

SNHN Climate and Health Strategy

Stakeholder Report

October 2021

Contents

EXECUTIVE SUMMARY	2
COMMUNITY ACTIVATION.....	2
SYSTEM TRANSFORMATION.....	2
COMMISSIONING	2
MEMBER & PROVIDER SUPPORT	2
AN EXCEPTIONAL ORGANISATION	2
INTRODUCTION.....	3
COMMUNITY ACTIVATION:.....	3
SYSTEM TRANSFORMATION:	5
COMMISSIONING:	6
MEMBER & PROVIDER SUPPORT:.....	7
AN EXCEPTIONAL ORGANISATION:	9

EXECUTIVE SUMMARY

Sydney North Health Network (SNHN) is the first primary health network in Australia to develop a Climate and Health Strategy, and is committed to working with our partners and communities to implement it. In July 2021, SNHN hosted both internal (SNHN staff) and external workshops, seeking ideas and feedback about actioning the Strategy. At the external stakeholder workshop there were more than 50 participants, including a range of primary care providers, council sustainability and community development leads and colleagues from Northern Sydney Local Health District and DPIE. Participants were asked for their ideas and suggestions for actions for each of the five areas in the Strategy. This report summarizes the responses from both the internal and external workshops. Whilst all ideas and suggestions are being actively considered, the following have been identified as the priority actions for the next 6-12 months:

COMMUNITY ACTIVATION

- Collaborate with councils on climate action: offer a 'health lens' to their environmental programs to show the climate-health co-benefits. Link in with the Better Business Partnership program run by Ku-ring-gai, Willoughby and North Sydney Councils.
- Inform and empower young people about climate-health actions, for example include a 'climate lens' in the GPs in Schools program
- Develop a suite of climate-health resources for the community

SYSTEM TRANSFORMATION

- Approach Therapeutic Guidelines, the NPS, the PBS Committee and Medicines Australia to seek CO2 labelling for medications to be incorporated into their prescribing advice, messaging and resources.

COMMISSIONING

- Include an environmental sustainability weighting or an ESG category in tenders for all commissioned services
- Explore evidence-based, effective, low-carbon treatment programs e.g. walking groups, nature prescribing programs
- Explore expanding existing or commissioning additional social prescribing programs

MEMBER & PROVIDER SUPPORT

- Create a dedicated 'Climate and Health' webpage on the SNHN website, as the 'go to' site for climate and health resources in our region
- Incorporate climate-health messaging into all relevant educational events and programs
- Develop a suite of resources for primary care providers about greening your practice, top tips for action and green prescribing, and waiting room resources about climate-health issues and co-benefits
- Support some primary care providers to attend carbon accounting, sustainable primary care and sustainable quality improvement courses
- Advise and support several primary care practices in sustainable quality improvement projects

AN EXCEPTIONAL ORGANISATION

- Work towards SNHN becoming a carbon neutral organization itself

- SNHN teams apply a 'climate lens' across all strategic documents, programs, activities and communications. A small team of 'Climate Champions' will be established to advise and assist the Climate Risk lead and report back on progress at the monthly All Staff meetings.
- Develop a brief guide about our program and share it, along with our other resources, with our networks

INTRODUCTION

Sydney North Health Network (SNHN) is the primary health network for the Northern Sydney region. Our purpose is to work collaboratively with our partners to strengthen health outcomes for our community, particularly those at risk of poor health outcomes. This is reflected in our vision: 'Achieving together – better health, better care.' We recognize the harmful impacts that climate change will have on our communities: particularly the most vulnerable, who often have the least capacity to adapt. We also understand that the health system itself – through its carbon emissions, and generation of air pollution and waste - is a major contributor to environmental degradation that is harming human health. We therefore have a responsibility to both reduce our own carbon footprint as well as helping communities to prepare for impending climate-health impacts.

