Bristol, North Somerset and South Gloucestershire
Integrated Care Board

BNSSG ICB Board Meeting

Date: Thursday 6th July 2023
Time: 12:15
Location: Virtual meeting, to be held via MS Teams

Agenda Number :	6.5	
Title:	Healthier Together ICS Green Plan	
Confidential Papers	**Commercially Sensitive**	No
	Legally Sensitive	No
	Contains Patient Identifiable data	No
	Financially Sensitive	No
	Time Sensitive – not for public release at this time	No
	Other (Please state)	No
Purpose: Decision		
Key Points for Discussion:		
This paper seeks Integrated Care Board approval for the updated ICS Green Plan that now reflects greater engagement held with stakeholders on the Green Plan objectives, workstreams, activities and reporting measures Green Plan for BNSSG ICS v1.3.pdf  Green Plan EIA 220623.pdf		
Recommendations:	• To Note the changes made to the Healthier Together ICS Green Plan. • To Note that a resource plan will be developed by Sept 2023 to outline resources required to deliver the Green Plan and achieve Net Zero Carbon by 2030. • To Approve the updated ICS Green Plan	
Previously Considered By and feedback :	ICS Green Plan Steering Group Medicines Optimisation Programme Board ICB Strategic Development Forum ICS Green Plan Implementation Group Health and Sustainability Group	
Management of Declared Interest:	The terms of reference of the Green Plan steering group set out the requirement to declare any conflicts of interest upon joining, and agree to keep the group updated on any new conflicts of interest as they arise.	
Risk and Assurance:	There is a risk of failing to meet the ICB's 2030 Net Zero goal if the ICB does not commit sufficient resources and embed sustainability across the breadth of our activities.	

	There is risk to delivering the plan due to competing priorities and elements beyond our control. There is a reputational risk if we unable to meet the outcomes in the plan There is a risk to the health of our population and to delivery of services if we fail to adapt to climate change
Financial / Resource Implications:	A long-term, high-level capital and revenue resource plan will be developed by Sept 2023 for delivering the green plan and achieving net zero carbon by 2030
Legal, Policy and Regulatory Requirements:	Health and Care Act 2022. This places duties on NHS England, and all trusts, foundation trusts, and integrated care boards to contribute towards statutory emissions and environmental targets. The Act requires commissioners and providers of NHS services specifically to address the net zero emissions targets. It also covers measures to adapt to any current or predicted impacts of climate change identified within the 2008 Climate Change Act. Trusts and integrated care boards (ICBs) will meet this new duty through the delivery of their localised Green Plans, and every Trust and ICB in the country now having a board-level lead.
How does this reduce Health Inequalities:	Health inequalities and climate change are both systemic issues; the determinants and impacts of health and climate change are interconnected. Climate change impacts exacerbate health inequalities. But there are health co-benefits of mitigating climate change including through cleaner air, healthier diets and physical activity.
How does this impact on Equality & diversity	The EIA has identified there are potential positive and negative impacts on protected characteristics Age, Disability and Race groups
Patient and Public Involvement:	There has been thorough consultation with a wide range of stakeholders and the workstream leads to further develop the ICS Green Plan. This has included public engagement through a health matters event Aug 2022 and webinar. Input from Bristol Advisory Committee on Climate change, interest groups and individual members of the public have been incorporated into the updated Green Plan
Communications and Engagement:	An ICS Green Plan communications and engagement group has been established that is developing a comprehensive communications strategy and plan
Author(s):	Sam Willitts Head of Sustainability ICS BNSSG
Sponsoring Director / Clinical Lead / Lay Member:	Sarah Truelove

Agenda item: 6.5

Report title: Healthier Together ICS Green Plan

1. Background

The first published version of the ICS Green Plan had been developed relatively quickly to meet NHS England (NHSE) timescales which required submission by March 2022. This timescale was achieved and the Plan was subsequently approved formally by the ICS partners. The ICB Board approved it in March 2022.

It was always acknowledged that the Plan would be refreshed following the initial submission with greater levels of stakeholder engagement and having more time to finesse the document. Since the submission of the first version, there has been thorough consultation with a wide range of stakeholders and the workstream leads to further develop the ICS Green Plan. This work is now complete and the document is ready for final approval by the ICS organisations' boards.

2. Key Changes to the Green Plan

Changes have been made across all 11 key sustainability workstreams within the Green Plan The key changes are outlined below:

- The introduction of waste as a key theme and transformation of the travel and transport and workforce and system leadership themes into travel, transport and air quality, and people and engagement.
- The addition of a high level cost trajectory required to abate the ICS's carbon footprint as well as a commitment to influence key ICS decision making by developing a carbon price that will be applied to all business cases and procurement.
- The involvement of Primary Care within the ICS Green Plan Core Team.
- The Healthier with Nature and West of England Partnership has been identified in the Plan as a wider partner.
- The inclusion of a pledge to invest in increasing biodiversity and support local sustainable food production, enabling access to nature rich green spaces that provide opportunities for nature connection across our services.
- The inclusion of a pledge to monitor progress made by suppliers towards achieving net zero carbon and social value.
- The addition of a timeline to develop an ICS-wide dashboard and a costed delivery plan, measuring outcomes and reviewing dashboard at ICS board level.
- Amendments to key metrics to better measure progress.
- The inclusion of a roadmap infographic summarising the timeline of key targets.
- The inclusion of an established governance and delivery structure.
- A statement confirming that 10% of system capital will be committed in 2024/25 to a decarbonisation fund which partners can bid for and which will be overseen by the Green Plan Steering Group.

3. Next steps for Green Plan delivery

The next phase of delivery is identifying the additional resource required to achieve Net Zero Carbon by 2030. A prioritised resource plan will be developed by September 2023 and presented to ICS organisations' boards for information. The scope of this resource plan will cover high level capital and revenue costs required from now until 2030. A more detailed resource plan will be developed for the next three years.

The sustainability team will also develop and trial a Sustainability Impact Assessment and Carbon Calculator that will be applied to business planning, capital planning and business case review processes to aid decision making and ensure our spend is aligned with the Green Plan and net zero. The NBT team will actively support the embedding of sustainability into the ICS capital prioritisation process.

4. Financial resource implications

There will need to be significant financial and staff resource investment to deliver against the ambitions of this plan. We also recognise that there will also be considerable financial and non-financial value from operating more sustainably.

The updated Green plan includes:

- A statement confirming that 10% of system capital will be committed in 2024/25 to a decarbonisation fund which partners can bid for and which will be overseen by the Green Plan Steering Group.
- The addition of a high level cost trajectory required to abate the ICS's carbon footprint as well as a commitment to influence key ICS decision making by developing a carbon price that will be applied to all business cases and procurement. For context the 2023 cost of carbon of c£150m would equate to c5% of ICS budget.

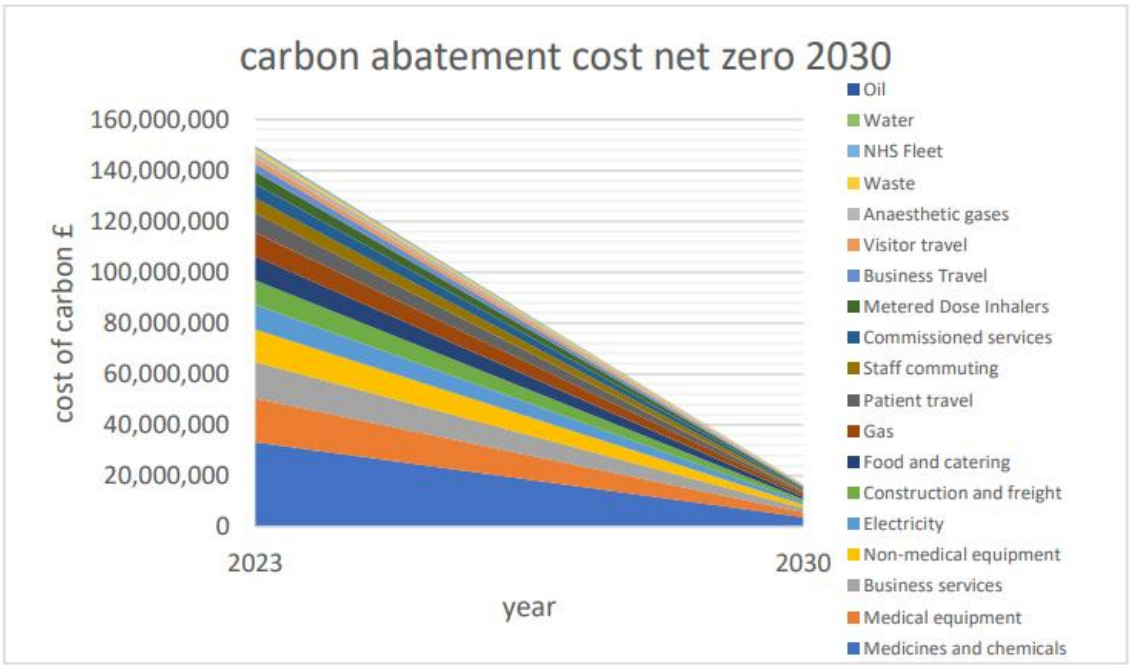


Fig1. Carbon abatement cost for ICS carbon footprint

A long-term, high-level capital and revenue resource plan will be developed by Sept 2023 for delivering the green plan and achieving net zero carbon by 2030.

5. Legal implications

On 1 July 2022, the NHS became the first health system to embed net zero into legislation, through the Health and Care Act 2022. This places duties on NHS England, and all trusts, foundation trusts, and integrated care boards to contribute towards statutory emissions and environmental targets.

The Act requires commissioners and providers of NHS services specifically to address the net zero emissions targets. It also covers measures to adapt to any current or predicted impacts of climate change identified within the 2008 Climate Change Act.

Trusts and integrated care boards (ICBs) will meet this new duty through the delivery of their localised Green Plans, and every Trust and ICB in the country now having a board-level lead.

6. Risk implications

Risk	Mitigations
Engagement – risk that the plan will fail to become adopted and embedded across the breadth of our activities due to the pace of the development of the plan and lack of wider engagement	• Delivery of communications & engagement strategy • Senior approval by ICS Executive and Partnership Board • Role of ICS Steering Group to oversee alignment
Financial – Risk that we are unable to meet the outcomes of the plan due to financial constraints in terms of capital investment and revenue implications	• Access to national funding such as Public Sector Decarbonisation Funds • Early strategic planning at a system level to understand total financial need & prioritisation of resources to highest impact areas • Recognise the financial savings that are possible through operating more sustainably • Accounting for the contribution to non-financial outcomes (e.g. population health) that can be achieved by operating sustainably
Reputational – Risk that our reputation is impacted if we are unable to meet the outcomes set out in this plan	• Green Plan Steering Group to maintain close focus on key deliverables • Maintain an honest dialogue with staff & citizens about what is achievable and any barriers to delivery that are outside of our control (e.g. supply chain, decarbonisation of national grid)
Elements of delivery beyond our control – Risk that we are unable to deliver against significant elements of the plan due to elements of the plan that are outside of our direct control (e.g. supply chain, national grid decarbonisation)	• Early and robust engagement with supply chains • Use collective pressure through regional and national bodies

Competing priorities – risk that the pressures of the covid-19 pandemic, elective recovery, and establishment of new models of care impact on delivery and relative priority of this plan	• Ensure that the sustainability outcomes are central to our ICS strategic aims • Continue to recognise that operating sustainably is a key part of the solutions to our biggest challenges, not an afterthought • Role of executive leaders to maintain the priority of this programme.
Adapting to climate change – Risk to health of our population and delivery of services if we fail to adapt to climate change	• Ensure adaptation plans and risk assessments are completed • Ensuring adaptation is considered alongside mitigation of climate change

7. How does this reduce health inequalities

Healthy life expectancy

Healthy life expectancy (the number of years expected to be lived in self-reported good or very good health) is associated with a strong deprivation gradient within BNSSG. With wider determinants impacting health outcomes by up to 40%[i], we know that we can only gain real traction in significantly improving the health of our population by working together and particularly capitalise upon the full range of interactions our Local Authorities have with the public.

Health inequalities

Health inequalities and climate change are both systemic issues the determinants and impacts of health and climate change are interconnected. Climate change impacts exacerbate health inequalities. But there are health co-benefits of mitigating climate change including through cleaner air, healthier diets and physical activity.

The main contributing factors to disability/poor health	Alignment to green plan ambitions
Musculoskeletal disease	Active travel & green social prescribing
Cardiovascular disease and stroke	Active travel, nutrition, preventative models of care
Respiratory diseases including COPD	Targeting air pollution
Depression and mental health problems	Green social prescribing
Cancers and particularly lung cancer	Targeting air pollution, healthy lifestyle choices
Alcohol and drug misuse	Green social prescribing

Making a significant improvement in the health and wellbeing of our population will mean:

- Addressing the major health threats of cardiovascular/cerebrovascular, respiratory, mental health, musculoskeletal diseases and cancer.
- Addressing the gross inequalities in our system by deprivation and between groups, such as those with learning disabilities and serious mental health issues.

As one of our key system objectives, a sustainable approach to health and care delivery, will be part of addressing the wider determinants of health outcomes

8. How does this impact on Equality and Diversity?

The EIA has identified there are potential positive and negative impacts on protected characteristics Age, Disability and Race groups
Age and Disability
Positive - upskilling workforce
Negative –some key actions, particularly related to active travel, may not be suitable for elderly people or those with certain disabilities. Risk of staff feeling excluded from action plans.
Race
Positive – the themes outlined in the ICS Green Plan are inclusive of all races and the Plan will harness the cultural diversity of our staff and patients to deliver innovative solutions to reduce our impact.
Negative – Sustainability is practiced in unique ways across various cultures and therefore the ICS Green Plan could risk alienating staff and patients.

