HOUSE OF COMMONS

Environmental Audit Committee

Oral evidence: Climate Adaptation, HC 650

Wednesday 18 November 2026

Ordered by the House of Commons to be published on 18 November 2026.

Watch the meeting

Members present: Mr Toby Perkins (Chair); Julia Buckley; Cat Eccles; Chris Hinchliff; Manuela Perteghella; Adrian Ramsay; Martin Rhodes; Dr Roz Savage; John Whitby.

Questions 28-62

Witnesses

II: Councillor Martin Fodor, Vice-Chair, Local Government Association Neighbourhoods Committee; Dr Amit Kochhar, Representative Body Chair, British Medical Association; and Phil Garrigan OBE KFSM, Chair, National Fire Chiefs Council.

Examination of witnesses

Witnesses: Councillor Martin Fodor, Dr Amit Kochhar and Phil Garrigan.

Q28 **Chair:** Thank you very much, gentlemen, for joining us. Could you please introduce yourselves and the organisations you represent? I suspect that the nature of the inquiries we pose to you will become obvious.

Councillor Fodor: I am Councillor Martin Fodor from Bristol city council. I am here representing the Local Government Association, where I am the vice-chair of the neighbourhoods committee.

Phil Garrigan: I am Phil Garrigan, chair of the National Fire Chiefs Council.

Dr Kochhar: I am Dr Amit Kochhar, chief officer of the British Medical Association.

Q29 **Chair:** Excellent. To what extent do you feel that your sector—relating to the issues of local government, firefighting services and the national health service—is being adequately funded, staffed and resourced to prepare for the effects of climate change and to understand and deliver the climate adaptation measures that are necessary?

Councillor Fodor: There are councils that have made preparations and have staff, ideas and plans. Getting funding is difficult. It is a very competitive situation, given every other current service and current pressure. Every committee has pressures rather than opportunities to invest. There will be councils without the right capacity, skills, staff and knowledge, with lack of revenue and capital, because a lot of capital investment is needed and a lot of revenue pressures are likely to come from this. I could go on—I am happy to say more, if you would like.

Q30 **Chair:** I know that many care homes are in the private sector, but we heard evidence that a substantial portion of the excess deaths this summer were in overheated care homes. Clearly, people in care homes, as well as people in hospitals, are particularly vulnerable to changes in temperature. With particular regard to your functions in assessing the quality of services and supporting the sector, whether care homes are council run or privately run, do you think there is expertise within local authorities on what to look out for and how a care home might tip into being dangerously hot?

Councillor Fodor: There is certainly some understanding, with people who have quite a lot of concern about the implications. I have colleagues who are concerned about the energy bills of care homes in winter to keep residents warm. They are very concerned about the need for cooling and ventilation in summer, which is increasingly a pressure. The risk level must be rising, as you have heard. There are vulnerable people and disabled people for whom adaptations are not available, and people who have particular needs due to health, or young children and so on who are outside that as well, who also have a lot of concerns.

For example, my authority has mapped the likely heat impact across Bristol. Not every authority would have that heat map. It shows that the areas correlate very closely with areas of lowest income and most deprivation, where there will be the least ability to adapt and respond. With care homes, obviously there are increasing costs for providing care, and this will be an extra cost that could have a very significant impact on local authorities.

Q31 **Chair:** With your LGA hat on, do you think the kind of work you have done at a major authority like Bristol would be difficult for a second-tier authority? Would that responsibility fall on the second-tier authority, or would it be at a county level for two-tier authority areas?

Councillor Fodor: Yes, the social care responsibility will primarily fall on the county or unitary-level authorities. There will be concerns that smaller districts do not have that capacity. An additional concern is that the established authorities at a county level with those responsibilities and concerns and that capacity could be changed through local government reorganisation—whether it is disruption or the division of staff capacity, knowledge or responsibilities and so on—into new authorities at a very quick pace, if that takes place.

Q32 **Chair:** Yes. Mr Garrigan, to what extent do you think firefighting services are adequately funded, staffed and resourced not only to prepare for the kind of summer we have had—which we know will be increasingly the summers of our future—but to deliver, in as much as it is your responsibility, climate adaptation measures?

Phil Garrigan: There is still more to be done. We have seen some green shoots—the wildfire summits were referred to by the previous panel—and some investment back into fire and rescue services, but I will put that into context. The demand on the fire and rescue services has increased by over 29% since 2015, with a significant amount directly attributable to climate change, wildfire and floods. Over a similar period of time, we have seen firefighter numbers drop by 11,000. The demand is increasing, but the resources we have available to respond to those kinds of risks and challenges have diminished over that same period.

Q33 **Chair:** We are constantly told that the nature of firefighting has changed. House fires are less commonplace than they were 30 years ago, but clearly this summer we saw wildfires. Can you give a sense of the changing face of fire services, for a Committee that does not study this regularly? In particular, what was the impact on your members in those areas with long-standing major wildfire concerns, as we have in my and my colleagues' areas in Derbyshire?

