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Delivering for climate and health: insights from UK decision-makers

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Executive summary

> *Through interviews with UK decision-makers from local to national government, this report investigates how the health benefits of climate action are currently considered in the decision-making process to highlight examples of good practice and areas for improvement."*

Action to tackle climate change can provide a range of benefits to public health including through reducing exposure to air pollution, improving the quality of homes and promoting physical activity.

These co-benefits are not only popular with the public, but ensuring climate action delivers for public health would also help reduce costs to the NHS and the UK economy, and help government funding go further by multi-problem solving.

Through interviews with UK decision-makers from local to national government, this report investigates how the health benefits of climate action are currently considered in the decision-making process to highlight examples of good practice and areas for improvement. Insights from interviewees point to three key areas that need strengthening, if the UK is to effectively consider and realise these health co-benefits:

1. Improve the monitoring and evaluation of existing and future policies to better capture health-related outcomes;
2. Implement policy frameworks that integrate health in climate-related decision-making and support collaboration and coordination between departments;
3. Build awareness and raise the salience of the health benefits of climate action amongst political leaders.

Crucially, there are already a number of examples of good practice across the UK. These can provide a useful starting point for different levels of government to scale up their ambition in realising the health co-benefits of climate action.

Introduction and context

> *"To bring the health benefits of climate action to fruition, collaboration across different departments and sectors is necessary because as much as 80% of what affects health outcomes is shaped by factors outside the health and care system (Scotland's Population Health Framework, 2025), such as the extent to which people's homes are insulated."*

Reducing greenhouse gas emissions to Net Zero by 2050 is not only vital to stop our contribution to climate change and limit the devastating impacts that would result from a warmer world, but it can help deliver a wide range of additional benefits to society, often referred to as the co-benefits of climate action. These include economic resilience and productivity, reduced inequality and improved public health via cleaner air and better insulated homes (Jennings et al., 2020, Whitmee et al., 2024). Crucially, the UK public consider co-benefits an important priority. For example, in 2020, the UK Government brought together a representative sample of the UK public in a 'Climate Assembly' to answer the question "How should the UK meet its target of net zero greenhouse gas emissions by 2050?" (Climate Assembly UK, 2020). Assembly members put forward the co-benefits of climate action as one of five key themes that should be at the heart of the government's and Parliament's approach to achieving net zero. Such benefits of climate action are perceived to be important to the public because they speak to everyday concerns such as living in a cold home or breathing dirty air (Jennings and Paterson, 2023).

Many of these co-benefits relate to opportunities to improve people's health – and the implications could be significant. For example, the Royal College of Physicians (2025) estimate that poor air quality in the UK contributes to the equivalent of around 30,000 deaths per year with an estimated economic cost of £27 billion annually due to healthcare costs, productivity losses and reduced quality of life. Climate action, if appropriately targeted, could play an important role in reducing these kinds of health impacts and the resulting costs to the NHS and the economy.

To bring the health benefits of climate action to fruition, collaboration across different departments and sectors is necessary because as much as 80% of what affects health outcomes is shaped by factors outside the health and social care system (Scotland's Population Health Framework, 2025), such as the extent to which people's homes are insulated. Such cross-departmental and cross-organisational collaboration becomes even more important in the context of the challenging fiscal situation facing the UK, as alignment across departments can help budgets to go further by multi-problem solving and getting to the root-causes of why people become unwell.

> *Recent research led by the Tyndall Centre found that practical policy integration between climate and health in the UK remains limited due to a range of factors including siloed decision-making, resource constraints and short-term thinking (Rayner et al., 2025).”*

Recent research led by the Tyndall Centre found that practical policy integration between climate and health in the UK remains limited due to a range of factors including siloed decision-making, resource constraints and short-term thinking (Rayner et al., 2025). This represents a missed opportunity for more efficient, joined-up decision-making that can help people to live longer, healthier lives and that can save money for the NHS.

The Tyndall report highlighted several areas for further research which this report aims to address, specifically to better understand:

- how health-related benefits are assessed and considered in the decision-making process for climate-related policies
- whether health-related benefits of non-health policies make a difference to the overall decisions that get made
- how things work in practice when potential benefits of a policy cross different departmental remits

In researching these questions, we have arrived at three key recommendations that form the main body of this report. For each recommendation, detail is provided on the findings that led to that recommendation and the potential challenges to implementation. Case studies are also provided that illustrate how the principles behind each recommendation are already being put into practice in various parts of the UK.

