

North Central London Green Plan 2022 - 2025

Our plan to improve health and wellbeing through sustainable healthcare



NORTH LONDON PARTNERS
in health and care

Foreword



Frances O'Callaghan

ICS Chief Executive

The ICS is still evolving, and we remain committed to our purpose; improving outcomes for our residents and patients and supporting their wellbeing with a clear focus on addressing the multiple drivers of inequalities.

With our partners, we aim to support people to Start Well, Live Well and Age Well. Alongside this, we strive to support the many local people who are employed by health and social care to Work Well. There benefits of making greener changes support these ambitions for the health and wellbeing of the communities we serve.

Actively managing our impact on the environment and local community to deliver a greener NHS in a top priority for our Integrated Care System (ICS). We cannot achieve our aim to address inequalities unless we plan for and resource this commitment .We recognise our responsibility to our local communities to deliver on this plan. We will prioritise actions, which will improve the environment for our residents, such as tackling our contribution to air pollution.

We are committed to working on this plan with our partners. There is significant opportunity in collaborating with our local authority partners and, these conversations have started and we look forward to working together to deliver our plans and improve the health and wellbeing of our population.

Foreword



Mike Cooke

ICS Chair

Addressing our impact on our environment and reducing our carbon emissions is an essential part of providing high quality, sustainable healthcare for our population. We will ensure that sustainability will be one of our overarching strategies and considered in all decision making.

We are proud of the clinical leadership we have on this programme in NCL across primary and secondary care as well as pharmacy. Trusts in our area have been leading the way, with two Trusts in NCL being the first to declare climate emergencies and taking bold actions to reduce their carbon footprint. The climate and ecological emergency is a health emergency. We want to be relentlessly focussed on the health and wellbeing of the people of north London so this means we also have to have the same lens and emphasis on taking forward this green plan.

Foreword



Paul Fish

Senior Responsible Officer
(SRO) for Greener NCL

We recognise the task that lies ahead and the importance of taking action now. Our plans also recognise the opportunities we have to improve care whilst delivering a more sustainable health service in NCL. This plans reaches into all parts of our system and requires a shift in focus to be successful.

We are committed to taking action to improve the lives of people locally as well as reduce the damage we cause communities nationally and globally.

We established an inclusive Programme Board in September 2021 – bringing together leads and partners from across the system, people who have not worked together before but who are united in our vision for a Greener NCL. This includes the voice of our residents and have embedded coproduction throughout our work.

I have been inspired and motivated by the enthusiasm and commitment of the people working to deliver net-zero in NCL. We are focused on developing a social movement around our plans; building on the skills, interest and expertise we have here.



In the GP surgery – how the impacts of the climate emergency are affecting our populations now

Tamsin Ellis

Islington GP and NCL Primary
Care Clinical Lead for
Sustainability

In General Practice we often describe 'cradle to grave' care, seeing those most vulnerable and providing continuity of care. Across NCL those working in primary care will continue to see the impacts of the climate crisis exacerbating health outcomes. The child with frequent asthma exacerbations living by a busy road with poor air quality, the frail elderly patient struggling in fuel poverty to the young person managing eco-anxiety. We may see more vector borne infections such as Lyme disease; and already insecure housing at further risk with an increase in extreme weather events causing disruption.

At the same time, those working in General Practice have a huge opportunity. To have a population-based approach, embed improvements in health inequalities and review ways of improving care now and for future generations to come. The co-benefits of making 'green changes' are significant, both for patients and staff. Active travel, access to green spaces, social prescribing, the list goes on.

We have seen General Practice overcome numerous challenges during the covid pandemic. We are resilient and able to cope in an ever changing system. We hope the work described in this green plan aims to resource general practice to be able to embed this into how we work across NCL to deliver a healthier fairer future for our patients and planet.

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About North London Partners in Health and Care

Enfield Local Authority 338,143 registered population 324,000 resident population
Enfield
Barnet Local Authority 422,630 registered population 375,000 resident population
Barnet
Haringey Local Authority 316,910 registered population 267,000 resident population
Haringey
Islington Local Authority 251,606 registered population 221,000 resident population
Islington
Camden Local Authority 283,789 registered population 235,000 resident population
Camden



Local Authority

- Camden
- Enfield
- Barnet
- Islington
- Haringey

Providers

- Whittington Health NHS Trust (including Islington and Haringey Community)
- University College London Hospitals NHS Foundation Trust
- North Middlesex University Hospital NHS Trust
- The Royal Free London NHS Foundation Trust
- Barnet, Enfield and Haringey Mental Health NHS Trust (main sites, including Enfield community)
- Camden and Islington NHS Foundation Trust (and main sites)
- Tavistock and Portman NHS Foundation Trust
- Central and North West London NHS Foundation Trust (Camden community)
- Central London Community Healthcare NHS Trust (Barnet community)
- Great Ormond St Hospital
- Royal National Orthopaedic Hospital
- Moorfields Eye Hospital

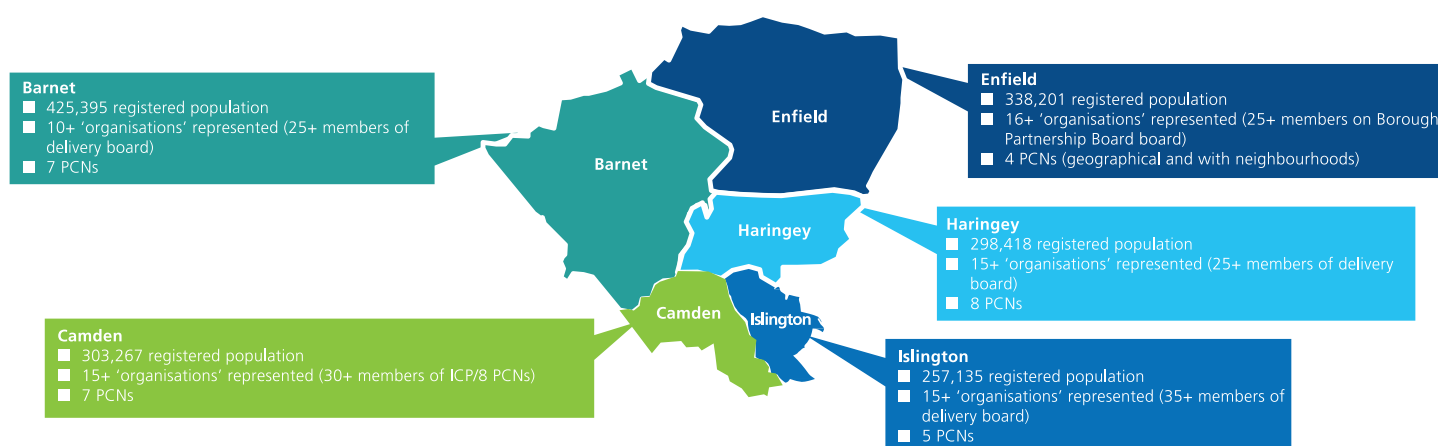
GP Practices (203 as of October 2019)

Barnet	52	Enfield	47	Islington	32
Camden	35	Haringey	37		

111 Out of Hours provider

A single NHS Out of Hours provider (currently LCW)

North Central London has a population of approximately 1.7 million residents



North Central London (NCL) is the second most deprived ICS in London but there are distinct spatial patterns of deprivation:

- Haringey, Islington and Enfield are the most deprived boroughs on average, with smaller but notable areas of deprivation in Camden and Barnet. There are differences for children and young people, and older adults (see below).
- In Haringey and Enfield there is a geographical split with the most deprived areas in the East and the less deprived in the West, and higher levels of deprivation are concentrated in these communities.
- In NCL, 21% of people (364,000) live in the 20% most deprived areas nationally. However there are disproportionately more people (31%, 547,000) living in the second most deprived (21-40%) areas in NCL compared to the national average:
- Haringey has higher levels of greater deprivation: 10% of Haringey residents live in the 10% most deprived areas nationally, compared to around 5% in Enfield and Islington, 0% in Barnet and Camden.
- The size of the populations in the most 20% deprived areas vary: 103,000 in Enfield, 91,000 in Haringey, 60,000 in Islington, 44,000 in Camden and 12,000 in Barnet.



Access to high quality housing is the main driver of deprivation across London, but there are differences in the drivers across NCL boroughs and deprivation deciles.

- Using income as an example, 11% (Barnet) and 18% (Islington) of people are income deprived, with large variations in communities, and reaching 44% in one small area of Haringey
- There are different patterns by age: average income deprivation among children is higher in Islington, followed by Haringey and Enfield and for older people, in Islington and Haringey
- 50,000 CYP in NCL are living in poverty.

We also know that:

- There are 50% more avoidable early deaths in the most deprived communities than the NCL average; Black communities more likely to die prematurely from preventable (e.g. smoking cessation) or treatable (e.g. atrial fibrillation detection) causes.
- Air pollution is high across London
- Fuel poverty is highest in Enfield and Haringey
- Nearly a quarter of children in London are obese by the time they leave primary school. Enfield has a significantly higher percentage at 27%.
- Those living with serious mental health illnesses and learning disabilities also experience large inequalities, as do the homeless (latter highest in Haringey and Barnet).