Phil Garrigan: I joined the fire and rescue service 37 years ago, in 1990.

Chair: You look well on it.

Phil Garrigan: Thank you very much. I have a good understanding of the changes. To put it into perspective, it is significantly different now than it

was when I joined, and that is directly attributable to climate change. I will give you some examples to put it into context. In 2018, as the chief fire officer for Merseyside Fire and Rescue Service, we had responsibility for the co-ordination of national assets in response to large-scale events that overwhelm a particular fire and rescue service. We were bringing resources from across the country to deal with fires in Saddleworth Moor and Winter Hill. That was probably the first time we had started to see the challenges of wildfires that faced the fire and rescue service more broadly.

Fast forward quickly to 2022, when we had a significant number of incidents and the hottest temperatures on record. We had 14 major incidents to clear, and fire and rescue services came under significant pressure during that period—and I mean significant pressure. We were co-ordinating the response. Being able to respond to those incidents was placing demands on the whole of the UK, because the declaration of a major incident means that the resources available at that local area were overwhelmed.

Then you move on to 2025, which had the highest number of wildfires on the record. That was surpassed in 2026, when the fire and rescue service had to respond to over 1,300 wildfires. That included one particular day—and you will recall that day in August—when there were nine major incidents declared, and on the top of that there was a train derailment in and around the same time.

I can speak from an absolute place of knowledge. The fire and rescue service was asking for resources to support its operations and we were struggling to be able to meet the demand placed on us. From a national point of view, we were overwhelmed with the requests that came in. It was previously described as unprecedented, but from 2022 to 2026, that is not unprecedented. This is now familiar territory that we are straying into.

To re-emphasise the point around funding and resources, it is right and fitting that we talk about the wildfire aerial capabilities and specialist teams, and undoubtedly that has been supported—that is why I mentioned green shoots—under the current Government, but when you look at some of the fundamentals, at that particular point in time we needed firefighters and people. In some way, we have to increase the workforce capacity, either through recruitment or through elements of coming up with an alternative way of surging with the demand placed on us, recognising that the incidents we are talking about fluctuate at times and we need to be able to fluctuate with them. There is definitely a capacity challenge for the UK fire and rescue service in response to climate change.

Q34 **Chair:** Yes, absolutely. We all received the text message in response to that, which made us leap out of our seats that Friday evening. I am told it had an impact on reducing the number of wildfires and the number of people taking barbeques out into the country and so on. How much of the response needs to be about preventing wildfires from happening in the first place, either through behaviour change or the design of estates? How much

of this is about better resourcing the fire service to respond once we get to that dreadful situation?

Phil Garrigan: It is a combination of both. We talk about seeing the number of fires in the home reduce over a period of time; that is due to the preventive work of the UK fire and rescue service. Similarly, we can collectively work together to reduce the impact and the number of wildfires. We will clearly need to be equipped to respond to them, but there is a huge amount of work that can be done through the preventive lens.

One of the key aspects of the wildfire summit was recognising that we needed a wildfire action plan that was action driven, so that it made a difference and people were accountable for the actions they were taking, and embedded within a wildfire strategy. That is still a fundamental. That strategy and the wildfire action plan are not directly attributable to the fire and rescue service. We will play a part in that, but there are a number of other key stakeholders—many of them probably sat around me—who play an active role in that. Prevention is crucial to reducing the demand on the fire and rescue service, but we will always need to be equipped to deal with the challenges ahead.

We talked about a 2° increase in temperatures by 2050. If that were to be the case, we anticipate that the number of wildfires we have seen in 2026 would be doubled at that point. We are not equipped to deal with that.

Q35 **Cat Eccles:** Councillor Fodor, under the Civil Contingencies Act 2004, local resilience forums do not have any statutory duty to report any findings or share any learning. While the individual responders will go back and take what they have learned to their individual organisations, do you think there would be value in the findings being shared more widely? Would that be helpful?

Councillor Fodor: As you say, it isn't a statutory function; it is a convening of people, and that depends on the good will and the relationships, which can be strong, but they can be weaker. Especially coming back after an event, it is important to attend to the lessons learned and evaluation, and to signpost what might need to be done differently in future.

Q36 **Cat Eccles:** I ask because when the wildfires happened in my Stourbridge constituency, the LRF remained a bit of an enigma to me. In fact, my local council told me it would be inappropriate for me as an MP to attend any of the meetings or for any other elected members or members of the public who were caught up in the wildfires to come and share their feedback. I was on the ground at the evacuation centre and felt that I had key information and feedback to give to organisations to improve their learning. What do you think about including as many stakeholders as possible in discussions?

Councillor Fodor: There is a gap in terms of the governance and scrutiny of local resilience forums. They are literally forums. Having oversight of it, having accountability for what they do, having scrutiny of how well they worked, having observations about where to get better information or

about missing players or those not playing their part could certainly all help.

