



The Association of Directors of Public Health Consultation Response

Environmental Outcomes Report: a new approach to environmental assessment

Objectives and Scope

The consultation 'Environmental Outcomes Report: a new approach to environmental assessment' was published by Department for Levelling Up, Housing & Communities. The consultation seeks views on a proposed new system of environmental assessment ('Environmental Outcomes Reports') to replace the current EU-derived environmental assessment processes of Strategic Environmental Assessment and Environmental Impact Assessment.

About ADPH

ADPH is the representative body for Directors of Public Health (DsPH), and is a collaborative organisation, working in partnership with others to strengthen the voice for public health, with a heritage which dates back over 160 years. ADPH works closely with a range of Government departments, including UKHSA and OHID as well as the four CMOs, NHS, devolved administrations, local authorities (LAs) and national organisations across all sectors to minimise the use of resources as well as maximise our voice.

ADPH aims to improve and protect the health of the population by:

- Representing the views of DsPH on public health policy.
- Advising on public health policy and legislation at a local, regional, national and international level.
- Providing a support network for DsPH to share ideas and good practice.
- Identifying and providing professional development opportunities for DsPH.

Our Position

Places and environments in which people live have a profound impact on their health.¹ Consequently, planning and development decisions are important factors in supporting – or undermining – population health.²

Currently, the only legal requirement to consider the health impacts of new plans and development proposals is fulfilled via two types of assessment:

- Strategic Environmental Assessment (SEA) which assesses plans and strategies (eg council-wide Local Plans and development strategies).³
- Environmental Impact Assessment (EIA) which assesses individual planning proposals.⁴

The Government intends to replace these with a single assessment – an Environmental Outcomes Report (EOR). Replacing two assessments with a single assessment may not be a bad idea. Nonetheless, the new EOR system **omits consideration of population health**. This will have far reaching consequences on planning and health:

- Firstly, there will **no longer be any legal requirement** to consider the health impact of new plans and development proposals. Consequently, it will be less likely for plans and development proposals to be assessed on whether they will be detrimental to population health, or whether there could be measures to improve the plans to reduce their negative health impacts.
- Secondly, with the removal of human health as a consideration in the new EOR system, human wellbeing will be treated as a separate issue to environmental quality. This contradicts the well-established evidence that the environment is inextricably linked to our health across the life course in complex and systemic ways.⁵

In practice, local planning authorities will still be able to include a focus on population health in their plans and policies, and they will still be able to ask developers to consider health and wellbeing in their proposals. However, due to a **lack of legal requirement**, LAs' ability to insist on it will be significantly weakened. LAs that are struggling financially may decide to focus only on the essential legal requirements, and thus they may be less likely to insist that plans and developments address population health. Some LAs may include a focus on health in their local plan, but they could find it is considered unnecessary by the Planning Inspectorate and may thus decide it is too difficult or expensive to defend.

In addition, nationally significant infrastructure projects (NSIPs) which are developed through a separate system will also be affected.⁶ These large-scale long-term projects (eg power stations and airports) inevitably have significant positive or negative impacts on population health depending on the way they are planned and designed. Nonetheless, it is less likely for NSIPs to consider measures to reduce their negative impacts on health and increase their positive impacts on health if there is no longer a **legal requirement** to assess the impact of those developments.

There is increasing recognition that poor health has negative impacts on the economy, an important reason why the UK has not 'bounced back' from the pandemic as quickly as other developed nations.⁷ Now is therefore not the time to reduce the focus on supporting good health in any areas of public policy or law.

The Government is committed to delivering the UN Sustainable Development Goals including Goal 3 'health and wellbeing'. As stated in the National Planning Policy Framework (NPPF), sustainable development is only possible when economic, social and environmental objectives are recognised as interdependent and are pursued in mutually supportive ways. Removal of human health as a consideration of EOR damages the Government's long-standing commitment to sustainable development and risks decision making that unintentionally creates and sustains poor health outcomes and embeds and increases health inequalities.