Below is the adult prevalence data for NCL for relevant conditions:

	Prevalence
Hypertension	14%
Asthma	11%
Cancer	3%
Ischemic Heart Disease	2%
Atrial Fibrillation	2%
Peripheral Artery Disease	1%
Heart Failure	1%

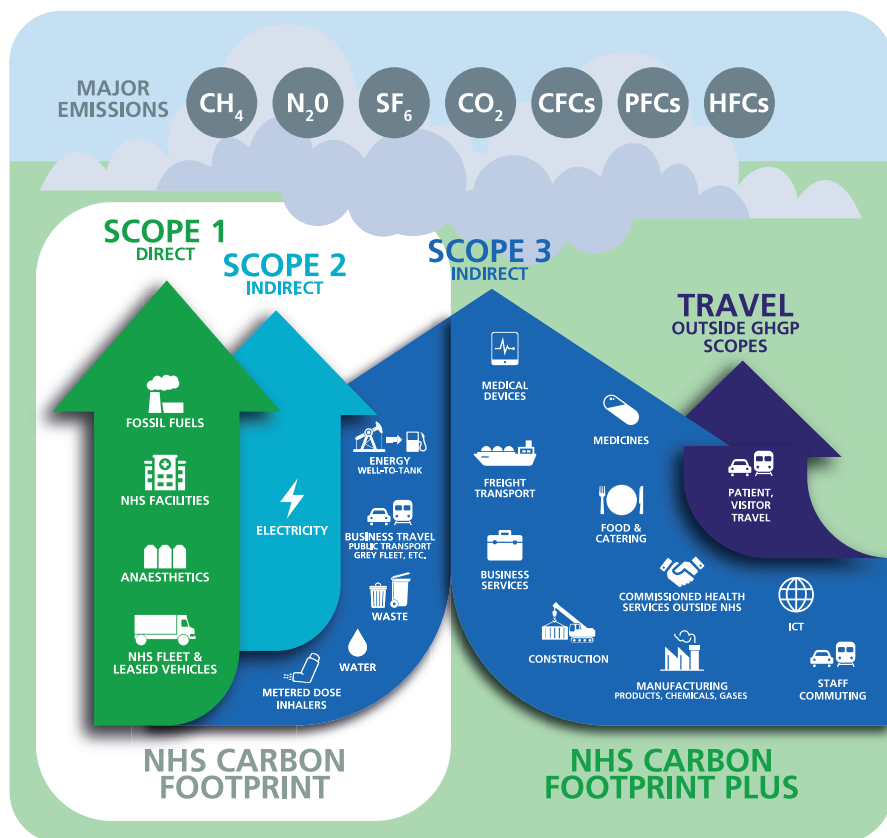
In 2020, a coroner made a legal ruling, the first of its kind, that air pollution was a cause of the death of Ella Kissi-Debrah, a nine-year-old child, in South London in 2013 who “died of asthma contributed to by exposure to excessive air pollution”.

Healthier planet, healthier people

In October 2020, the NHS stepped up once more and committed to two ambitious but evidence-based targets:

1. Carbon Footprint: for the emissions we control directly, net zero by 2040.
2. The NHS Carbon Footprint Plus: for the emissions we can influence, net zero by 2045.

The Greenhouse Gas Protocol (GHGP) scopes cover a wider set emissions, and support international comparison and transparency:



GHGP scope 1:

Direct emissions from owned or directly controlled sources, on site

GHGP scope 2:

Indirect emissions from the generation of purchased energy, mostly electricity

GHGP scope 3:

All other indirect emissions that occur in producing and transporting goods and services, including the full supply chain.


² <https://www.judiciary.uk/wp-content/uploads/2021/04/Ella-Kissi-Debrah-2021-0113-1.pdf>

³ World Business Council for Sustainable Development, World Resources Institute. The Greenhouse Gas Protocol: a corporate accounting and reporting standard (revised edition), 2015.

Healthier planet, healthier people

NCL's carbon footprint, as calculated by Greener NHS (current 2019/20), is shown in the table below. All values in tonnes of CO2 equivalent (tCO2e) and are rounded to nearest 10 tCO2e.

Carbon Footprint / Plus	Section	Area	Emissions Scope	Emissions (tCO ₂ e)
Carbon footprint	Medicines	Anaesthetic gases	Scope 1	10,760
		Metered Dose Inhalers	Scope 3	18,300
	Estates and facilities	Coal	Scope 1	0
		Coal	Scope 3	0
		Electricity	Scope 2	34,970
		Electricity	Scope 3	6,060
		Gas	Scope 1	56,780
		Gas	Scope 3	7,090
		Heat and steam	Scope 2	470
		Oil	Scope 1	1,710
		Oil	Scope 3	320
		Waste	Scope 3	6,010
		Water	Scope 3	1,650
	Travel & transport	Business Travel	Scope 3	27,270
		NHS Fleet	Scope 1	7,360
Carbon Footprint Total				178,750
Carbon footprint plus	Supply chain	Business services	Scope 3	98,810
		Food and catering	Scope 3	46,980
		Medicines and chemicals	Scope 3	158,120
		Medical equipment	Scope 3	70,620
		Construction and freight	Scope 3	65,800
		Non-medical equipment	Scope 3	94,920
	Travel & transport	Patient travel	Scope 3	32,930
		Visitor travel	Scope 3	9,620
		Staff commuting	Scope 3	35,110
Commissioned health services outside NHS		Commissioned health services outside NHS	Scope 3	28,490
Carbon Footprint Plus Total				820,150



Reducing harmful carbon emissions will improve health and save lives. We are already seeing an increase in extreme weather events which impact people's health, lives and our ability to provide care. We experienced this in the heavy rainfall in July 2021 which saw a hospital flood, disruption to roads and railways and damage to people's property.

Throughout this green plan we are committed to reducing carbon emissions whilst also optimising and improving patient care. We aim to put inequalities and co-production with communities at the focus of our response. We know that large systems led change is needed to help issues affecting our local communities in NCL – air pollution, fuel poverty, lack of access to green spaces. In acting on climate and health we can achieve effective change which both improves health outcomes whilst also working towards our overall target of net-zero.

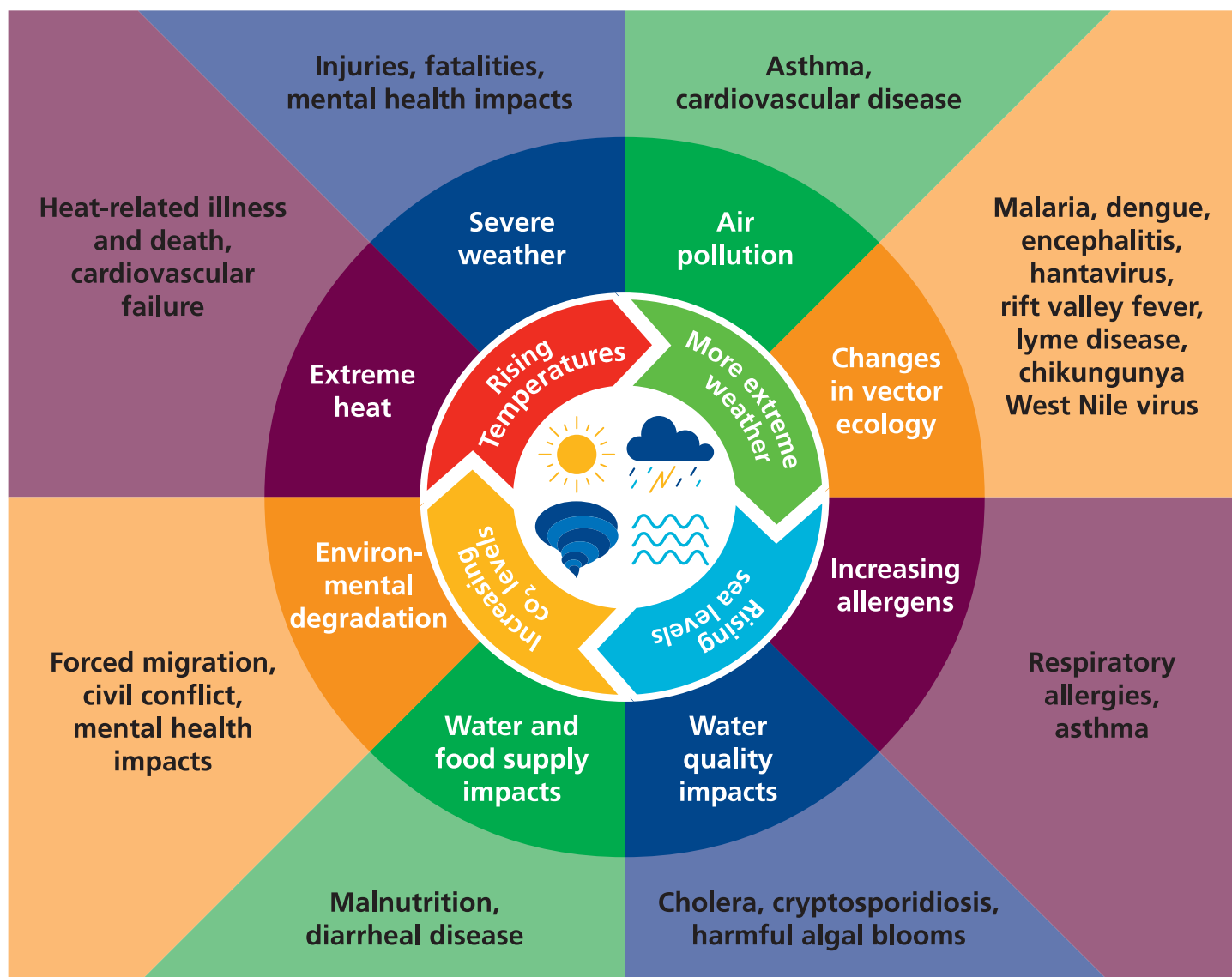
Climate breakdown is affecting human lives and health in a number of ways. It threatens the essentials of good health including clean air, secure shelter and infection control. The image below gives further details.

Air pollution is the single greatest environmental threat to human health in the UK, accounting for 1 in 20 deaths.

The UK heatwaves of 2020 claimed more than 2,500 lives. Nine of the hottest years on record occurred out of the last ten.


Reducing emissions will mean fewer cases of asthma, cancer and heart disease.

Figure 1: Impacts of the climate and ecological emergency on human health⁴



⁴ Figure 8.1, Impacts of Climate Change on Human Health - Injury Prevention and Environmental Health - NCBI Bookshelf (nih.gov)

⁵ [https://www.thelancet.com/journals/lanplh/article/PIIS2542-5196\(20\)30249-7/fulltext#seccestitle10](https://www.thelancet.com/journals/lanplh/article/PIIS2542-5196(20)30249-7/fulltext#seccestitle10)



125,000 lives could be saved each year by 2040 by meeting the minimum climate emissions, according to a study by the Lancet.