SNHN is the first of the 31 PHNs in Australia to develop a Climate & Health Strategy, and we are now working to action it. We have appointed a Climate Risk Lead who is progressing our work in a number of areas. In July 2021, we held two events. Firstly, we ran an internal workshop in which we sought the view and ideas of SNHN staff about implementing the Climate & Health Strategy. Secondly, on 21st July we hosted a 2-hour Climate & Health Stakeholder Workshop with more than 50 external stakeholders, including a range of primary care providers (GP's, practice nurses, allied health practitioners), council sustainability and community development leads and colleagues from Northern Sydney Local Health District and DPIE (NSW Government Department of Planning, Industry & Environment). Our Climate Risk Lead delivered an interactive presentation about climate change as a health issue, the responsibility and opportunities for health professionals to act, and a series of case studies and examples of climate-health actions to stimulate discussion. Participants were then divided into six discussion groups and asked for their ideas and suggestions for actions in each of the five areas in our Strategy, that SNHN could coordinate or lead. The five areas are: 'Community activation', 'System transformation', 'Commissioning', 'Member & Provider Support' and 'An exceptional organization'. Participants were asked to prioritize actions that would have the highest impact and could be achieved in the next 6-12 months. These priority actions are listed in the Executive Summary. This report summarizes all the responses from both the internal and external stakeholder workshops.

COMMUNITY ACTIVATION: *Support our community to anticipate their climate risks and mitigate the impacts of climate change on health and well-being*

In this Strategy area, there was strong support for collaborations with councils, for engaging and empowering young people and for social prescribing.

Collaborate with councils on climate action (mitigation). Many councils in our region have strong sustainability programs (e.g. [Ku-ring-gai Council plans to be a Net Zero Community](#) by 2040) and are already working with

residents, schools and businesses. There were a number of suggestions to collaborate with councils, by adding a 'health lens' to their activities and scaling up some joint actions. Participants suggested having an Indigenous 'frame' on climate and health and highlighting the link between health and the natural environment. There was support for including a 'health lens' into environmental programs: tree-planting, bush care and community garden programs, offering trees to residents, community exercise groups, improving footpaths to improve safety and walkability, bike paths, travel/transport mapping – many of which would have health (physical and mental) as well as environmental benefits. It was suggested that GPs could recommend council programs (e.g. volunteering, bush care groups, library groups) to their patients (“What’s your council? Here’s the community development manager’s phone number”) and that councils could provide local walking maps for GPs.

Several participants noted the [Better Business Partnership](#) (BBP) program which is run jointly by Ku-ring-gai, Willoughby and North Sydney Councils. This is a free program for businesses of all sizes to help them improve their sustainability performance, across energy, water, waste, community, staff, transport, procurement etc. It was suggested that SNHN could partner with this program to include the health lens in business sustainability and adaptation; and that some general practices could join the BBP to improve the sustainability of their own practice.

Partner with councils on climate adaptation and preparedness. Councils and council facilities are often a 'one stop shop' for people in the community, especially vulnerable groups. SNHN and councils could work together on *scenario planning* of extreme weather events and our community response to anticipate and plan for climate risks (noting that climate science shows that there could be a 'step change' in extreme weather in coming years, for example a sudden shift to extremely high summer temperatures). Existing examples included Lane Cove Council Library (which is air-conditioned) extending its opening hours during periods of extreme heat, and programs of neighbourly and community support for elderly and socially isolated people during extreme weather. SNHN should also seek to actively participate in climate adaptation and climate disaster planning e.g. heatwave plans.

Inform and empower young people It was noted that there are high rates of eco-anxiety among young people, but few avenues to engage them. Participants suggested including the environmental frame in health messaging, highlighting the health-climate co-benefits and focusing on practical actions that young people can take. Suggested actions included: a climate-health campaign in schools, including the 'climate lens' in the [GPs in Schools](#) program and connecting with youth organizations e.g., [AYCC](#) and [SEED Indigenous youth climate network](#). It was also suggested to educate and engage health university students (medical, nursing, pharmacy students etc.).

Engage retirees It was suggested that retirees could be another target group: many are concerned about their children and grandchildren's' futures, they often have some spare time and could be engaged volunteers.