Q37 **Chair:** Thank you very much. Dr Kochhar, we have heard about councils and firefighting services; to what extent do you think our national health service is adequately funded, staffed and resourced, specifically with regard to being prepared for the effects of climate change and climate adaptation and resilience?

Dr Kochhar: We believe that the NHS is not yet adequately funded, resourced or staffed in terms of preparation, especially for the response to extreme heat. Much of the NHS estate remains highly vulnerable to overheating. The UK Health Alliance on Climate Change report found that 90% of our hospital buildings in England are vulnerable to overheating. That is a significant amount. The consequences for patients and staff are enormous.

Our reports come from our membership. I can share with you several surveys we have done. For example, a survey by the Doctors' Association UK in June 2026 found that 86% of respondents said that colleagues had felt unwell because of the heat and 68% said heat had affected patient care and safety. There were significant problems, including the highest ever A&E queues. Admissions were running at 92% bed occupancy, which naturally affects productivity and resilience and how staff cope as well. Personally, I felt wearing PPE so difficult.

This is not only about the heat affecting the individual; it is about recovery, infection and the hydration of patients. It affects the storage of vaccines and antibiotics. We had one GP working in sexual health telling us that the air conditioning and the fridge both went out of order and they did not know whether the vaccines and the antibiotics worked. The next day they figured out that they were fine, but that adds a dimension to the problem. We know that many operations were cancelled.

Q38 **Chair:** We are all aware of the historic winter pressures; we are now being told we need to start getting used to the idea of summer pressures because of the heat. That is about the general demand. You can imagine suffering with a fever or giving birth and being on a ward with a 38° or 40° temperature at a time when you are very vulnerable in your own health. It must be likely that those temperatures killed people who would have stayed alive if they could have been treated in more ambient temperatures.

Dr Kochhar: You are correct, and there is evidence to say that. Baroness Brown presented some evidence earlier as well. There is definitely evidence from various factors showing that the temperature going up even a little bit would be extremely difficult.

Q39 **Chair:** Anecdotally, I have heard—as will others—of constituents who have discharged themselves from hospital because they are so hot, saying, "I would rather suffer at home than be here." Obviously we do not know the impact of that. There may well be hearings in coroners courts about

patients discharging themselves and then dying at home. What should the NHS be doing immediately to ensure that people are not treated in dangerous temperatures that are likely to exacerbate their health concerns? We expect hospitals to make us better, not to make us more ill. What should the NHS and the Government be prioritising to address the impacts of extreme heat in hospitals?

Dr Kochhar: Naturally, we talk about resources. Before we get there, you made a point about anecdotal patient suffering. A GP messaged us who was also a patient, as he was having a lot of trouble with hydration and the maintenance of electrolytes. He bought this piece of kit that cost £1,000 because he could afford it. Health inequalities will worsen dramatically because people cannot afford it. That is the bottom line.

Resource needs to be appropriately directed and appropriately focused on improving our estates. The Government have said they will give us some resource, which is far from adequate. How that resource will be prioritised is key, as even the newer buildings are not heat efficient at the moment. Some of the newer buildings are worse than the older buildings. How will they get it? Will they have to make an application? There has to be clarity on how the resource will be given to us to improve the NHS. There is a huge shortfall. NHS England said that the shortfall in estates was worth about £17.7 billion and there is nowhere near that amount of funding coming.

Q40 **Chair:** Do you think trusts' senior management—the directorship—have an idea of what needs to be done? If there were an endless pot of money or if they found the money identified, do we have enough of an understanding in our health system of what needs to be done to keep patients safe in extreme heat?

Dr Kochhar: They probably do have an understanding, but it is very low on their list of priorities.

Chair: How can it be?

Dr Kochhar: Exactly. They need to be pushed and this has to come from the Government.

Q41 **Dr Roz Savage:** I thank the panellists for being here. It is nice to see you again, Mr Garrigan; it seems like only yesterday—

Phil Garrigan: It was only yesterday.

Dr Roz Savage: Yes, when I was guesting at the EFRA Committee. I am glad you were able to batch together your Select Committee appearances to make the journey more worth while.

Councillor Fodor, as you have already alluded to, local authorities are under a huge amount of pressure regarding their time, their people and their budgets, and there is LGR, SEND and social care. Now, on top of all that, they are being asked to take on the remit of adaptation. They often do not

have the capacity or even the skills. Should adaptation planning be a statutory duty for them? If so, how would you like to see it resourced?

Councillor Fodor: The Local Government Association does not itself have a position that there should be a statutory duty. There is not a consensus on that. However, the majority of members probably think there is a case for it. We have a detailed report about what that could mean, making it an effective statutory duty, so that there is the correct remit, the correct support and the correct roles that need to be carried out. If that were the case, there would be a new burden that would then have to be funded. You would start to get a more common baseline of what gets done across the country.