During the Covid-19 pandemic we learnt that health inequalities were exacerbated, with the poorest and most vulnerable being hit hardest. In parallel, the impacts of climate breakdown are also having a disproportionate impact on people living in areas of deprivation. Importantly, often those who contribute least to carbon emissions (leading to rapid climate and ecological breakdown) are experiencing the impacts first and more severely than those who are more affluent. This is true at a local, national and global level. Therefore, we have a responsibility to address our contributions to the climate and ecological emergency to ensure that impacts are not felt disproportionately and do not widen inequalities (locally, nationally and globally).



Overall objectives, principles and targets

The ICS is still evolving, but our purpose is clear that across NCL we aim to improve outcomes and wellbeing, through delivering equality in health and care services for local people.

Objectives

- Delivering better more sustainable healthcare; improving health outcomes and reducing emissions
- Improving health and addressing inequality
- Prioritising activity which is having an impact on our communities and local environment such as transport

We will be further refining our objectives as we work with our residents and VCS partners.

Principles

- Collaborating (working together across sectors and with communities)
- Acting now (delivering as much as we can in the first years of this plan)
- Going above and beyond (working to deliver beyond the targets if we can)
- Building a social movement (using staff expertise and interest, recognising that this is key to success, engaging and coproducing, winning hearts and minds)
- Delivering a triple bottom line (Financial, social, environmental)

Targets

In line with our principle of 'going above and beyond' we have agreed stretch targets. An * indicates the must do actions from the Greener NHS plans.

Overarching emissions targets

Greener NHS Target	Greener NCL Target
<p>*Direct: For the emissions controlled directly by the NHS (the NHS Carbon Footprint), net zero will be reached by 2040, with an ambition to reach an 80% reduction by 2028 to 2032;</p>	<p>For the emissions controlled directly by the NHS (the NHS Carbon Footprint), net zero will be reached by 2040, with an ambition to reach an 80% reduction by 2028 (emissions target [tCO₂e] = 35,750)</p>
<p>*Indirect: For the emissions the NHS can influence (our NHS Carbon Footprint Plus), we will reach net zero by 2045, with an ambition to reach an 80% reduction by 2036 to 2039.</p>	<p>For the emissions the NHS can influence (our NHS Carbon Footprint Plus), we will reach net zero by 2045, with an ambition to reach an 80% reduction by 2036 (emissions target [tCO₂e] = 164,030)</p>

Headline targets

Greener NCL Target

Eliminate all carbon from heating and water use in NHS buildings by 2030

Carbon neutral staff, patient and visitor travel by 2028

*90% of the NHS fleet to use low, ultra-low and zero-emission vehicles by 2028

*DPIs as % of total inhalers account for:
Year 1 = 30%
Year 2 = 45%
Year 3 = 65%
19.8% DPI across NCL at April 2021

Increase the number of patients utilising self management tools to support them in managing their own health such as BP@H to 20% of total hypertensive population

*At least 10% social value in procurements from April 2022

*All organisations to have long-term climate change adaptation plans (separate from your business continuity plans) by end 2022

Review opportunities to reduce single use plastics (clinical and non-clinical) and embed across all projects (baseline and target TBC) (*reduce by 10% in the short term)

These targets will be addressed across the activities described throughout this plan.

In our first years of delivery, we will focus on the areas we know are producing the most carbon:

- Medicines
- Travel
- Facilities – waste and energy
- Supply chain (which includes business services, food, medical equipment)

Progress so far

Highlights from Trust Green Plans:

Leadership: ULCH & GOSH have declared climate emergencies	Tavistock & Portman's Manifesto detailing their ambition which opens their plan	C&I, GOSH, ULCH & RFL have good staff engagement including surveys to inform the plan
UCLH has a clear action plan . C&I embedding SusQI & triple bottom line	Work with councils: Whittington & Islington Council to improve sustainable travel. Many trusts are part of Camden Climate Change Alliance	GOSH Young People's Forum informing the plan & ' reaching out ' commitments in all sections
Lots of trusts committing to BREEAM excellent, Moorfields; Oriel Building in St. Pancras	Whit large scale LED switch - will save £1.1m over 10 years	RFL salary sacrifice. Whit 13 electric fleet . C&I fleet ULEZ by 2025
RFL combined heat & power system. Whit using automatic meter readings. GOSH harvesting rain.	GOSH has calculated the environmental/carbon impact of a specific care models	A couple trusts banning herbicides and pesticides on-site. GOSH producing honey on-site.
BEH and others are working on minimising waste . C&I no plastic water bottles (exp. Emergency) by end 2022	0% desflurane for ULCH and MEH	NMUH focusing on place and equalities

Areas of Trust Green Plans requiring further work:

Some Trusts have considered adaptation and list a few actions. All trusts are committing to complete a Climate Change Risk Assessment	There are really good commitments and progress around anaesthetics but limited information about other medicines.	Models of care underdeveloped - sure there is a lot more trusts are doing (not detailed) around digital / prevention which leads to better, sustainable healthcare
Most plans include commitments but do not include action plans. Lots of timescales missing. There are plans to develop these in the next 6-9 months though.	Co-production with residents was only included in a couple; let's learn from where this is happening and embed this across NCL.	Food and nutrition underdeveloped - lots of opportunities to work with partners on this aspect

Outcome of survey with Primary Care in July 2021 with 40 responses:

- Majority of the responses were from Barnet and Islington
- 23 practices wanted to join the Greener Practice network
- 3 / 4 had taken action on reducing office waste and providing online/telephone consultations
- Only a few had taken further action on: inhalers, active travel, lights & equipment, non-dairy milk, renewable energy
- The main reasons for not taking action were not having enough time, followed by lack of support, concern about cost and being unsure of what to do.



Our commitment to deliver

Throughout 2021, we have gathered understanding and built momentum amongst primary and secondary care and in partnership with local authorities and communities. This plan details the actions that will be taken in 2022 and beyond to deliver against our targets.

In an ever-stretched healthcare system, sustainable healthcare aims to achieve 'win wins' for the health of our populations, whilst reducing damage to the environment. We are able to focus on reducing harmful carbon emissions whilst also creating leaner systems with more effective use of our collective resources.

Across London air pollution has huge consequences for the health of our patients and staff, causing preventable deaths and impacting those living with long term conditions such as COPD and asthma. In addressing and taking action towards cleaner air, we can improve health outcomes for these patients.

We know that for better patient care (with lower carbon emissions) prevention should be prioritised. Focussing on creating healthier environments for our communities by addressing wider determinants of health could be beneficial, in the long term, in reducing admissions.

In the long term, focussing on preventative healthcare may also improve the length of stay and period of rehabilitation, reducing dependency on social care and welfare services.

If we do not act now, our failure to intervene will not only add to the emissions which are destroying safe environments but also increased demand and dependency will see continued year-on-year growth in non-elective care.



Financial modelling

Advantages to investing and taking early action

- Prioritising improvements which will impact the health of our communities, preventing escalation of need and more expensive use of services
- Early adopters; purchasing early whilst the market is developing
- Economies of scale; working efficiently and cohesively as a partnership
- Independence such as on-site energy sources

We will work to the following financial principles:

- Consider our green plan as an overarching plan and embed green targets across all the work that we do
- Prioritising actions that will have a positive impact on health and wellbeing of residents and address health inequalities e.g. air pollution, green space
- Develop criteria to support investment decision-making that will inform future planning cycles (activity, workforce & finance)
- Use contract incentives and procurement to drive green behaviours.

We will work to cost and develop potential projects to apply for funding, being ready for funding opportunities and proactively seeking funding. Potential funding sources are listed below (funding criteria may mean that the pots are not available to all part of the system):

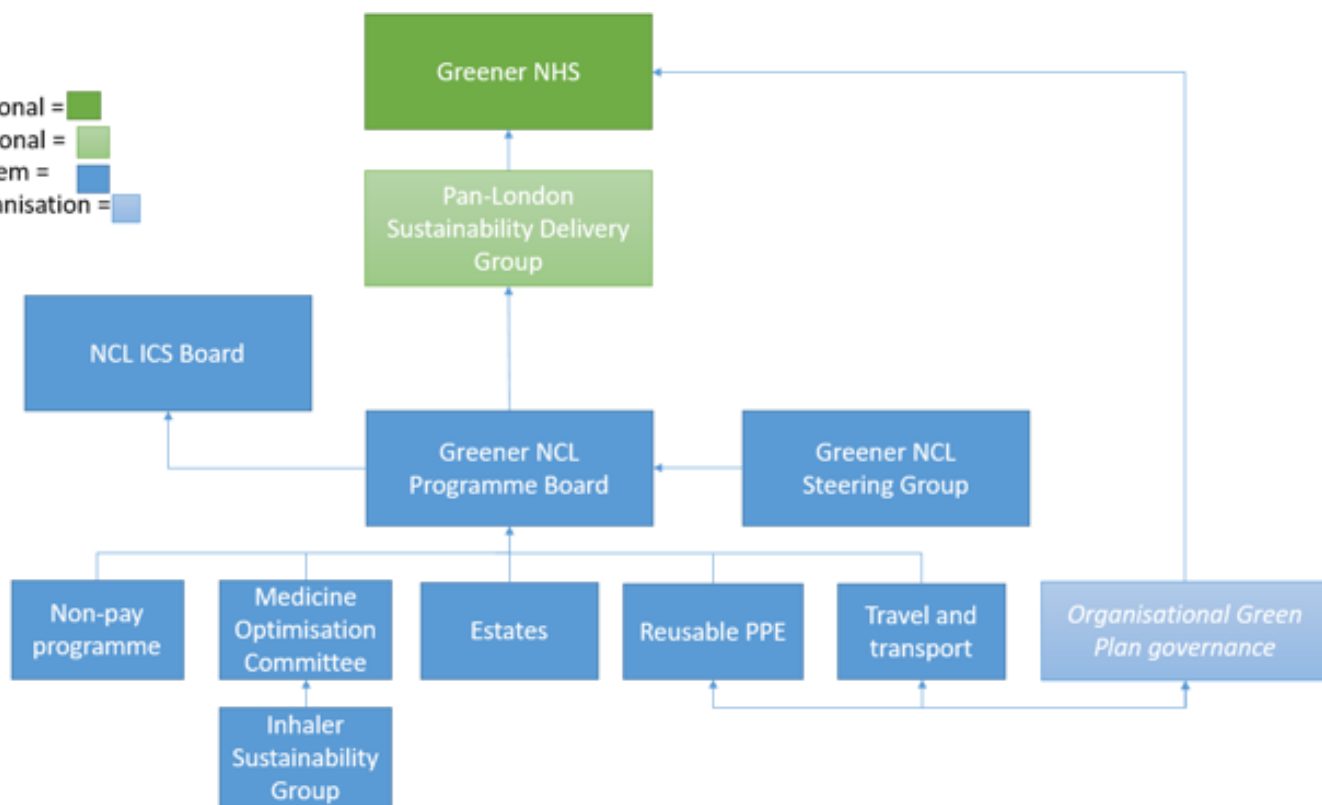
- Public Spending Decarbonisation scheme
- London funding / Greater London Authority (GLA)
- Trust charitable funds for projects on-site such as greening the estate