List of abbreviations

CA	Combined Authority
COSLA	Convention of Scottish Local Authorities
DESNZ	Department for Energy Security and Net Zero
DEFRA	Department for Environment, Food and Rural Affairs
DHSC	Department for Health and Social Care
HIA	Health Impact Assessment
OHID	Office for Health Improvement and Disparities

Methodological approach

> *“We conducted 23 interviews with representatives of a range of UK central government departments, devolved nations, Combined and Local Authorities. The interviews were conducted between Dec 2024 and June 2025 and lasted an average of one hour.”*

We conducted 23 interviews with representatives of a range of UK central government departments, devolved nations, Combined and Local Authorities. The interviews were conducted between Dec 2024 and June 2025 and lasted an average of one hour. They were structured around the three domains identified by Negev et al. (2021) as leverage points for overcoming fundamental hurdles to health-promoting climate change policy-making: political will and leadership; institutional arrangements; and evidence base and practice. Interviews were transcribed and analysed using qualitative content analysis.

Our interpretation of the interview insights were sense-checked via a 2-hour online workshop with seven of the original interviewees and six representatives of civil society organisations (e.g. thinktanks) in June 2025. Insights were also shared and discussed via a presentation to the Climate Board of the Association of Directors of Environment, Economy, Planning and Transport and at a roundtable event with members of the UK Health Alliance on Climate Change. The Appendix provides additional methodological detail.

Findings and recommendations

> *It is however worth recognising that the recommendations aren't necessarily unique to climate-related policies – they also apply to how decision-making more generally could better consider health impacts."*

Cross-cutting insights and challenges

Several cross-cutting insights and challenges emerged from the interviews that are relevant to all the recommendations and which we highlight here in broad terms before discussing them in more detail in the context of each recommendation.

The siloed nature of departmental responsibilities and funding acts as a barrier to better integration of health in climate-related interventions. This was identified as a challenge across all scales, from local to national, and was also a clear finding from the Tyndall Centre report. Addressing this situation requires staff to bridge departmental boundaries and/or requires structures that support cross-departmental collaboration.

The tight fiscal situation increases the importance of such collaboration to make existing budgets go further by multi-problem solving (e.g. delivering housing interventions that simultaneously benefit public health, emissions reductions, skills and job creation). But it can also make such collaboration more challenging by reducing the capacity of staff to build relationships beyond their departmental remits.

While a key goal of integrating health more in climate-related policies is to make decisions more joined-up, they can also bring additional direct and indirect costs in terms of the capacity required to develop and assess policies. Health impacts are sometimes quantified in a detailed manner but, particularly at the local level and depending on the availability of evidence at that scale, are sometimes included in a more general way to support the narrative around the range of potential benefits/impacts of a policy. Interviewees reflected on the additional time, resource and expertise required to adequately incorporate health into climate-related decision-making, but also on the risk of the process being a box-ticking exercise if insufficiently rigorous.

The recommendations below illustrate how health can be better considered in climate-related decision-making. It is however worth recognising that the recommendations aren't necessarily unique to climate-related policies – they also apply to how decision-making more generally could better consider health impacts. They are nevertheless particularly relevant to climate-related action given the strong synergies between reducing carbon emissions and improving public health.

Recommendation #1:

Improve the monitoring and evaluation of existing and future policies to better capture health-related outcomes

> *"We don't have syndromic surveillance in place to see whether in the future, we could correlate reductions of asthma, for example, with the reductions in concentrations and exposure... that does take an awful lot of long-term investment... it ties up NHS funds as well, because you do need to set that syndromic surveillance up... and that's another thing Treasury look at us and say, 'yeah, OK, you reduced this pollution, great, but have we actually realised the benefits that are suggested in your cost benefit assessment?'"*
>
> **Department for Environment, Food and Rural Affairs senior official**

This recommendation acknowledges that the health-related impacts of existing policies are often inadequately monitored and evaluated. This poses a problem in terms of assessing the value-for-money of interventions and being able to make the case to elected officials and the electorate for the continuation, scale-up or cessation of existing policies. Addressing this issue is important as it can help decision-makers direct public funds to where they are likely to achieve the greatest overall benefits.

Findings

The need for **high-quality causal data evidencing the health outcomes of particular interventions** (such as housing retrofit, active travel) was frequently emphasised during the interviews, particularly by those from central government departments. The lack of such data was said to make it much harder to make the case to Treasury for the inclusion of these health impacts in cost-benefit calculations.

This recommendation resonates with the 2023 National Audit Office report on active travel in England which called on the Department of Transport to "establish a benefits monitoring approach that tracks the contribution of active travel investments to all of government's wider strategic priorities", including health. Such approaches can help ensure that interventions are delivering value for money and, assuming the projected health-related outcomes are delivered in practice, can strengthen the business case for similar future policies. A similar recommendation for improved monitoring and evaluation of interventions has been made recently by UK100[1] (2025) with a focus on the evidence base for interventions at the local authority level. The pursuit of more causal evidence should, however, not come at the expense of timely policy action (Whitmee et al., 2024). Several interviewees emphasised that the evidence base is already very strong even if it may not cover all scales or contexts. And of course, to develop more causal evidence, policies need to be implemented in the first place to assess their impacts.