The introduction of the new EOR system should provide an evidenced based, transparent and consistent approach to address the positive and negative health impacts of a development. The new EOR system should also ensure that planning decisions and actions to improve the environment will not disadvantage certain population groups or geographical areas over others, thereby exacerbating existing health inequalities. Having strong and explicit policies supporting actions on health improvement and reducing health inequalities will continue to be an important foundation for environmental protection and planning for health.

Local environments and the places people live have a very significant impact on their health; therefore, if the proposed EOR process is not intended to ensure that the potential health impacts of a proposal are considered then an alternative mechanism, with sufficient evidential and legal weight, should be required.

Directors of Public Health (DsPH) play a key role as a statutory consultee due to their extensive knowledge on local communities, local health needs and inequalities that can inform planning scheme design, mitigation measures and opportunities for enhancements. Years of public health cuts have limited public health staffing

levels, resources and capacity to engage in this work even though DsPH and their teams are committed to working constructively with planners, developers and their consultants. It is therefore crucial to ensure enough public health funding and that the new EOR system enables public health professionals to have a say in the planning process, so that local public health and other health strategies can influence the planning processes and address identified health and wellbeing needs and priorities.

ADPH is therefore submitting a response to the 'Environmental Outcomes Report: a new approach to environmental assessment' consultation to emphasise the importance of public health in national and local planning. We believe health should be at the heart of levelling up as neither economic success nor wellbeing can be achieved in isolation.

Response to individual questions

Q1: Do you support the principles that will guide the development of outcomes? [Yes / No].

Yes, we support the principles listed in the consultation. In addition, protecting population health and reducing health inequalities should be listed as outcomes under the new EOR system. The consideration of health and health inequalities should also be incorporated as key principles to guide the development of outcomes.

Currently, SEA and EIA include a legal requirement to consider the health impacts of new plans and development proposals. However, the proposed new EOR that will replace SEA and EIA **omits consideration of population health**. This is concerning as:

- Firstly, there will **no longer be any legal requirement** to consider the health impact of new plans and development proposals. Consequently, it will be less likely for plans and development proposals to be assessed on whether they will be detrimental to population health, or whether there could be measures to improve the plans to reduce their negative health impacts.
- Secondly, with the removal of human health as a consideration in the new EOR system, human wellbeing will be treated as a separate issue to environmental quality. This contradicts the well-established evidence that the environment is inextricably linked to our health across the life course in complex and systemic ways.

We urge the Government to ensure that the new EOR system provide an evidenced based, transparent, and consistent approach to address the positive and negative health impacts of a development.

Climate change, pollution and environmental degradation must not be tackled in isolation of issues related to human health and wellbeing. The environment is affecting the present and future social and environmental determinants of good health – safe shelter, drinking water and food supply. According to the UK's third Climate Change Risk Assessment (CCRA3), climate change presents risks to human health, wellbeing and productivity as well as risks to supply of food, goods, power and vital services due to climate-related collapse of supply chains and distribution networks.⁸ Therefore, all these different factors must be considered together in future planning and climate policies in order to create a more climate-resilient society.

Climate change, pollution and environmental degradation also have a disproportionate impact on the health and wellbeing of vulnerable groups, including women, children, ethnic minorities, older populations, migrants, and those of a lower socioeconomic status or with an underlying health condition. It is therefore imperative for the new EOR system to ensure that planning decisions and actions to improve the environment will not disadvantage certain population groups or geographical areas over others,

thereby exacerbating existing health inequalities. Hence, protecting population health and reducing health inequalities should be outcomes and key principles under the new EOR system.

The Infrastructure Planning (Environmental Impact Assessment) Regulations 2017 (EIA Regulations) specify that 'population' and 'human health' factors should be on the list of environmental topics considered by EIA. 'Population' and 'human health' factors are related to the EIA socioeconomic chapter assessment and health chapter assessment respectively. The new EOR system should therefore also cover a diverse range of social, economic and environmental factors which affects people's health. It should also cover any aspects potentially covered by the Health Impact Assessment (HIA).