Potential levers:

- Review how we could incentivise the right behaviours by modifying the financial performance regime so that we remove negative incentives to investment system funding into such schemes
- Mandate that each strategic programme includes clear Green objectives, appropriate to the programme i.e. minimum carbon offset threshold for all estate builds for Estates e.g. Islington Council Bunhill 2 Energy Centre

The way we are working to deliver our Green Plan ambitions

Governance





The Greener NCL Steering Group brings together the leads in NCL with the responsibility for developing and delivering the NCL ICS Green Plan. The Steering Group has a duty to direct and shape the sustainability action plan across NCL by the NHS. This includes coordinating and organising regular Greener NCL Programme Board meetings.

The Greener NCL Programme Board is responsible for identifying areas of joint work carried out in task and finish groups/work streams, with leads reporting to the Board. The Programme Board has a broad membership of secondary, primary, council, VCS, pharmacy representation from across NCL. The Greener NCL Steering Group leads use the Board membership to disseminate key messages from the regional and national groups.

The Greener NCL Programme Board will work at a local level and support and align with regional and national working, minimising duplication will not duplicate – it will provide a supportive and facilitative space for stakeholders to improve quality and delivery through sharing and challenging each other. We have strong clinical leadership for our Green Programme including our SRO, primary care clinical leads (including a funded fellowship) and secondary care leads.

For the success of this agenda, the Board will work to encourage a groundswell of interest and action as well as providing space for creativity. In 2021, the Programme Board shared activities to engage staff including building staff networks and working with senior management. We also heard from voluntary and community sector groups about how to engage with civil society groups and residents to hear what activity is already happening in this space (such as Enfield Climate Action Network's Climate Festival) and to hear key priorities for health and climate from our communities.

The Green Plan will be considered as a key document by the ICS. The Greener NCL Programme Board will report into the ICS.

The delivery of the programme will happen through a number of work streams feeding up into the programme board, some of these are already established:

Name of NCL Board / Group	Role in relation to Greener NCL
NCL Estates Board	Delivery of Estates & Facilities Net Zero Delivery Plan
ICS Non-Pay Programme & Procurement Anchor Group	Embedding social value and sustainability in procurement, linking to wider NCL non-pay programme including facilities, clinical consumables, transport (fleet)
Medicines Optimisation Committee	Delivering inhaler, desflurane, nitrous oxide targets

We have established a network of trust sustainability leads which has supported sharing of best practice. The following work streams have been identified as areas where there is added value in trusts working together:

- Travel and transport (set up in Q4 2021/22)
- Reusable PPE (set up in Q4 2021/22)
- Adaptation (to be set up in later in 2022)
- Green space (to be set up in later in 2022)
- Food (to be set up in later in 2022)

Partners have also agreed to work on shared communication through the Programme Board.



We are active participants in the London regional Greener NHS programme which aligns to our local delivery:

London area	Focusing on
Travel and Transport	Cycling (cycle to work leads, promotion) / active travel / Salary sacrifice schemes / ULEZ/ZEVs / anti-idling / commercial transport
Renewable energy	Purchasing renewable energy / solutions for energy waste
Facemasks	Pilot to recycle FFP2 facemasks in SE London
Nitrous oxide	Optimise use of medical gases
Warmer homes advice	GLA Warmer Homes Programme promotion

Ways we are working with key partners

We will continually update our plans as the climate crisis deepens. This plan is a long term commitment which starts to address our contribution to the climate crisis. We recognise that the key to delivery throughout is collaboration.

We recognise that the key to delivery throughout is collaboration.

We can learn from our VCS organisations in NCL, these organisations hold a wealth of knowledge and enthusiasm. VCS organisations are made up of and have strong connections with local residents – we will work with VCS organisations and residents to be led by their priorities and to deliver our targets. We invited VCS organisations to scrutinise our plans and they will scrutinise our delivery as members of our Programme Board

In 2022, we funded Enfield Climate Action Network, working with Enfield Race Equality Council to deliver community panels in most polluted areas of Enfield. The organisations will undertake preliminary work to engage a diverse and representative panel. The outcomes of the panels will further inform our Green Plan priorities and delivery. The community panels will also develop local climate champions and provide a template for similar panels across NCL.

We have been taking stock, addressing what practical steps they need to take for each trust but we know there is a lot to gain from taking collective action with our local authority partners. We are working to align our plans with the local authorities in our patch (Enfield, Haringey, Barnet, Camden and Islington) so that we can deliver our shared plans to improve the lives and outcomes for our residents whilst working towards our net-zero targets. We are working with sustainability leads, public health, policy and public realm teams. We have identified areas of work for the NHS to contribute to, help deliver borough sustainability plans and to learn from the activities of our partners. Examples include:

- Membership in the well-established Camden Council led Climate Coalition Action Group
- Identifying areas of key work where neighbourhood and local working is required including green space and active travel
- Working together to listen to and engage with residents such as through school networks



Our people

We are creating a social movement across the ICS – building on the interest, skills and expertise of our staff and residents. It is essential that our plans and delivery are coproduced with staff and residents.


There are some good examples in our trust plans of coproducing through staff and patient forums and the outputs from the resident community panels in Enfield will be further shape our actions.

We know that our workforce is key to ‘greening’ our ICS, and that we cannot make progress without upskilling and supporting the people within our organisation to deliver this plan. There are significant opportunities to embed sustainable practice within our ICS and staff will be upskilled and supported to deliver the actions outlined in this plan.

We will continue to use significant events to engage staff in the sustainability agenda. We did this successfully with COP26 in October 2021, which included staff discussions, staff pledges, GOSH cycle ride to raise awareness and a Greener NCL Programme Board hearing from our Primary Care Lead who attended COP and reflecting on what this means for NCL.

In 2021, 40 NCL GPs completed a survey about their green activities. There was a lot of enthusiasm from the survey for people to sign up to Greener Practice and become involved in sustainability and some actions has already been taken. However, the biggest barrier to addressing sustainability in their practice was lack of time, followed by lack of support. This has guided our work with primary care. Our Primary Care Clinical Leads for Sustainability led a programme of engagement in 2021 with the primary care workforce, discussing sustainability with practice manager meetings, PCN leads, nursing, pharmacy and clinical leads. This has helped to shape the actions in this plans.

In Islington, a pilot project working collaboratively with the federation/CCG to work with practices and provide administrative support for ‘green’ changes was set up in 2021. A team of people including a practice manager, GP and support from the training hub and local authority have been working collaboratively. There has been uptake and interest across the borough. Work has started engaging estates and reviewing inhalers projects in conjunction with other incentive schemes being delivered.



In Primary care we have recognised the challenges that those working in primary care face, so we are focussing our plans to support resourcing this work and allowing support for busy clinicians to make changes – this is through supporting changes in estates and allowing protected learning time for education in sustainable healthcare. Due to constraints of this we paused the primary care work to resume later in 2022.

There is commitment from health partners across ICS to work together on communication regarding sustainability and the programme, this will build on the nationally available resources and share good practice through our Greener NCL Programme Board.

Recognising our role as anchor organisations with a place-based focus and recognising the link between work and good health – we are working as a system to improve pathways into employment for local people.

Action owner	Workforce Programme, ICS		
Measurable metrics	Content shared / number of people engaging with resources Uptake of e-learning Number of events delivered National staff survey (TBC to include sustainability) Bespoke communication / engagement		
Potential better more sustainable care impact	Provides staff across the system with the skills and knowledge required to take forward the plans.		
Action owner	Timescale	Owner	Note
Create engaging content about the programme to share with staff across NCL	July 2022	Greener NCL Communication Lead	Considering posters and videos
Develop communication plan including developing content to share with staff, events	October 2022	Greener NCL Communication Lead	Staff newsletter content already being used Consider behaviour change methodology
Support, engage and promote Sustainability Networks including within Trusts, Greener Practice (for primary care) and Pharmacy Declares	Ongoing	Trust Sustainability Leads Primary care leads Pharmacy leads ICB Sustainability Leads	Explore creation of more roles through champions and/or funded posts
Provide Trusts and NCL organisations with wording on our sustainability values, to include as part of adverts for new roles	March 2023	Greener NCL Programme Board Recruitment managers	

Action owner	Timescale	Owner	Note
Add a focus on sustainability to processes that support our workforces as appropriate, for example to our staff annual appraisals, interview and induction.	October 2022	Line managers Recruitment managers L&D Leads (for annual appraisals) NCL Recruitment Shared Service	
*Provide learning, development and training opportunities so that our workforce has the knowledge and skills to deliver healthcare for financial, social and environmental sustainability. For example, the Centre for Sustainable Healthcare Environmentally Sustainable Healthcare Programme e-learning.	March 2023	Trust L&D Leads Greener NCL – Communication / Programme Leads	Commitment to provide for CCG staff and looking at protected learning time for trust and primary care colleagues.
Working with volunteer management services, create a network of volunteer climate advisors to support staff to reduce their own domestic carbon footprint	October 2022	Greener NCL Programme Lead	



Sustainable Models of Care (including digital transformation)

We aim to develop sustainable and lean models of care, ensuring that patients are empowered to make the right choice for them, improving how they interact with the health and care system, and receive safe care in the right place, whilst reducing unnecessary waste.

