals, it must have funding to deliver the transformations required, especially as budgets and capacities continue to be stretched by COVID-19. This must happen on a national scale, but there are devolution opportunities for Greater Manchester that means we can and should aim to fund decarbonisation of the Greater Manchester Health and Social Care Partnership (GMHSC). To our knowledge there is no strategy or plan for decarbonising the GMHSC as a whole, although in August 2019 it said on the GMHSC website that it would bring a 'sustainable development management plan' by the end of the year.

Recommendation: Call for a GMHSC-wide net zero strategy and bring an item to scrutinise it.

We hoped to scrutinise the Manchester University NHS Foundation Trust (MFT), but their Green Plan, 'Code Green: Delivering Net Zero CO_2 at MFT', had not been made available online at the time of writing despite tweeting on the @MFTgreen account on the 13th of January that it would be publicly available "very soon". We responded to that tweet asking when it would be published, and the report was then posted to their twitter account the next day and tweeted to us a minute later. The report was also quietly added to the reports page of the website. We assume this means that councillors have not had a chance to scrutinise this report.

Recommendation: Bring a report in the next six months to scrutinise the MFT Green Plan, comparing its ambition to other trusts and asking for regular future updates to assess progress

The MFT Green Plan commits the Trust to be net zero carbon by 2038 using the NHS Carbon Footprint . This is faster than the NHS-wide target and in line with Manchester's overarching net zero target. However, this is not the UK-leading target. Hull University Teaching Hospitals NHS Trust (HUTH) has set a target of net zero emissions by 2030. In the announcement on their website, the Chief Executive said:

> “The Humber is one of the coastal regions officially listed as high risk due to rising sea levels and increasing flood threat. Ninety per cent of our city lies below the high-tide line and the devastation caused by the 2007 floods is fresh in all of our memories
>
> We will not stand by and do nothing. Our plans have already begun and we’re determined to do whatever it takes to accomplish our aims.”.

HUTH is building a solar panel field, improving the energy efficiency of its estates to halve building emissions by 2028 and setting a target of sending nothing to landfill by 2025. This is the level of ambition we should see across Manchester.

A longer view : the history of health and climate change in Manchester

By Marc Hudson, of All Our Yesterdays: 365 Climate Histories

When we think about the connections between health and environment in Manchester, people will start the story quite rightly, with industrialization, air and water pollution, the condition of the working class in England, smoke abatement, etc. What gets lost in that?

What we need to remember is that right from the beginning of public awareness of the "greenhouse effect" as climate change was called in the late 1980s activists, medics, scientists were pointing out that climate change would be a major health problem from heat waves to the availability of decent food, to flooding to psychological problems.

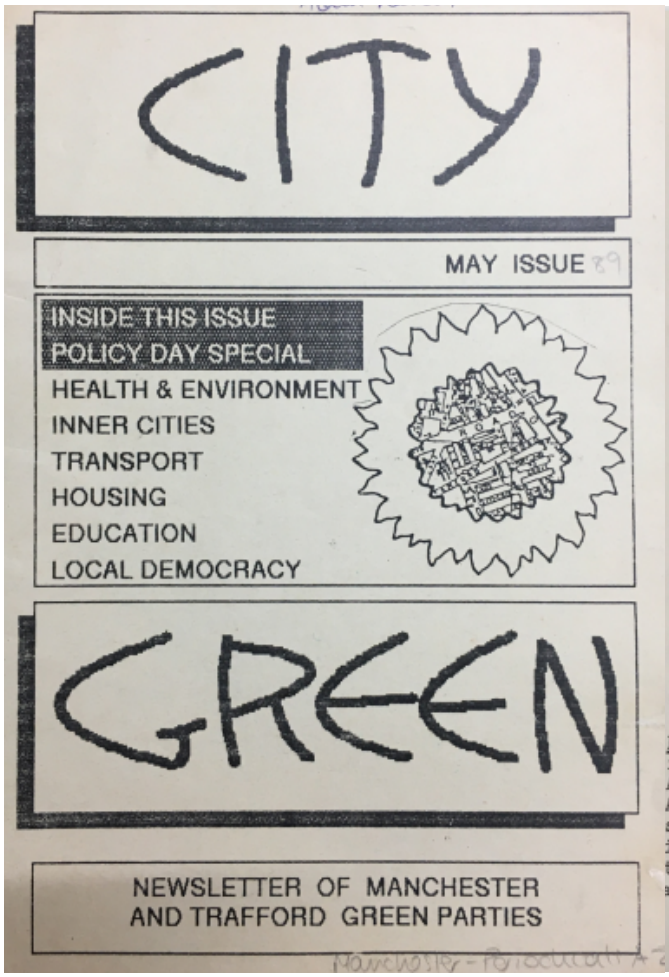
Take for example "City Green" - the newsletter of Manchester Green Party.[5]

In May 1989 they made the point:

> "Our approach to environmental policy should be to encourage the Council to promote a sustainable and balanced healthy environment and constantly bear in mind the need to conserve the finite resources of our planet. We need policies which establish a proper balance between short-term economic requirements and the longer ecological need of the community; which maintain and, where possible, improve the quality of the local environment. "

[5] The author of this section, Marc Hudson, is not now and has never been a member of the Green Party (or indeed any political party). Of the current core group members of Climate Emergency Manchester, one is in Labour and another is in the Green Party.

