UK Health Alliance on Climate Change | Royal College of General Practitioners | British Thoracic Society | BMA

Royal College of Physicians | Faculty of Medical Leadership and Management | PLANT-BASED Health Professionals UK | Intensive Care Society | LANCET COUNTDOWN: TRACKING PROGRESS ON HEALTH AND CLIMATE CHANGE — In collaboration with Wellcome — A decade tracking progress on health and climate change

2026 CLIMATE AND HEALTH POLICY PRIORITIES FOR

UNITED KINGDOM

This document summarises key priority areas of focus for the United Kingdom, supported by evidence from indicators in the 2026 Report of the Lancet Countdown.

1 ACCELERATE THE DECARBONISATION OF PUBLIC SECTOR ENERGY USE TO PROTECT HEALTH



Establish a funded, comprehensive programme to decarbonise public-sector energy: electrify heating, restrict new/replace existing fossil-fuel boilers, and source renewable electricity from additional on-site generation and power purchase agreements. Set annual targets to achieve 95% renewable electricity procurement by 2030 and fully decarbonise public-sector heating by 2038. This could help reduce air pollution, improve health and strengthen energy security.

Fossil fuel combustion drives climate change, among the greatest threats to UK public health. Related air pollution causes the equivalent of ~30,000 deaths annually[1], is a leading cause of chronic non-communicable morbidities[2,3] and is estimated to cost upward of £27 billion in healthcare, productivity losses and reduced quality of life annually[1].

Only an estimated 13–15% of public sector energy comes from renewable sources[4], and UK preparedness for the net zero transition declined by 20% between 2023 and 2025 **[4.2.4]**. The UK Climate Change Committee (CCC) finds there is still no long-term plan to decarbonise the public estate and has called for a comprehensive programme backed by long-term funding[5,6]. The Public Sector Decarbonisation Scheme is ending, leaving no dedicated funding, and its replacement partnerships are not expected to deliver heat decarbonisation[5]. Scotland has committed to clean heating in all publicly owned buildings by 2038[7], and a new UK-wide public sector renewable generation would support the Clean Power 2030 Action Plan[8].

A long term programme with measurable commitments would provide public sector leaders with a clear basis for local planning and accountability. Requiring public bodies to source electricity from new renewable capacity, through on-site generation and corporate power purchase agreements, and electrifying public building heating will ensure that increases in electricity demand are met through new renewable energy capacity rather than competing for existing sources. This will reduce greenhouse gas emissions, exposure to gas price shocks, and local air pollution. This could improve health, strengthen energy security and save the public sector money longer term[9].

2 TRANSFORM PUBLIC SECTOR FOOD PROCUREMENT WITH PLANT-RICH STANDARDS TO IMPROVE HEALTH, INCREASE FOOD SECURITY, AND REDUCE EMISSIONS

Mandate statutory standards for healthy, plant-rich food provision and public education aligned with planetary health diets[10] across all public-sector procurement and catering services, including schools, hospitals, prisons and government facilities. This should improve diet quality, public health outcomes and food literacy, while reducing food system costs, agricultural greenhouse gas emissions, biodiversity loss and the use of land, water and other natural resources.

Current UK diets are responsible for about one in seven deaths and about one in twelve years of healthy life lost (DALYs)[11], cost the NHS £67.5 billion annually[12], and are a leading driver of premature death and preventable chronic non-communicable disease. In 2023, 68,000 deaths were linked to not eating enough healthy plant-based foods and 37,000 deaths were attributed to eating excessive dairy, red and processed meat **[3.3.2]**.

The security of UK[13,14] and global[15] food systems are at high risk of imminent collapse due to current consumption patterns[16]. Current dietary patterns produce harmful emissions of greenhouse gases with high global warming potential and CO_2 emissions. In 2023, 68% of all UK consumption related emissions were associated with red meat and dairy products [3.3.1]. Rearing animals for human consumption demands large amounts of land. It is a major contributor to deforestation which reduces the capacity of the earth to absorb CO_2. This further exacerbates the concentrations of planet-heating greenhouse gases in the atmosphere.

The public-sector[17] serves 1.9 billion meals annually,[16] offering a major opportunity to improve health, food literacy and demonstrate leadership for improving sustainability. Moving to healthy, plant-rich meals[18] will improve health outcomes[19], reduce costs[20], waste[21] and emissions, and support climate, biodiversity and food justice goals[19].