To ensure that the new EOR system has a focus on health, the outcomes under the new system should be developed using the knowledge and experience of experts in public health and environmental health. Public health has a key role in delivering an evidence-based response to climate change, pollution and environmental degradation through making use of the full diversity of its expertise and disciplines (including Health Protection, Health Services and Academic Public Health). DsPH especially act as statutory consultees due to their extensive knowledge of local communities, local health needs and inequalities that can inform planning scheme design, mitigation measures and opportunities for enhancements. Their expertise should be utilised in the development of outcomes.

We support having an organisation responsible for monitoring overall progress of specific outcomes and avoiding the duplication of matters that could be more effectively addressed through policy. By having a more streamlined process, the problems of inefficiency, duplication, risk aversion, loss of focus and inadequate data could be resolved which would reduce the demand on LAs and statutory consultees resources. This could provide more capacity for achieving more environmental benefits.

We also support that outcomes should be measurable using indicators at the correct scale. This could enable a more robust system of data collection which could create an evidence base for decisions that could maximise the benefits to population health and minimise the impacts on the environment.

Q2: Do you support the principles that indicators will have to meet? [Yes / No].

Yes, we support the principles listed in the consultation. A non-duplicative, streamlined approach could enable more efficient use of LAs and statutory consultee resources. An evidence-based approach supported by a clear methodology and guidance could also enable better decision-making that could generate more co-benefits to the environment, health and the economy.

In addition, we advocate for health and health inequalities to be outcomes and key principles for developing outcomes under the new EOR system. Therefore, this focus should be reflected in the design of indicators.

Currently, SEA and EIA include a legal requirement to consider the health impacts of new plans and development proposals. However, the proposed new EOR that will replace SEA and EIA **omits consideration of population health**. We urge the Government to ensure that the new EOR system provides an evidenced based, transparent and consistent approach to address the positive and negative health impacts of a development. A more detailed can be found in our answer to question one.

Q3: Are there any other criteria we should consider?

As explained in answer to question one, health and health inequalities should be placed at the centre of the new EOR system. Currently, the SEA and EIA include a legal requirement to consider the health impacts

of new plans and development proposals. However, the proposed new EOR that will replace SEA and EIA **omits consideration of population health**. It is also not clear how/where health considerations will be included within the planning process as proposed, and it is likely that they will be marginalised/downgraded within the decision-making processes, despite their importance to communities and the economy. We urge the Government to ensure that the new EOR system provides an evidenced based, transparent and consistent approach to address the positive and negative health impacts of a development.

DsPH play a key role as a statutory consultee due to their extensive knowledge of local communities, local health needs and inequalities. Nonetheless, current levels of participation by DsPH teams are highly variable, in part due to capacity constraints. Years of public health cuts has limited public health staffing levels, resources and capacity to engage in this work even though DsPH and their teams are committed to working constructively with planners, developers and their consultants. It is therefore crucial to ensure that the new EOR system enables public health professionals to have a say in the planning process, so that local public health and other health strategies can support and influence the planning processes to address identified health and wellbeing needs and priorities.

Q4: Would you welcome proportionate reporting against all outcomes as the default position? [Yes/ No].

No. The current proposal states that with proportionate reporting, there will be a minimal assessment of the outcome for those circumstances where a full assessment is not required. However, it is not clear under what circumstances a project or plan does not require assessment on a certain environmental impact. If there is no clear and consistent standard/procedure to decide whether assessment is required, the EOR will risk overlooking possible impacts of a project or plan and result in double standards.

For instance, in the example provided by the consultation, it is argued that underwater construction activity has minimal impact on air quality, and therefore a full assessment should not be required. However, underwater drilling and blasting (as well as other construction processes) may create air pollutants that could be released to the atmosphere. It is therefore difficult to generalise and claim that certain types of constructions do not require full assessment on a certain potential environmental impact.

In some circumstances, the environmental impact of a project or plan is not obvious and may not be revealed without in-depth investigation. Therefore, thorough, all rounded assessment is required.