While the HM Treasury Green Book provides guidance for the consideration of health-related impacts of policies, **some departments lack the in-house capacity to conduct detailed health impact assessments** and some respondents spoke of the difficulty of identifying causality and in accessing relevant health data. An official at the Department for Energy Security and Net Zero (DESNZ), for example, spoke of the challenge of securing hospital admission data to estimate the impacts of domestic retrofit on health outcomes. The Healthy Places team of the Office of Health

1 UK100 are a cross-party network of ambitious councils working together to tackle climate change (https://www.uk100.org/)

> *Sometimes you'll get something which shows a very strong causal link in this particular situation, set of circumstances and then you go, that's all great, but our policy is slightly different or we can't use those impacts for something that's larger scale. I think it's the applicability (that is a barrier."*

Department for Energy Security and Net Zero senior official

Improvement and Disparities (OHID, part of the Department for Health and Social Care (DHSC)) are currently supporting other government departments to integrate health in their policies. The Healthy Places team helps to fill gaps in expertise of non-health departments and increases the consistency of the way in which health-related outcomes are considered in the decision-making process. Considering the need to increase post-intervention monitoring and evaluation to check that estimated (health) benefits come to fruition, more analytical capacity may well be required – whether via more in-house expertise or from supporting bodies such as the Healthy Places team.

While at the UK and devolved nations level, health-related expertise is typically sourced in-house or from relevant supporting bodies (e.g. Public Health Scotland), external expertise was seen as potentially important to complement capacity at the local level, where public health teams are stretched and/or don't typically undertake research of this kind. An example was provided of university researchers being embedded in a local authority to gain a better understanding of the decision-making context, the type of health evidence that was most relevant/useful and how that information could be packaged in a way that resonated with decision-makers. The case study below of the Public Health Intervention Responsive Studies Teams gives an example of a nationwide approach to formalise this kind of collaboration between researchers and local authorities.

Challenges to implementation

Implementing this recommendation clearly comes with **financial costs** and poses a **challenge in terms of the skills and capacity** of different departments and authorities to adequately evaluate the health outcomes of particular policies. This is particularly a challenge at the local authority level and UK100 (2025) highlight a range of potential solutions to address this. Suggestions include dedicated funding and training for staff, university partnerships and secondments, and external technical assistance such as a National Co-Benefits Lab made of a team of economists, scientists and policy analysts which local authorities can draw upon for assistance. This is similar to the assistance already provided by the Scottish Climate Intelligence Service to local authorities in Scotland.

Case study: Public Health Intervention Responsive Studies Teams

The Public Health Intervention Responsive Studies Teams (PHIRST) scheme, funded by the National Institute for Health and Care Research (NIHR), connects local government with academic researchers to help evaluate the public health impacts of interventions commissioned by local government across the UK. PHIRST teams help to fill gaps in evaluation expertise or resourcing faced by local government. Evaluations have been conducted on interventions related to active travel, for example, that help build the evidence base for their efficacy, cost effectiveness, and implementation of local interventions, to inform future local government decision-making.

Recommendation #2:

Implement policy frameworks that integrate health in climate-related decision-making and support collaboration and coordination between departments

> *Leadership is very important here. It's possible to have junior or mid-level officers who are particularly enthusiastic about something and will maybe build or find allies somewhere... [but] if you really want that collaboration, you need leadership from top down."*

Local Authority, Climate Change lead

> *The Health-In-All policies approach that we have in [council name], in the public health team, it is really to work closely with the developers of different strategies."*

Local Authority, Director of Public Health

Policy frameworks to encourage the consistent incorporation of health impacts in the decision-making process exist in various parts of the UK and can strengthen the case for climate-related policies by ensuring more systematic consideration of health outcomes. The implementation of such frameworks invariably requires cross-departmental collaboration. These collaborations can benefit from factors such as joint teams with civil servants/officers from different departments or shared budgets, but they particularly need senior-level buy-in to maximise their impact.

Findings

Ensuring health outcomes are effectively considered

A range of **approaches to ensuring consideration of health outcomes in decision-making** were highlighted by interviewees[2]. These include the **Welsh *Well-being of Future Generations Act 2015*** where health features as one of seven long-term goals that public bodies must consider in their decision-making and the **'health-in-all-policies'** approach adopted by the Scottish and Welsh Governments and some local authorities. **Health Impact Assessments** (HIAs) were highlighted as a key tool to support the thorough consideration of health in the decision-making process and, to support the implementation of the Future Generations Act, the Welsh Government will be mandating their use from late 2026 in circumstances where public bodies make decisions of a strategic nature.[3] In England, the main mechanisms to promote consideration of health outcomes in decision making rely on the **HM Treasury's Green Book providing guidance** for the consideration of health in non-health policies and the **Healthy Places Team** of OHID **offering practical support** to other departments to help them consider the health impacts of their policies.