Especially coming at a time of local government reorganisation, there will be a fair amount of churn in terms of staff, skills and responsibilities. It is important to embed the right arrangements into all new authorities, as well as existing continuing authorities, to make sure there is the capacity, training, professional networks, exchange of experiences and the budgets, both capital and revenue. There will be immense capital implications from adapting our built environment, our facilities and our services, alongside considerable revenue implications for running services differently, adding positions that might be needed and changing staffing.

One example is the waste service, which is the local authority service most common to most people, which could not operate with protective overalls in extreme heat. A lot of recyclable materials could not be collected on time. Food waste is the most hazardous and the most impacted by the heat. Just as the health service has to start planning for heat as well as for winter, councils have had to start planning for heat, on top of planning for floods and so on.

We need to embed across local government generally how to adapt services, facilities and the system-wide interactions that are needed. One thing going wrong can cause other issues. For instance, we knew that schools would close, which affected staffing in hospitals during the heat because children were at home. One service needs its improvements alongside the other service needing its investments as well. You have a lot of implications, and there are councils that probably have not started thinking about what this means in terms of future planning, funding bids and the pressures they are going to face, on top of their current pressures in terms of having very limited resources to balance their budgets, as they legally have to do.

Chair: Congratulations on your promotion, Mr Garrigan.

Phil Garrigan: That must have been a good first answer. *[Laughter.]*

Q42 **John Whitby:** Councillor Fodor, in terms of our changing climate, how resilient are public facilities such as local transport, schools and care homes?

Councillor Fodor: It is a very mixed situation. As you heard when we were talking about care homes, many will be affected not just by cold in winter and energy bills, but by the need for cooling and ventilation in summer, which is an additional pressure and cost to providing that service.

Transport services have a lot of impacts as well, from the state of the roads under extreme heat to infrastructure that cannot function when there is additional heat, such as bridges and crossings and so on. There is a whole range of things across—

John Whitby: Schools, obviously.

Councillor Fodor: Yes, I mentioned schools earlier. Many of them have not planned for the temperatures they are now facing—the need for shade, the need for ventilation and the need for cooling.

John Whitby: And schools range from very new to incredibly old.

Councillor Fodor: All of which—the majority, I would say—have challenges. Most have not been designed as low-energy and stable-temperature structures. We are fitting infrastructure such as heat pumps that may only be single-cycle for heat, not for cooling. You would have to change the specification, the skills and the installation supply chain to start fitting heat pumps in public buildings and in homes that will function as a benefit for cooling in the summer as well as heating in winter.

Q43 **John Whitby:** I am not sure how you will answer this, but I will give it a go. Which public services should be prioritised for adaptation purposes?

Councillor Fodor: I am sure they would all make a very strong case, including care homes, where they are publicly run, transport systems, education and so on. Most local authorities have a whole series of structures that need to be maintained. They have a backlog for maintenance. They need to be adapted and made to work under more extreme temperatures, like heat. Those would be capital bids as opposed to the necessary revenue costs.

Q44 **John Whitby:** What happens when several services are disrupted at the same time?

Councillor Fodor: That is why I said there is this system-wide interaction of all these different things. You may have an incident in one part of an authority, whether it is coastal, rural or urban, and then you might have a transport system that is not functioning fully. You may have wildfires impacting other issues that need to be managed. Those resources need to be co-ordinated better. There needs to be an exchange of consistent data to let different services, agencies and providers know what the situation is and speak the same language, which is not always the case.

You need to have continuity plans that anticipate things going wrong—there is contingency planning for two things going wrong at the same time in a neighbourhood, but the authority may know that there is a third thing

that could go wrong. At the very local level, we need the intelligence and understanding of the local authorities, ward councillors and departments to identify what is most at risk and the knock-on effects. I think we are at very early days in dealing with that.

Q45 **Cat Eccles:** Phil, I have some questions for you on wildfires. In June, the Government announced some new investment for wildfire equipment, training and vehicles. However, we both know that the length of time to procure these items is extremely long. The Government also announced £45 million for wildfire PPE after the wildfire summit in October. Given that there are 44 fire authorities in England, £45 million is not going to go very far. I know for that for West Midlands Fire Service alone, 12 months of wildfire PPE costs £1.5 million. Do you think further resources are going to be needed to deal with this problem?

Phil Garrigan: We welcome the £45 million of investment and the statement from the Prime Minister and the Secretary of State in relation to the development of an aerial firefighting capability. Both aerial firefighting capability and the procurement of PPE, in the example you have given, take a little longer than the three or four months that we have before the next wildfire season kicks in, but we are working on that now. You can rest assured that we are seeking to expedite that as quickly as possible.