Q5: Would proportionate reporting be effective in reducing bureaucratic process, or could this simply result in more documentation?

Not sure. As per question four, it is not clear under what circumstances a full assessment is required. It is also not clear what data or evidence should be provided to justify the omission of assessment on a certain environmental impact. If justification and evidence have to be provided to omit a certain part of the assessment process, proportionate reporting may not be able to reduce bureaucratic process. In addition, it is difficult to generalise that all developments of a certain nature do not require assessment on a certain environmental impact. As there are more and more innovative technologies and ways of planning and construction, it is important to consider projects/plans on a case-by-case basis.

Q6: Given the issues set out above, and our desire to consider issues where they are most effectively addressed, how can government ensure that EORs support our efforts to adapt to the effects of climate change across all regimes?

The new EOR system has been developed in conjunction with the Levelling-up and Regeneration Bill and other reforms to the national planning system. Therefore, the new EOR system should identify where plans may increase or decrease the impacts of climate change (through either mitigation or adaptation) and support the alignment of health benefits with those plans (ie the EOR should be designed to maximise the greatest social value, including health). This includes the promotion and prioritisation of public transport, active travel and use of low emission vehicles supported with investment and appropriate infrastructures. This also includes initiatives, policies and guidelines to encourage the construction of future proofed, energy efficient and climate resilient housing and infrastructure. To reduce the impact of extreme weather, buildings should be moisture safe and have good ventilation as well as high levels of thermal efficiency (warm in winter, cool in summer). Local planning should ensure adequate green space and better shading. This could be supported by research and development as well as updated planning policies and building regulations.

There has been well-established evidence that the environment is inextricably linked to our health across the life course in complex and systemic ways. Therefore, human wellbeing should not be treated as a separate issue to environmental quality. The new EOR system should include legal requirements to consider the health impacts of new plans and development proposals, including health impacts related to climate change.

Currently, SEA and EIA include a legal requirement to consider the health impacts of new plans and development proposals. However, the proposed new EOR that will replace SEA and EIA **omits consideration of population health**. We urge the Government to ensure that the new EOR system provides an evidenced based, transparent and consistent approach to address the positive and negative health impacts of a development. Specifically, in order to enable just transition to a green economy and effective adaptation, the new EOR system should ensure that planning decisions and actions to improve the environment will not disadvantage certain population groups or geographical areas over others, thereby exacerbating existing health inequalities.

According to CCRA3, the UK is falling behind on adapting to climate change. Without further adaptation, the number of risks costing billions of pounds per year is likely to triple by the 2080s, even if global efforts are successful in limiting warming to 2°C above 1850-1900 levels.⁸ Immediate, funded, long-term planning and actions with shared leadership and collaboration across all private and public sectors and all levels of Government at local, regional and international levels are required to reduce the climate change impact on public health, our health services and the economy. As adaptation options often have long implementation times, long-term planning increases their efficiency.

Q7: Do you consider there is value in clarifying requirements regarding the consideration of reasonable alternatives?

Yes, there is value in clarifying requirements regarding the consideration of reasonable alternatives.

Firstly, it would address risk aversion stemming from the fear of potential legal challenges. This is especially important considering that such risk aversion has led to bureaucracy, repetitive paperwork, and extra resources on assessments. Clarified requirements would enable the planning process to be more efficient

and enable resources to be utilised in a more productive way. Moreover, considering that LAs and statutory consultants would be involved, a clear set of requirements would allow them to make better use of both their time and resources. In addition, by understanding the decision-making process of a plan or a development proposal, there will be a more clarity of whether the alternatives being considered are 'reasonable', thus enabling better accountability.

It is important to note that when considering reasonable alternatives, the EOR should not only focus on environmental outcomes, but also on health and wellbeing outcomes as illustrated in question one. There is a need to ensure that reasonable alternatives are considered so that new plans and development proposals would not widen existing health inequalities and could maximise their impact on population health and wellbeing.

Q.8: How can the government ensure that the consideration of alternatives is built into the early design stages of the development and design process?

