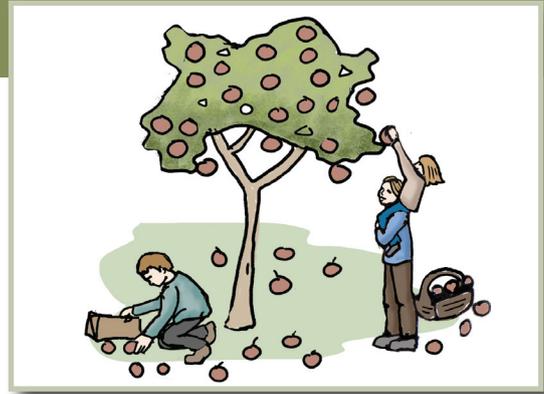


Health vision

How will we look after our health and wellbeing in a low-carbon future? What are the implications of Peak Oil for the National Health Service?



Many of the features of a more localised and resilient economy as outlined in the visions for food, energy, transport, employment and education, should bring about an enhancement in our general sense of wellbeing.

We will have a shared sense of purpose as we work together to face up to the challenges that we will be facing. We will mostly have the opportunity to work locally. There will be many opportunities for learning new skills. More of us will be engaged in physical activity as part of our work. Walking and cycling for short journeys will be the norm. There will be increased opportunities for informal social interaction with our neighbours and through community projects and local entertainment. We will be more connected and engaged with our

local environment, including the production and processing of our food. Our environment will be increasingly attractive and bio-diverse and our food will be more nutritious. This should all lead to a general improvement in our physical and mental health.

While some specialised health facilities will still be located in Edinburgh, these will have good public transport links and most health care will be localised in our community. There will be a local hospice, a community hospital and care home. There will be a network of registered volunteer carers and emergency helpers. All NHS facilities will be net generators of energy. Essential drugs will be produced without oil, with increasing use of locally produced herbal remedies.

Some Health Challenges (and notes towards solutions)

1. Oil is a primary raw material for many drugs, NHS equipment and supplies. Transport for patients, staff and deliveries to NHS facilities is also heavily oil dependent. Our closest A&E department is at the Royal Infirmary in Edinburgh, 28 miles from Dunbar and very difficult, time consuming, and expensive, to access by public transport. Patients often have to travel to other specialist centres such as the Western General in Edinburgh or St. John's Hospital in Livingston. Belhaven Hospital provides very limited treatment for minor injuries and care beds for the elderly. There is a great shortage of NHS dentists locally so many people have to travel to dentists in Edinburgh or elsewhere in East Lothian. Local pharmacies are closed on Saturday afternoons and Sundays. There is an excellent GP run medical centre in Dunbar and a GP surgery in East Linton but there are no weekend GP appointments. The volunteer Dunbar 'First Responders' network is able to provide life-saving first-aid while an ambulance is on its way to a casualty. There are no health facilities at all in the villages and very limited public transport links. We are also approaching 'peak antibiotics' and many currently routine operations and procedures will become increasingly risky as infection becomes difficult to prevent and treat.

We need to focus more on 'wellbeing' and on increasing our personal health resilience through healthy eating, physical exercise, strengthening social networks, and on developing opportunities for meaningful work, for learning and sharing new skills and for developing a stronger connection with the local environment. Community gardens have

scope for providing therapeutic work opportunities. Complementary therapies which encourage a more holistic approach to health and wellbeing will have a part to play. Many medicines could be produced locally from locally grown medicinal herbs. A reliable integrated public transport system will be needed for essential longer journeys for specialist

health care. A weekend opening rota should be discussed with local pharmacies and the possibility of a mobile GP clinic could be explored for rural areas. There may be scope for offering payment in a local currency for dentists who find working for the NHS uneconomic. The possibility

of developing a local hospice, a community hospital and care home should be explored and a network of registered volunteer carers and emergency helpers developed –building on the existing ‘First Responders’ network. All NHS facilities should become net generators of energy.

2. We have a number of potentially polluting industries on our doorstep. The Lafarge quarry and cement works produces lots of dust, has regularly breached SEPA emissions limits and suffered from plume grounding and odour problems. It is also one of Scotland’s biggest carbon emitters. Viridor run a landfill site just south of the cement works and have recently received planning permission for a large ‘energy from waste’ incinerator for waste imported into the area. The potential for harmful emissions is disputed but particulates and dioxins will inevitably result from the burning of plastic waste. Further down the coast, Torness nuclear power station produces radioactive waste from its operations and a huge amount of waste will require disposal when it is decommissioned –currently planned for 2023. The safe long-term disposal of nuclear waste still poses an intractable problem with no solution in sight. Our water supply is surface water stored in Whiteadder reservoir in the Borders and treated at Castle Moffat treatment works above Garvald.

Due to the chemical reaction involved, cement manufacture is a major carbon emitter. In a low-carbon future, alternatives to cement will need to be found. In the meantime, Lafarge and SEPA need to be lobbied to ensure that pollution from the Dunbar plant is minimised. Burning of rubbish is an obsolete concept which will have no part in a low carbon economy where waste from one process becomes a resource for another. We need to ensure that waste is minimised as rapidly as possible and that any waste remaining

is treated as close to source as possible so that the incinerator is never built. As with oil, uranium is a finite resource and nuclear power can only have a limited future. Disposal of nuclear waste will become even more difficult in a low-carbon future. A precautionary approach would suggest that nuclear power should be phased out as soon as possible to limit the burden on future generations as far as practicable. There will be a need to review land management in the Whiteadder watershed to ensure long term water quality.

3. We mostly live busy and often stressful lives, juggling childcare and other responsibilities, travelling long distances for work and always available through mobile communications. We often rely on processed food and takeaways and the level of essential nutrients in food have declined drastically in recent decades. Many jobs are sedentary, often in artificial environments and much of our leisure time is spent in front of the TV or computer. Many of us feel little connection to our local environment and have little idea where our food, water and other basic necessities come from. There are limited opportunities for local employment and a shortage of allotments for people wishing to grow some of their own food. We often have little interaction with our neighbours. Busy roads, streets clogged with parked cars and a lack of cycle infrastructure discourage us from walking and cycling and limit opportunities for informal social contact.



Health

A low-carbon, relocalised and resilient economy will bring many opportunities for meaningful local work. An emphasis on wellbeing and community and away from ever increasing consumption should lead to a reduction in stress and more opportunities for physical exercise as a part of everyday life and for more varied social and leisure activities. More could be done to highlight the wealth of local recreational opportunities which already exist. A relocalised food system, with an emphasis on rebuilding soil

fertility and local processing, should increase nutrient levels while local produce markets will help us feel more connected to our locality. Availability of allotments, community gardens/orchards will also increase opportunities for physical activity and social interaction. A reduced need to travel, launch of a car-share club along with redesigned streets and neighbourhoods which prioritise walking and cycling will reduce the number of vehicles on the roads and encourage an increase in informal social contact

4. Nationally and globally, we live in an increasingly unequal society. Our debt driven economy depends on ever increasing consumption. Unsustainable consumption is pushing many ecosystems close to the point of collapse and causing unprecedented species loss. The negative effect on our psychological wellbeing and mental health is increasingly being realised.

The development of a sense of shared purpose, working together to develop a positive and sustainable future for our community should lead to reduced inequality locally and enhanced wellbeing. Reduced resource consumption combined with

relocalisation of our economy will reduce the negative impact of our lifestyles on those in poorer countries. Increased local bio-diversity and opportunities to actively engage with the local environment will also enhance local health and wellbeing.

Health action plan