A low-carbon health service puts patient care at the heart of its decision making and, without sacrificing patient safety, in line sustainable healthcare principles, will:

- be better at preventing illness
- engage and empower patients in managing their own health
- be leaner in service design and delivery
- use the lowest carbon technologies / treatment options

As the ICS works with system partners to develop new models of care they will endeavour to embed Net Zero principles and consider the carbon impact of any changes. Key areas of focus for new models of care include;

- Using data to drive a targeted focus on proactive and preventative interventions to improve public health.
- Reducing patient travel through the delivery of care closer to home, consolidation of appointments, & making every contact count (by all healthcare professionals such as pharmacists).
- Providing the option for remote monitoring and non-face to face delivery of health care where safe and clinically appropriate
- Continuing to encourage, where clinically appropriate, the preferential use of treatment options and are clinically equivalent.

We are already looking at alternative ways of delivering care to which improve delivery, patient choice and quality whilst considering sustainability. We have examples from primary, secondary and community care where teams are working to deliver care that is appropriate to the population they serve. We are also looking at how the dispensing of medicines can support better, more localised care.



Prevention, empowering and self-management

Engaging the population with primary and secondary prevention activities by utilising technology to assist with a multi-modal delivery model such as:

- Some providers have been providing group sessions for cardiac rehabilitation or pulmonary rehab online through covid-19 which have been maintained
- Exploring online platforms to support smoking cessation and health living
- Some PCNs self-monitoring of hypertension control through BP@home.
- Example: pilot of MymHealth (app) projects for diabetes and COPD support to self-manage (keeping track of overall wellness) in primary care

We are delivering leaner services with risk stratification to identify those most in need and then ensuring they receive care from the most appropriate clinician. We are also utilising low carbon technologies/ treatment options such as bike couriers to deliver pulse oximeters to support Oximetry@Home during Covid Surge.

We are listening to residents and working closer with voluntary and community sector organisations to deliver provision that residents need. In June 2021, NCL CCG set up an inequalities fund to commission a range of schemes across the sector that would address health inequalities. The purpose of the fund is to address the wider determinants of health inequalities, taking into account the recommendations in PHE's Beyond the Data report and the need to focus on the 20% most deprived wards, as set out in the 2021/22 NHS Planning Guidance.

We will look to scale-up programmes which are having positive outcomes for patients, receive positive feedback and are reducing our carbon footprint. We will consider targets and contracts to encourage greener models of care such as virtual outpatient consultations.

Sustainability has been built into ICS programme planning so that sustainability is considered at the beginning of any new programme or change to provision.

We have identified some potential consequences which we will keep under review to ensure that our programmes are delivering a reduction in carbon:

- Increasing care closer to home may increase travel requirements of staff
- Delivering care utilising remote monitoring to capture clinical data may drive up consumables within the ICS (ex. BP monitors, pulse oximeters etc)

Action owner	Workforce Programme, ICS		
Measurable metrics	Programme deliverables Patient feedback		
Potential better more sustainable care impact	Positive benefits for patients, carers and staff Essential to delivering more sustainable care with improvements to the local environment through, for example, less patient travel		
Action owner	Timescale	Owner	Note
Prevention			
*Share best practice and scale-up where possible	Ongoing	LTC Steering Group Anticipatory Care Group	
Implement new LCS for long-term conditions (LTC)	1 April 2022	Proactive Care and Ageing Well Group	New model of care for LTCs
Work with partners to make every contact count (advice about healthy lifestyles and prevention)			

Action owner	Timescale	Owner	Note
Empowerment & self-management			
*Mobilise and expand the social prescribing model across NCL. Improving referral pathway by acute and community providers. Progress opportunities for CYP social prescribing	By 2023	Personalisation	Maturity matrix already published by regional team which is the focus for delivery.
Increase the number of patients utilising safe management tools to support them in managing their own health. Such as - Increase use of BP@H to 20% of total hypertensive population.	By 2023	LTC Programmes via Networks	
Supporting patients to optimise their health whilst on elective waiting lists to optimise recovery and reduce elective LOS, and avoid unnecessary on the day cancellations. Example: supporting patients on elective waiting lists with multimorbidity to optimise their health and consolidate their care through the use of Proactive Integrative Teams (PITs) Example: Developing the model for Care@home to promote proactive and self-management models integrating remote monitoring and virtual support along the pathway	December 2023	PIT Programme Care@home Programme Remote monitoring Virtual wards	Capacity for 250 virtual ward bedded equivalent by Dec 22 and 536 by Dec 23

Action owner	Timescale	Owner	Note
Leaner Service Design/Delivery			
<p>Ensure that NCL expand the number of patients managed in the community through 2hr Urgent community response</p> <ul style="list-style-type: none"> • Admission prevention services via community services • Diagnostics including point of care testing and bladder scanning available • Falls pick up services live. 	Ongoing	Ageing Well Programme (SCD)	Model underpinned by requirements set out at national level.
Develop a model for delivering virtual/remote care across primary, secondary and community services within the ICS with Net Zero principles in mind	Ongoing	Care@home Programme	(Any decision to make remote care would need to take into account digital literacy and the right contact for the patient)
<p>Develop diagnostic services closer to peoples home to support faster diagnosis and reduced patient travel</p> <p>Example: Community Diagnostic Hubs (CDH) development</p> <p>Example: Development of Respiratory hublets to provide respiratory diagnostics closer to home, improving equity of access and supporting earlier diagnosis</p>	Ongoing	CDH Programme	

Action owner	Timescale	Owner	Note
Leaner Service Design/Delivery continued			
<p>Increase utilisation of remote monitoring to support step up/ step down models of care</p> <p>Example: Expand implementation of Whzan (app / patient observation kit) to 90% of care homes in NCL</p>	Ongoing	Care@home Programme	
Consider sustainability in Prescribing Policies to support care closer to home	March 2023	Medicines Optimisation Committee	
Utilising low carbon technologies/ treatment options			
Utilising, where possible, Green methods of transport where staff travel or transportation of equipment to and from patients homes is a requirement of the service.	Ongoing	All programmes	



Travel and transport

The carbon associated with travel and transport is one of our largest areas of CO₂ emissions. We will move to active and environmentally sustainable ways of travel for our staff and patients, as well as for the things we buy. This is a priority area for NCL as it will support reduction in carbon emissions, improve the local area (air quality, safety) and actively promote exercise and healthier living.

Trusts have agreed to work on this through a working group. At quarter 3 reporting, over half of our trusts have a cycle-to-work lead and best practice has been shared by trusts regarding salary sacrifice schemes for electric vehicles and bicycles. GOSH are doing some transformational work with local authorities as part of a Healthy Streets Alliance with Camden which includes education, improvements to public realm. We will look to scale this up across NCL. There is also potential to use trust charity funds to implement these activities.

GOSH have also led the way by developing a Clean Air Hospital framework which is now being used by trusts in NCL and beyond. GOSH have taken a number of actions to improve air quality including a play street.

In primary care we will look to support practices to promote more sustainable travel and active transport. There have been challenges in this plan with a variation in progress due to the business model of primary care and difficulties signing up to a cycle-to-work schemes and access to funds for arranging eclectic vehicle charging points. We are looking to work with volunteer management services and/or purchase a travel-mapping tool to support practices to work with their staff and patients to take alternative, green travel routes and to improve the infrastructure to support this. There has also been work to engage with local authority parks teams and community garden projects, as well as social prescribing team to improve patient engagement with active travel.

Increased home and digital working Nationally resulting in a 26% reduction in business travel emissions (comparison of 2020 v 2019 two-month period) and has impacted on the travel into and through NCL. We have also moved many appointments to video appointments across primary and secondary care; there are overlaps here with sustainable models of care and social prescribing.

The ICS Non-Pay Programme is also responsible for actions in this area (detailed below). The Supply Chain work stream includes an overview of the total supply chain for PPR and clinical / general supplies within NCL. One of the work stream objectives is to rationalise and integrate systems which will improve delivery and reduce the amount of transport required.

Action owner	Greener NCL Travel Work Stream Facilities and Supply Chain Work Stream of the NCL Non-Pay Programme		
Measurable metrics	Air quality monitoring Number of journeys made by car versus alternative means Supply Chain: <ul style="list-style-type: none"> • Network deliveries per annum • Network miles per annum Other programmes TBC including courier, taxis		
Potential better more sustainable care impact	Immediate impact on local environment – improving air quality, more liveable streets and improving patient/staff outcomes through supporting active travel		
Action owner	Timescale	Owner	Note
Active travel			
Active travel mapping available to all primary and secondary care sites	July 2022	Greener NCL Travel Work Stream	
Work with councils, cycle providers and cycle leads to establish safe cycle routes for staff and patients	July 2022	Greener NCL Travel Work Stream	
Create non-dockable e-bike parking on or close to all NHS properties in NCL	July 2022	Greener NCL Travel Work Stream	
*Organise staff (including hospital, primary care, pharmacy) events on cycling to introduce / refresh people's skills, confidence and knowledge of what is available to help	October 2022	Greener NCL Travel Work Stream	
Increase salary sacrifice schemes to increase funding for bikes to £5000 to include electric bikes	March 2023	Cycle-to-Work Leads	