9. Consultation and Communication including Public Involvement

There has been thorough consultation with a wide range of stakeholders and the workstream leads to further develop the ICS Green Plan. This process has involved system groups representation, wider partners and external review by the Bristol Advisory Committee on Climate Change. This has included public engagement through a health matters event Aug 2022 and webinar. The results of that consultation including interest groups and individual members of the public have been incorporated in the updated Green Plan.

Appendices

Glossary of terms and abbreviations

Net zero	
Adaptation	Adaptation is actions to adjust to climate change, and the extreme weather that it makes increasingly likely. This includes making homes more resilient to extreme heat and cold weather, and adapting our landscapes to better cope with flooding or drought events, for example.
Anchor institution	Refers to large, typically non-profit, public-sector organisations whose long-term sustainability is tied to the wellbeing of the populations they serve. Anchors get their name because they are unlikely to relocate, given their connection to the local population,

	and have a significant influence on the health and wellbeing of communities.
Carbon footprint	Carbon footprint refers to emissions that are associated with the consumption spending of UK or England's residents on goods and services, wherever in the world these emissions arise along the supply chain, and those that are directly generated by UK or England's households through private motoring and burning fuel to heat homes.
Circular economy	Circular economy is an economic system aimed at eliminating waste and the continual use of resources while identifying opportunities for enhancing social value (e.g. skills and training, employment opportunities for disadvantaged groups and others).
Climate Emergency	A situation in which urgent action is required to reduce or halt climate change and avoid potentially irreversible environmental damage resulting from it
Ecological Emergency	A recognition that nature is declining globally at rates unprecedented in human history - and the rate of species extinctions is accelerating, with grave impacts on people around the world now likely.
Healthier Together Integrated Care System:	A statutory partnership of health & care organisations formed to realise our shared ambitions to improve the health and wellbeing of the people of Bristol, North Somerset, and South Gloucestershire.
Net-zero carbon	A person, company or country is net-zero carbon if they balance the carbon dioxide they release into the atmosphere through their everyday activities with the amount they absorb or remove from the atmosphere. Overall no carbon dioxide is added to the atmosphere. There are two main ways to achieve net zero: reducing emissions and removing carbon dioxide from the atmosphere, through technologies that actively take in carbon dioxide or by enhancing natural removal methods - by planting trees, for example. These methods can be used in combination. Net zero is the UK government's target for at least a 100% reduction of net greenhouse gas emissions (compared with 1990 levels) in the UK by 2050.

Sustainable Development:	Sustainable development aims to ensure the basic needs and quality of life for everyone are met, now and for future generations. Sustainable Development promotes the reduction of carbon emissions, the efficient use of finite resources, recognises the importance of protecting our natural environment, and preparing our communities for climate change (extreme weather events and increased risk of disease) by promoting health and wellbeing through healthy lifestyle choices to ensure a strong, healthy and resilient community now and for future generations
Value based health and care:	Meeting the goals of Population Health; improving physical and mental health outcomes, promoting wellbeing, and reducing health inequalities, for the whole population and not just those who present to services. Delivered through a focus on achieving the outcomes that matter to people and making best use of our common resources.

[i] BNSSG 5-Year Plan

Healthier Together

Improving health and care in Bristol, North Somerset and South Gloucestershire

Healthier Together Integrated Care System

Bristol North, Somerset, and South Gloucestershire

Green Plan

2022 – 2025

Version 1.3 draft

1.0 Approved DATE

Contents

Foreword

As an Integrated Care System we are committed to meeting the health and care needs of our communities today and into the future. We have a duty to ensure we continue to deliver exceptional health and care in a responsible way that embraces our role as anchor organisations in Bristol, North Somerset, and South Gloucestershire.

We are committed to delivering the ambitious plans set out in this Green Plan, providing high standards of quality health and care whilst addressing the environmental impact this creates. We want to do more than just minimise any negative impact of our activities; this plan shows how, through developing sustainably, we can make a significant positive contribution to the local economy, society and environment.

Climate change has been declared as 'the greatest threat to global health' (Lancet, 2017) which will have serious implications for our health, wellbeing, livelihoods, and the structure of organised society. Failure to act quickly will heighten existing national health and care challenges, place further financial strain on the NHS and care sector, and worsen health inequalities within the UK and internationally.

In recognition of the urgency of the threat that climate and ecological breakdown poses to public health, we are setting out extremely ambitious goals. We wish to be leaders in fast tracking plans to achieve carbon neutrality – improving the health of our population in the process. This strategy commits us to a net zero carbon target of 2030, improving air quality and biodiversity, reducing our use of single use plastics, and creating a wider change movement amongst local communities and businesses. These targets are challenging but show our commitment to working with partners to deliver our vision.

Shane Devlin

Chief Executive, Healthier Together Integrated Care System

Executive Summary

Climate change is one of 'the greatest threats to global health' (Lancet, 2017) which will have serious implications for our health, wellbeing, livelihoods, and the structure of organised society. As an ICS we have put sustainability at the core of our aims and objectives. This plan sets out the commitments we have made to deliver 3 key outcomes for our population:

Improve the environment: We will improve the overall environmental impact and sustainability of our services, especially the damaging local impacts of air pollution. This will create a cleaner, safer, more ecologically resilient environment, locally and globally, including restoring biodiversity as much as possible

Net zero carbon: We particularly recognise the pressing urgency to address our carbon footprint and will reduce the impact of our services on the environment by achieving net zero carbon across all emissions scopes by 2030

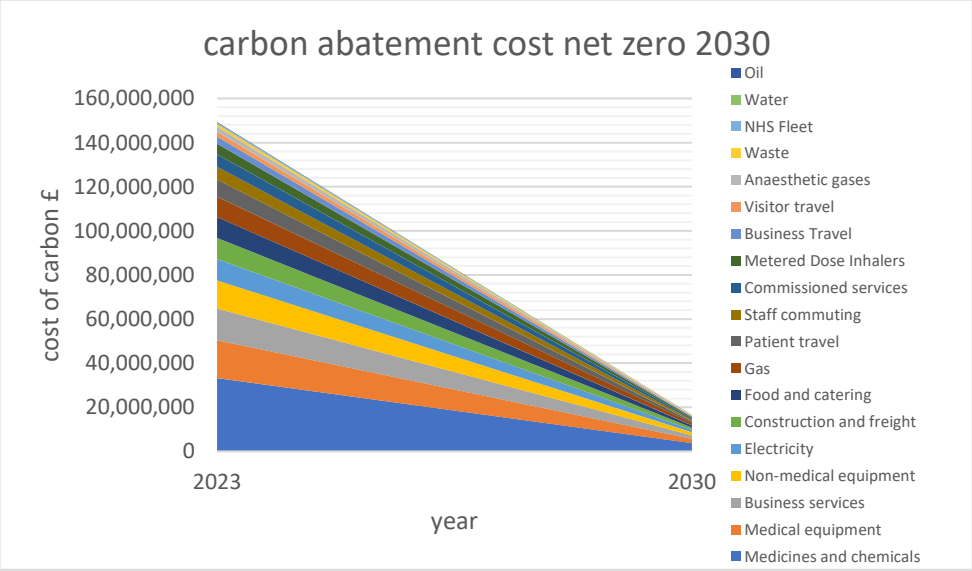


Fig1. Carbon abatement cost for ICS carbon footprint

Generate a BNSSG-wide movement: Our sustainability behaviours, actions and innovations as anchor institutions will support a cultural change amongst local citizens and businesses resulting in wider improvements in air quality, biodiversity, and the quality of the natural environment whilst building resilience in our communities.

We will do this by:

1. **Holding our shared ambition** - building on the success of our organisational level work, we have set out this clear shared ambition that all partners align to
2. **Establish the enabling conditions for change** – putting the green agenda at the heart of our ICS – how we business plan, allocate resources, and develop our governance
3. **Coordinating highest impact projects across partner organisations** – we have set out ambitious pledges, commitments, and deliverables across the highest impact areas
4. **Creating assurance of delivery of actions –** through the clarity of our ambitions, executive leadership, defined outcomes measures and clear accountability.

We want to ensure that we harness the power of our staff, citizens, community and voluntary organisations and local business networks in the delivery of this plan.

1. Status of this plan

This plan was developed at pace during the Covid-19 pandemic with less organisational and public engagement than we would have liked. Since the initial plan was approved in March 2022 we have engaged widely with stakeholders to develop this revised version.

This ICS plan covers three main areas:

i. **Our shared ambition:** Our broad ambitions, linked to our ICS Outcomes Framework and the specific needs of our population
ii. **Our collaborative intent:** Those priorities that will benefit from cross-organisational action. It is likely these will initially be focused on health partners but will be extended to cover the shared benefits of working across health & social care and beyond
iii. **Assurance and delivery:** A framework for assurance, support and accountability of our organisational plans and specific deliverables against priority required over the next 3-years:
    a. Initial focus on University Hospitals Bristol & Weston NHS Foundation Trust, North Bristol NHS Trust, Avon & Wiltshire Mental Health Partnership NHS Trust, Sirona Care & Health CIC and Primary Care
    b. Plans for extending scope and our shared agenda with local authorities and wider partners

Consultation and engagement

Wider engagement and assurance of the actions set out in this plan has been undertaken through 2022. This process has involved system groups representation, wider partners and external review Bristol Advisory Committee on Climate Change. The results of that consultation have been included in this revised version. It is anticipated that a final public version will be approved by the ICS Executive and published in early 2023.

Links to other strategies / core documents

Our ICS Green Plan sets out broad ranging ambitions and actions that will change almost every aspect of how we operate. As such, it is seen as a central pillar of our ICS development, embedded within our core aims and objectives. The implications will crosscut many of our existing and future strategies, including:

- ICS Strategy Framework
- ICS Memorandum of Understanding
- Provider Green Plans (UHBW, NBT, AWP, Sirona)
- ICS Population Health Approaches
- ICS Quality Improvement & Oversight Framework
- ICS Financial Framework
- ICS Performance Management & Improvement Framework
- ICS Communications & Engagement Framework
- Bristol & Weston Purchasing Consortium Procurement Strategy
- Integrating NHS Pharmacy and Medicines Optimisation (IPMO) implementation plan 21-24
- Joint Green Infrastructure Strategy
- WENP Nature and Health Strategy

Note: Some of these documents will be redrafted as the ICS strategy develops

2. About Greener NHS Agenda & Climate Change

Climate change has been declared as 'the greatest threat to global health' (Lancet, 2017) which will have serious implications for our health, wellbeing, livelihoods, and the structure of organised society. Failure to act quickly will heighten existing national health challenges, place further financial strain on the NHS, and worsen health inequalities within the UK and internationally.

In delivering services for the public, the NHS and Local Authorities also generate carbon emissions and air pollution that are harmful to health. We have a moral duty to our population to minimise these impacts and to adapt our services to the unavoidable impacts of climate change.

We recognise that meeting our sustainability goals is not something we will focus on once we have met our core aims and objectives; **operating sustainably is at the core of how we will meet our ICS aims and objectives**

In developing our ICS we aim to deliver a truly sustainable health and care system that will bring multiple mutually reinforcing benefits:

- **Improve personal and population health**: improved physical & mental wellbeing of our citizens, more resilient communities, improved health outcomes & reduced demand on our services
- **Improve environmental health:** create a cleaner, safer, more ecologically sound environment locally and globally, including restoring the environment and biodiversity as much as possible
- **Make best use of our limited resources:** use our resources at maximum efficiency by getting it right first time to make our services more cost effective and eliminate waste

Examples of mutual benefits

Access to nature-rich green space: There is a wealth of evidence linking nature-rich green space and engagement with nature with improved health and wellbeing. This includes accelerated patient recovery, improved social cohesion and improved mental health. If every household in England were provided with good access to quality green space, it could save an estimated £2.1 billion in health care costs[i]. BNSSG is in a strong position to develop this way of working having been awarded one of just seven national test and learn sites for Green Social Prescribing.

Active travel: Across BNSSG, 5% of deaths are attributable to air pollution[ii]. Green transport options, such as improved bicycle infrastructure and facilities can yield a high benefit-cost ratio in the long term for both health and the environment. For example, in the Netherlands where about 27% of all trips are made by bicycle, cycling prevents about 6,500 deaths each year[iii]. Increased physical activity will lead to fewer strokes and heart conditions and improved mental health.

Improve our buildings: Between 2013 and 2018, there were an estimated 160,000 excess winter deaths in the UK. Of these, each year around 9,700 people died due to a cold home – the same as the number of people who die from breast or prostate cancer each year. The fact that UK homes are amongst the least energy efficient in Europe suggests that these deaths are preventable. By improving energy efficiency in homes, we can reduce preventable deaths associated with living in a cold home as well as reducing unnecessary fuel consumption[iv]

Financial efficiency: Sustainable health & care is high-quality, cost-effective care: Procuring for whole life costs; stripping out waste; high-quality services Getting It Right First Time; accounting for whole population benefits of service design, creating a resilient supply chain with security of supply

Green procurement: decarbonise supply chain; reduce whole life costs by adopting the principles of a circular economy; address carbon & air pollution impact of transport of goods. Accounting for the value of ecosystem services on air pollution, flooding, heat waves and the health cost savings they provide.