2 N.B. We didn't interview officials from Northern Ireland and therefore don't provide comment on Northern Ireland's approach to the integration of health in cross-departmental decision-making

3 The precise criteria for these circumstances are yet to be announced (the April 2025 update from the Welsh Government's Cabinet Secretary for Health and Social Care is available here) but the aim is that HIAs will support the more consistent, long-term consideration of health in the decision-making process.

> *I have noticed an increasing appetite for understanding the health implications of climate policy, particularly over the last year or two... people really are interested in understanding those benefits."*

Public Health Scotland, Health Improvement Manager

> *when we first started out with this team there wasn't a willingness amongst other government departments to consider health evidence at all... I think that was just due to a lack of understanding... we've made great strides in the relationships and being able to sell health as being important.... there's a real appetite for it, whereas five or six years ago, we couldn't even get our foot in the door for a meeting."*

Department for Health and Social Care senior official

A key strength of the Future Generations Act is that it legally obligates the consideration of health (alongside the six other goals) in all decisions so that *"every* [public sector] *organisation* [within Wales], *irrespective of their primary duty, also has a duty to deliver on the other goals"* (Former Welsh Minister). The Act should encourage continuity and consistency in the way in which health is considered in decision making and it represents the most formal of the 'health-in-all-policies' approaches currently adopted within the UK. It is, however, too early to assess the effectiveness of the Act in comparison to other approaches to embedding health so future research should try and identify the relative strengths and limitations of different approaches and what works best at different scales.

Scotland has a longstanding focus on health prevention and the Scottish Government alongside the Convention of Scottish Local Authorities (COSLA) recently published their 'Population Health Framework'. The framework sets out how the Scottish Government and COSLA will collaborate with key partners to address the root causes of ill health and emphasises that actions to tackle climate change provide a "critical opportunity to improve population health and health equity" (Scotland's Population Health Framework, 2025). The fact that this framework comes from both the Scottish Government and COSLA is a clear strength in terms of the connectedness of the approach across scales within Scotland and those organisations co-sponsor Public Health Scotland to provide practical support to integrate health-related evidence in decision-making.

In England, the Department for Health and Social Care is supporting other departments to help embed health evidence and considerations in the strategies that underpin individual policies. This can potentially negate the need for using formal tools such as health impact assessments as health considerations become more integrated from the start of the decision-making process. As illustrated by the accompanying quote from a DHSC civil servant, there has already been progress in building these cross-departmental relationships. Some interviewees from non-health departments were, however, unaware of the support available from DHSC which may reflect the sheer scale of government and the time and resource required to build these relationships. It may also reflect the fact that the current approach in England is not yet accompanied by formal ministerial-level collaboration, although attempts have previously been made to do so. The Health Foundation (2024) note that when the Office for Health Improvement and Disparities was formed in 2021 under Boris Johnson's government, the intention was that it would "lead work across government to improve health and tackle inequalities, including the creation of a new cross-departmental ministerial board on prevention to lead and coordinate action across government". The ministerial board never came to fruition due to a lack of focus on public health by the following Conservative governments (The Health Foundation, 2024).

> *[regarding the Future Generations Act], if you take an approach that is long term, is preventative, if you've been collaborative in the approach, you integrate outcomes and you involve people about whom decisions are being made, you get better decisions"*
>
> ***Former Welsh Minister***

Case study: Welsh Wellbeing of Future Generations Act

In 2015, Wales introduced the Wellbeing of Future Generations Act with seven goals including 'A Healthier Wales' and 'A Resilient Wales'. A wellbeing duty requires all public bodies to set and publish wellbeing objectives aligned with the Act's goals and take steps to meet them. The Act's Five Ways of Working include long term thinking, prevention, integration, collaboration, and involvement. These Ways of Working aim to address many of the issues and barriers identified in our interviews: short-term thinking, lack of prevention, lack of integration, and lack of collaboration. The Act's requirements give a promising framework that places health and climate at the heart of decision-making. The Auditor General for Wales (2025) recently highlighted that while such frameworks are necessary, they are insufficient without proper resource and capacity, among other factors. Future research to evaluate the effect of the Act, and the 2026 mandated health impact assessments for strategic decisions, will therefore be valuable to discern what elements of the framework make the biggest difference to health and climate-related outcomes.

Fostering cross-departmental collaboration

When considering the **organisational structures through which cross-departmental collaboration on climate and health could be improved,** attendees of our online workshop emphasised that any entity would need to have senior-level buy-in from several departments to achieve success alongside a brand/name to give it sufficient recognition. This resonates with the original intention for OHID (particularly in relation to the ministerial board) and we suggest that Labour's Health Mission, the recommendations of the 2024 Darzi review and the 10-year Health Plan (which both emphasise the need for the NHS to shift from sickness to prevention) could provide an opportunity to revisit this potential OHID role to catalyse and formalise cross-departmental collaboration on health. Our interviewees indicated that the Health Mission had already led to health impacts being considered more in appraisals of climate-related policies across several different government departments so there already appears to be momentum that could be built upon.