Social prescribing: Several GPs noted that many of their most challenging patients are those with chronic disease or mental health issues *and* are socially isolated. One participant reported that some walking groups have been quite successful. There was widespread support for pilots of social prescribing programs, including green prescribing and nature prescription trials (which are one type of social prescribing), for developing compassionate communities and using asset-based approaches. It was suggested that social prescribing become a joint PHN/LHD initiative, with hospital clinics and GPs referring to such services, and/or the LHD providing social workers to general practices. It was noted that one of SNHN's commissioned service providers is pioneering social prescribing in Australia, that at

least one GP partner is already piloting a social prescribing program and that dedicated social prescribing funding may be included in the primary care reforms later in 2021. These opportunities should be further explored. Given our climate and health program, SNHN may be able to assist in evaluating the health, financial and environmental outcomes of these programs.

Strengthening community-based care: There was widespread agreement for greater funding and support to scale up and broaden community-based care and social support, particularly for the frail elderly and people with chronic disease, for example: ambulatory care, virtual care, telehealth, home nursing, lifeline, online consulting etc.

Incorporate environmental considerations into health literacy projects, such as nutrition and healthy eating programs ([‘planetary health diet’](#)) and the ‘Exercise is Medicine’ messaging.

Community education about the environmental impact of health products and services: Several participants noted that they had not been aware of the environmental impact of healthcare, and suggested that community education about how to ‘make a greener choice’ could be helpful. For example, when prescribed a medication, or offered different treatments, providing information about the greener choice: What is the carbon cost of the different options? Where was this manufactured? (Local production often means lower transport emissions and can also support local businesses). They noted that people are increasingly considering food miles, ethical purchasing and the provenance of clothing, furniture etc., so that this approach could be extended to health products.

SYSTEM TRANSFORMATION: *Strengthen health system resilience and adaptive capacity to climate-related hazards and disaster*

Participants suggested that pilot projects could be conducted in high-impact areas such as respiratory inhalers, pharmaceuticals and reducing single-use equipment.

Pharmaceuticals and respiratory inhalers: There was substantial interest in the carbon footprint of pharmaceuticals and respiratory inhalers. Participants felt that that this information is not widely known among pharmacists, GPs nor patients and suggested: an awareness campaign, pharmacists providing patients with advice, an article in the AJP (Australian Journal of Pharmacy) and general practices displaying posters. One GP noted that there had been a submission to the Therapeutic Guidelines. It was also suggested that NPS and the PBS Committee (and possibly Medicines Australia, the Pharmaceutical Society and the Pharmacy Guild) should be approached to consider CO2 labelling for medications, which could be incorporated into their prescribing advice, messaging and resources.

Reducing single-use medical equipment: There is at least one general practice in our region that uses some reusable equipment and has an on-site sterilizer. It was suggested to set up pilot projects in several other general practices to trial the use of reusable medical equipment (e.g., stainless steel speculums, washable linen), either with on-site sterilization facilities or in partnership with a local hospital sterilization department.

Several participants suggested working with NSW Health and existing research and data collection bodies to develop a set of indicators to measure and track how climate change is impacting our local communities e.g. excess ED presentations on high air pollution days. It was noted that existing data collections (NSW Health, national primary care

data) could be used and analyzed for this purpose. This could provide local information about climate hotspots for particular regions to inform communities and shape adaptation responses.

Specialist integration into primary care One GP noted successful examples (e.g. in some Aboriginal Health Services) of specialists running clinics in general practices, which is often more accessible and acceptable to patients. It was noted that GPs and specialists can – together – often manage patients better in the community setting, and also more easily include allied health professionals, thus encouraging a more team-based approach to care. It was noted that SNHN has some pilots underway in this area. Ideally in the longer term, improving communication across the system would further facilitate such integration.

Podiatry – Several podiatrists made suggestions about greening their services: having an eco-friendly section in product catalogues, buying green office supplies, providing incentives to order locally (e.g., a list of local suppliers), forming a network of podiatrists to order bulk purchases as a group (some practices would like to order in bulk but often don't have enough storage space) and of new low-carbon technologies to improve foot care.

Technology: There was frustration about the generally poor use of technology in general practice (lack of integration between software systems and practices, replication of notes and records, continued use of fax machines, the lack of uptake/use of My Health Record etc.). It was noted that one of the aims of My Health Records is to reduce duplications of tests and investigations, which would reduce harms, risks and carbon costs.