Supporting social value through procurement: Regional collaboration ensuring the collective £1bn purchasing power of local anchor institutions supports social value by creating opportunities for micro, small and medium size businesses, social enterprises and voluntary / community organisations

Social prescribing alternative to certain medications as clinically appropriate: increase physical activity, improving physical health & reducing demand on services; reduce the considerable carbon impact of medicine manufacture; increase social interaction and connection, spreading the benefits; reduce the adverse impact of medicines on the local water supply & associated flora & fauna

3. About our ICS

The Healthier Together Integrated Care System has been established to realise our shared ambitions to improve the health and wellbeing of the people of Bristol, North Somerset, and South Gloucestershire. The Partnership was established in 2016 to work together across the NHS, local government and social care. In 2019 we agreed a five-year plan to deliver significant improvements in the health and wellbeing of our population, to improve the quality of our services and people's experience of care and to make BNSSG the best place to work for our staff.

We were formally designated as an Integrated Care System in December 2020. The Integrated Care Board was established in July 2022. An Integrated Care Strategy is being developed for the population of BNSSG, covering health and social care and addressing the wider determinants of health and wellbeing. This strategy will focus on improving outcomes, reducing inequalities, and addressing the consequences of the pandemic for our local communities. Fundamental to this is our commitment to sustainability.

Healthier Together Integrated Care Partnership (ICP)

Bristol, North Somerset and South Gloucestershire Integrated Care Partnership is a statutory committee of the Integrated Care System. Members:

Integrated Care Board:

- NHS Bristol, North Somerset and South Gloucestershire Integrated Care Board (BNSSG ICB)

Healthcare Providers:

- Avon & Wiltshire Mental Health Partnership NHS Trust (AWP)
- North Bristol NHS Trust (NBT)
- Sirona care and health (Sirona)
- Southwestern Ambulance Service NHS Foundation Trust (SWASFT)
- University Hospitals Bristol and Weston NHS Foundation Trust (UHBW)

GP Federation:

- One Care (BNSSG) C.I.C. (One Care)

Local Authorities:

- Bristol City Council (BCC)
- North Somerset Council (NSC)
- South Gloucestershire Council (SGC)

Contribution to and commitment to this Green Plan

All Healthier Together Partners have endorsed the vision and aims set out in this plan. However, due to the evolving nature of the ICS the level of engagement in the development of the plan, and the involvement in the delivery of actions varies across partners. This is summarised as follows:

Organisation	Organisational Green Plan (or equivalent) with exec leadership	Commitment to core vision & aims	Involvement in plan development	Delivery
NHS Bristol, North Somerset and South Gloucestershire Integrated Care Board (BNSSG ICB)	No	Yes	Core	Core delivery of plan
Avon & Wiltshire Mental Health Partnership NHS Trust (AWP)	Yes	Yes	Core	Core delivery of plan
North Bristol NHS Trust (NBT)	Yes	Yes	Core	Core delivery of plan
Sirona care and health (Sirona)	Yes	Yes	Core	Core delivery of plan
University Hospitals Bristol and Weston NHS Foundation Trust (UHBW)	Yes	Yes	Core	Core delivery of plan
Primary Care One Care (BNSSG) C.I.C.	Yes	Yes	Core	Core delivery of plan
Commissioning Support Unit	Yes	Yes	High level engagement	Wider partnering opportunities
Southwestern Ambulance Service NHS Foundation Trust (SWASFT)	Yes	Yes		Wider partnering opportunities
Bristol City Council (BCC)	Yes	Yes	High level engagement	Wider partnering opportunities
North Somerset Council (NSC)	Yes	Yes	High level engagement	Wider partnering opportunities
South Gloucestershire Council (SGC)	Yes	Yes	High level engagement	Wider partnering opportunities

Wider partners

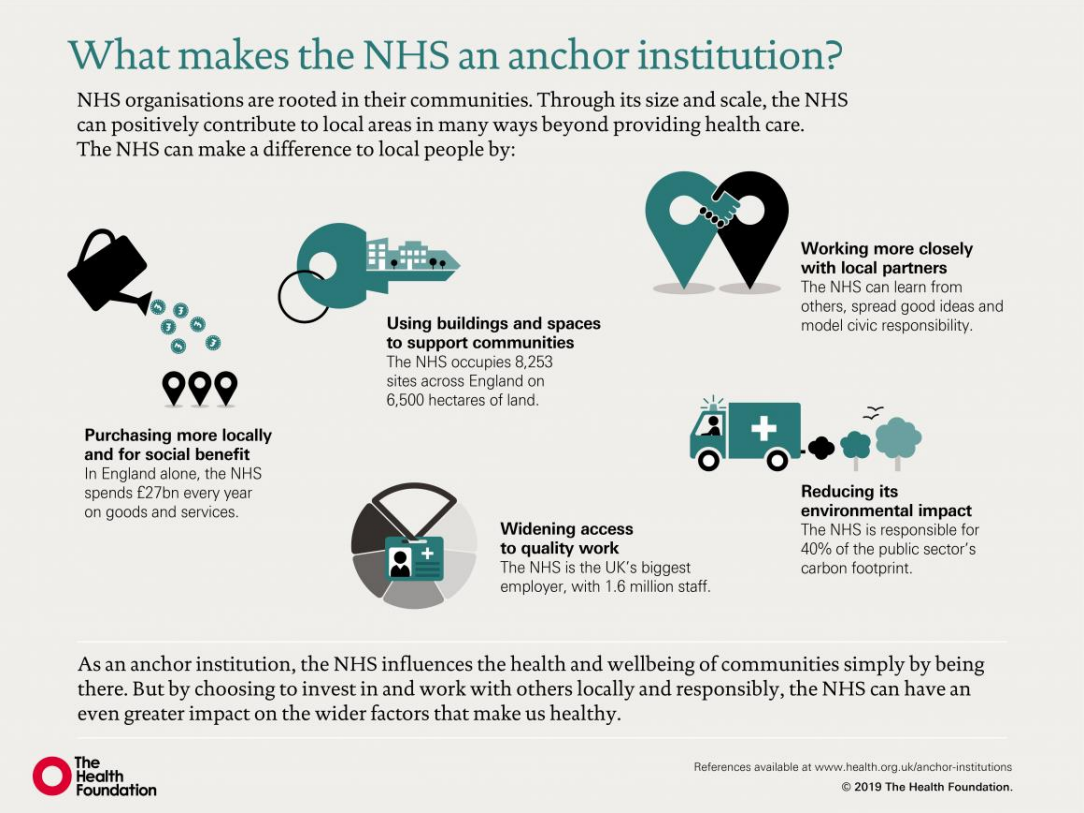
As anchor institutions we recognise our role in leading with our local communities. As such, successfully meeting our sustainability ambitions will require us to work closely with a number of leading local institutions. These include:

- Our landlords & property partners, including NHS Property Services
- Southwest Commissioning Support Unit
- West of England Combined Authority
- Academic partners including the West AHSN, Bristol Health Partners, University of Bristol and University of the West of England
- Bristol Advisory Committee on Climate Change

- NHS Blood & Transport
- Independent Sector Treatment Centres and private hospitals
- Voluntary sector bodies
- Healthier with Nature and West of England Nature Partnership
- Citizen leaders
- Key supply chain partners

Our ICS organisations acting as anchor Institutions

The term anchor institutions refers to large, typically non-profit, public sector organisations whose long-term sustainability is tied to the wellbeing of the populations they serve. Anchors get their name because they are unlikely to relocate, given their connection to the local population, and have a significant influence on the health and wellbeing of communities[1].



As an ICS we recognise the power we have as anchor institutions and commit to using this to positively contribute to our local area. This green plan gives us an opportunity to demonstrate what this means in practice, as set out in our vision and outcomes measures.

[1] The NHS as an anchor institution, The Health Foundation, The NHS as an anchor institution (health.org.uk)

4. Our Population

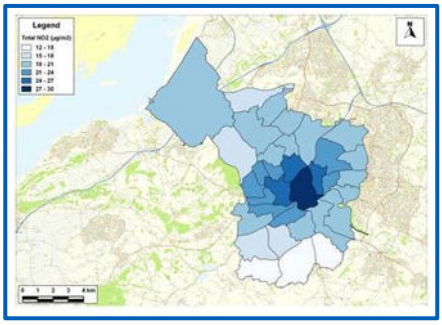
We serve a population of approximately one million people within distinct communities: a vibrant city with huge economic resources but also pockets of deprivation, seaside towns and villages and rural areas. People's life chances and prospects of enjoying good health vary dramatically depending on where they are born and where they live. Our children are disproportionately affected, with nearly 40% of children in Bristol falling within the most deprived quintile. We need to deliver health and wellbeing services that meet the needs of each of these diverse communities.

Specific Sustainability Aspects of Our Population

There are some specific aspects of our demographics and geography that we will look to address through our green plan, including:

Air pollution

Across BNSSG, 5% of deaths are attributable to air pollution, which rises to 8.5% for Bristol residents[v]. Air pollution particularly affects the most vulnerable in society: children and older people, those with heart and lung conditions and those living in the most deprived, inner-city areas. It is recognised as a contributing factor in the onset of heart disease and cancer.



Population-weighted total nitrogen dioxide concentrations, Bristol, 2013.

Our health behaviours – obesity & activity levels

Being overweight or obese increases the risk of death from a number of conditions including cancer, heart disease and stroke and is associated with increased risk of poor physical, mental and social health. Whilst prevalence of obesity in BNSSG is lower than South West and England averages, a large proportion of our population are affected. Around 1 in 5 reception age children in BNSSG are overweight or obese and this rises to almost 1 in 3 by the age of 11[vi].

Risk Factors attributed to Disability	Bristol	South Gloucestershire	North Somerset
High body-mass index	1	1	1
Tobacco	2	2	3
High fasting plasma glucose	3	3	2
Alcohol use	4	4	5
Drug use	5	8	7
Dietary risks	6	5	4
Occupational risks	7	6	6
Malnutrition	8	7	9
High blood pressure	9	9	8
Low bone mineral density	10	10	10

Risk factors for Years Lived with Disability rate per 100,000 population by local authority 2019

Activity levels amongst adults in BNSSG are relatively high (61.1% of adults in BNSSG are considered active), particularly when compared with the England population as a whole, but there are substantial levels of inactivity. Approximately 1 in 4 (25%) of the adult population in BNSSG do less than 30 minutes of moderate intensity physical activity per week. In England, on average, 28.7% of the adult population are inactive. Promoting active travel as part of our sustainability ambitions will help to support healthy behaviours[vii].

Access to healthy food:
70% of BNSSG households purchase fresh and affordable food close to home on a weekly basis. This figure drops to 30% for those with serious long-term conditions and 45% in Worle, Weston and Villages. It rises to 75% in North Bristol and Woodspring. Our food and nutrition actions set out in this plan aim to increase awareness of nutritious and environmentally sound food choices[viii].

Healthy life expectancy
Healthy life expectancy (the number of years expected to be lived in self-reported good or very good health) is associated with a strong deprivation gradient within BNSSG

Health inequalities
Health inequalities and climate change are both systemic issues the determinants and impacts of health and climate change are interconnected. Climate change impacts exacerbate health inequalities. But there are health co-benefits of mitigating climate change including through cleaner air, healthier diets and physical activity.

The main contributing factors to disability/poor health	Alignment to green plan ambitions
Musculoskeletal disease	Active travel & green social prescribing
Cardiovascular disease and stroke	Active travel, nutrition, preventative models of care
Respiratory diseases including COPD	Targeting air pollution
Depression and mental health problems	Green social prescribing
Cancers and particularly lung cancer	Targeting air pollution, healthy lifestyle choices
Alcohol and drug misuse	Green social prescribing

Summary
With wider determinants impacting health outcomes by up to 40%[ix], we know that we can only gain real traction in significantly improving the health of our population by working together and particularly capitalise upon the full range of interactions our Local Authorities have with the public.

Making a significant improvement in the health and wellbeing of our population will mean:

- Addressing the major health threats of cardiovascular/cerebrovascular, respiratory, mental health, musculoskeletal diseases and cancer.
- Addressing the gross inequalities in our system by deprivation and between groups, such as those with learning disabilities and serious mental health issues.

As one of our key system objectives, a sustainable approach to health and care delivery, will be part of addressing the wider determinants of health outcomes

5. Our Green Plan Vision

Our sustainability vision is set out as one of our 7 ICS strategic aims.

ICS Strategic Aim 6: We will act as leading institutions to drive sustainable health and care by improving our environment, achieving net zero carbon by 2030; improving the quality of the natural environment; driving efficiency of resource use.