Interviewees also provided a range of examples of initiatives and approaches to fostering cross-departmental collaboration that benefit climate and health, including those in the box below. They emphasised that joint funding was helpful for such collaborations but not necessarily a prerequisite for success as a lot could be achieved with senior-level buy-in and joint teams of civil servants/officers from different departments.

> *Interviewees indicated that cross-departmental collaboration is easier at local and regional levels."*

- **The Treasury's Shared Outcomes Fund –** set up in 2019 to incentivise departments to work collaboratively across challenging policy areas such as Net Zero which sit across the areas of responsibility of multiple public sector organisations. Funded work has included £10m to the Healthy Homes Project (a collaboration between DESNZ, DHSC, the Ministry for Housing, Communities, and Local Government (MHCLG) and Department for Work and Pensions) to improve enforcement on damp and mould in private rented sector housing.
- **The Joint Air Quality Unit –** a partnership between the Department for Environment, Food & Rural Affairs and the Department for Transport to deliver the Government's NO_2 reduction strategies. Actions that reduce NO_2 emissions are closely aligned with those that reduce greenhouse gas emissions so there have been calls (e.g. Clean Air Fund, 2022; Environment, Food and Rural Affairs Committee, 2018) for a closer alignment between climate and air pollution targets.
- **Active Travel England –** an executive agency sponsored by the Department for Transport, whose work is steered by several expert health advisors including Professor Sir Chris Whitty (UK government's Chief Medical Adviser). Active travel provides direct benefits to public health via greater levels of physical activity and reduces greenhouse gas emissions by encouraging people to walk and cycle more and use their vehicles less, particularly for short trips.
- **Greater Manchester Integrated Care Partnership –** a partnership that connects NHS providers with the Greater Manchester Combined Authority, 10 local councils and community organisations to try and improve the health and wellbeing of the 2.8 million people in the region. The partnership helps to focus attention on the determinants of health which are relevant to climate-related policies around housing and green space.

Interviewees indicated that cross-departmental collaboration is easier at local and regional levels, partly because it is easier to develop personal relationships where members of relevant departments (e.g. public health, climate, housing) are more likely to be based in the same building. Some of this may also be a consequence of budget cuts imposed on local authorities (40% reduction in central government funding since 2010 (IFS, 2024)) which have made it increasingly necessary to reach beyond departmental remits to try and secure necessary funding for particular interventions (see the case study below for an example of budget-sharing). We are also aware of local authority climate teams that are largely funded by the council's public health budget, such is the appreciation of the interlinkages between the two issues.

The degree to which powers are devolved in England varies between different Combined Authorities (CAs) but the Greater Manchester Combined Authority (GMCA) is often described as the 'poster child' of devolution as it was the first CA to receive a major devolution deal

> *We [a combined authority] did have a five-year Health and Social Care Devolution Initiative, which did have impacts in terms of life expectancy. The University of Manchester has done some analysis to show life expectancy increased compared to other areas that didn't have that approach. That approach did really join up for the first time some of the health leaders with the local party leaders."*
>
> **Combined Authority officer**

(The King's Fund, 2024). This included a unique deal on health and social care with a £6 billion annual budget devolved to a coalition of public agencies in the region. It enabled GMCA to adopt a population health approach which includes a focus on the social and environmental determinants of health (including factors such as housing and green space). Such a focused approach to population health increases the chance that health-related outcomes are adequately considered in non-health related decisions, including those relating to climate action.

Greater collaboration is not only necessary between departments but also between organisations. A specific example from a local authority Public Health Director was of the need for more collaboration with their local Integrated Care Board (ICB). The interviewee spoke of having no health prevention budget left within the council but being aware that the local ICB had an underspend. There was no formal mechanism for the council to access any of this underspend and the interviewee viewed this as being a missed opportunity given that local authorities hold many of the key levers and relationships related to health prevention (e.g. around housing, transport, green space).

Challenges to implementation

As mentioned above, the frameworks/initiatives to integrate health in decision-making are relatively new in the UK so long-term impacts and value added are as yet unknown. The frameworks/initiatives nevertheless draw on principles that have been used successfully in other countries for almost two decades (see Douglas (2017) for examples).

Approaches need to strike a **balance between comprehensiveness and practicality** depending on the amount of resource and evidence available at different levels of government. What works well in one context may not necessarily transfer seamlessly to another setting. This points towards the need for comparative evaluations of different approaches to integrating health in decision-making across different scales (also relevant to recommendation #1). For these reasons, we are agnostic on the precise approach or framework that is used to integrate health in climate-related decision-making and indeed, there needs to be a degree of flexibility that acknowledges the constraints outlined above related to levels of resource and expertise at different scales of government.

