



Climate change RESilience framework for health SYStems and hospiTALs

DC4.2 LIFE RESYSTAL PROJECT - REPORT - FOSTERING COLLABORATION BETWEEN LOCAL AND REGIONAL SCALE FOR CLIMATE RESILIENCE WORKSHOP

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**Preparation Slip**

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Executive summary

This deliverable was produced as part of DC4.2 of the LIFE RESYSTAL project. The deliverable represents the report of the two workshops that Health Care Without Harm Europe (HCWHE) organized with two pilot regional healthcare systems: Galician Health Service (SERGAS) and the Agence Régionale de Santé (ARS) of the Occitanie region. The workshops focused on policies and action for climate change adaptation at a health system level.



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SERGAS

Introduction

In the context of the LIFE RESYSTAL project, HCWH Europe organized a workshop about policies and actions for climate change adaptation at the health system level. The workshop involved the Galician Health Service (SERGAS) in Spain to understand the health system's resilience capacity and potential. The workshop will serve as the base for the deliverable DC4.3: Define guidance for health system-level adaptation. At the workshop, representatives of the Xunta de Galicia and the Área sanitaria de Ourense, Verín y o Barco de Valdeorras were present.

Practicalities

- Date: 06/11/2023
- Starting time: 09:30 CET
- Duration: 6 hours
- Format (online/hybrid/in-person): in-person
- Speakers/Facilitators: Gabriella Abruzzo
- Participants: Representatives of SERGAS, Xunta de Galicia and Área Sanitaria de Ourense
- Target audience: Representatives of a health authority/ health system and regional authority

Session objectives

The workshop had the following goals:

1. Transfer the work and research done with pilot hospitals and apply it at the health system level
2. Identifying the main climate risks and challenges faced by the Galicia Health Service (SERGAS)
3. Understand the differences and similarities between the two levels and how they can collaborate to increase their climate resilience
4. Understand how the health system structure works in relation to climate resilience, thus understanding who is involved in the decision-making, planning and implementation of climate resilience actions
5. Understand whether or not the policy framework of the health system fosters climate resilience

Key takeaways and findings

The SERGAS role in the Spanish health system network

The Galician Health Service (SERGAS) is one of the seventeen regional health authorities that operate under the Spanish national health system - Sistema Nacional de Salud (SNS), attached to the Department of Health of the Xunta de Galicia. While national planning and regulation remain the responsibility of the Ministry of Health, SERGAS, like the other 16 regional health authorities, enjoys wide autonomy and decision-making power in operational planning at the regional level, resource allocation, purchasing and



provision. SERGAS is divided into seven health areas that are dependent on the regional health authority for major decisions and works.

The analysis of the climate risks and vulnerabilities for SERGAS is based on interviews and research conducted in the health area of Ourense, Verín y o Barco de Valdeorras, pilot hospitals in the LIFE RESYSTAL project. The climate hazards present in this area can be identified in the other Galician health areas. However, the health area of Ourense, Verín y o Barco de Valdeorras, is the one experiencing the most extreme conditions.

The decentralised structure of the Spanish healthcare system allows SERGAS to develop ad hoc plans for the Galician region, a strategic vision, and the capacity to influence healthcare investments. Moreover, SERGAS is a highly digitalised health system with a logistical platform that favours coordination and information accessibility.

SERGAS and climate resilience

SERGAS is responsible for two aspects significantly relevant to the health system's climate resilience: infrastructure and procurement. Procurement is managed by the health system, and not the hospitals, as are infrastructures, their life cycle, and equipment. If hospitals want to implement measures to increase their climate resilience, they need health system authorisation. Therefore, it is crucial that the health system is aware of and committed to this topic.