Any form of investment, such as an aerial firefighting capability or PPE, gives you a legacy challenge into the future. You have to replace that PPE over a period of time, even if you have sufficient quantities to deal with the challenges we face now. It buys us a little time. Some of the things we have talked about around wildfires, floods and enhancing capability are not going away any time soon. It is a reflection of that, which means we need sustained investments, not just one-off investments. The one-off investment gives us time, but that is all it gives us, and we would need to sustain it into the longer term.

The straightforward answer to your question is yes, we need further investment in our capability and capacity to deal with wildfire, but I would extend that to flooding, too.

Q46 **Cat Eccles:** Last year MHCLG gave increased funding settlements to fire authorities and multi-year settlements, which is helpful, but we are seeing that against a backdrop of 14 years of austerity under the previous Government. We are seeing that play out now with West Midlands Fire Service and others that are looking at making possible cuts to overnight services and other things. What plea would you make to MHCLG and the Treasury? What more could we do to support the work you do?

Phil Garrigan: A significant amount of the positive investment previously linked into things like the GDP deflator. In the nicest possible way, funding for the fire and rescue services needs to keep up with inflation, and inflation in relation to some of the things we are talking about has gone up exponentially, not by 3.5%. Some of the costs of the kit and equipment we are seeking to procure has gone up far in excess of that. What would the

ask be? It would be to ensure that fire and rescue services do not fall below the floor. Equally, we should give them the ability to increase council tax to reflect the demands placed on them, and ensure that the investment put in reflects the risks we are now facing.

I have alluded to the fact that the demand on fire and rescue services has increased significantly and the role of fire and rescue services has changed significantly. Not only can we enhance our ability to respond to wildfires or floods, but we can improve the resilience of the UK. It is about opening up the opportunity as well as asking for investment back into the fire and rescue service in the way you describe. What is self-evident when you have lost 11,000 firefighters is that a welcome £45 million in relation to wildfires does not address the shortfall. We need to build back in. It is not just about operational firefighters; it is about the infrastructure that supports the fire and rescue service to be able to respond effectively. We are good at responding to whatever the challenge is, but we need the resource to facilitate that.

We do not want a funding outcome that means fire and rescue services across the length and breadth of the country are challenged with balancing the budget, which means cutting resources. The backdrop we have had to face has been about investing back into the sector, not looking at ways in which we would meet a funding gap. Maybe I will be pleasant: understanding the impacts of any financial decisions made and seeking the opportunity to build back in is key, because we need the capacity to respond effectively moving forward.

Q47 **Cat Eccles:** One of my big concerns is the void between what happens locally and what guidance is given nationally. We know, for example, that MHCLG has provided guidance to councils—Councillor Fodor alluded to this—about assessing their preparedness in the public realm, in green spaces and for flooding. What gaps do you see? What would strengthen our resilience to wildfires?

Phil Garrigan: I would talk about strengthening our resilience across a range of operations. Wildfires is the most obvious, given the challenges we have faced, but we are likely to go into a period of flood. We need to ensure that we have the right kit, capability and resource to be able to respond to that too. It links back into the planning and the assessment of risk at a national level, how we understand that risk and how that risk distributes back into fire and rescue services through their community risk management plans.

We are doing work from a National Fire Chiefs Council perspective on a national community risk assessment—something that elevates the local risk. We need to ensure that we focus our attention on the risks and where we prioritise to get the biggest impact, and protect our communities in the best possible way. It translates down from the national risk that is observed being resourced effectively to ensure that we are addressing those risks at a local level too.

Chair: Sorry to stop you, but before we move on from wildfires, I am going to bring in Manuela Perteghella.

Q48 **Manuela Perteghella:** Like my colleague, Cat, I had a major incident in my Stratford-on-Avon constituency. Fire and rescue services have cross-border working and mutual aid agreements, but they were not able to use them because all the forces in the west midlands were fighting their own fires. Are you planning for that as well? There is a fear that you cannot rely on another force if it is fighting devastating fires across the border. Would you support investment in firefighting aircraft?

Phil Garrigan: I will answer the last question first. Yes, we would, because it allows us to deal with fires in different ways. It is a different capability and it can allow resources to be directed elsewhere. For example, we were dealing with significant wildfires in south Wales. If we had an aerial firefighting capability that we could direct, that would have released human resources to deal with some of the wildfires affecting other parts of the country.

To put that into context, Merseyside used to, and still does, co-ordinate nationally. What normally happens is a fire and rescue service will have a wildfire and it will deal with a wildfire within its own resources. If it is stretched, it will reach out beyond its boundaries to bordering fire and rescue services, relying on local mutual aid. When that is overwhelmed, as it was on a number of occasions over 2026, we draw on resources nationally. On 13 August, those resources were exhausted nationally.

Speaking from experience, at points in time we were redirecting resources that were going from one fire and rescue service to another. We did it based on a hierarchy of risk: we were directing them to preserve and protect life risk, before critical national infrastructure, before property and before the environment. We had to start to make those decisions. We were directing resources away from one area because it was having an environmental impact. I do not underestimate the scale and complexity attached to that, but we were directing it to areas where life was at risk. Those were the decisions we had to make during that busy wildfire period. We do it and we do it effectively, but we did not have the requisite amount of resource to be able to do it in the way we would wish to.