While we have provided a selection of examples of successful cross-departmental collaborations above, they are not without their limitations. Although interviewees spoke positively about the aims of the Treasury's Shared Outcomes Fund, for example, they also highlighted perceived barriers to the scaling of successful interventions. One such intervention highlighted by an interviewee was a cross-government project focused on green social prescribing. Civil servants involved in the project perceived it to have provided a strong evidence base for efficacy and impact and yet, the **avenues for scaling-up such interventions were perceived to be limited.** It was suggested that the Shared Outcomes Fund or other mechanisms need to provide more support to help projects move past the pilot phase.

> *Attendees at our workshop emphasised that departments need staff that have the capabilities to consider health and climate in their spending review applications in order to generate joint bids."*

In their 2024 report on cross-government working, the House of Commons Committee of Public Accounts reported that HM Treasury had developed guidance to encourage joint-bids during spending rounds. It was noted that HM Treasury was however disappointed with the number of joint bids at the previous Spending Review and that Treasury would need to do more in the following Spending Review to encourage joint bids from departments and to make more top-down requests for joint bids (House of Commons Committee of Public Accounts, 2024). The precise reason for the relatively low number of joint bids was not discussed in the Public Accounts report but attendees at our workshop emphasised that departments need staff that have the capabilities to consider health and climate in their spending review applications in order to generate joint bids – and that support at Ministerial level is clearly beneficial. This again illustrates that cross-departmental collaborations don't come easily and that **structures, formal requests, and staff with relevant capabilities** are essential to make collaborations a reality.

On a political level, the priorities of individual ministers and secretaries of state can potentially compromise cross-departmental collaboration. A senior civil servant interviewee who had worked on transport and climate change provided an example from the early days of the 2010-15 coalition government where a senior minister from one coalition partner became aware that he had inherited a joint enterprise with another department that was headed by a minister from the other coalition partner. The minister was annoyed with the idea of shared responsibility and co-decision making on a cross-cutting policy area, so civil servants had to navigate this dissatisfaction carefully before the team could continue with its work. Such dissatisfaction with cross-departmental collaboration is more likely under coalition governments but tensions may still exist under single-party governments.

Potential challenges to implementation were also raised at the sub-national level. Representatives from a combined authority (CA) indicated that their attempts to adopt a 'systems' approach to problem solving could be undermined by devolution settlement agreements from central government, which determine how much money CAs are allocated in different areas. The King's Fund (2024) has called for *"sponsoring departments [to] work coherently together below the national level"* and our interviewees highlighted the risk of siloes from central government being inadvertently imposed on CAs as they were asked to spend specific amounts of money on particular thematic areas, such as housing or skills, without the flexibility to shift funds between those areas in a way which could increase the overall benefits to the public and value for money. This emphasises the need to carefully consider the way devolution occurs to ensure that it does not inadvertently impair cross-departmental collaboration and 'systems' approaches used within devolved authorities.

> *"The climate team lacked the funds to get the programme set-up, so they reached out to their public health team who, because of the health benefits of active travel, contributed over half of the funds for the initiative."*

Case study: Hammersmith & Fulham 'Beat the Street' programme

In 2023, the climate team of Hammersmith & Fulham wanted to introduce 'Beat the Street' into their local area – an interactive game to encourage members of the public (and particularly school children) to walk and cycle more as well as providing benefits to air pollution and reducing greenhouse gas emissions. The climate team lacked the funds to get the programme set-up, so they reached out to their public health team who, because of the health benefits of active travel, contributed over half of the funds for the initiative. The programme could not have got off the ground without the collaboration and pooled funds of the two departments. The initiative saw the participation of over 13,000 members of the public who walked, cycled or wheeled a total of over 95,000 miles in six weeks.

Recommendation #3:

Build awareness and raise the salience of the health benefits of climate action amongst political leaders

> *"In the environmental policy making space, it [health benefits] gets used a lot because what we've been trying to do is to flip the co-benefit script... where like the climate benefits become the co-benefit because [climate benefits] tend to be less attractive to politically motivated decision making where re-election is obviously a prime motivator, referencing shorter term immediate things that people can see and touch and feel is really important."*
>
> **Combined Authority officer**

Understanding, buy-in and active support amongst political leaders plays an important role in ensuring the health benefits of climate action are effectively considered and can make a difference to policy decisions. Such leadership can be instrumental, for example, in ensuring adequate resources and policy change to support better consideration of health co-benefits and it can promote better communication of such benefits to the public – in turn helping to bolster and maintain public support for climate policies.

Findings

Interviewees highlighted the **importance of leaders who can understand and articulate the health (and associated socioeconomic) benefits of climate action.** In many cases they indicated that political leaders were increasingly drawing on the health co-benefits of climate action (among other co-benefits) as part of their narrative for justifying climate-related interventions. Indeed, a number of interviewees indicated that the public health benefits of certain decarbonisation policies, such as those associated with housing energy efficiency measures or transport interventions, were often more relevant in the context of public communications, compared to climate related benefits, because they resonated more strongly with the public.