There was support for the use of new technologies to facilitate better care, for example remote patient monitoring (which is currently used mainly by cardiologists, but GPs could increasingly be involved), the use of apps and gadgets to encourage health behaviours and self-care e.g. Fitbits, and also potential emerging uses e.g. apps to monitor air pollution for people with respiratory disease. There was also widespread support for telehealth. It was recognized that in some cases telehealth can be socially isolating but, in some settings, can actually bring people together. One participant noted that telehealth is being used in aged care to provide home rehabilitation, online dementia cafes etc. The latter has been “surprisingly successful” and since the cafes can be recorded, have allowed the capture of oral histories which have been shared with families.

Intergenerational activities: Several participants noted the success of some intergenerational programs such as preschoolers and elderly and multi-age council volunteer groups; and the potential for social, health and environmental benefits from these activities, for example, a council bus to take volunteers of all ages to council sustainability activities.

COMMISSIONING: *Attract and distribute resources that enable and incentivise a climate-resilient and environmentally sustainable health sector*

Engage with our commissioned providers about climate-health issues, noting the alignment with healthy living and social prescribing programs (social prescribing is discussed in the *Community Activation* section) and educating their customer bases around these issues. It was suggested that an environmental sustainability weighting or an ESG category could be included in the commissioning tender processes for all products and services.

Participants suggested that SNHN could provide an award or incentives for the most environmentally sustainable provider of services

There was some support for specifically commissioning some effective low-carbon treatments such as exercise programs, nature prescribing, walking groups, technological approaches (Fitbits, step counters, follow up SMSs etc.) to improve outcomes.

It was suggested that, given the impacts of climate on mental health, specific services in this area could be commissioned or a climate lens (with support and resources) incorporated into existing programs. The Imperial College London's Grantham Institute report about the mental health impacts of climate change makes recommendations about effective services.

MEMBER & PROVIDER SUPPORT: *Build the knowledge and capacity of all primary healthcare providers to mitigate, adapt and respond to climate hazards and disasters*

As a general approach, participants felt that the SNHN should endeavor to raise awareness about climate risk among all primary care providers, and then work with some highly engaged practices on specific exemplar projects, for example sustainable quality improvement projects.

Education – Participants suggested events, campaigns and seminars with the public and primary care providers. They advised that to avoid 'preaching to the converted', climate-health messaging could also be incorporated into other educational events. The seminars should be fun and engaging with quizzes or polls and focus on practical actions. There is also a need to educate primary care providers about carbon literacy.

The [Centre for Sustainable Healthcare](#) in the UK delivers courses for healthcare professionals in [carbon accounting](#), [sustainable primary care](#) and [sustainable quality improvement](#). SNHN could support some of our primary care providers to attend such courses.

Greening primary care practices: A number of participants suggested ways to support primary care practices to reduce their carbon footprints, including providing information about local and preferred renewable energy and solar panel providers, coordinating bulk buys for solar panels, providing incentives for practices and a competition or rating system to track practices' progress. It was also suggested that (in the longer term) the PHN (perhaps led by the Business Development Committee) could seeking funding from other partners to help primary care practices with systems change to achieve net zero emissions. Regarding waste, it was suggested that the PHN could coordinate a group to work with companies that produce the most waste in primary care, with incentives for innovative and best practice solutions.

Including climate in care plans and health pathways: It was suggested that climate considerations could be included in patients' care plans and health pathways, in particular in relation to extreme heat, air pollution, mental health and chronic disease. For example: asthma care plans would include advice for management during bushfires and air pollution episodes (including about air filters), advice to avoid busy roads and traffic congestion and education about the carbon footprints of different inhalers. Care plans for elderly and vulnerable patients could include health advice for

extreme heat, based on their home environment (fans, air-conditioning) and local 'heat refuges' (e.g. air-conditioned libraries and community spaces, including council or other transport options).