The Government could ensure that the consideration of alternatives is built into early design stages of the development and design process by requiring developers to consult experts in environmental health and public health sooner rather than later. This is crucial because by doing so it would not only lead to better outcomes for the environment, it would also help to protect the health of local communities who will be most impacted by proposed developments. By making sure health is factored in at an early stage, developers will be required to reflect on how their plans will impact the environment and the quality of life of local populations and if necessary, make adjustments to their developments that are more conducive to people's wellbeing and outcomes.

Q.9: Do you support the principle of strengthening the screening process to minimise ambiguity?

Yes, we would support the principle of strengthening the screening process to minimise ambiguity because this could address risk aversion stemming from the fear of potential legal challenges. This is especially important considering that such risk aversion has led to bureaucracy, repetitive paperwork and extra resources on assessments. Strengthening the screening process would enable the planning process to be more efficient and resources to be utilised in a much more productive way. Moreover, considering that LAs and statutory consultants will be involved, a screening process with more clarity would enable them to make better use of both their time and resources.

Q.12: How can we address issues of ineffective mitigation?

One way of addressing ineffective mitigation is to prevent developers from simply providing financial compensation to cover the damage they cause to the environment. Although financial compensation has a place and has been stated as a last resort, it is vital to stop embedding the idea that as long as developers pay it is okay for them to damage the environment and population health. If developers know that they can simply provide financial compensation, they may not take EOR seriously and may not consider the best possible mitigation option in their development proposals.

Furthermore, when mitigating the environmental impact of a development, it is also important to consider the effect of the development on health and health inequalities. Climate change, pollution and environmental degradation are endangering the environment and causing damage to the economy. They

are affecting the present and future social and environmental determinants of good health – safe shelter, drinking water and food supply. Mitigation actions are required to ensure that detrimental ramifications of climate change such as declining biodiversity and adverse weather conditions do not continue to perpetuate existing poor health outcomes and inequalities particularly for vulnerable members of local communities. It is therefore vital that experts in public health are brought into the conversation early on so as to protect the health and interest of local communities who will bear the brunt of ineffective mitigation. This should be coupled with effective monitoring and assessment mechanisms as proposed in the consultation.

Q.19: Do you support the principle of environmental data being made publicly available for future use?

Yes, ADPH does support the principle of environmental data being made publicly available for future use. LAs specifically will benefit from the types of data being made available. Climate risk, water and air quality data must be available to LAs and other local partners so that they could effectively respond to the public health impacts of climate change. Comprehensive data could also allow professionals in health protection to support work on environmental hazard management with transport, spatial planners and Environmental Health Officers. DsPH and Local Public Health Teams could use environmental data to support local health surveillance, needs assessment, benchmarking quality, comparing outcomes, developing plans, and evaluating impact.

A key advantage of making environmental data publicly available is that often, requirements for accessing data are unclear, particularly General Data Protection Requirements (GDPR). This deters individuals or organisations from making data accessible, and thus losing out on the potential benefits of the data, through fear of being non-compliant or not fully understanding access requirements. If the data is made public, this specific challenge can be removed.

It is particularly important to enable data linkage, so that the environmental data that will be made available could be linked with other types of data. This would be helpful as, for example, DsPH can link health data and environmental data together to produce a better overall understanding of the impacts of the environment on health.

As illustrated in question 1, we urge that the new EOR system includes consideration of population health and legal requirements for new plans and development proposals to do so. We hope that with a focus in health, the new EOR system could collect data on health and health inequalities, and these data could be made publicly available as well.

Q.20: What are the current barriers to sharing data more easily?

A systematic review of barriers to data sharing in public health by Panhuis et al. identified 20 unique real or potential barriers grouped in a taxonomy of technical, motivational, economic, political, legal, and ethical barriers.⁹ ADPH's response can only reflect the experiences of its members when answering this question, see below.