Action owner	Timescale	Owner	Note
Vehicles			
Consider alternative travel for primary care staff including pooled electric bikes and cars to change travel once at work	March 2023		This will include reviewing grants / financial support for this
*Review salary sacrifice schemes so that they are only applicable for the purchase of hybrid or electric vehicles	March 2023		
Review collective procurement route for electric vehicle charging	March 2023	Estates Work Stream of the NCL Non-Pay Programme London procurement Partnership (LPP)	
*Transition to 90% fleet to be ultra-low emission and zero-emission vehicles for owned and leased fleets	End 2028		
Review contracts for patient transport for opportunities to move to electric fleet	TBC		
Undertake an NCL Courier procurement for Provider Trusts, ensuring at least 10% sustainability and social value weighting is included. Commence contract implementation and monitoring using the social value monitoring tool.	March 2023	Facilities Work Stream of the NCL Non-Pay Programme	

Action owner	Timescale	Owner	Note
Vehicles continued			
Undertake an NCL Taxi procurement for Provider Trusts, ensuring at least 10% sustainability and social value weighting is included. Commence contract implementation and monitoring using the social value monitoring tool.	March 2023	Facilities Work Stream of the NCL Non-Pay Programme	
Consider potential for cycling supply deliveries in primary care	March 2024		
Goods and services			
Develop a supply and distribution model within NCL via the Distribution and storage Hub at Unit 2 Chalk Mill Drive	March 2023	Supply Chain Work Stream of the NCL Non-Pay Programme	Currently, it is estimated that a 39% reduction in network deliveries could be achieved within NCL (further analysis pending).
Implement hospital Electronic Prescription Service	TBC		Will reduce delivery parcel volume as dispensing is brought closer to home Still being worked out nationally.
Other travel and transport			
Consider ban on funding non-essential flights, any flights to be carbon offset with immediate effect	TBC	Greener NCL Travel Work Stream	To be considered by Travel and Transport work stream
Implement hospital Electronic Prescription Service	TBC	Greener NCL Travel Work Stream	To be considered by Travel and Transport work stream



Medicines

Medicines contribute to 23% of the emissions of NCL's carbon footprint. The majority of this is from the procurement of medicines which is covered in other sections of the plan. National net-zero plan focuses on two specific areas where emissions occur at the point of use:

- Anaesthetic gases (contributing 1.3% of emissions)
- Inhalers (contributing 2.3% of emissions).

Anaesthetic gases

Desflurane

NCL was at 5.3% desflurane use as a percentage of all volatile anaesthetics as of September 2021 (see Figure 1), the result of significant work done in NCL Trusts - ULCH has 0%

Greener NHS Dashboard data for volatile anaesthetic gas use in NCL

Greener NHS Dashboard (NHS Organisations) - Volatile anaesthetic gases



Includes data on the carbon equivalent emissions arising from volatile anaesthetics (desflurane, sevoflurane and isoflurane) use and progress towards the commitment to cut desflurane use to less than 10%. **This data is only available to NHS organisations. It should not be released into the public domain.**

Refreshed at: 01 November 2021 12:00 AM

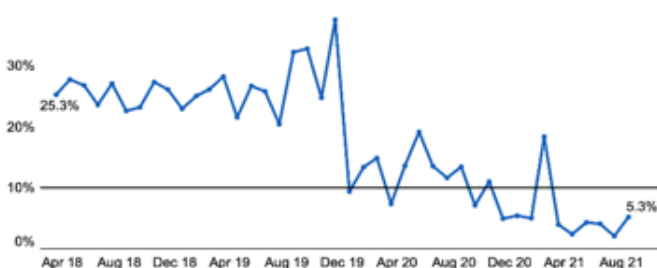
Region: ICS: Organisation:

Source: Defrill secondary care prescribing data
Some organisations will have a negative value for % desflurane used and emissions from volatile anaesthetic gases in the source data, which represent volumes of stock returned to pharmacies. The Greener NHS dashboard present these negative values as 0%. The raw data will still contain the original negative values.
The Greener NHS Team is working with colleagues to ensure the methodology accounts for these negative values in an appropriate manner and will update our methodology accordingly if necessary.

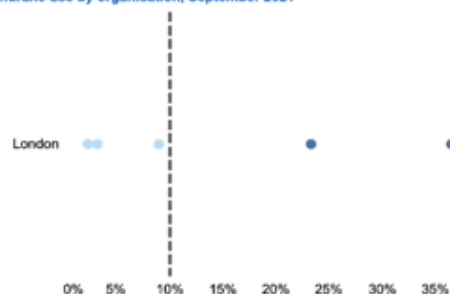
Carbon equivalent emissions resulting from volatile anaesthetic gas use



Desflurane use as a percentage of all volatile anaesthetics



Percentage desflurane use by organisation, September 2021





Nitrous oxide

Work has started through the nitrous oxide regional group to share best practice and tools to work on reducing to reduce waste and prevent the atmospheric release of this gas.

Inhalers

NCL has a well established Inhaler Sustainability Group. This group was responsible for creating a Prescribing Quality Scheme (PQS) to work alongside incentives schemes such as IIF for respiratory disease in primary care. The aim is to promote the use of lower carbon impact inhalers whilst improving care of respiratory conditions. The group's main aim has been looking at salbutamol overuse and over prescribing, and how we review this alongside optimising asthma control and improving patients' quality of life.

Lower Carbon Impact Inhalers (which includes Dry Powder Inhalers (DPIs) or Soft Mist Inhalers (SMIs)) account for 19.8% of all inhalers prescribed in NCL correct to April 2021, with the remaining majority made up of Pressurised Metered Dose Inhalers (pMDIs) – as demonstrated in Figure 2. The proposed target would be to increase the use of lower carbon impact inhalers (as a proportion of all inhalers used) to 30% at the end of year 1, 45% for year 2 and 65% for year 3. – whilst also optimising patient empowerment and overall care.

Greener NHS Dashboard data for inhaler use in NCL

Greener NHS Dashboard (NHS Organisations) - Metered dose inhaler (MDI) prescriptions



Prescribing of MDIs, both as a percentage of all inhaler prescribing and as a count. Most granular data is at CCG level. Please note that these data do not directly reflect the achievement of the Investment and Impact Fund (IIF) indicators ES-01 and ES-02, which are based on a different data source and have specific exclusions. These indicators will be included in a future update of the Greener NHS dashboard.

Refreshed at: 30 June 2021 12:00 AM

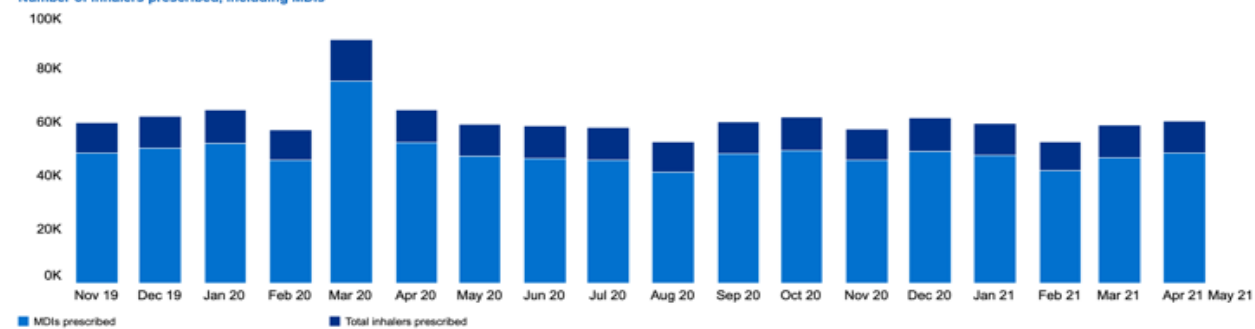
Region:
 ICS:
 CCG:

Source: English Prescribing Dataset


Percentage of prescribed inhalers that are MDIs



Number of inhalers prescribed, including MDIs



For queries please email greener.nhs@nhs.net



Preliminary scoping work has been undertaken to determine the budget and carbon impact of switching to lower carbon impact inhalers. According to early estimates using PrescQIPP data, the use of suggested lower carbon impact inhalers on the NCL Joint Formulary could achieve a reduction in CO₂ by 6.6million kg/CO₂ – though will come with a significant impact on the medicines budget. Part of this cost pressure could be mitigated through other activities, including reducing overprescribing of inhalers, optimising therapy and improving overall control for patients which will reduce admissions. This will be supported by a London wide formulary, which is currently in development.

In order to achieve carbon reductions in a clinically appropriate way, patients in primary care receiving pMDIs would require a structured medication review with an assessment of their current therapeutic regime. This will be in line with NCL guidance based on disease severity, and consideration should be given to switching their current therapy to a lower carbon impact DPI or SMI (N.B. carbon impact in this context refers to the carbon emissions at the point of delivery, and not considering the manufacturing process).

We know that inappropriate overuse of salbutamol is causing preventable deaths in asthma care, and that we must do more to work collaboratively with patients to understand and manage asthma care better. As well as addressing wider determinants such as air pollution. Using resource allocated for education around greener respiratory care we will deliver training with help of locally based pharmacists and clinicians. In order to address emissions from inhalers the most important education is to make sure the changes are made safely and with the patient at the centre.

We will aim to have protected learning time for primary care, development of resources and training with community pharmacists and practices. With resources developed by Greener Practice in collaboration with NHSE and Asthma UK we will deliver this training and also signpost to other resources being developed by PresQIPP and Primary Care Respiratory Society amongst others.

Note: There are gaps in data currently and we need to explore how we access the most accurate and up to date benchmarking data, e.g. via PresQIPP, Define or Model healthcare system.