In the workshop, discussion touched on the need for the Department for Health and Social Care and the respective Secretary of State and Ministers to be more vocal about the role that climate policies can play in delivering health benefits. While public support for climate action remains high (IPSOS Mori, 2025), individuals in positions of authority have an important role to play in communicating to the public on why climate action is important. This has been highlighted in previous research, including that conducted by the Centre for Climate Change and Social Transformation which emphasised that "effective and clear leadership drives action, builds trust and legitimises change" (Verfuerth, 2025). Westlake et al. (2023), for example, identified a strong "appetite for leadership" among the UK public in relation to pro-environmental behaviour change.

> *I think it [well-being] is driven at the ministerial levels... I think we've got a history in Wales in terms of ministers recognising the well-being benefits of what we're trying to do otherwise the [Welsh Well-being of Future Generations] Act wouldn't be in existence and people recognise the innovative approach or the pace setting or the leadership."*

Welsh Government senior official

When discussing the practicalities of how to raise awareness and salience of the health benefits of climate action amongst decision-makers, several interviewees spoke of the **need to package qualitative and quantitative insights together** to provide memorable real-world stories that resonate emotionally with decision-makers. Some interviewees reflected in a cautionary manner that some of the most notable policy changes across housing and transport in the last few years have been prompted by tragic events including the deaths of 2-year old Awaab Ishak and 9-year old Ella Adoo-Kissi-Debrah. Awaab Ishak died from living in a property with damp and mould; Ella Kissi Debrah from air pollution. It clearly shouldn't take such loss of life to catalyse necessary policy change and it's important that stories of people's lived experience are heard by elected officials alongside the more aggregated quantitative data to help make the case for pre-emptive, preventative action that can often deliver both health and climate benefits.

Challenges to implementation

The recent pushback against Net Zero from some political parties may reduce the willingness of some elected officials to talk about the importance of climate action. At the same time, pushback against actions to reduce greenhouse gas emissions can make it even more important to emphasise the health benefits as such positive health outcomes tend to resonate more consistently across the political spectrum in comparison to the more climate-focused benefits.

The health benefits of climate action can offer shorter-term, local benefits from actions that help to address the long-term, global challenge posed by climate change. But there can still be uncertainty over the delivery of these health benefits in practice and the benefits may still be accrued over time periods that exceed the 4-5 year political cycle. This can act as a barrier to the adequate consideration of the health impacts of climate-related policies, and can limit the appetite for elected officials to champion these benefits. This nevertheless illustrates the importance of recommendation #1 in at least providing political leaders with access to the latest real-world data and lived experience stories that can provide comprehensive evidence of the health impacts of particular interventions, to support communication with the public.

> *I would say the lack of evidence per se is not the main obstacle. It's not even possibly among the most important obstacles, because I strongly believe there is medical public health evidence, enough evidence that to make a case for certain decisions, but it is often, it's often a political decision where health related evidence is not considered as it should be."*

Local Authority, Director of Public Health

Case study: London's Ultra Low Emissions Zone

In 2019, the Mayor of London introduced the Ultra Low Emission Zone (ULEZ), a designated area of inner-London where vehicles that do not meet emissions standards must pay a daily charge. The zone charges drivers of high emitting vehicles to incentivise behavioural shifts to lower emission vehicles and active travel. The reduced air pollution brings substantial health and climate benefits: a February 2023 report using data from 2019-2023 showed reductions of 13,500 tonnes of nitrogen dioxide and 800,000 tonnes of carbon dioxide compared to the situation without the ULEZ (Mayor of London, 2023). The expansion of ULEZ to outer London was subject to legal challenge, intense criticism in sections of the local and national media, and politicisation in by-elections. Nevertheless, strong leadership from Sadiq Khan emphasising the importance of reducing air pollution and improving public health, combined with effective policy design to support its implementation, saw the zone extended in August 2023. As a result of the extension, particulate matter 2.5 (PM2.5) exhaust emissions from cars and vans in outer London were estimated to be 31% lower one year after the ULEZ was introduced (Greater London Authority, 2025) with contemporaneous benefits for reducing greenhouse gas emissions. Sadiq Khan went on to win the May 2024 London mayoral election with a 3.8% increase in vote share although the change from the Supplementary Vote system in 2021 (where voters could indicate a first and second choice vote) to the First Past the Post system in the 2024 election may also have played a role in this increase and ULEZ was one of a range of issues that influenced voting decisions.