Councillor Fodor: Could I comment on that in terms of learning lessons and planning ahead to prevent the risk at that scale? Local authorities with large areas of open space and land that they manage will be trying to manage this in new ways, such as for nature and wildlife benefit. They need to learn new techniques—for instance, to have firebreaks in meadows and grasslands, which might be desirable from a nature point of view, but the risk can be cut by mowing in different areas and creating spaces that will act as firebreaks.

The evaluation and co-ordination of what has gone wrong and what we can do to prevent it from happening again is important. We need local collaborative fora, but also plans that can be implemented, which means a

budget for resilience forums to take action to prevent some of the problems in future, because it will become more common.

Q49 **Cat Eccles:** Phil, to come back to mutual aid, Stourbridge is primarily an urban area. West Midlands Fire Service found that they were learning things from the mutual aid that came from Hereford and Worcester and from Warwickshire, who knew different skills and techniques for dealing with grass fires. Do you think work needs to be done on standardising firefighter training? What funding would be needed to do that?

Phil Garrigan: We have committed to taking a look at the training aspects of the wildfire response. That is part and parcel of the allocation of the £45 million. We are working hard to ensure that we have a consistent and standardised approach and that we learn from fire and rescue services who have dealt with wildfires for a long period of time.

It is also about taking in some of the obvious issues. Water scarcity was a challenge for Stourbridge and the west midlands and it is one of the most significant risks affecting fire and rescue services. You learn about how you manage your resources and how precious water is under those circumstances. Training and a heightened level of competence across the UK fire and rescue service in how it responds to wildfires will be part of that.

That links directly into the question around an aerial firefighting capability, because we have not had one. We are starting to have to learn quickly and we have to learn from fire and rescue services internationally. We have opened up that dialogue to ensure that we learn and can be effective, because the safety of firefighters is paramount. Operating under wildfire is one thing, and operating with wildfire when there is an aerial capability is different again, so we need to ensure that our firefighters are trained and equipped to deal with it. So I agree 100%.

Q50 **Cat Eccles:** Moving on from fire, the risk after massive drought is flood. As we know, the fire service does not have a statutory flood rescue duty, although of course you help out in those situations. What difference would it make to have that statutory duty in place to help with preparedness and resilience? Do you think there could be any drawbacks to that?

Phil Garrigan: Do I think there are any drawbacks? No. We have been responding to flood for a long period of time as fire and rescue services. However, regarding statutory responsibilities, we probably need to go back to the Pitt review in 2008, which recommended that the role of the fire and rescue service be clarified, and statutory responsibilities divested and resourced appropriately. Fire and rescue services should have statutory responsibility for flood response and rescue. I would extend that to inland water too, because we have seen a significant number of people die in inland water, and there is not a statutory responsibility held by anyone to respond under those circumstances. That should be addressed at the same time.

Ultimately, if you pass on the statutory duty, we currently have around 82 boat teams. It was 108, so we have seen a significant reduction in the number of boat teams available because it is not funded or suitably supported. So yes to the statutory duty, but it needs to come with resource to ensure we are able to respond as members of the public wish us to, both for emergency flood response and for inland water. I would implore the Committee to reflect on both those things and give them due consideration, because both are significant gaps in our ability to respond effectively within a system.

Q51 **Cat Eccles:** With climate change expected to increase the incidents of flooding and wildfires, as we saw this summer, what do you think the consequences would be if we did not take action now and did not adequately resource and fund the fire and rescue service?

Phil Garrigan: We are in it now—we are absolutely in the midst of the challenges of climate change. In the 2026 period we lost 50 properties—50 homes—and that has a devastating impact on families, on memories, on schoolwork, and all of those things. It is interesting, because reference was made to the emergency alert, which was made in and around the time where we had lost 50 homes. If asked about whether the emergency alert was legitimate, I was going to say one thing, which is that you need to speak to the 50 people who lost their homes about the devastating impact on them, and to the nine firefighters that were hospitalised in response to that, putting themselves between the fire front and the home.

What do I think will happen if we do not get ahead of that? I think the 50 will increase significantly and, at worst, we may see loss of life. We need to ensure that we are equipping fire and rescue services—and other partners, understandably, and do all the preventive work—with the resources they need to operate effectively and safely within that environment.

Q52 **Chris Hinchliff:** Dr Kochhar, we have heard today that the climate we are facing now is the least extreme we will experience over the remainder of our lifetimes. That means that hospitals and GP practices are facing enormous vulnerabilities from climate change—not just from extreme heat but from flooding, power outages, water shortages and transport disruption. Do you feel that NHS staff have the capacity to prepare adequately for those vulnerabilities? Particularly in the case of emergency incidents arising from climate change, what does it take for our NHS to keep providing healthcare to our population?