Action owner	Medicines Optimisation Committee		
Measurable metrics	Data from the Greener NHS Dashboard		
Potential better more sustainable care impact	Positive benefits for patients in terms of care and choice. Inhalers: 6.6million kg CO ₂ (by end of programme) Less impact on the direct environment		
Action owner	Timescale	Owner	Note
Anaesthetic gases			
*Work with trusts with >5% desflurane use, sharing practice from other trusts to bring all use in all trusts to <5%	End 2022	Chief Pharmacist Provider Group	
*Work with trusts to reduce nitrous oxide use by 40%	End 2023	Trust leads Regional Nitrous Oxide Group	Baseline TBC Local work stream to be established if required
Inhalers			
Reducing the over-prescription of salbutamol inhalers by optimising adherence to preventer inhalers and improving inhaler technique	Ongoing	NCL Inhaler Sustainability Group	
*Rationalising several separate inhalers to a single fixed combination inhaler	Ongoing	NCL Inhaler Sustainability Group	Enablers for the system include: <ul style="list-style-type: none"> • Prioritisation for structured medication reviews conducted by pharmacists and GPs

Action owner	Timescale	Owner	Note
Inhalers continued			
*Increasing the frequency of the greener disposal of used inhalers	March 2023	NCL Inhaler Sustainability Group	<ul style="list-style-type: none"> • Training to ensure clinicians are confident and competent to review diagnosis, improve disease management and switch inhaler therapies if appropriate. • Establishing routes of referral to specialists for clinically complex cases • Discharge medicines scheme CQUIN
Other medicines			
Link with work on clinically appropriate de-prescribing and polypharmacy to capture sustainability outcomes	TBC	Overprescribing group via NCL MOC	



Supply chain and use of resources (including waste)

NHS organisations can use their individual or collective purchasing power and decisions to reduce carbon embedded in supply chains. Scope 3 emissions, which are out of our direct control, require the need to influence external providers and private companies to make changes to complex supply chains. We will use the levers we have within our control to drive improvements in line with our ambitions. We will take circular economy principles of to reduce waste and reuse what we can.

An NCL ICS Procurement & Supply Chain Anchor group is established; the overall aim of the working group is to address known inequalities within NCL by embedding sustainable procurement and social value within the day-to-day business operations. The group is specifically focusing on the target to achieve 10% sustainability and social value weighting in all procurements deemed in scope from April 2022. Working in collaboration with partners, the Group designs, builds and embeds the required approach and provides a forum for sharing best practice and taking advantage of opportunities when they arise. The Group also engages with local suppliers to understand the challenges they are facing, consider opportunities and build common purpose.

The group has established close links with the NCL Non Pay Programme which leads on collaborative projects (including but not limited to procurement exercises) on different categories of non-pay spend. Work streams have been established focussing on the following categories: clinical consumables, estates, facilities, supply chain and clinical engineering. The aim is to develop a work stream on Digital also. Each work stream will seek to embed sustainability and social value considerations within projects, specifically in relation to the 10% sustainability and social value weighting from April 2022.

In October 2021, our GP clinical lead started work in Islington where 7 out of 32 practices have signed up to a green practice approach. Using The Village Practice as a model for making cost neutral changes and encouraging practise to access small business green grants. The work is focusing on recycling, ethical procurement (glass milk bottles, fairtrade products, second hand equipment where appropriate), smart meters, active travel for staff, 'greening' sites and inhaler disposal. In the scoping part of this piece one of the main barriers to change was not having time or knowing what to do. A team was established through the Islington Federation with allocated time to support this work and take the burden from practices to create system wide change across an area. There has also been engagement with the local council and councillors to hear the voice of the community. In the future, we hope to hear more from patient participation groups and other voluntary organisations.



The Islington pilot project aims to engage practices, raise awareness and promote further behaviour change. The hope is a model can be created that is spread across other areas of the ICS.

The Facilities Work Stream within the NCL ICS Non Pay programme has established a waste management working group. The overall aim of the working group is to 'improve the management of waste within NCL in order to maximise operational performance and target a 25% conversion of waste to alternative waste streams.' The group will track waste volumes as a core means to measuring benefits.

Action owner	NCL ICS Procurement & Supply Chain Anchor group		
Measurable metrics	10% sustainability and social value weighting in procurement exercises % of spend with local suppliers (local defined as within M25 plus a 10 mile radius) Clinical consumable/ implant stock expiry (value & number) Target: 25% conversion of waste to the correct waste stream		
Potential better more sustainable care impact	Some positive benefits for the local environment Potential for carbon reduction from baseline (19/20) – Waste: 6,010 tonnes of CO2 equivalent (tCO2e)		
Action owner	Timescale	Owner	Note
*10% sustainability and social value weighting in procurement exercises	From April 2022	NCL ICS Procurement & Supply Chain Anchor group	Considering further % trajectory and % increase where the contract has a large carbon footprint
Create an initial NCL ICS social value procurement framework for local adoption	April 2022	NCL ICS Procurement & Supply Chain Anchor group	
*Commence engagement with local suppliers to understand the challenges they are facing, consider opportunities and build common purpose.	April 2023	NCL ICS Procurement & Supply Chain Anchor group	Supplier engagement already takes place during procurement exercises. This activity will focus more on proactive engagement with local suppliers within all NCL boroughs.
Track use of recycled and non-recycled paper to support collaboration and action across NCL	April 2023	Clinical Consumable Work Steam of the NCL Non-Pay Programme	
Consider trajectory for reduction and phase out of paper communication with the majority of patients (i.e. letters)	July 2022	Greener NCL Programme Board	Recommendations to be made by July 2022

Action owner	Timescale	Owner	Note
Switch to paper pharmacy bags	Ongoing	Medicines Optimisation Committee	
Provide additional resource to primary care to develop and share green practice initiatives	July 2022	Greener NCL Programme Lead	
Waste			
*Review opportunities to reduce single use plastics (clinical and non-clinical) and embed across all projects	Ongoing	Clinical Consumable and Facilities Work Streams of the NCL Non-Pay Programme	Baseline of single use plastic spend and usage TBC Actions will also come from the Reusable PPE work stream
*Commit to NHS Plastic Reduction Pledge Phase out plastic bottles for water unless health at risk (e.g. heat wave)	End 2023	Overprescribing Group (working group – to report into MOC)	DHSC Overprescribing report
Pilot the use of RFID solutions within two Trusts to aid medical device asset tracking	March 2023	Clinical Engineering Work Stream of the NCL Non-Pay Programme	Baseline TBC
*Implement a walking aid reuse policy and process across provider Trusts	TBC		Need to identify capacity to deliver
Expand the current use of Warp-It to other providers and maximise opportunities through collaboration	March 2023	Facilities Work Stream of the NCL Non-Pay Programme	Project brief developed and pending approval at the NCL ICS Non Pay Programme Board
Develop and implement a harmonised NCL induction and refresher waste training package	March 2023	Facilities Work Stream of the NCL Non-Pay Programme	Project brief developed and pending approval at the NCL ICS Non Pay Programme Board

Action owner	Timescale	Owner	Note
Waste continued			
Scope the potential benefits for implementation of reverse vending in some acute Trusts and create a business case to implement	March 2023	Facilities Work Stream of the NCL Non-Pay Programme	Project brief to be developed and will require approval at the NCL ICS Non pay programme Board. Investment likely.
Develop a case and seek approval for the creation of an NCL ICS Managed Waste Service/ Joint Venture Partnership	March 2023	Facilities Work Stream of the NCL Non-Pay Programme	Project brief developed and pending approval at the NCL ICS Non Pay Programme Board. First phase is to develop a case. Longer term milestones will be clarified during that process.



Estates, green space and energy

Primary care estate

Most of our Primary Care estate is occupied on a leasehold basis, with the CCG reimbursing eligible premises costs according to the Premises Costs Directions (2013). The most effective intervention for our Primary Care estate environmental performance is improving the utilisation of our existing core estate. Our work since the production of NCL's first Estate Strategy in 2018 has been focussed on improving our knowledge of the PC estate to help us understand the baseline from which change is possible.

Our three-year Estates Locality Planning programme is in the final phase. In data terms, it has allowed us to describe and analyse our local services and the locations, sufficiency and quality of the estate from which it is provided. In relationship terms, our engagement with stakeholders has built trust and enthusiasm in Local Estate Forums for the opportunities of integrated local care. It has also enabled us to support major London and national initiatives on the Primary and Integrated Care estate and defining its future size and cost. At a high level, our phases are helping build a picture of our estate and the potential for positive change:

Phase 1: Our estate and services – A consistent asset database, health needs assessment, using a common analysis approach. We identified 986 services, mapped to 914 buildings. Each CCG developed PIDs for two priority projects. Phase 1 concluded in 2019

Phase 2: Local Infrastructure – We added depth and detail to existing data and worked with local stakeholders to create detailed Locality Infrastructure Plans. These include impacts of digital and COVID on the planning process and priority projects. Sets a clear direction for local estates and Borough Partnerships to address health inequalities. Despite the demands of COVID-19 on health services, Phase 2 was conducted and concluded in 2020.

Phase 3: Local Services – Our final phase is underway, with the development of PCN Infrastructure Plans. The fieldwork involves site visits to each PC site to assess opportunities, including changes to improve environmental sustainability. The final part of Phase 3 is to identify services that can be delivered in out-of-hospital settings. Once the full picture emerges, we will shape Borough- or NCL-wide programmes to make positive adaptations to improve our environmental performance and utilisation.

We anticipate the outcomes of Estates Locality Planning will identify potential interventions and opportunities as detailed below.

Secondary care estate

A number of our Trusts are committing to reaching excellent BREEAM benchmarking standards for their estates. Further actions are detailed in Trust plans.

CCG estate

With the merger of the five borough CCGs into NCL CCG and increased working from home, the CCG estate has downsized. Work is currently ongoing to review our estate needs which will look to balance the need to have a presence in each of our five boroughs and the changes in our organisation and working patterns.

As we are tenants in our buildings, we will focus on actions that reduce resource consumption on site and work with our landlords to deliver further carbon reduction (such as switching to renewable energy and other improvements).

New builds

Embodied carbon emissions (the upfront carbon) associated with materials and construction processes throughout the whole building lifecycle account for 11% of carbon emissions in the world. Construction also has other implications for the local environment including air and noise pollution and disruption to daily life.

We know that some of our estate needs to be upgraded but we commit to only building what is necessary. We already have examples in NCL of where new developments will such as the Moorfields Eye Hospital, the UCL Institute of Ophthalmology and Moorfields Eye Charity joint initiative to create a world-leading centre for advancing eye health at the Oriel (St Pancras hospital site in Camden) which will utilise the most recent technology to meet net-zero.