Conclusion

> *"The health plans for all nations of the UK emphasise the need to move from a focus on treatment and sickness to prevention to deliver better care for all patients and better value for taxpayers."*

The health plans for all nations of the UK emphasise the need to move from a focus on treatment and sickness to prevention to deliver better care for all patients and better value for taxpayers. Given that many actions required to tackle climate change confer benefits to the prevention of ill health, there is an opportunity to contribute to enhanced public health by promoting greater alignment between climate and health. To do so, the evidential base for the health impacts of climate-related policies needs to be improved, frameworks and structures need to be in place to support cross-departmental collaboration and better consideration of health outcomes across other policy domains. These all benefit from, and confer benefits to, greater political will and awareness of the health benefits of climate action. Excellent examples already exist where these barriers have already been overcome, particularly at subnational level, which points to opportunities for cross-institutional and cross-scale learning to speed the scale-up of successful approaches.

Failure to get this right will lead to preventable deaths and additional expenditure for the NHS while success will be measured in healthier citizens, longer lives and a more efficient use of public funds.

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Appendix: Methods

Potential interviewees were approached via e-mail initially to personal contacts of the research team and wider network. Snowball sampling was used to reach additional interviewees. 38 interviewees were approached in total and 23 individuals agreed to participate with interviews taking place via Microsoft Teams between December 2024 and June 2025. The breakdown of the level of government represented by the interviewees is as follows:

UK government: 10 interviewees
Devolved nations: 5 interviewees
Combined or local authorities: 8 interviewees

The interview protocol was adapted to each interviewee depending on their position and expertise but the template from which these protocols were adapted is as follows:

Ice-breaker/introductory questions

- Please can you describe your current role within your organization/department, how long you have worked there and any previous experience working in government?
- Can you please explain what policy area you are working on?
- Quite an abstract question but, what are you ultimately trying to achieve in your role? Or what is the big problem your job works to address or mitigate?

Understanding their decision-making context

As you are aware, we are interested in how decisions get made, specifically in how health benefits of potential climate change-related policies are considered in decision-making.

- So, if you can think about a specific climate-related policy (or set of policies) that have been implemented or considered for implementation recently, could you please walk us through the decision-making process?

Follow-up as necessary: Were health benefits of that policy considered in the process?; If health benefits were considered, do you think it helped make the case for more ambitious climate policies?

Evidence base and practice

I would like to ask you about the kinds of evidence that is or is not used in your decision-making context.

- How would you describe the kind of evidence base used to help make the decisions? What types of information or evidence are used to help make decisions?
- In your experience, do the potential health-related benefits of non-health policies make a difference to the overall decision that gets made?

Follow-up as necessary: can you give an example of where the health benefits have made a difference to the way a policy has been formulated or targeted? OR Why do you think those health benefits did/didn't make a difference to the overall decision?

- Do you use tools that allow you to understand the health impacts of policies? If so, what tools?
- Do you think the existing health-related evidence is relevant to your decision-making context? Is anything missing?
- Could anything make the current information or evidence more useful or relevant to your decision-making context?
- What do you personally think are the most significant enablers (or barriers) to the use of health evidence in climate policy?
- Before we move on, is there anything else you would like to add on how the evidence base currently informs decisions?

Institutional arrangements and cross departmental collaboration

Now I'd like to ask you about the role of institutional arrangements in the decision-making process

- During the decision-making process, do you typically interact with other departments? If so, which ones? What is the nature of that interaction? (prompt on help with quantification of costs/benefits related to their area of expertise)
- Are there any examples of cross-government collaboration that you can think of? Did those go well? If not, why? (If don't answer who, specify who?)

- In your experience, how are the trade-offs and benefits of a potential policy negotiated or discussed? Do other departments contribute to such discussions?
- In your opinion, how might cross-departmental working be improved on policies that can bring both climate and health benefits?
- Are there ever examples of where budgets are shared between departments for policies that cross departmental remits?
- Before we move on, is there anything else you'd like to add on cross-departmental collaboration? Or what else could be done to improve collaborations on climate and health?

Political will and leadership

Thinking about examples we've discussed of climate policies that can have health benefits, I'd now like to ask you about the role of political will and leadership in the decision-making process.

- Do senior civil servants or ministers ever mention health and wellbeing as goals in relation to climate policies?
- What more do you think could be done to engage policymakers on the health co-benefits of climate action. Do you think it would impact decision-making if it were discussed more often?
- Thinking about the climate policies discussed earlier, do you have any insights into how those in leadership roles negotiate between competing priorities where policies have impacts beyond the scope of their particular department?
- Do you think that the health co-benefits of climate action could play a role in garnering more public support for climate-related policies? If so, how?
- Is there anything else that matters in making sure that health is considered in the decision-making process when formulating ambitious climate policies?
- Before we move on, would you like to add anything else on political will and leadership?

Future opportunities

We are coming towards the end now. We are interested to hear what future opportunities there are for improvement in government and the research community. So, we are going to ask just one question:

- Do you have any recommendations on what the university sector or research community could provide that would help health benefits be incorporated into the decision-making process?