SERGAS enjoys a significant commitment from the Xunta de Galicia to make the Galician health system more sustainable and climate-resilient. This commitment is reinforced by shared strategic visions with various plans currently under development, while laws and acts dedicated to climate change are also in progress, with the new climate law prioritizing healthcare. However, SERGAS is missing an executive arm and a specific unit/department that can focus on implementing projects, identifying barriers and opportunities. The intense collaboration between SERGAS and the regional authority, inspired by the One Health concept, ensures that climate-related decisions made by the Xunta will not overlook the health sector. Additionally, the new climate law will prioritise healthcare as a key focus. In the Xunta de Galicia, the vice presidency is responsible for climate and climate change. Even though a specific plan for climate resilience is missing, both SERGAS and the Xunta de Galicia are planning to work on plans that will improve the climate resilience of the health system. Some plans already exist, such as the “Plano de Calor” and “Plan territorial de emergencias de Galicia” (PLATERGA).

Next steps

The workshops organised at SERGAS and ARS of the Occitanie region will be used for the writing of the deliverable DC4.3: Guidance for health system-level adaptation.



ARS OCCITANIE

Introduction

In the context of the LIFE RESYSTAL project, HCWH Europe organised a workshop about policies and actions for climate change adaptation at the French regional health system level, with a specific focus on the Occitanie Region, where the two pilot hospitals of the LIFE RESYSTAL project, CH Millau and CH Saint-Affrique, are located.

Similar to the workshop with Galician Healthcare Service (SERGAS), this workshop done with the Agence Régionale de Santé (ARS) of the Occitanie region was designed to understand the resilience capacity and potential of one of the regional health systems of the LIFE RESYSTAL project.

The workshop will be the base for the deliverable DC4.3: Define guidance for health system-level adaptation and as one of the two case studies that will be presented alongside the SERGAS case study.

Practicalities

- Date: 16/04/2024
- Starting time: 10:00 CET
- Duration: 1 hour
- Format (online/hybrid/in-person): online
- Speakers/Facilitators: Gabriella Abruzzo, Tristan Coubères
- Participants: ARS Occitanie (Bérengère Py, Property Valuation and Sustainable Development, Engineer, Agathe Andre-Doucet Regional Equipment Engineer; State Architect and Town Planner)

Challenges in identifying the key stakeholders involved in climate resilience at the regional health level system level

Contrary to the SERGAS workshop, it was more challenging to understand which stakeholders were relevant and responsible for climate resilience at the French regional level in this workshop. Several challenges occurred before the workshop's organisation, detailed below.

The LIFE RESYSTAL proposal identified the regional health system as the GHT (Groupement Hospitalier de Territoire) Est-Hérault et du Sud-Aveyron. Actually, this wasn't correct as the GHT is just a gathering of hospitals of a specific territory, smaller than a region. For example, there are 14 different GHTs in the Occitanie Region. The hospital members of GHT share mostly procurement policies, administrative management and staff allocation, relying on a leading hospital called "support hospital".

After researching and reaching out to different entities (ADEME, Regional Parc, ARB, DGOS, OFB, Reco Occitanie), we started to realise that the ARS (Agence Régionale de Santé) is the leading regional organisation which has competencies in climate resilience at the regional health system level. This assumption was confirmed thanks to a key meeting held the 29 February 2024 with Rudy Chauvel, Director of Legal Affairs, Ecological Transition and International Relations of the Clermont-Ferrand University Hospital and project manager of the French Hospital Federation (FHF). We therefore decided to organise the workshop with ARS.



Session objectives

The workshop had the following goals:

1. Transfer the work and research done with pilot hospitals and apply it at the health system level
2. Identifying the main climate risks and challenges faced by the specific Occitanie Regional health system
3. Understand the differences and similarities between the two levels and how they can collaborate to increase their climate resilience
4. Understand how the health system structure works in relation to climate resilience, thus understanding who is involved in the decision-making, planning and implementation of climate resilience actions
5. Understand whether or not the policy framework of the health system fosters climate resilience