Dr Kochhar: We have to recognise that heatwaves are no longer exceptional events. They are going to happen; we have already heard such expertise before.

The health service is running at capacity at the moment. There is very little spare capacity and we are cut bare to the bone at the moment. This will only stretch it further, and the ability to deliver is going to be non-existent, because the staff as well are suffering from the effects on health. For

example, who does heat affect? It affects vulnerable groups who are already quite sick, and they are going to be sicker. We know from evidence that mental health issues go through the roof, and admissions because of mental health issues climb massively. We just don't have the capacity to deliver this. Unless we prepare for it and there is some sensible thinking about how we are going to deal with this, with some spare capacity, it is going to be extremely difficult.

Q53 **Chris Hinchliff:** To be clear, we all know about the huge pressures the NHS is under anyway, regardless of what is happening with climate change. Staff across the NHS just cannot really think about this currently, can they?

Dr Kochhar: No, they cannot. As I said before, it is not very high on the list of priorities for people to rectify. We will deal with that when we get to it, and be reactive at that stage, rather than think about it in a preventive fashion. How can we get there? How can we invest in coolant mechanisms that are energy efficient so that we still meet our net zero targets, and still do sensible stuff? That is the thinking we have to do and that is the resource we have to provide.

Q54 **Chris Hinchliff:** If we start crossing some of the very concerning tipping points that exist around climate breakdown, do the BMA have concerns that we will get to a point where access to healthcare in places and in certain circumstances just will not be possible anymore?

Dr Kochhar: That is one concern. Secondly, the confidence of staff to deliver that healthcare is going to plummet. It is so hard, because you are seeing sicker patients all the time then. If the temperature is 40°C, doctors will go into work, they will do what they can, but it is harder.

Q55 **Chris Hinchliff:** That brings me on to my final question for you. The Government talk about £6.75 billion over nine years to deal with critical estate risks across the NHS, but we heard from the previous panel that only around £30 million is there to deal with extreme heat and trying to provide cooling. You have already described that as far from adequate, and I think we can all understand why. In your view, what will happen if that is the resource made available in the short to medium term, in terms of not only the impact on patients but staff recruitment and retention across the NHS?

Dr Kochhar: We currently have problems, and they will be exacerbated. You mentioned £6.7 billion; NHS England says £3.7 billion is needed acutely now for the high risk. We are already talking about more than 50% going to repair structures that are so much in need. Take, for example, the neighbourhood health centres proposed in the new health plan: these are going to be buildings, so the same will apply to those structures. The thinking at this stage should be about how to make things lasting, and how we are going to improve things for patients as well as staff.

Q56 **Chris Hinchliff:** Is the BMA concerned about what it means from the staff perspective if you ask people to turn up to work in hospitals in 40° temperatures, trying to keep people healthy day in, day out, when we are

facing summer after summer of heat like that? Are you concerned about what that will do to the workforce?

Dr Kochhar: It is very hard. It would lead to staff burnout. We already know doctors are burning out, but it would lead to massive issues with the delivery of care. They would still go in, but it would lead to problems.

Q57 **Martin Rhodes:** Dr Kochhar, you have talked about the impact on healthcare workers. How can we protect them adequately in extreme heat and unsafe working conditions while maintaining patient care?

Dr Kochhar: There are some short-term things that we could do and there are long-term things that we can do. Obviously, the short-term things are to invest appropriately in coolant mechanisms and so on and so forth. Healthcare is not only about meeting a patient. I have to have access to the correct IT, my intensive care unit should be up and running and the theatres should be up and running. These are all areas. If the temperature goes up, we know that healing is retarded, wounds do not heal and infections are massive. We doctors want to make patients better and it gives us great difficulty when we cannot get them better, and then it spirals out of control very soon.

Q58 **Martin Rhodes:** What are your thoughts about a maximum workplace temperature? What would be the potential benefits or drawbacks of that in the health sector?

Dr Kochhar: Interestingly, the BMA doesn't have a policy as such on what the temperature should be. As I said earlier, whatever the temperature, we will go into work and we will try to do the best we can.

Q59 **Martin Rhodes:** You do not have a position on what the temperature should be, but what sort of factors would need to be weighed up in terms of determining that? I am not asking you to set a figure; I am asking you just to say what sort of things we would need to think about.

Dr Kochhar: We believe that workplaces should have a responsibility to ensure working standards, which means that the environmental situation and the temperature stays below a certain limit and that we could perform and deliver healthcare to the best of our abilities.

Q60 **Martin Rhodes:** We are moving to a situation—people have already mentioned this and I want to push you a bit further on it—where we are likely to have similar summer pressure to winter pressure. What are the implications for healthcare staff? You have touched on this, but I want to pin down the impact on staff health and wellbeing.