We will focus on delivering 3 key outcomes for our population:

Improve the environment: We will improve the overall environmental impact and sustainability of our services, especially the damaging local impacts of air pollution, creating a cleaner, safer, more ecologically sound environment locally and globally, including restoring the environment and biodiversity as much as possible

Net zero carbon: We particularly recognise the pressing urgency to address our carbon footprint and will reduce the impact of our services on the environment by achieving net zero carbon across all emissions scopes by 2030

Generate a BNSSG-wide movement: Our sustainability behaviours, actions and innovations as anchor institutions will support a cultural change amongst local citizens and businesses resulting in wider improvements in air quality, biodiversity, and the quality of the natural environment

Our pledges:

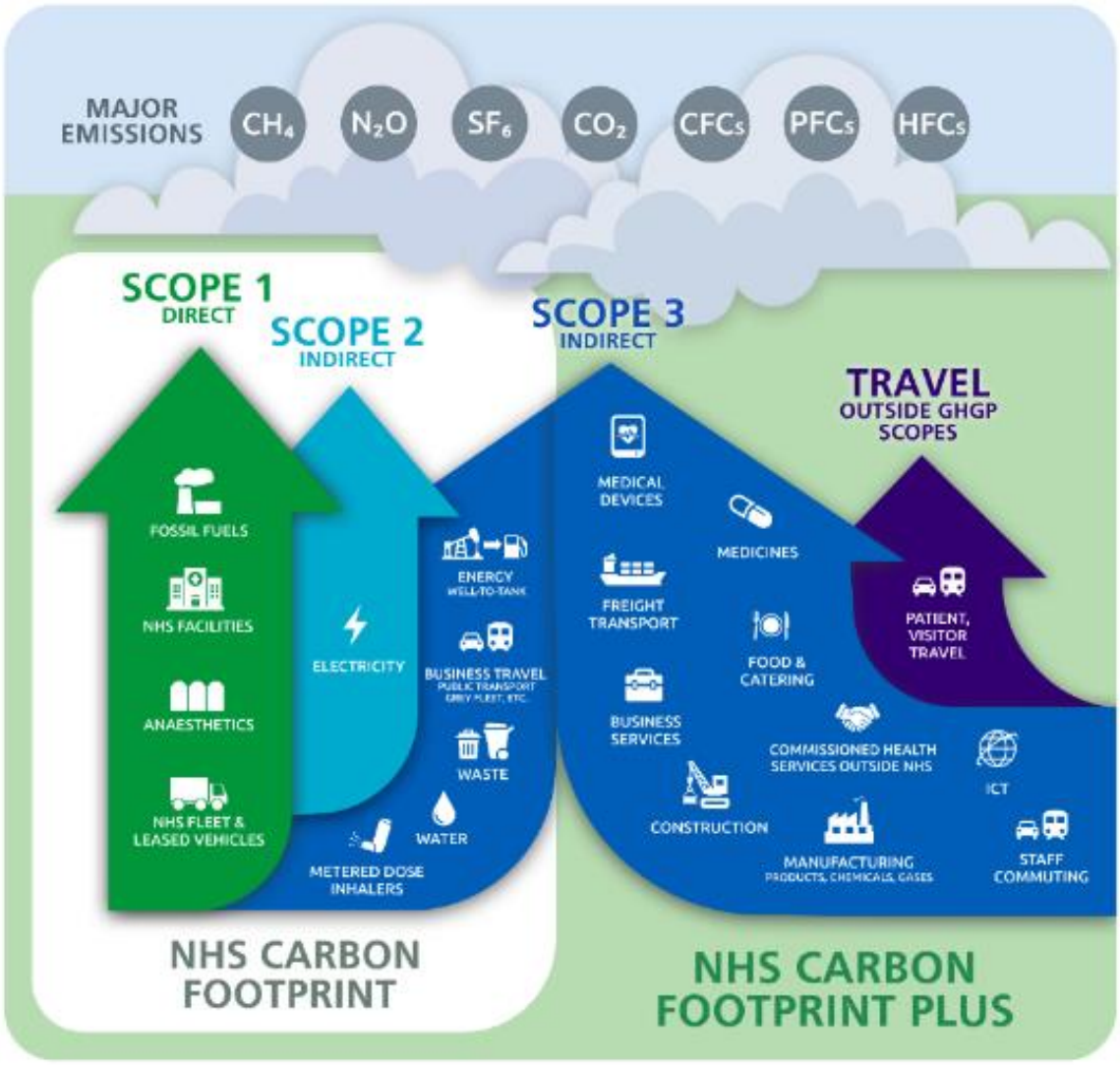
- We will ensure all new capital developments are net zero unless there are significant exceptions. This will be considered a pass/fail decision point in our capital prioritisation matrix
- We will maximise our system building capacity, facilitated by investments in digital infrastructure, before any partner organisation builds new non-clinical buildings
- We will lease or purchase only ultra-low emission vehicles unless a sustainable equivalent is not available in the market
- All new buildings and refurbishments must meet the NHS Net Zero Carbon Building Standard
- We will invest in increasing biodiversity and supporting local sustainable food production, enabling access to nature rich green spaces that provide opportunities for nature connection across our services
- We will expect all new models of care to demonstrate a carbon reduction and/or a wider sustainable benefit to support population health
- We will aim for all new procurements or renewals to be with suppliers that demonstrated a clear commitment and plan to achieve net zero carbon and social value. We will evaluate and monitor suppliers on their delivery against those commitments
- We will actively seek opportunities to create social value through our spending to appoint micro, small and medium size businesses, social enterprises and voluntary / community organisations

6. Our Carbon Footprint – Scope Definitions

The NHS categorises scope 1 & 2, and a specific sub-set of scope 3 emissions as the NHS Carbon Footprint. The remainder of the scope 3 emissions are classed as the NHS Carbon Footprint Plus.

Throughout this plan, and in our ICS commitments, we are referring to the total carbon emissions generated directly and indirectly by our services – i.e., scopes 1, 2 & 3.

Scope	Description	Examples
Scope 1: Direct Emissions	Direct emissions from sources that are owned or controlled by the NHS	• Direct fuel/energy use e.g. natural gas • Fuel used from institution owned vehicles • Anaesthetic Gases
Scope 2: Electricity Indirect Emissions	Emissions from the generation of purchased electricity consumed by the NHS	• Purchased electricity
Scope 3: Other Indirect Emissions	Emissions that are a consequence of the activities of the NHS, but occur from sources not owned or controlled by the NHS	• Construction, water, waste, land-based travel, commuting (both staff and students) • Food and catering • Procurement & supply chain

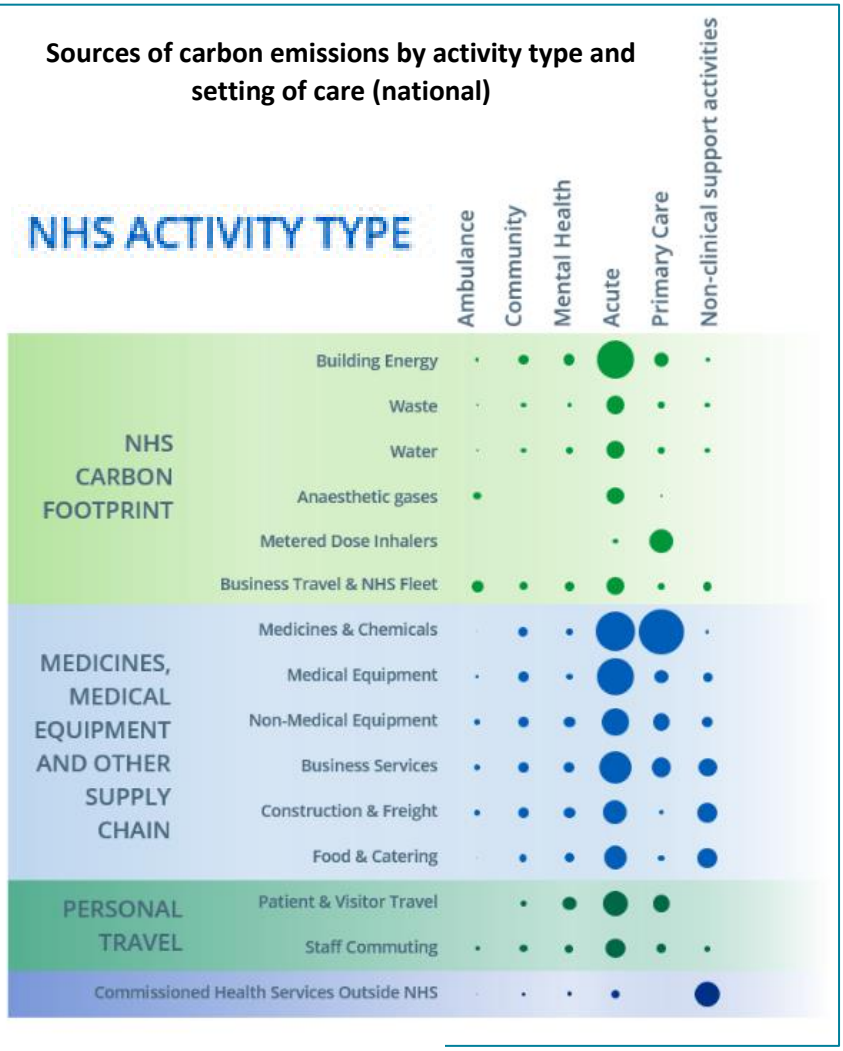


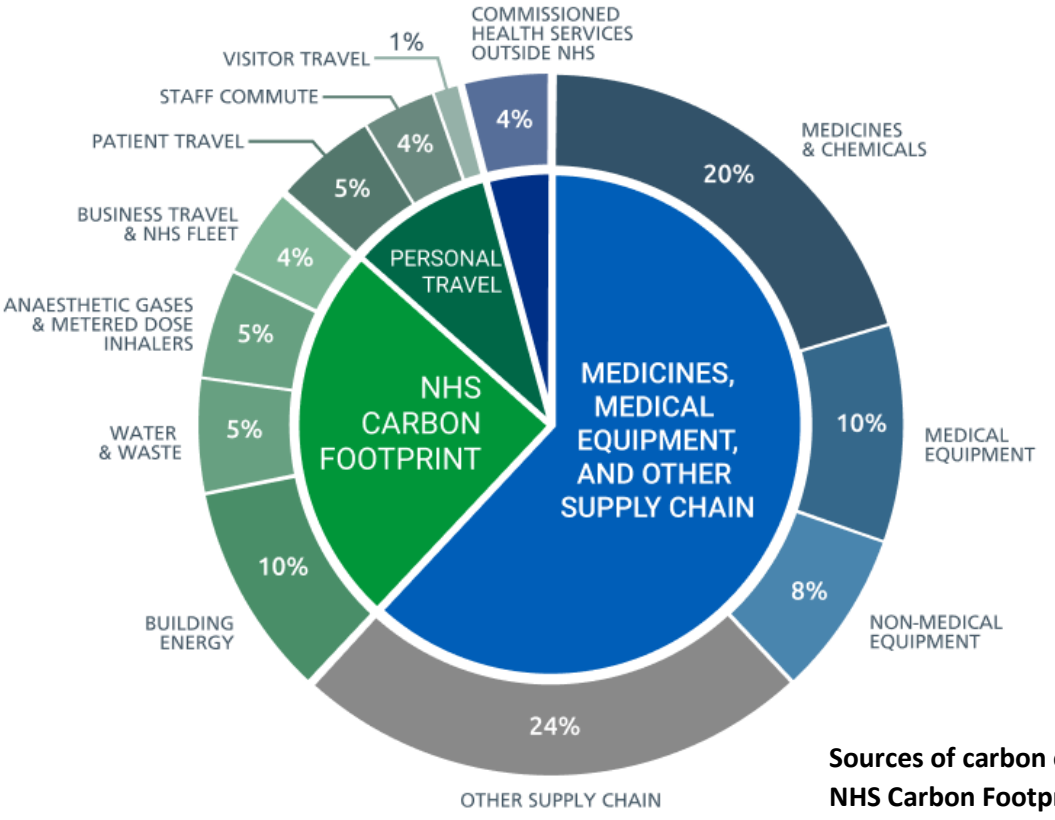
What makes up our carbon footprint (based on national top-down figures):

Most of our carbon footprint is associated with the acute sector, with building energy, waste & water being the largest element of the NHS Carbon Footprint

Medicines & chemicals, NHS purchasing, and other supply chain are the largest element of the NHS Carbon Footprint Plus. We commit to actively influencing our supply chain and associated manufacturers to achieve net zero.

Sources of carbon emissions by activity type and setting of care (national)





Sources of carbon emissions by proportion of NHS Carbon Footprint Plus (national)

7. How we will measure our progress

To assure ourselves and our citizens that we are on track to deliver our headline ambitions we will establish a number of key metrics. For some aspects of our sustainability ambitions there are not currently suitable measures. For these we will work to develop measures and use proxy measures in the meantime.
Our approach to measuring our progress is:

- To have an ICS-wide dashboard by March 2023
- Develop costed delivery plan by March 2024 to measure ourselves against
- Ensure wherever possible we measure outcomes (i.e., what will be different for our population), rather than processes
- To review our dashboard at least annual at organisational and ICS board level

Deliverables	2023/2024				2024/2025				2025/2026				2026/2027				2027/2028			
	Q1	Q2	Q3	Q4	Q1	Q2	Q3	Q4	Q1	Q2	Q3	Q4	Q1	Q2	Q3	Q4	Q1	Q2	Q3	Q4
To establish a system-wide dashboard																				
Develop costed delivery plan to measure ourselves against																				
Ensure that we measure outcomes (i.e., what will be different for our population), rather than processes																				
Review our dashboard at least annually at organisational and ICS board level																				

Headline Measures:

Target areas	Measures	Target
Improve the environment: We will improve the overall environmental impact and sustainability of our services, especially the damaging local impacts of air pollution		
Travel & Transport: Reduce particulate, CO_2 & NOX impacts of travel (ultra-low emission vehicles, active travel)	Air quality around our main hospital sites & mean annual background concentration of PM 2.5 and PM 10 particulates	Within legal limits of the 2008 ambient air quality directive by 2025.
	Fraction of mortality attributable to air pollution	Improve across a medium-term rolling average
	Number of journeys to hospital for outpatient care	30% of all non-procedure outpatient attends non-F2F from 22/23
	% Of patients that travel to care contact by sustainable methods	50% by March 2025
	% Of staff that travel to work by sustainable methods	50% by March 2025
	% Of fleet vehicles that are ULEV (or EURO 6 standard where ULEV not available)	100% by March 2024
	% Of fleet vehicles that are ZEV	50% March 2025, 75% March 2027, 100% by March 2027
Waste & water: Reduce waste & water across all estates	Total water consumption of our services (vol)	Reduce compared to previous year
	% Waste to landfill	0% zero waste to landfill from our estates by 2025
	Clinical waste ratio: 20% high temp incineration, 20% alternative treatment, 60% offensive waste by weight	Ratio achieved by March 2025
	Recycling weight	60% of all waste reused or recycled by March 2026, 80% by 2028, 100% by 2030
Plastics: Reduce single use plastics	Total volume / number of single use plastic products replaced with reusable alternative	Volume/number reduced through clinically led replacement with reusable alternative
Biodiversity: Protect and enhance biodiversity across our estates	Area (m2) of our sites improved/managed for biodiversity and staff wellbeing	30% of sites greenspace protected for wildlife by 2025
	New trees planted across our footprint by 2025	10000 trees planted by 2025, 20000 by 2030
	Biodiversity value of our sites	All new development and relevant refurbishments achieve 10% net gain in biodiversity by 2026