3 ADOPT A 'HEALTH AND CLIMATE CHANGE IN ALL POLICIES' APPROACH TO ACCELERATE CROSS-SECTOR ACTION ON CLIMATE RESILIENCE AND PROTECT HEALTH

The UK government should adopt a 'Health and Climate Change in All Policies' approach by the end of 2027, drawing on the 'Health in All Policies' (HiAP) model[22] developed by the World Health Organisation and Scotland's emerging HiAP practice[23-25]. This approach would mean that every significant government policy is assessed for its impacts on both population health and climate outcomes before decisions are made. A requirement for clear accountability to Secretaries of State and annual public reporting on progress towards defined annual targets should drive coordinated action across health, housing, transport, food, water, energy, environment, planning and national security.

Public health and climate outcomes are strongly influenced by decisions made across government. However, policy development and accountability often remain siloed, meaning health and climate impacts are not consistently considered by departments whose decisions could deliver substantial co-benefits. For example, urban planning can reduce heat exposure and air pollution, capture carbon, and limit surface water flooding through green infrastructure, yet local authorities are not routinely required to assess the health or climate consequences of planning decisions.

Climate change increasingly threatens the systems and infrastructure that underpin health, including housing, healthcare, energy, transport, water supplies, food security and public spaces. For example, by 2050, climate-driven flooding is projected to affect 9.8 million homes, 54% of rail services, 46% of roads and 31.5% of the NHS estate[26]. Global ecosystem degradation threatens the UK's food system, economy and national security[14], while water supply deficits could exceed 5 billion litres per day by 2050[27].

Climate change is increasingly harming health through extreme heat, wildfires, flooding and climate-sensitive infectious diseases. Extreme heat was responsible for 2,877 excess deaths[28] in May-June 2026 and increases the risks of premature death, cardiovascular disease, stroke, kidney injury, adverse pregnancy outcomes, and severe psychological distress. Between 2016 and 2025, heat exposure resulted in 7.7 million lost labour hours/year [4.1.3]. Wildfire smoke caused an annual average of 2,497 deaths between 2021 and 2025 [1.2.1]. The loss, displacement, financial harm and fear of recurrent flooding causes lasting anxiety, depression, and PTSD[29]. Synergistic rising temperatures and increased flooding heighten risks of mosquito-borne diseases[30], bacterial infections requiring antibiotics[31], antimicrobial resistance, and related deaths[32,33].

The Climate Change Committee has repeatedly concluded that UK adaptation and resilience efforts remain insufficient, fragmented and slow to deliver[27,34]. A 'Health and Climate Change in All Policies' approach would require all departments to systematically assess health and climate impacts, identify opportunities for co-benefits, coordinate action on shared risks and be held accountable for outcomes. By embedding health and climate considerations across government, this approach could reduce preventable illness and premature death, tackle health inequalities, strengthen climate resilience and minimise future economic disruption.

Contributors

This brief was developed by the Lancet Countdown, the UK Health Alliance on Climate Change, the Royal College of Physicians, the Royal College of General Practitioners, the Faculty of Medical Leadership and Management, Plant-based Health Professionals UK, the British Thoracic Society, the British Medical Association and the Intensive Care Society.

This policy priority document was authored by Charlie Brown (UK Health Alliance on Climate Change), Hanan Burale (Royal College of General Practitioners), Dr Eleanor Damm (Intensive Care Society), Rachel Evans (British Medical Association), Dr Mark Harber (Royal College of Physicians), Dr Shireen Kassam (Plant-Based Health Professionals UK), Dr Laura-Jane Smith (British Thoracic Society and Kings College Hospital NHS Foundation Trust), Prof Rich Withnall (Faculty of Medical Leadership and Management), Suzanne Wood (British Medical Association) with contributions from Prof Jill Belch (University of Dundee and Royal College of Physicians, Edinburgh), Adrian Byrne (Real Zero), Dr Enrique Castro-Sánchez (University of Kent and Imperial College London), Monisha Chinthala (Planetary Health Report Card), Rose Gallagher (Royal College of Nursing), Dr Daniel Harwood (Royal College of Psychiatrists), Dr Rajeka Lazarus, (University of Bristol and British Infection Association), Gloria Munoz-Figueroa, (UK Kidney Association), Eleanor Roaf (Faculty of Public Health), Venkateshwaran Sivaraj (British HIV Association), Dr Honey Smith (Greener Practice), Dr Neil Swanson (British Cardiovascular Society).

Review on behalf of the Lancet Countdown was provided by Dr Anandita Pattnaik, MBBS, MPH, Mahnoor Saeed, MMP, Ellen Connorton, ScD, MSW, MPA and Marina Romanello MFPH, PhD.

For more of the latest data on health and climate change, you can find country data sheets by scanning the QR code.

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