In April 1990 they returned to the topic:



CITY

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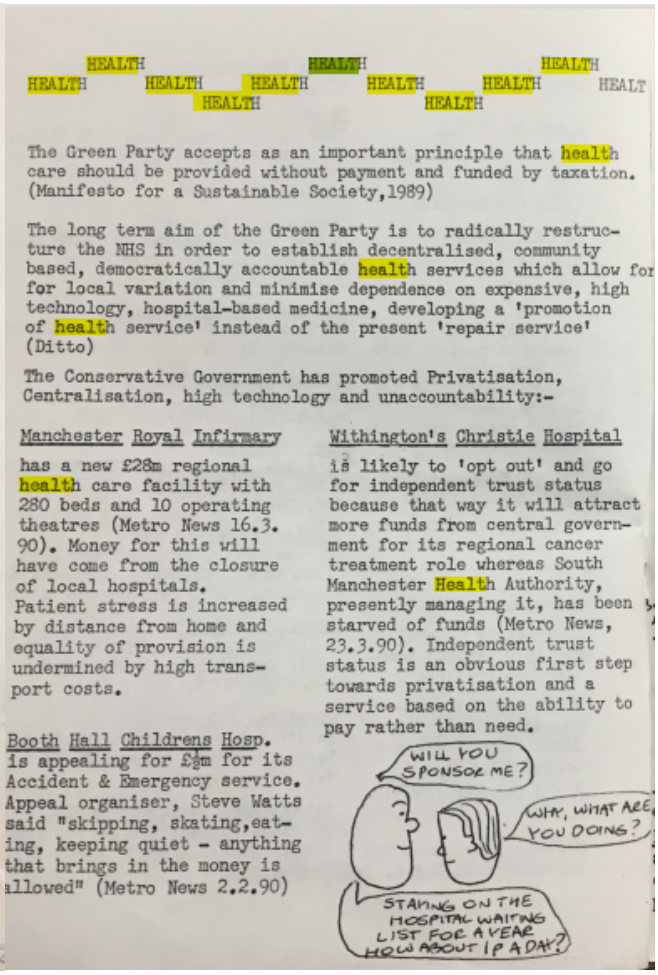

HEALTH HEALTH HEALTH HEALTH HEALTH HEALTH HEALTH HEALTH HEALTH HEALTH HEALTH

The Green Party accepts as an important principle that health care should be provided without payment and funded by taxation. (Manifesto for a Sustainable Society,1989)

The long term aim of the Green Party is to radically restructure the NHS in order to establish decentralised, community based, democratically accountable health services which allow for for local variation and minimise dependence on expensive, high technology, hospital-based medicine, developing a 'promotion of health service' instead of the present 'repair service' (Ditto)

The Conservative Government has promoted Privatisation, Centralisation, high technology and unaccountability:-

Manchester Royal Infirmary

has a new £28m regional health care facility with 280 beds and 10 operating theatres (Metro News 16.3.90). Money for this will have come from the closure of local hospitals. Patient stress is increased by distance from home and equality of provision is undermined by high transport costs.

Withington's Christie Hospital

is likely to 'opt out' and go for independent trust status because that way it will attract more funds from central government for its regional cancer treatment role whereas South Manchester Health Authority, presently managing it, has been starved of funds (Metro News, 23.3.90). Independent trust status is an obvious first step towards privatisation and a service based on the ability to pay rather than need.

Booth Hall Childrens Hosp. is appealing for £½m for its Accident & Emergency service. Appeal organiser, Steve Watts said "skipping, skating, eating, keeping quiet - anything that brings in the money is allowed" (Metro News 2.2.90)

“The Green Party accepts as an important principle that health care should be provided without payment and funded by taxation (Manifesto for a Sustainable Society, 1989). The long term aim of the Green Party is to radically restructure the NHS in order to establish decentralised, community based, democratically accountable health services, which allow for local variation and minimise dependence on expensive, high technology, hospital-based medicine, developing a ‘promotion of health service’ instead of the present ‘repair service’.

So while it's great to get councillors in the year 2022, talking and requesting reports, we should remember that we went through this in the early 1990s. And we could also remember that in 2016 campaigners tried to get to the Health Scrutiny Committee to talk about climate change and they refused. And it is now almost a year since all the scrutiny committees agreed that climate change should be on the agenda. The level of urgency needs to be stepped up.

Conclusion

Climate change and health is, as this report has outlined, a vast and vital issue that needs robust and focused scrutiny to complement the scrutiny provided by the Environment and Climate Change Scrutiny Committee.

For this reason we welcome the report on health and climate change on the Health Scrutiny agenda, after eighteen months dominated by COVID-19. We know it has been a long and tough few years for our health and social care systems.

That said, this report cannot be a one off. There needs to be significantly more time dedicated to health and climate change to enable a high enough standard of scrutiny. If not, it is hard to imagine that Manchester will achieve the mitigation and adaptation needed. We are not asking for every Health Scrutiny Committee to include an item on ‘health and climate change’ but for it to be embedded into the existing reports that are brought to the committee every month. We would also like to see overarching quarterly items dedicated to climate change going forward.

Our report is by no means a comprehensive response to all of the issues around climate change and health, or even a comprehensive response to the MCC report. We have only touched on issues of climate health equity and a just transition, nor have we been able to bring in urgent discussions around climate change and social care. We plan to develop these further in future pieces of work, working with a wide range of groups and individuals drawn from across the city. We hope that this initial report has been useful for understanding the key issues and signposting the places that Manchester City Council should go next.

Our backpage is an empty frame. It suggests a place for policies, answers and ideas to respond to the questions we have posed in this report. We hope that you can fill it.

Artwork credit: CEM and Ekua Bayunu, 2022