Target areas	Measures	Target
 **Net Zero Carbon:** We particularly recognise the pressing urgency to address our carbon footprint and will reduce the impact of our services on the environment by achieving net zero carbon across all emissions scopes by 2030		
Total all scopes carbon	Carbon footprint for our activates scope 1, 2 & 3	Net zero by 2030
	Total financial cost to the system if we were to off-set our carbon emissions (all scopes)	Reduction year on year towards minimal offset by 2030 [£378/tCO2e]
Estate: Decarbonise estates	Carbon footprint from estate (exc. energy) - i.e., waste, water, other	80% by 2028, Net zero by 2030
	% New build capital projects achieving NHS Net Zero Carbon Building Standard	100% from 22/23 (unless significant exceptions)
	% Refurbishment capital projects contributing to NHS Net Zero Carbon Building Standard	100% from 22/23 (unless significant exceptions)
	Utilisation of our estate: carbon use per care episode to [not yet measurable]	Reduce year on year
	Use of Sustainable Design Guide / net zero building standard for all new buildings/refurbs	100%
Energy: Decarbonise energy	Carbon footprint from all building energy	80% by 2028, Net zero by 2030
	Percentage of imported electricity from truly renewable sources (showing additionality)	100% by March 2028
Supply chain: Decarbonise supply chain	Total carbon footprint of supply chain	Net zero by 2030
	New or renewed contracts with suppliers to have a plan to take their operations to net zero by 2030	All new procurement over £5m to ensure carbon reductions plans in place from April 2023. Robust plan to be in place to target all appropriate category spend by March 2024
Medicines: Target the significant carbon impact of medicines and associated supply chain	Reduce anti-depressant prescriptions by increasing Green Social Prescribing offer	Increase the number of people who access a nature and health intervention, and measure the percentage of those people reporting reduced anxiety
	Carbon footprint associated with anaesthetic gases	Reduce carbon footprint from anaesthetic gases as far as possible in order to reduce abatement cost to get to net zero by 2030. Decommission Desflurane by 2024
	Carbon footprint associated with metered dose inhalers	Aim for 75% low carbon SABA MDI use, 60% lower carbon preventer use and <25% v high carbon preventer use as per NHSBA respiratory carbon dashboard by 2025
	% Of new or renewed contracts with suppliers who have a plan to take their operations to net zero by 2030	100% of new contracts as tendered and awarded
Care models: Low carbon models of care	Reduction in patient miles travelled / CO_2 as a result of outpatient transformation	30% reduction on 19/20 levels
	Reduction in patient miles travelled / CO_2 as a result of other sustainable models of care	TBD

Target areas	Measures	Target
– do less (preventative & up-stream care), do local (digitally enabled, local care models), do most efficiently (GIRFT, low carbon alternatives etc)	Reduction of carbon associated with new models of care	TBD using Healthy Weston Phase 2 as test
	% Of patients that travel to hospital by sustainable methods	50% by March 2025
	Reduction in carbon achieved through green social prescribing [measure to be defined]	TBD
	Utilisation of our estate: carbon use per care episode to [not yet measurable]	Reduce year on year
	% Of large-scale service changes that can demonstrate a positive impact on key environmental measures (e.g. through a Sustainability Impact Assessment)	100% by 23/24
	**Generate a BNSSG-wide movement:** Our sustainability behaviours, actions and innovations as anchor institutions will support a cultural change amongst local citizens and businesses resulting in wider improvements in air quality, biodiversity, and the quality of the natural environment	
Staff: Training, engagement & personal action	Number of staff reporting increased awareness of C&E emergency and report having made practical changes (in workplace and outside) Conduct annual staff sustainability survey	Increase from baseline established in year 1
	Number of active users on sustainable staff engagement scheme / app	10% of staff by 2025
	Number of people who have received training in sustainability / carbon literacy	e-learning completed by 20% of staff by 2025
	Number of Green Champions – staff who are dedicated to reducing our environmental impact and given the time and resources to do so.	Increase year on year
ICS culture & process: Embed sustainability within all our core decisions	% Of large-scale business cases that can demonstrate a positive impact on the environment	100% by 23/24 (scale and mechanism TBD in 22/23)
	ICS value and financial framework has sustainability as a central component	100% of business cases pricing in environmental costs and benefits in the value equation by March 2024
	% Organisations with a staff engagement programme e.g. RCGP endorsed Green Impact	100% by 23/24
Lead change with our citizens: use touch points for raising awareness; behaviour change	Number of citizens who have reported an increased awareness & changed behaviour as a result of contact with an ICS organisation or our messaging	TBD
	Number of people with improved self-reported health due to connecting with nature	TBD by the Green Social Prescribing work
	Percentage of BNSSG adults walking for travel at least three days per week	
	Percentage of BNSSG adults cycling for travel at least three days per week	
	% Of service users who report ICS organisations as leading the way in sustainable provision of services	TBD – citizen panel or local authority survey
	Number of citizen communication campaigns / number of citizens reached by campaigns (e.g. front door messaging, appointment letters, transport options)	TBD – to increase year on year, use academically-validated approaches to use health interventions to create a step change in personal sustainability behaviour

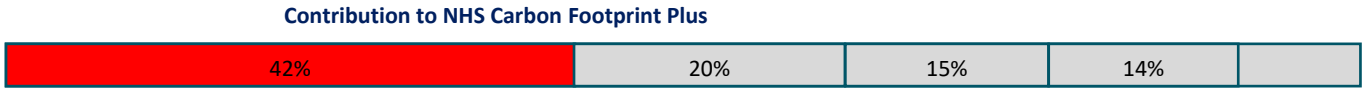
Target areas	Measures	Target
Acting as anchor institutions to Influence local business & economy: Create a step change that directly benefits our citizens	Demonstrable positive impact on local business economy	% of spend with micro, small and medium size businesses, social enterprises and voluntary / community organisations
	Value of external reuse of durable goods by value (e.g. reuse of office furniture)	Increase year on year
	Number of citizens who have benefited from ICS projects such as community energy project	Increase year on year
	Number of citizens we have helped to access key areas of support such as warm homes / sustainability grants	Increase year on year

8. Our ICS ambitions, commitments and actions

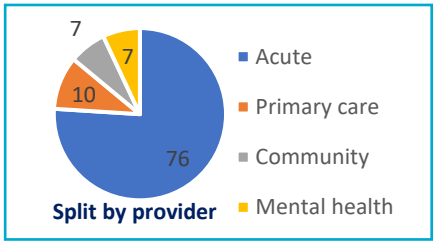
The following pages set out the ambitions, commitments and actions that we have made across key thematic areas.

Explanation of page layout

Contribution to carbon footprint: The coloured bar at the top of the next four pages shows the approximate percentage of all-scope carbon emissions attributable to that area of our operations. We will ensure we target our actions at the highest impact areas. Due to incomplete local data these estimates are based on the national figures[2]. The example shown below is for supply chain & procurement.

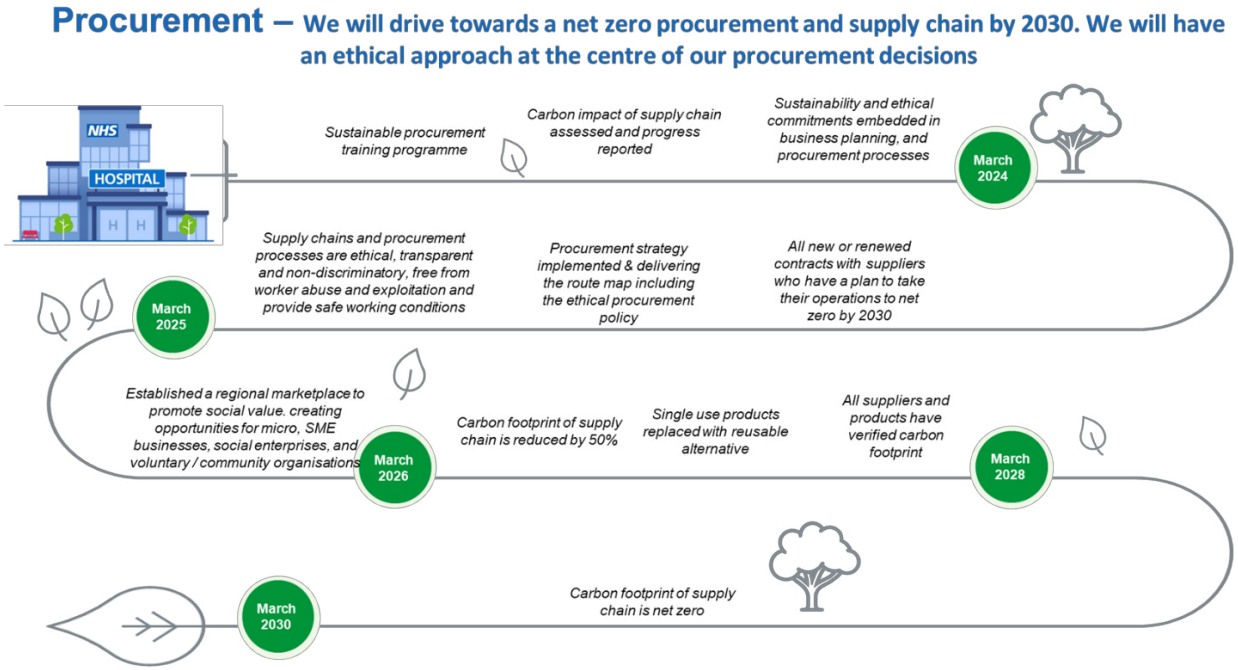


Split by provider: The chart on the top right of the next four pages shows the approximate split of the carbon emissions for that area of our operations across provider type. This is also drawn from national data. It is important we know the relative contribution of each organisation as it allows us to focus on the actions within each organisation that will deliver the biggest benefit. The example shown to the right is for supply chain & procurement.



Contribution to our headline metrics: Most actions will contribute to several headline metrics. In the following pages we have highlighted the metrics that will be most significantly impacted by actions in that aspect of our operations.

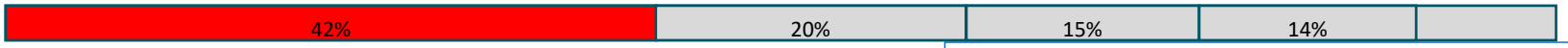
Roadmap : A summary timeline of key targets

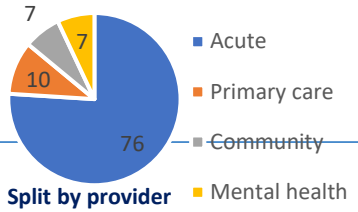


[2] Delivering a 'Net Zero' National Health Service, delivering-a-net-zero-national-health-service.pdf (england.nhs.uk)delivering-a-net-zero-national-health-service.pdf (england.nhs.uk)

9. Supply chain & procurement

Contribution to NHS Carbon Footprint Plus





Headline ambition for our ICS

We will drive towards a net zero procurement and supply chain by 2030. We will have an ethical approach at the centre of our procurement decisions, recognising that our need to procure to deliver our health service should never be at the detriment of others and we will work to ensure that is the case. We will:

- Driving the supply chain to net zero
- Using our spend as a positive influence in our community
- Promoting a fair, diverse, and inclusive supply chain

Additional opportunities through acting as anchor instructions

We are committed to delivering social value from our £424M annual expenditure. Our duty under the Social Value Act 2012 is to consider the economic, social and environmental benefits that can be delivered when making procurement decisions. In short, how can we deliver wider public benefits for communities beyond the service being commissioned. Wherever practical, we will create opportunities to contract with local businesses, voluntary groups, charities and social enterprises.

Key actions:

- Implement and embed new procurement strategy & deliver the NBT route map (NBT, UHBW, AWP & Sirona), including the ethical procurement policy
- Establish mechanism to measure the carbon footprint of our supply chain
- Establish key delivery metrics to achieve net zero by 2030 and develop a mechanism for reporting and recording progress made against our sustainability objectives in our contracts – scope 3 and social value.
- Establish mechanisms, tools and processes to ensure sustainability is inputted into procurement lifecycle at key points (this would include whole life costing, evaluation criteria and setting a carbon cost).
- Embed procurement commitments within business planning processes, including amending the TORs of the non-pay group to include both a carbon and monetary assessment
- Establish process for evaluating, recording and monitoring social value commitments.
- Work in partnership with other anchor institutions (local authorities and universities) to establish a regional marketplace to promote social value.
- Actively creating opportunities for micro, small and medium size businesses, social enterprises, and voluntary / community organisations
- Category level risk identification and management. Working with category teams to manage these risks and realise the opportunities.
- Develop and start to deliver a market engagement plan.
- Sustainable procurement training programme for BWPC staff.
- Case studies on three high risk contracts to demonstrate what can be achieved.
- Clinically led targeted work on single use plastics: share and rapidly adopt learning

Key ICS Pledges & Commitments

As a system recognise the positive impact that can be leveraged from a collaborative approach to procurement, to ensure social, responsible, and environmental commitments are included in all decision making.