Key takeaways and findings

The ARS role in the French health system framework

The ARS (Agence Régionale de Santé) Occitanie is one of the eighteen regional health administrations that operate under the French Ministry of Health. The Ministry also acts through national entities which are the French National Authority for Health (Haute Autorité de Santé/ HAS), the French agency supporting the performance of health and medico-social institutions (ANAP), the General Directorate of Healthcare Provision at the Ministry of Health (Direction Générale de l'Offre des Soins, DGOS) and National solidarity fund for autonomy (Caisse nationale de solidarité pour l'autonomie, CNSA). Following the national policies decided by the Ministry of Health and coordinated by the agencies mentioned above, the ARS defines and implements regional health policy as close as possible to the needs of the population. It's the single point of contact for all health stakeholders in the region. They launch and execute action plans through the regional health plan (Plan Regional Santé, PRS) and the regional health environment plan (Plan Regional Santé Environnement, PRSE). Through the 2020 "Ségur de la santé" (minister-level political momentum), the Minister of Health, the agencies and the 18 ARS gathered and decided on a social and green transition strategy which includes, in particular, the following pillars: Energy performance improvement, water management, reduction of greenhouse gas emissions and resilience to climate hazards. While its two major missions remain piloting public health policy and regulating regional health provision, ARS also have the mission to contribute to the Green transition of regional healthcare by acting in both mitigation and climate resilience.

ARS Occitanie and climate resilience



The Occitanie region covers 72 724 km² in the south-west of France from Toulouse to Montpellier, counts 5,9 million inhabitants in 2019 for 121 public hospitals and 58 private hospitals, some of them gathered through 14 Territorial Hospital Group (GHT).

The ARS Occtianie has identified three main climate risks occurring in the region: heatwaves with overheating concerns in buildings, droughts or flood issues and coastline modification, which could impact some healthcare facilities at some time.

ARS Action Plans

The ARS supports a sustainable development approach, in particular via the objectives of the regional health plan and the regional environment health plan (PRSE), with the objective for each establishment to designate a sustainable development referent also promoting the CSR policy.

The PRSE 2023-2028 mentions “The question of resilience to climate change: The effects of climate change have repercussions on human health and ecosystems. The operational objectives of the plan take into account these issues related to climate change in order to **initiate adaptation actions to strengthen the resilience of territories and populations**, as well as mitigation actions to reduce the impact of human activities on the environment, including greenhouse gas emissions”.

In the associated Regional Health Scheme (schéma régional de santé), the challenge of “Preventing and adapting to the health impacts of global warming” is identified and includes the operational goal to “Support the adaptation of healthcare facilities and Medical and social care services establishments in an eco-responsibility approach (buildings, techniques, practices, detergent products/biocidal products...)”. A highlight is the strong water consumption of hospital patients in the region and to support facilities to the sustainability challenges (energy, water, climate hazards, waste, environmental health). Mitigation and crisis management preparation of climate change-related events are also goals written in the scheme.

Séгур de la santé

The ARS also provides exceptional support within the framework of SEGUR subsidies, integrating a sustainability dimension. The Séгур de la santé pushed the healthcare system to act on the green transition through 7 pillars, for which ARS have to implement actions in the hospitals of the region through its own project management policy. The seven pillars are:

1. **Governance:** encourage the healthcare facility to modernise its governance and to have means & staff dedicated to green and social transition
2. **Relevance of the choice of investment:** the healthcare facility makes sure climate impact scenarios are taken into consideration and that the patient is at the heart of the project. This pillar also frames investment choices and reduces the negative externalities of the project using the “avoid, reduce, compensate” approach.



3. **Energy performance improvement:** the healthcare facility carries a sustainable building project, acts to decrease energy consumption, fuel-powered energies and has policies which favour net zero targets.
4. **Water management:** the healthcare facility is encouraged to adopt a sustainable policy for the management of drinking, rainwater and used water to the point of guaranteeing and preserving its quality and quantity.
5. **Reduction of greenhouse gas emissions:** The establishment is invited to consolidate the fight against global warming. It undertakes and makes strategic choices to implement measures to reduce the main sources of carbon dioxide emissions. It ensures that it carries out an assessment of the greenhouse gas emissions of its activity and/or the real estate project.
6. **Resilience to climate hazards:** The project addresses measures to anticipate and manage climatic hazards in order to protect the health and safety of patients and healthcare staff while maintaining continuity of care. The establishment assesses the site's exposure to climate risks and implements remedial measures in order to strengthen the resilience of the site and the building. The health establishment strives to increase resilience to climate change by assessing the scalability potential of the building, by carrying out a plan to secure logistical, personal, and user flows, and then by measuring the capacity to plan towards modalities with a more eco-responsible and sustainable supply of energy networks.