Dr Kochhar: We believe that summer pressures should be treated as a replica of winter pressures. They are two different sets and they need different resilience approaches and different infrastructure measures. For staff in particular, providing them with a safe environment to work in, where they can treat patients, is the most appropriate thing we could do.

Q61 **Martin Rhodes:** I have a general question for the panel. I think you have

all referred in various ways to the impact of climate change on vulnerable communities. What policy developments would be most effective in tackling the unequal impacts of climate change?

Dr Kochhar: The first one leads on from my councillor friend next to me, who spoke very clearly about reaching out to vulnerable patients in the community right at the beginning to make sure they have appropriate coolant mechanisms. Prevention is better than cure. Not getting them into hospitals is much more sensible, and that is what we should be doing. We heard earlier that the outcomes in care homes were extremely poor—there were extra deaths and so on—so it would be appropriate to reach out to these situations with appropriate coolant mechanisms to stop the patients getting so unwell that they come in.

Phil Garrigan: I would come at it slightly differently. I suppose sometimes the people and the communities in which they live understand what the solutions are better than organisations that think they have an understanding of it. My comment is around enabling people to address their needs directly but—don't get me wrong—with some form of handrails in regard to what they should be thinking about and how we should mitigate against that risk.

There are probably some things that we have not discussed. We talk about our roles in responding to incidents, but it is also about the work that happens as a result of communities responding. During the wildfires, farmers mobilised and cut in firebreaks and supported fire and rescue service operations. There is something about how we can get the community and the citizen to support each other as part and parcel of that kind of intervention, from both a preventive point of view and a caring responsibility perspective, looking in on a neighbour. I know that is not particularly strategic and it is not particularly creative, but some of those things really work.

It is about mobilisation and it is about citizen responsibility, because I do not think we can do everything for everyone. We can do our best and we can communicate effectively, inform and campaign, but equally we have to enable people to look after themselves to a greater or lesser degree.

Councillor Fodor: It is a very important question. Local authorities will generally know a lot of the most vulnerable people and neighbourhoods and different types of resident who are vulnerable for a whole range of different reasons, whether it is due to health, age, having a child at home or having a disability that means they need support, adaptations and equipment to live comfortably. First, it is important to support community initiatives.

Secondly, we should co-ordinate with many different agencies and bodies. Data sharing can become quite a significant obstacle, due to data protection issues. If you bring together the different datasets, you can identify far more of the people and the different categories who will need help, because they are on a priority services register or they are known to

be getting home care or a whole range of other issues. It is so important to bring that data and work together, and to anticipate the issues and prepare for them. That is where we need to invest in the preparedness and development work that will allow us to be better prepared when there are future incidents.

There are people who are very frightened that they will be trapped during flooding, that they cannot live safely at home in overheated homes, that the equipment they rely on for adaptations will not function, whether in heat or in power cuts due to extreme weather events, and that their home constantly overheats and they cannot get out. Communities have created core spaces, with support from local authorities, but evaluating those core spaces identified that some were not fully accessible—they might not have a toilet suitable for disabled people—and that they might not actually be cool all of the time.

There will be other needs during flood occasions, where possibly different places are needed as safe spaces, provided people can get to them. There might need to be support from the local authority or the community organisations we work with to get people to where they can be cool, whether it is a public building, a community building, a faith building or whatever. There is a whole range of different issues because there are so many scenarios of what will happen under extreme weather—severe weather, flood, drought, heat and so on.

However, local authorities will know their place, they will know most of the organisations that can play their part, and they need to have that convening role. They need support to do that working together across agencies, across different services and so on. It is something that has started, clearly because of a whole series of incidents like the pandemic and the heatwave, and because places are at risk of flood at different times.

Martin Rhodes: Thank you. Mr Garrigan, do you want to come again?

Phil Garrigan: Yes. Funnily enough, I am also going to pick up on the experience of covid. As a collective group of organisations, through the local resilience forum and that co-ordination, we were able to identify very vulnerable individuals. We were dropping off prescriptions and medication and targeting the specific individuals we knew were particularly vulnerable and susceptible. Under extreme conditions, under certain triggers, I think that is an appropriate response. Whether that is a major incident declaration in a local area or something bigger and broader than that, I think there is the facility to be able to direct collective resources towards very vulnerable individuals.

During covid, we were able to overcome some of the data protection concerns and make sure that the person we were delivering the prescription to was someone who vitally needed it. If you can get around it through the pandemic, I am sure we could get around it in regard to extreme heat so that we are able to ensure that we are supporting that particular individual.

Q62 **Martin Rhodes:** Would it be helpful for all the different agencies if situations such as extreme heat or flooding—whatever it is—were identified as times when you could take action to share data in a way that you would not normally, in order to be able to respond to vulnerable groups?

Phil Garrigan: Yes.

Chair: Thank you, Councillor Fodor, Mr Garrigan and Dr Kochhar. We are very grateful for your evidence. That brings the sitting to a close.