- We will challenge the market to make a significant reduction in carbon for every (re)procurement, including showing how they are on target to meet the 2030 net zero each time we renew a procurement. For all suppliers with a spend greater than £5m we will require them to publish a carbon reduction plan from April 2023.
- We will require all suppliers to publish a carbon reduction plan from March 2024
- Where market conditions allow we will ensure our procurement processes drive resource efficiency and support our suppliers to move to a circular economy. Including adjusting our procurement, finance and decision-making processes to incorporate different business models e.g. leasing options rather than buy outright, focusing on take-back schemes and producer responsibility for waste, purchasing closed loop products etc.
- Ensure our supply chains and procurement processes are ethical, transparent and non-discriminatory, free from worker abuse and exploitation and provide safe working conditions.
- We will commit to assessing our supply chains ethical practises and compliance in consideration of our contribution towards the SDGs.
- We will review our suppliers for compliance with relevant minimum labour standards and (where applicable) with the Modern Slavery Act 2015.

Contribution to our headline metrics

Headline outcome	Metrics	Target
Improve our environment	Total volume / number of single use plastic products replaced with reusable alternative	Volume/number reduced through clinically led replacement with reusable alternative
	Reduce packaging waste	TBD
Target carbon	Total carbon footprint of supply chain	50% by March 2028, Net zero by 2030
	New or renewed contracts with suppliers to have a plan to take their operations to net zero by 2030	All new procurement over £5m to ensure carbon reductions plans in place from April 2023. Robust plan to be in place to target all appropriate category spend by March 2024
Lead change with our citizens	Demonstrable positive impact on local business economy	% Of spend with micro, small and medium size businesses, social enterprises and voluntary / community organisations
	% of staff trained in sustainable procurement	100% of procurement staff trained by March 2024

Procurement – We will drive towards a net zero procurement and supply chain by 2030. We will have an ethical approach at the centre of our procurement decisions

Sustainable procurement training programme

Carbon impact of supply chain assessed and progress reported

Sustainability and ethical commitments embedded in business planning, and procurement processes

March 2024

Supply chains and procurement processes are ethical, transparent and non-discriminatory, free from worker abuse and exploitation and provide safe working conditions

March 2025

Procurement strategy implemented & delivering the route map including the ethical procurement policy

All new or renewed contracts with suppliers who have a plan to take their operations to net zero by 2030

Established a regional marketplace to promote social value. creating opportunities for micro, SME businesses, social enterprises, and voluntary / community organisations

March 2026

Carbon footprint of supply chain is reduced by 50%

Single use products replaced with reusable alternative

All suppliers and products have verified carbon footprint

March 2028

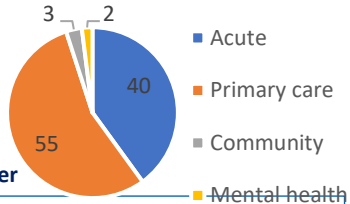
March 2030

Carbon footprint of supply chain is net zero

10. Medicines

Contribution to NHS Carbon Footprint Plus

Split by provider



Headline ambition for our ICS

We will reduce the impact of our medicine & medical devices on the environment towards net zero by:

- Recognising environmental challenges relating to medicines and minimising impact where possible
- Reducing inappropriate overuse of medicines and medicines waste
- Supporting equal consideration of lower impact alternatives to drugs wherever clinically appropriate and equally effective
- Driving change by feeding into national procurement and manufacturing decisions around environmental impact of medicines and devices where possible.

Key actions:

- Embed green plan ambitions within medicines optimisation strategy eg.promote wide culture change through our regular communications
- Ensure delivery of anaesthetic gases & metered dose inhaler (MDI) projects
- Appoint a system meds op clinical lead to accelerate delivery of the MDI project, other green priorities, and support polypharmacy review programme / support social prescribing
- Agree standardised methodology and benchmarks for carbon impact to measure change
- Introduce and embed digital solutions to minimise waste eg eRD
- Ensure delivery of anaesthetic gases projects- 1. Decommission nitrous oxide manifold systems where clinically appropriate. 2. Eliminate the use of desflurane in line with NHSE 2024 mandate. 3. Install capture on volatile agents that can't be eliminated. 4. Install destruction technology for nitrous oxide use that can't be eliminated
- Ensure delivery of metered dose inhaler (MDI) projects
- Further embed green impact within formulary decision making process establishing a clear decision-making protocol for trade-offs (e.g., carbon v cost v patient experience v clinical benefit).
- Incorporate review of greener alternatives as part of ongoing guideline and pathway review.
- Work with Commercial Medicines Unit (CMU), NHSE Commercial and Regional Pharmacy Procurement Specialist to ensure our green procurement commitments are featured
- Consider how carbon impact can be visible at point of care as part of shared decision-making conversations eg within structured medication reviews and asthma reviews
- Drive more effective waste management by ensuring a funded waste management contract to enhance recycling of packaging including option for plastic blisters

Key ICS Pledges & Commitments

To have an iterative approach to targeting the highest opportunity medicine change each year. Approach to include:

- Aligning our sustainability commitments throughout our Medicines Optimisation Strategy
- A review of the use of medicines, medical devices, and equipment to reduce unnecessary waste generation by the NHS, including in general practice
- Reduce inappropriate prescribing through greater use of structured medicine reviews
- Consider switching highest carbon impact medicines e.g., anaesthetic gasses and inhalers to low carbon alternatives where clinically appropriate
- Identifying pipeline of future opportunities for greener alternatives
- Support the Green Social Prescribing offer for each Primary Care Network
- Considering environmental impacts within structured medication reviews and annual reviews eg asthma
- Influencing the procurement and supply chain
- Considering a pass/fail criterion for new medicines approval to demonstrate a commitment towards net zero, unless no other clinical and cost effective viable alternative is available
- Demonstrating where the most environmentally sustainable solution is also the optimal treatment (e.g. correct use of inhalers)
- As robust and reliable carbon footprinting of medicines becomes available, we will adopt metrics to monitor and benchmark

Contribution to our headline metrics

Headline outcome	Metrics	Target
Improve our environment	Reduce anti-depressant prescriptions where appropriate by increasing Green Social Prescribing offer	Increase the number of people who access a nature and health intervention, and measure the percentage of those people reporting reduced anxiety
Target carbon	Carbon footprint associated with anaesthetic gases	Reduce carbon footprint from anaesthetic gases as far as possible in order to reduce abatement cost to get to net zero by 2030. Decommission Desflurane by 2024 in line with NHSE mandate
	Carbon footprint associated with metered dose inhalers	Aim for 75% low carbon SABA MDI use, 60% lower carbon preventer use and <25% v high carbon preventer use as per NHSBA respiratory carbon dashboard by 2025.
	% Of new or renewed contracts with suppliers who have a plan to take their operations to net zero by 2030	100% of new contracts as tendered and awarded

Medicines – reduce the impact of our medicines & medical devices on the environment towards net zero

March 2025

Continue to identify pipeline of future opportunities for greener alternatives

Desflurane use decommissioned

System clinical lead to accelerate delivery of the MDI (metered dose inhaler) project, other green priorities, and support polypharmacy review programme / support social prescribing

March 2024

Developed a strong Green Social Prescribing offer for each Primary Care Network

Embed green impact within formulary decision making process with guidance

Review of the return and recycling of medicines, medical devices, and equipment to reduce un-necessary waste generation by the NHS, including in general practice

Increase proportion of patients who would be offered anti-depressants, to be offered a nature based intervention where clinically appropriate

March 2026

Sustainability impacts considered in all structured medication reviews

Implement robust methods of measuring carbon footprint of non-inhaler medicines

March 2028

Carbon footprint of medicines, inhalers, chemicals & anaesthetics net zero

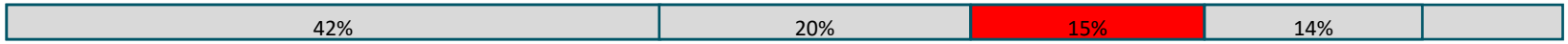
March 2030

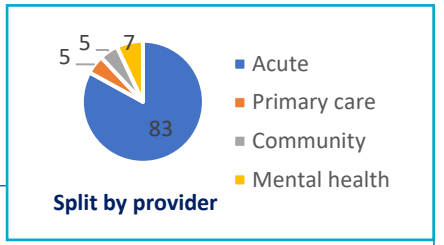
Pass/fail criterion for new medicines approval to demonstrate a commitment towards net zero

Carbon impact visible at point of care as part of shared decision-making conversations

11. Estates & facilities

Contribution to NHS Carbon Footprint Plus





Headline ambition for our ICS

We will be net zero as a health system by 2030. To achieve this, we will:

➢ **Upgrade & renew buildings and infrastructure**

- Develop and implement a sustainable design guide for use by system partners
- Have a strategic system-wide investment programme to decarbonise our estate
- Work with our landlords where we are not property owners, negotiating improvements in building performance at lease renewal and rent reviews. Consider divestment where landlords are unable to meet this

➢ **Optimise the way we use our buildings and grounds:**

- Embed energy and water efficient technologies and practices throughout our estate and services to deliver year-on-year reductions in consumption of water & energy
- Use the benefit of working as a system to make most environmentally sensible use of our joint estate (e.g., sharing buildings, joint back-office functions, and shared working hubs). Look to reduce total estate footprint through new ways of working
- Increase the proportion of our clinical buildings used for delivery of clinical service & increase overall building utilisation, thus reducing carbon output per care episode
- Increase staff and patient access to NHS estates green settings for improved health and wellbeing
- Minimise our use of fluorinated gases, reduce losses and move to lower green house gas types
- Implement the Clean Air Hospital Framework and apply principles across the system

➢ **Change our energy source**

- Derive 100% of our energy from renewable sources – supporting development of new renewable (NHS windfarm) and source more sustainable oils for generators

Key actions:

- Amend business planning, financial approval and capital prioritisation processes to reflect our ambitions
- Each organisation will undertake an assessment of how far existing organisation plans take us to net zero, collated into an ICS plan
- Establish view of non-owned estates, the routes & timescales for actions (e.g. lease review) & take a system view of investment vs benefit
- Establish corporate service review and use this to drive new ways of working such as hot-desking & working from home (reduced carbon, reduced estate need)
- Establish a system-wide strategy for clinical & non-clinical waste
- Sharing sustainable design guides
- Supporting system partners with business cases to attract grant funding
- Engage with City Leap on energy efficiency and district heat network opportunities

Key ICS Pledges & Commitments

- Each of our tier 1 partners agrees to becoming net zero for estates and facilities by 2030
- We will ensure all new capital developments are net zero unless there are significant exceptions. This will be considered a pass/fail decision point in our capital prioritisation matrix
- We will exhaust our system building capacity, facilitated by investments in digital infrastructure, before any partner organisation builds new non-clinical buildings
- All new buildings and refurbishments must meet the NHS Net Zero Carbon Building Standard
- We will ensure that replacement services & infrastructure will meet net zero carbon requirements (e.g. no new gas boilers)
- We will increase the total amount of green & blue spaces across our total footprint
- We will use our capital allocations & primary care improvement grants and levies to enable developments in infrastructure which prioritise net zero.
- We will positively support investment in decarbonisation. The phasing and prioritisation for this will be considered at system level (i.e. greatest relative impact)
- We will adopt the principles of circular economy to minimise waste and maximise local reuse

Contribution to our headline metrics

Headline outcome	Metrics	Target
Improve our environment		
	Total water consumption	Reduce consumption year on year
	Total volume of single use plastic products	
	Area (m2) of our sites improved/managed for biodiversity and staff wellbeing	30% of sites greenspace protected for wildlife by 2028
Target carbon	Carbon footprint from estate (exc. energy) - i.e. waste, water, other	80% by 2028, Net zero by 2030
	Carbon footprint from all building energy	80% by 2028, Net zero by 2030
Lead change with our citizens	% Of service users who see ICS organisations as leading the way in sustainable provision of services	TBC

Estates –Reduce scope 1 & 2 greenhouse gas emissions from direct operations using best available technology and offset remaining to achieve net zero by 2030

ICS wide costed decarbonisation plan in place

Identify onsite renewable energy opportunities

100% of capital projects achieving NHS Net Zero Building Standard

March 2024

Funding for decarbonisation established

March 2025

Install EV charging infrastructure

Use of fluorinated gases minimised

March 2026

100% renewable electricity (showing additionality) for all sites

80% reduction of ICS estate carbon footprint

March 2028

Fully transitioned away from fossil fuels

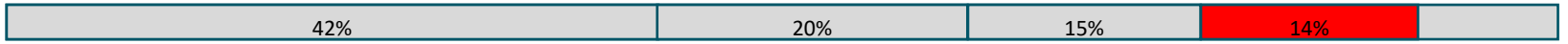
ICS estate carbon footprint net zero

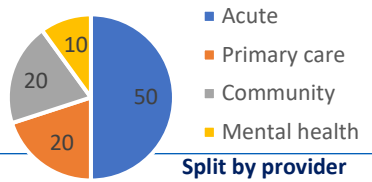
March 2032

Last updated Ap

12. Travel, transport & air quality

Contribution to NHS Carbon Footprint Plus





Split by provider

Headline ambition for our ICS

Transport emissions play a role in poor air quality impacting on our population health, contributing to 300 deaths per year in Bristol. Physical activity through active travel can play a key role in improving health and wellbeing. We will drive towards net zero carbon and significant reduction in damaging air pollution from the travel & transport associated with our activities.