We will ensure that no capital investment will be approved for buildings unless they include active measures to reduce energy consumption (such as ground source heat pumps, solar panels etc). Trusts (such as Tavistock and Portman) are also developing sustainability certifications for new builds; we will work to align these across NCL.



Green space & biodiversity

The benefits of green space for planet and human health, air quality and biodiversity are well documented. We commit to protecting our current green space (including trees) whilst significantly increasing green space and trees across the NHS estate.

We recognise the importance of green space for the delivery of alternative models of care, with health professionals coming out of traditional health settings to support patients in natural environments as well as developing better green routes across NCL to support residents to access green space as part of their care.

There is variation in the green space available at our trust sites with some sites having acres and allotments and others being more limited with the space available; actions included in trust Green Plans include mapping green space access; rewilding; plant and vegetable growing; and banning herbicides and pesticides used on site. We will share learning through our Greener NCL Programme to maximise the benefits across trusts.

We need to significantly increase the greening and green space available at our GP practices; there are great examples we can learn from in NCL such as the Story Garden and Listening Space in Camden Islington and a GP allotment in Haringey.

Friends of the Earth identified 50 council areas (nationwide) which need most investment because they have the greatest number of green space-deprived neighbourhoods.

Haringey, Islington and Camden are in the top 10 and Enfield and Barnet being in the top 40. We will work with our local councils to increase green health routes and tree planting on NHS sites.

In the actions we take, we will prioritise areas of deprivation and highest need to help us to address health inequalities.

A couple of trusts have committed to stopping the use of herbicides and pesticides on site to support biodiversity, we will look to expand this across all estates.



Energy

The energy we use accounts for 13% of our NCL carbon footprint.

Our Trusts have already taken steps to reduce the amount of energy that they use and some trusts use automatic meter readings to track and address over consumption / leaks etc.

In terms of renewable energy, the main contractual route for these are via Renewable Energy Guarantees of Origin (REGOs). Given the recent price increases and REGOs not being fully renewable; we have agreed to continue to focus on reducing our use as a priority and exploring alternative sources of energy.

Royal Free have already transitioned to a combined heat and power system. GOSH have replaced their systems and have looked at harvesting rain water. We will also look to work with community energy companies / groups to fundraise for alternative energy sources such as solar panels to increase our on-site production of energy. Nuclear is not being explored as it is not considered a renewable energy source, as it is defined in the NHS 22/23 Standard Contract.

There has been some progress made to transition to LED lighting. With funding from NHSE, the Whittington have been upgrading lighting to low energy, LED type luminaires across several buildings, focusing on areas which are continually lit. The entire scheme is expected to payback in under 2 years with total cost savings of £1.1m of a 10-year period.

We will continue to share examples of best practice and support progress across NCL.

Action owner	Estates Facilities work stream		
Measurable metrics	Energy usage across estate Annual carbon footprint		
Potential better more sustainable care impact	Positive for patient and family outcomes through green space Large carbon reduction through energy efficiency and alternative energy sources.		
Action owner	Timescale	Owner	Note
Primary care estate			
*Improve energy efficiency and reduce energy usage – we will work with Boroughs and Practices to support building a baseline of energy data with Landlords against which to measure change	March 2023	NCL Estates Director & Strategic Estates Borough teams	We will use this data gathering to open wider dialogue on options for energy conservation adaptation or interventions such as decarbonising heating and hot water systems By March 2023, we will have an outline programme of works for further scoping.
*Improve utilisation to ensure we have an estate no bigger than we need <ul style="list-style-type: none"> Working with Primary Care Leads and PCNs to support the changes in working practice that will be needed Conduct rigorous reviews of the need for additional space and ensure maximum flexibility in what is provided Support Change Management, through identifying best practice and estate opportunities 	October 2022	Change Management – Primary Care Commissioning Leads Space requirements – Strategic Estates Borough teams	We have developed and are piloting an Estates Development Toolkit to aid this. By Oct22, we will have piloted and fine-tuned the module dealing with space needs.

Action owner	Timescale	Owner	Note
Primary care estate			
Develop a matrix of sustainability interventions against considerations of costs, developer appetite, impact etc. required for Net Zero	March 2023	NCL Estates Director & Strategic Estates Borough teams	
Influence third-party developers in the design of the buildings our Practices will fit-out and occupy.	October 2022	NCL Estates Director & Strategic Estates Borough teams	By March 2023, we will outline our progress, lessons and further plans
Working with volunteer management services, create a network of volunteer climate advisors to support practices to reduce their own domestic carbon footprint	March 2023	Greener NCL Programme Lead	
Secondary care estate			
BREEAM excellent benchmark	Ongoing		Progress will vary across trusts
CCG estate			
Review of estate needs and consideration of sharing space with partners for borough based offices	March 2023		
New builds			
All new builds to meet BREEAM excellent benchmark (ambition)	2025 (TBC)		Cost needs to be researched and confirmed Develop sustainability certifications / standards for NCL as a first step

Action owner	Timescale	Owner	Note
Green space			
Provide additional resource to primary care to develop and share green space initiatives	July 2022	Greener NCL Programme Lead	Funding to be identified from NHSE&I sustainable funding (small pot), charitable funds, corporate sponsorship
Work in partnership with NHS Forest and local authorities to increase green health routes and tree planting	March 2023		
Reducing and stopping the use of herbicides and pesticides on NHS estate	March 2025		
Energy			
Install smart meters across estates	March 2023		
*Focus on reducing usage	March 2023		
*Significant switch to LED lighting	Ongoing		Needs to be fully scoped and costed and funding identified
Explore on-site energy sources	March 2023		Working with community energy companies and other funding sources



Food and nutrition

There are well documented links between healthy diet and health which is important for our staff, patients and visitors. We recognise the importance of working with public health to support population health outcomes.

Food and catering accounts for almost 6% (46,980, tonnes) of our carbon footprint as calculated as part of our supply chain.

There are further emissions from food waste (quality unknown but part of the 6,010 tonne total). Food waste is not only having an impact on our planet, it costs money and could be redistributed to those in need. By 2023, we commit to be eating all we buy to minimise waste.

A few trusts and primary care sites have their own food growing provision but we want expand this so that we are using more of our own produce. In 2022, we will work with North Middlesex University, which covers the most deprived areas of NCL, and partners to deliver community growing projects on-site.

There is currently a large cost to food lost – we will first look into redistributing food that can be eaten and then look to address our purchasing to minimise waste. We will look to move to pre-patient buying to avoid bulk buying to minimise food waste and save money.

A few of our trusts have relationships with local grocers to provide fresh fruit and vegetables on site. Providing local, seasonal produce cuts out carbon from air and road travel.

We recognise the space required for food waste management – we will work across NCL to address this as a priority.

We will take advice from experts, such as the British Dietetic Association (BDA), when promoting lower-carbon vegetarian, vegan and plant-based diets.

As General Practice operate as small businesses they have autonomy over the products bought. We have seen practices signing up to buying fairtrade, switching to reusable glass milk bottles and buying healthier food for staff rooms.

Action owner	Facilities
Measurable metrics	Food waste
Potential better more sustainable care impact	Positive outcomes for patient, visitor and staff wellbeing through improved diet . Potential carbon reduction from baseline (19/20) – 46,980 tonnes of CO2 equivalent (tCO2e).

Action owner	Timescale	Owner	Note
Primary care estate			
*Set up catering / food subgroup to facilities procurement group to explore quick wins and projects	March 2023	Facilities Lead	This will include food redistribution, food waste, buying locally, meat-free days, trajectory to no single-use cutlery
Promoting 'food first' rather than oral nutritional supplementation	Ongoing	NCL Nutrition Group (subgroup of MOC)	Work has started in care homes (Feb 22)
Build into contracts a commitment to minimise food waste	From April 2022		Requirement within all new contracts and any contract with 1+ year will be included in review
Secure additional funding for growing projects on primary and secondary care estate		Greener NCL Lead	Look at corporate sponsorship, partnerships and charitable funding



Adaptation

We aim to increase our resilience to climate related severe weather events

Although we are aiming to address our climate impact as soon as possible, it needs to be recognised that extreme weather events (such as flooding, heatwaves) are already becoming more frequent and more severe. Extreme weather conditions impacts our health (as noted in the introduction to this plan), effects our buildings and will affect our ability to deliver services.

The effects of climate change pose a range of risks to the health of local populations and the ability of our services to operate effectively.

Our trusts / estates have contingency plans in place for major incidents. Actions from the estate section above will support our adaptation. We will work with primary care estates teams to prioritise greening and work with primary care staff to provide patient advice in extreme weather.

Action owner	Estates Leads		
Measurable metrics	Number of severe weather events which disrupt services delivery		
Potential better more sustainable care impact	Essential to be able to continue providing care and to minimise climate breakdown impacts on vulnerable residents.		
Action owner	Timescale	Owner	Note
Primary care estate			
*Undertake climate risk assessments for all estates	March 2023	Estate leads	
Establish a network of Adaptation Leads across NCL	March 2023	Greener NCL Programme Lead	
Invest in both mitigation and adaptation technologies.	March 2024	All	



Monitoring

The Greener NCL partnership has developed this plan and will oversee its delivery. It builds on the Green Plans developed by our trusts as well as activities in primary care and with our partners.

Work streams report against their actions and the Programme Board will provide an annual update on progress against the plan.

Trust plans will be monitored through the Greener NHS (NHSE&I) quarterly monitoring framework. Sustainability impacts of programmes are also now being tracked alongside other benefits (outcomes, financial, social).

Within the ICS, sustainability monitoring will be built into programme benefits across all programmes. Sustainability programmes delivered by the ICS will also report into ICS Programme Governance. We will work to introduce Sustainability in Quality Improvement (SusQI).

Some baseline information is still being established and we will work on this as a priority. For example we will work with public health, local authority and VCS partners to monitor air pollution.

We will continually update our plans as the climate crisis deepens.

We will use the annually produced NHSE carbon footprint calculation to track our impact.

We appreciate that some of the impacts from our actions will not be felt for generations to come.



Notes

Lined area for taking notes, consisting of multiple horizontal blue lines.

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