Currently, LAs and DsPH experience specific barriers to data sharing in almost all of the categories:

- Technical: Public health teams often struggle with the research questions and data collected not being directly applicable to the sorts of problems they are trying to solve.
- Motivational: Frequently large organisations, such as the NHS, are not sufficiently incentivised to

share information with local public health teams. Similarly, disagreement on data use from large organisations is a barrier to sharing data with public health teams (such as policing or housing data).

- Economic: Local public health teams frequently do not possess the workforce or computational equipment to analyse public health data.
- Political: Restrictive policies on access of public health data, brought in under the 2012 Health and Social Care Act, combined with the lack of official guidelines on data sharing both affect DsPH ability to access data.
- Legal: Protection of privacy is a major obstacle for DsPH when accessing patient identifiable data (PID) and GDPR and the lack of understanding of its application are major obstacles for data sharing.

Measures should be in place to address these obstacles when collecting and distributing data from EOR. Professionals of different sectors should be adequately consulted in the design of the database. Data sharing terms and conditions should be clarified with appropriate guidance. Sufficient funding should also be provided in developing the database and on data analysis to make sure that the data collected is relevant to the needs of different sectors and can be used to inform research and policy making.

As illustrated in our answer to question one, we urge the new EOR system to include consideration of population health and legal requirements for new plans and development proposals to do so. We hope that with a focus in health, the new EOR system could collect data on health and health inequalities, and these data could be made publicly available as well.

Q.21: What data would you prioritise for the creation of standards to support environmental assessment?

The following data should be prioritised for the creation of standards to support environmental assessment:

- Distribution of proposed environmental impacts/gains in relation to existing levels of environmental quality (both poor and good).
- Distribution of proposed environmental impacts in relation to population inequalities (deprivation, health inequalities)
- Potential contribution of proposal to cumulative levels of environmental degradation locally.

Q.22: Would you support reporting on the performance of a plan or project against the achievement of outcomes? [Yes/No].

Yes. We support the performance of a plan or project against the achievement of outcomes. This could ensure a better understanding of whether the system is delivering as it should for the environment and communities.

This reporting mechanism should be supported with accessible data, clear reporting requirements, national targets that are in line with international standards, and a clear and funded plan to reach the targets. Clear and unified targets should also be in place for public authorities that should be consistent with national targets.

According to CCRA3, the UK is falling behind on adapting to climate change. Without further adaptation, the number of risks costing billions of pounds per year is likely to triple by the 2080s, even if global efforts

are successful in limiting warming to 2°C above 1850-1900 levels.⁸ The UK is also not on course to reach the targets to reduce greenhouse gas emissions by 45% by 2030 and reach net zero by 2050.¹⁰ The Government must set a clear and funded plan to reach the global target according to the WHO's guidance.¹¹

Q.23: What are the opportunities and challenges in reporting on the achievement of outcomes?

Reporting on the achievement of outcomes could enable better accountability and more comprehensive data on the current state of the environment and population health. This could help construct a national picture of whether and how environmental and health outcomes are being achieved across the country.

Impacts on health and the environment may only become apparent after many years, reporting against the achievement of outcomes will provide an earlier indication of where the system is failing to prevent harm/maximise gain. Reporting on the achievement of outcomes could also provide useful data on the potential impact of separate developments/proposals at an aggregate level so that the cumulative impacts locally are understood/identified. This could help create an evidence base of what works and allow local areas to learn from good practices. In addition, this reporting mechanism could allow a better understanding of where local areas are falling behind on environmental and health outcomes, and thus more policies and resources could be dedicated in a timely manner to those areas to improve the environment and population health.

However, there could be challenges in reporting on the achievement of outcomes if the reporting standard and the outcomes are not clarified. This could lead to more bureaucracy and paperwork. Outcomes should be aligned across all levels in line with global targets.

In addition, as illustrated in our answer to question 20, poor information system design could also create barriers to data sharing. As a result, fewer people will be able to use the data. Professionals of different sectors should be adequately consulted in the design of the database. Data sharing terms and conditions should be clarified with appropriate guidance. Sufficient funding should also be provided in developing the database and on data analysis to make sure that the data collected is relevant to the needs of different sectors and can be used to inform research and policy making.

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