Key actions:

Headline measures:

- Identify targeted action to address air pollution on our key sites – e.g., standard signage to turn off engines
- Develop a common set of key metrics – e.g., deaths attributable to air pollution, active travel, staff miles, patient journey types, business mileage

Staff & business travel

- Commission system-wide review of fleet vehicles to purchase only ULEVs or Euro 6
- System wide review of travel expenses policy: consider making the expenses rates for using sustainable travel for work options (this will include EV's) higher than the rates for using a private motor car. Promote active travel: All staff to have access to personal travel plans that can be used to identify travel to work options or travel for work options
- Staff loan / salary sacrifice schemes for ULEVs (currently only for B4 up), and active travel options (cycle schemes)
- Ensure that all car parking policies are in line with HTM 07-03 where parking is only provided for those that need it e.g., disabled, night staff, staff that work when unsocial hours when public transport options are limited, and rates discourage the use of the private motor vehicle to get to work
- Promote and facilitate working from home / most accessible office hob.
- Participate in the TravelWest Travel to Work survey to collect baseline staff travel data
- Implement the Clean Air Hospital Framework and apply principles across the system

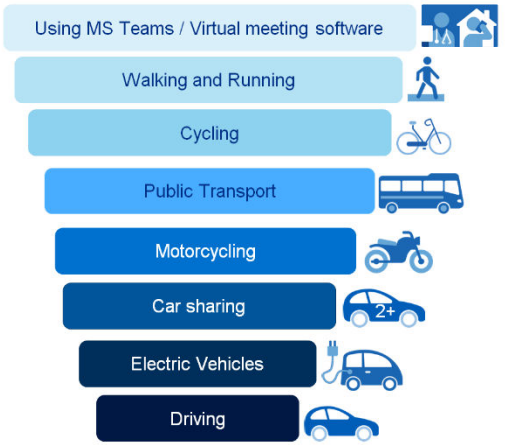
Service user travel

- Work with public transport providers to provide a fit for purpose public transport service for the area
- Consider free public transport tickets for those patients already eligible for free parking
- Review active travel corridors/routes with WECA – all sites should have safe / dedicated low-traffic routes
- System wide events and communications plan to promote active and sustainable travel benefits to drive behaviour change
- Green social prescribing of active travel for rehabilitation

Key ICS Pledges & Commitments

We will act collectively to change travel behaviours & decarbonise our fleet:

- We will lease or purchase only ultra-low emission vehicles unless a sustainable equivalent is not available in the market
- We will ensure new models of care provide care digitally or closer to home wherever possible
- We will develop an ICS approach to lease vehicles and salary sacrifice aligned to our sustainability goals
- We will align our travel expenses policies to support our goals (e.g., mileage expenses for active travel that are comparable to vehicle mileage)
- Ensure that new ways of working, supported by our policies, reduce the need for travel
- Promote active travel (running, walking, cycling etc) for staff and patients, including as part of green social prescribing initiatives.
- Implement a hierarchy of vehicle use: remove travel (work from home), minimise travel with care closer to home, promote active travel, public transport, shared modes, private ultra-low emission vehicles, private fossil fuel as last resort



Contribution to our headline metrics

Outcome	Metrics
Improve our environment	Air quality around hospital sites & mean annual background concentration of PM 2.5 & PM 10 particulates
	Fraction of mortality attributable to air pollution
	% Of patients that travel to care by sustainable methods
	% Of staff that travel to work by sustainable methods
	% Of new vehicle purchases / contracts that are ULEV (or EURO 6 standard where ULEV not available)
Carbon	Carbon footprint for our activities scope 1, 2 & 3
Lead change with our citizens	No. of citizens who have reported an increased awareness & changed behaviour as a result of contact with an ICS organisation or our messaging
	% of adults walking for travel at least 3 days per week
	% of adults cycling for travel at least 3 days per week

Travel, Transport and air quality – Improving air quality and active travel for better population health. Transport travel activity delivering net zero carbon by 2030.

All ICS fleet vehicles ULEV

Air quality monitoring reported across all ICS sites

Increase in use of sustainable travel alternatives from single occupant ICE vehicles

March 2024

ICS wide fleet optimisation complete

March 2025

Journeys to hospital reduced through remote working and remote outpatient appointments

50% fleet vehicles are ZEV

50% of journeys to sites are by sustainable and active means

Air quality meets WHO standards

75% fleet vehicles ZEV

March 2026

Implement travel and transport optimisation system wide linking to estates strategy

100% fleet vehicles ZEV

March 2027

Nationwide infrastructure for net zero transport and travel.

March 2030

13. Waste

Headline ambition for BNSSG

We will drive towards achieving net zero carbon by 2030. A significant reduction in damage to our climate and local air pollution is due to waste management logistics and activities. This will include moving towards a circular economy, changing how we procure our services and enable a step change in our staff and patient behaviours by:

- implementing a waste hierarchy approach towards achieving zero waste by 2030
- promoting the health and wellbeing benefits of sustainable waste management
- Promoting compliance with sustainable waste management showing the benefits and the positive impact on healthcare
- implementing engagement and educational activities related to sustainable waste management

Key ICS Pledges & Commitments

We will act collectively to change Sustainable Waste Management behaviours and we will:

- Develop sustainable waste management education for all staff and to engage public - changing the perception of waste to valuable commodity, retaining the value of our used goods so they are not wasted
- Align sustainable waste management contracts across the system
- By 2025 Implement the NHS Estates and Facilities clinical waste management strategy to include:
    1. 20% High Treatment Incineration
    2. 20% Alternative Treatment
    3. 60% Percent Offensive Waste
- Ensure no waste is disposed to landfill by 2025
- Roll out an accessible system for reuse of equipment and furniture across the health and care system
- Increase recycling year on year
- Target work on reduction of plastics and moving to a circular economy

Key actions

Headline measures:

- Develop the ICS Sustainable Waste Management Work Stream and support the implementation of organisation level sustainable waste management
- Identify targeted action to address air pollution on our key sites – e.g., reduction in waste collections and reducing incinerated waste
- Develop a common set of key metrics – e.g.ERIC returns & carbon impacts of waste
- Review current waste management contractual obligations to enable moving to more sustainable solutions

Policy

- System-wide review of sustainable waste management policy and procedure
- Implement the health technical memorandum 07-01
- Plan for sustainable waste management education delivery across the system to include carbon literacy
- Launch sustainable waste management engagement programme to include annual displays & roadshow of case studies; staff, patient, public and local authority engagement events; discretionary funding & design competitions to accelerate new ideas
- Investigate and plan for regular sustainable waste management audits to support behavioural changes
- Implement the Clean Air Hospital Framework and apply principles across the system

Service

- Work with waste management suppliers to provide fit for purpose and sustainable services
- Identify sustainable waste management data gaps and areas to work with supply chain eg packaging
- Consider regular plastics audits to understand waste composition and carbon impacts
- Use our sites as recycling centres for hard to recycle items we give to patients e.g. blister packs, inhalers, walking aids.
- Promote working together with the supply chain to include manufacturers, suppliers, users, and local authorities.

Contribution to our headline metrics

Headline outcome	Metrics	Target
Improve our environment	% Waste to landfill	Zero waste to landfill by 2025
	NHS clinical waste strategy	%20 HTI - %20 AT- %60 OW
	Sustainable Waste management education	Increase compulsory sustainable waste management training
	% Waste reused or recycled	Increase % reused or recycled 60% 2026, 80% 2028, 100% 2030
	% Waste collections	Reductions year on year
Target carbon	Carbon footprint from waste treatment services	Net zero by 2030
	Carbon footprint from all wastes	Net zero by 2030
Lead change with our citizens	% Of service users who see ICS organisations as leading the way in sustainable waste management	3 sustainable waste management engagemen programme events per year

Waste – reduce the impact of our waste management on the environment towards net zero implementing a waste hierarchy, moving to a circular economy and changing how we procure and deliver our services

Sustainable waste management contracts in place

Establish system wide sustainable waste management Group

Staff engagement strategy and education plan set and implemented across the system

Implemented HTM 07-01

Establish a waste Carbon footprint measure across the system

March 2024

Implemented NHSE clinical waste strategy in healthcare settings to achieve:

20% High Temp Incineration

20% Alternative Treatment,

60% offensive waste

Zero waste to landfill

Suppliers engagement strategy plan set across the system

Establish a common system wide practice system for reuse of equipment and furniture

March 2025

System wide waste reduction procurement opportunities identified

Community Engagement Plans set out across the system

System wide sites are recycling centres for hard to recycle items we give to patients e.g. blister packs, inhalers, walking aids diabetic pens

60% of ALL waste is reused or recycled

March 2026

80% of ALL waste is reused or recycled

System wide waste management effectiveness review

March 2030

Reduced air pollution from waste transport and incineration

100% of ALL waste is reused or recycled

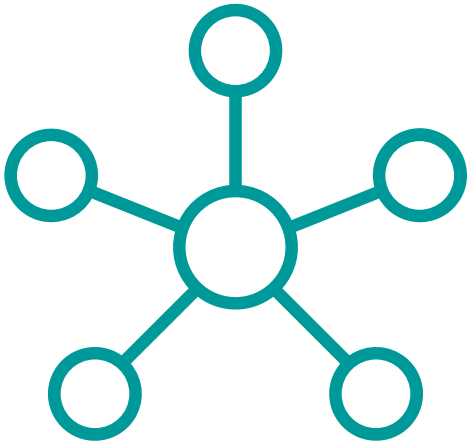
March 2028

Last updated April 2022

14. Digital

Headline ambition for our ICS

Our digital vision is to become an exemplar of a digitally advanced ICS. We recognise that this will play a key part in meeting our environmental ambitions. This includes through digitalised clinical systems, smart facilitates management monitoring systems, and facilitating agile working across our footprint.



Digital infrastructure can also contribute to environmental damage through carbon use as well as the use of rare materials. We commit to maximising the positive environmental benefits of our digital enablers, while minimising their impact on the environment.

Key ICS Pledges & Commitments

We will drive towards a net zero digital provision by 2030 by:

- Providing digital capabilities that support clinical models of care that are non-face-to-face or digital by default wherever clinically appropriate
- Achieving a minimum of 30% outpatient care non-face-to-face and increasing our proportion of primary care appointments delivered digitally
- Enable much more effective sharing of clinical information across the ICS, reducing the need for additional patient contacts & travel. We will move information, not people
- Support a community first model of care via an Integrated Delivery Unit
- Enable a personalised & proactive care experience for the service user, thereby reducing the need for more resource-intensive reactive care
- Maximising the use of digital technologies in our facilities management (e.g., smart metering, building management systems, automation)
- Through our procurement strategies, align to the requirements set out in the government sustainable IT strategy, as well ensuring suppliers entering new or renewed contracts with us have a plan to take their operations to net zero by 2030. This includes our commitments to transparency of supply chain, data storage, data centres and power use /cooling
- Joining up our infrastructure to reduce cost and resource use

Key actions:

- Ensure the environmental benefits of existing capabilities are being maximised (Electronic Patient Records, virtual appointments, digital prescribing)
- Work with the CSU to identify the highest impact interventions & pathways for transformation
- Development of fully integrated BNSSG wide community first digital capability that is specifically designed to support our ambition for integrated community first care as the default setting for care.
- Through our digital workforce objective, creating the network infrastructure that will allow seamless working across the BNSSG estate and considering that significant levels of care already happen in the persons home
- Create a BNSSG Digital Infrastructure Alliance joining up key systems that drive cost & resource saving by removing duplication and creating shared services
- Ensure through our contracting and procurement that we are moving to lower carbon impact provision of digital infrastructure and hardware, including the impact of outsourced or subcontracted services
- Embed uptake of digital solutions within services through Digital Changemakers to ensure sustainability and other benefits are realised.

Contribution to our headline metrics

Headline outcome	Metrics	Target
Improve our environment	Number of journeys to hospital for outpatient care	30% of all non-procedure outpatient attends delivered non-F2F from 23/24
Target carbon	Utilisation of our estate: carbon use per care episode to	Reduce year on year
	% Of new or renewed contracts with suppliers who have a plan to take their operations to net zero by 2030	100% from 23/24 (except where no viable supplier available)
	Reduction of carbon associated with new models of care	TBD using Healthy Weston Phase 2 as test
Lead change with our citizens	Demonstrable positive impact on local business economy	TBD – e.g.; increase in % of contracts to local businesses
	Value of external reuse of durable goods by value (e.g. reuse of IT / office furniture)	Increase year on year

15. Sustainable models of care

Headline ambition for our ICS

We will ensure that we are at the leading edge of sustainable models of care. We will embed carbon reduction principles throughout our care delivery recognising that the way we deliver care and the way we operate sustainably are inextricably linked. National estimates are that preventative medicine, reduced health inequalities & lower carbon models of care can contribute to a 15% overall reduction in the NHS Carbon Footprint Plus. The goals of our model of care are to:

Help people stay well and independent in their community and promote community resilience, for example, by investing in voluntary and community sector partners, such as those providing nature-based interventions

Provide early help and support that is integrated, personalised and wherever possible proactive, avoiding the need for intensive support or hospitalisation

Where hospital is unavoidable and becomes the only way to meet the needs of the person, stays are kept to a minimum and community support is integrated, personalised and pre-emptive

People have a system of support to get them back home as quickly and easily as possible. We help people once home to get back to being as well and independent as possible, including accommodations for any new ways of staying well

Key ICS Pledges & Commitments

By supporting people to stay healthy and well we will reduce overall demands on healthcare services, and thereby their associated environmental impact, by:

- Delivering our prevention agenda
- Reducing health inequalities that lead to inefficient allocation of healthcare resources
- Promote sustainable approaches to wider determinants of health such as access to nature-rich green spaces and active travel.