Resources for primary care providers: There was substantial support for resources for primary care practices, both for providers and also waiting room resources for patients. Workshop participants felt that providers need to be assured that including climate risk is part of their jobs, and that an integrated resource pack (which could be placed on the SNHN website) could include: webinars/ short videos or a presentation template (eg. to show at practices' lunchtime meetings or community sessions), education sessions, flyers, information sheets and patient handouts. The main topics could include: how to 'green' your practice, priority actions for GPs, how to talk about climate change with your patients, carbon hotspots in general practice, practical information about green prescribing such as the carbon footprint of different inhalers (such as a green prescribing table), links with [Lifestyle Medicine](#), local walking maps, green prescription pads, physical activity resources and pamphlets, tips on how to minimise waste and waste segregation, preferred recyclers, using local suppliers, bulk buying and storage solutions and planetary health diets (for example, noting the Meat-Free Monday campaign and supporting GPs in messaging that to their patients).

Waiting room resources: There was broad support for waiting room resources: posters, leaflets and videos to raise awareness about climate-health issues and help to start the conversation with patients. Several GPs said that they thought their patients might be concerned about climate change but don't see it as something they can discuss with their doctor.

It was recommended that the messaging in resources is straightforward: "your doctor sees climate change as a health issue", links fossil fuels with air pollution and climate change with effective use of graphics, and QR codes for further, specific information if people are interested (e.g. about respiratory inhalers). The messaging should strike a balance between the seriousness of the issue and positive actions that people can take to improve their health and the environment. Suggested examples included: personal carbon footprint calculators tailored to health and providing tips for reduction, flyers asking "how did you get to our practice today?" with information (graphics, maps and information about the climate-health benefits of walking, cycling and using public transport), the 'Top 5 actions for your health and the climate' and the benefits of physical activity. Resources should use simple language, be translated into local languages and be appropriate for Indigenous communities.

Some participants suggested establishing a group of Climate-health champions for the region, by putting out a call for interested individuals, forming a team and training them up to educate their colleagues and the community. They could run seminars and provide short training packages with clear actions, with a focus on the top 5-10 practical actions that people can take.

Quality improvement projects: several participants noted that quality improvement projects are part of practice accreditations and GP registrar training, and that SNHN could support practices wishing to undertake a QI project in sustainability. Suggested projects included: green prescribing and reducing the environmental impact of respiratory inhalers (calculate baseline usage and measure change over 6-12 months).

AN EXCEPTIONAL ORGANISATION: *Embed climate mitigation, adaptation and sustainability in our operations, our people, and our visibility*

Participants noted that environmental sustainability is well aligned with SNHN's core business and that climate-health actions are consistent with the values of many of our staff and stakeholders.

SNHN as an exemplar zero carbon organisation: It was suggested that SNHN should endeavour to become a zero-carbon organization itself: for staff to take responsibility for their own personal carbon footprints (the communications team could run awards or competitions and share tips and ideas among staff) and that we should address the emissions of our office operations, fleet, banking, commissioning services etc. SNHN could internally support initiatives such as Ride to work day, Steptember etc. There was also support for SNHN being an exemplar employer in terms of work hours flexibility and the option of working from home on some days, with the benefits including less transit time, improved work-life balance and reduced travel emissions.

SNHN should develop a 'climate lens' over all of our workstreams, projects and teams: climate risk could be included as a standing item at all meetings (with internal and external stakeholders), and be included in all strategic documents, reports, recruitment documents, position descriptions and communications (presentations, email signatures etc.). Climate champions could be established in each team, and one of their responsibilities would be to report back at All Staff meetings on their team's ideas and actions.

SNHN and other PHNS should inform and engage local government, corporate GP practices, sporting bodies, community organisations, Probus groups, retiree groups, Rotary, allied health, physiotherapy practices, allied health practices and peak bodies. The PHNs could advocate to federal government for climate-health action. PHNs have recently produced a white paper around the role of PHNs in responding to emergencies; a similar paper about primary care's roles and responsibilities in climate mitigation could be written.

Showcase SNHN's work and share resources: SNHN should publish or make publicly available our reports and resources on our website and actively disseminate them via all appropriate avenues e.g. SNHN networks, the national PHN network, [AHHA](#) networks, [GGHH](#). We should create a brief 'how to' guide in which we describe the steps that SNHN has taken for other PHNs to use or adapt.

One participant also suggested to showcase our work in the community via stalls or mobile vehicles at shopping centres, with engaging posters or props about climate-health actions to capture attention and spread messages.