Topic	Action
Building design to prevent heatwaves	Limit the greenhouse effect, possibility of secure ventilation, creation of an island of freshness, etc.
Adaptation of the project and its environment to the risk of flooding	Soil waterproofing, retention basin, reservoir roof, draining coverings, etc.
Design of the building to prevent other extreme climatic events: wind, snow, fire, etc.	Orientation, layout, volume, protective works...

- **Health and environmental respect:** The establishment highlights questions about the measures to be taken to promote better working conditions and improve the comfort of patients/caregivers.

The ARS Occtanie has a budget envelope of 678 million euros which they will split into 67 projects and fund until 2027. The projects have been called out and are expected to have results in 2030.

Despite these plans, ARS can't oblige healthcare facilities to act on climate resilience. The ARS can encourage projects with its funding (regional or from the Ségure de la Santé) but can't oblige healthcare



facilities to provide specific climate-resilient plans. The ARS has a guardianship function in case of financial slippage. It advises the healthcare facility on plans and resource management, but the facility is still the decision maker. The ARS is really seldom a prescriptive authority but instead acts as an inspirator and a credit lender. It takes part in the healthcare facilities' yearly and 5-year financial plans to provide inputs, control and evaluation of the relevance of future investments. As the ARS recons, climate resilience is usually a part of a healthcare organisation plan and isn't explicitly required despite the PRS and PRSE.

Therefore, hospital managers are more responsive to ARS when ARS brings solutions that are both financially good as well as good for the climate. In the workshop, ARS Occitanie shared the example of buildings. With rising electricity costs, buildings need to be more resilient and reduce their consumption. ARS Occitanie has staff dedicated to advising facilities in improving their building's energy efficiency. The national norms and policies which are not exclusive to the healthcare sector also help to implement these resilient measures. ARS Occitanie sees it as an easy subject where other State agencies like Anap have expertise on it.

Similarly, as mentioned in the Regional Health Project (PRS), water management is an issue for healthcare facility resilience. Because of the droughts in the region, healthcare facilities are urged to provide water-saving plans to avoid a crisis situation that would be more costly than adaptation measures.

ARS has launched calls to fund sustainability managers in healthcare facilities that could plan and execute climate resilience plans. ARS is trying to get back into a relationship with ADEME (an environmental agency attached to the Ministry of Environment), which historically has not been involved in the healthcare sector. Cooperation between ADEME regional offices and ARS could help to promote projects, resources and tools for mitigation and resilience, which healthcare facilities could use.

ARS limited external Influence

The ARS's collaboration and influence are primarily confined to the health sector, focusing on healthcare and medico-social real estate projects. They aim to work with healthcare institutions and the ministry to promote eco-care initiatives. Additionally, while ARS representatives can share field insights during meetings with State Agencies and the Ministry of Health, their main role is to implement decisions made at the national level.

Conclusion

ARS Occitanie has a good understanding of climate resilience and the importance of both mitigation and adaptation measures in the healthcare sector. Yet, despite their goodwill, the creation of plans (PRS and PRSE) and the recent Ségur de la santé, ARS cannot oblige healthcare facilities to execute concrete climate resilience measures. They can encourage them financially and provide advice, but healthcare directors must be aware of this and engage with this support to implement measures and plans. The Ministry of Health, at the national level, could support the ARS to conduct an awareness campaign to healthcare facility managers and executives around healthcare climate resilience, to encourage them to take it into consideration in their strategic plans.



Next steps

The workshops organised at SERGAS and GHT will be used for the writing of the deliverable DC4.3: Guidance for health system-level adaptation.