We will reduce the carbon impact of the services we deliver by:

- Providing services from places and in ways which minimise the need for unnecessary travel
- Getting it right first time – reducing unwarranted variations in care, delivering the right care, to the right person in the right place.
- Delivering lowest impact, clinically appropriate care
- Ensuring that sustainability and environmental impacts are key considerations in system design principles & integrated care plans
- Ensuring that patients are engaged and well-informed about the carbon impacts (including as part of shared decision making around choice of care pathway)

We will facilitate change at all levels by:

- Ensuring that sustainability principles are central to service design and redesign, not an afterthought
- Enabling a culture where considering the environmental impact of services becomes the norm (education, tools to decide trade-offs, the information to support the right decisions - e.g. GIS -

Contribution to our headline metrics

Outcome	Metrics	Target
Improve our environment	Number of journeys to hospital for outpatient care	30% of all non-procedure outpatient attends non-F2F
Target carbon	Utilisation of our estate: carbon use per care episode to	Reduce year on year
Lead change with our citizens	% Of business cases with a sustainable impact assessment (that has influenced the design of the business case)	100% by 23/24

Key actions:

- Establish an ICS-wide network of sustainability experts who can support service redesign
- Use Healthy Weston Phase 2 service redesign as a test case for how to make sustainability principles central to large scale service change
- Create a set of standardised tools, such as Sustainability Impact Assessments that support the initiate & delivery of service change
- Use the service redesign gateways to ensure sustainable models of care are part of the service model. Ensure that all service changes & business cases can demonstrate positive environmental impacts through their SIA.
- Establish sustainability agenda into priorities for QI programmes and academic research (e.g. AHSN)
- Continue to deliver the highest impact interventions, including anaesthetic gases & metered dose inhalers as well as digital models of care & telemedicine
- Identify & communicate the benefits of sustainable models of care delivered during COVID-19 to discourage reversion to original state – promote what is already done
- Identifying the next wave of opportunities / highest environmental impact pathways. Share case studies on service models that have reduced carbon impacts
- Launch broader engagement around sustainable models of care including annual displays & roadshow of examples; staff & patient engagement events; discretionary funding & design competitions to accelerate new ideas
- Through shared decision-making conversations, involve service users more fully in treatment choices and options for minimising environmental impacts
- Use Right Care and other tools to reduce unwarranted variation in care and associated resource waste

16. People and engagement

Headline ambition for our ICS

We will demonstrate our commitment to delivery of our sustainability agenda through a clear approach to leadership and people development at all levels of our organisations to increase sustainability, wellbeing and resilience in our staff and communities

Key actions:

System leadership:

- Establish the executive-led ICS Green Plan Steering Group
- Organisational development of Board level engagement and training
- Integrate personal and environmental sustainability with connection to wellbeing
- We will develop our "Developing leadership and leaders Principles" to include a focus on holistic sustainability

Wider actions:

- Use our environmental credentials to establish our organisations as employers of choice. ICS job description template should include sustainable vision, and standard interview questions to incorporate sustainability focussed questions.
- Formalise sustainability advocates / link roles in each division & department and systemwide.
- Encourage the development of Green Staff Networks / Sustainability advocates across the system.
- Take a proactive approach to engaging underrepresented staff groups with sustainability activities.
- Build awareness with carbon literacy training, starting at Execs. Consider realistic levels of training appropriate to roles. Include:
  - E-learning for all staff - Introduction to sustainable healthcare
  - Informal lunch and learn - open to whole ICS
  - Bespoke training - Institute of Environmental Management training - for accredited qualification (e.g. finance, procurement).
- Ensure healthcare practitioners have access to training in nature connection & practice at a range of levels to embed this across the health and care system
- Develop as an element of all apprenticeships for future

Staff engagement:

- Expand the UHBW - NBT Greener Together staff engagement to the wider ICS
- Grow the Greener Practice Group to establish a fully represented primary care sustainability network, linked into our ICS Green Plan Steering Group
- Connect in with One Care/Primary Care e.g. system level newsletter or through Primary Care Networks

Key ICS Pledges & Commitments

We will have clear leadership of our Green Plan delivery including:

- An executive lead in each organisation
- Establishment of an ICS Green Plan Steering Group
- Development and delivery of the ICS Green Plan strategy including nature-based healthcare
- Establish a compelling vision and narrative to embed green agenda into BAU

We will equip our workforce with the skills and capabilities required to meet our ambitions:

- Ambition to establish and energise a social movement
- Use of sustainability ambitions and record of delivery to position us as an employer of choice
- Appropriate training and awareness building at all levels
- All health and care organisations commit to support staff to undertake e-learning – Introduction to sustainable healthcare
- Use all development opportunities to help people to feel, think and, therefore, behave differently. This includes ensuring all leadership development includes support and challenge for environmentally sustainable mindsets
- Build connection to wellbeing agenda -staff wellbeing will be central to sustainability initiatives
- Improve sustainability staff benefit schemes to support recruitment and retention

Contribution to our headline metrics

Headline outcome	Metrics	Target
Improve our environment	Number of journeys to hospital for outpatient care	30% of all non-procedure outpatient attends delivered non-F2F from 22/23
Target carbon	Utilisation of our estate: carbon use per care episode	Reduce year on year
	% Of new or renewed contracts with suppliers who have a plan to take their operations to net zero by 2030	100% from 22/23 (except where no viable supplier available)
	Reduction of carbon associated with new models of care	TBD using Healthy Weston Phase 2 as test
Lead change with our citizens	Demonstrable positive impact on local business economy	TBD – e.g.; increase in % of contracts to local businesses
	Value of external reuse of durable goods by value (e.g. reuse of IT / office furniture)	Increase year on year

17. Food and nutrition

Headline ambition for our ICS

We will make a positive contribution to the environment and our local citizens through the food we provide.

Key actions for:

- Link with local authorities and other partners to consider a single Food and Drink Strategy including avoidance of food waste. Work already underway with the NHS Healthy Weight Declaration pilot
- Follow the Bristol One City Plan - going for gold process for sustainable food city. Generate a wider health and social change message of a sustainable, nutritional diet.
- Estates' director support to promote importance of nutritional and food, including the role in influencing wider staff and service user behaviours. Trusts supporting going for Gold
- Through joint procurement strategy increase the use local suppliers, Fairtrade, red tractor, MSC food items; encourage more plant-based meals; and increase patient education
- Review vending machines to ensure supplier compliant with CQUINS
- Implement approaches to measure and reduce food waste. Change to measurement of weight of waste. Change food waste system away from macerators. Introduce on-site composting where possible
- Implement plans to change the menu at least twice a year by 2025 to maximise the use of seasonal ingredients.
- Review and adapt menus to offer healthier lower carbon options for patients, staff and visitors.
- Achieving Rainforest Alliance Certification for coffee beans across footprint
- Support access to fresh food including setting up a weekly food/veg stall for staff and visitors
- Aim to achieve Food for life awards (at least Bronze and Silver) and ensuring catering meets the Eat well guidance.
- Deliver Bristol Good Food 2030 framework action plan
- Promote staff engagement in healthy food & the environment e.g. through staff restaurant roof top herb garden and staff allotment – supplies food to staff kitchen.

Key ICS Pledges & Commitments

We will minimise the impact of our food use by:

- Buying Better: procuring local, seasonal, sustainable food wherever possible
- Reducing food waste
- Promoting urban growing and engagement with the natural environment
- Promoting sustainable and healthy food choices and access for staff and service users
- Supporting community action and food equality.
- Replace single use takeaway containers and cutlery with reusable items

Contribution to our headline metrics

Headline outcome	Metrics	Target
Improve our environment	% Waste to landfill	Zero waste to landfill by 2025
	% Waste recycled	Increase year on year
	Total volume of single use plastic products	
Target carbon	Total carbon footprint of supply chain	Net zero by 2030 (trajectory TBD)
Lead change with our citizens	% Of service users who see ICS organisations as leading the way in sustainable provision of services	TBC
	Number of citizens who have reported an increased awareness & changed behaviour as a result of contact with an ICS	TBD

18. Adaptation

Headline ambition for our ICS

We will identify our shared climate change risks as a system and implement an action plan to mitigate these risks and adapt our services, activities, and infrastructure to build resilience against climate change impacts.

Key ICS Pledges & Commitments

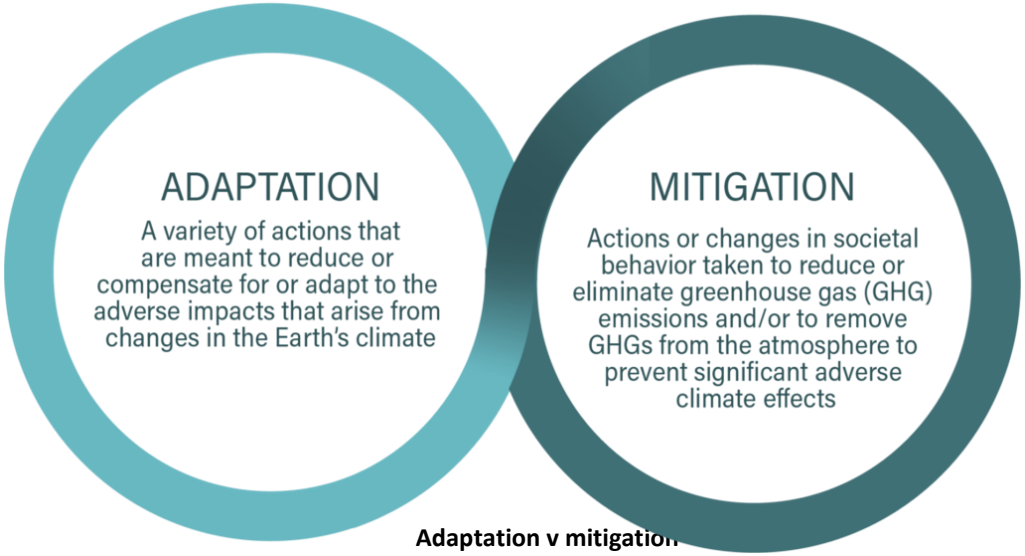
We will ensure all our organisations are prepared to deal with the effects of climate change, particularly extreme weather events, and continue to invest in adaptation and mitigation measures:

- Assess the shared risks and impacts of climate change for the system and adapt services, processes and infrastructure to mitigate the negative effects of past and future climate-altering actions.
- Reduce the impact on public health from climate change.
- Ensure our infrastructure, services, procurement, local communities, and colleagues are prepared for and resilient against the impacts of climate change.
- Support delivery of Bristol Fuel Poverty Action Plan and engage fully in actions to end cold homes as a cause of ill-health and prevent discharge from hospital into cold homes.

Contribution to our headline metrics

These metrics are specific to the adaptation work and do not currently feature in our headline metrics. We will assess which of these to include within our green plan monitoring.

- Number of overheating incidents in a year (maximum daily temperature exceeds 26 degrees)
- Number of flooding occurrences.
- Business Continuity Plans that contain climate change risks, impacts and adaptation measures.
- Number of patient admissions for asthma / other respiratory diseases.
- Number of supply chain disruptions (items not available or shortages and delays in delivery).



Adaptation v mitigation

Key actions for:

- Recommend identification of an adaptation lead for each partner and encourage implementation of the ICS adaptation plan
- Understand organisation baselines of how much work the EPRR team are doing around climate adaptation
- Identify key shared risks from the adaptation plan and agree as a system our approach to those risks - which ones we need to collaborate on
- Link the climate adaptation plan to scenario testing by the emergency planning committees and existing network of people through local authorities
- Ultimately, develop an ICS level change and adaptation plan. Consider whether this should be held entirely by the emergency planning groups.
- Forward planning by Estates and Facilities teams to ensure they know how to respond and when adverse weather events are expected to occur. Bristol One City & Partners – Adaptation Strategy.
- Green and blue space joint-funding opportunities with Bristol organisations to mitigate the Urban Heat Island effect and to remove increased volume of air pollutants.
- Working with BCC to utilise the Heat Vulnerability Index tool to identify vulnerable communities and areas.

Climate Change: Vulnerability, Risk, and Adaptation vs Mitigation, [Climate Change: Vulnerability, Risk, and Adaptation vs Mitigation - EA (eaest.com)]

19. Biodiversity

Headline ambition for our ICS

We will fulfil our duty to conserve and enhance biodiversity of our sites and across the region by working closely with our partners. We will promote and utilise our green and blue spaces to support the health and wellbeing of our staff, patients and local communities.

Key actions:

- ICS partners to open up and promote their green spaces for use by other partners, particularly those with limited free space.
- Develop business case for a network of nature recovery rangers that work across ICS partner sites to conserve and enhance biodiversity. Develop volunteer network to support activity.
- Partner with Health & Wellbeing teams to utilise green spaces, staff allotments and green gyms to improve staff, patient and community health and wellbeing.
- All new building developments and relevant refurbishments will develop comprehensive plans to achieve biodiversity net gain and mitigate adverse impacts on biodiversity, enhance existing biodiversity, adopt biophilic design and include a robust grounds maintenance regime.
- Undertake ecological surveys across our sites; pollinator surveys, butterfly surveys, newt surveys, bird identification that inform ecological action plans. Involve staff and service users in ecological surveys to provide opportunity for nature connection through citizen science
- Develop baseline biodiversity measures and targets in consultations with Avon Wildlife Trust and Natural England.
- Adopt and implement the guidance detailed in the Healthier Together Green Infrastructure Planning Guide, Green Pockets Planning Guide and Meadow Management Guide.
- Become pesticide free by 2025 across our sites
- Create designated areas for grassland management and pond creation - Participating in No Mow May each year and ongoing management for nature
- Each partner organisation will register with NHS Forest and will partner with external organisations and groups across the region to designate areas for tree planting.
- Estate masterplans will incorporate green corridors that align with city plans and link sites with community green spaces taking into consideration wildlife highways.
- Implement the Clean Air Hospital Framework install living roofs and walls at appropriate sites, particularly where air quality is poor
- Apply for grants to undertake ICS-wide projects that will conserve and enhance biodiversity and support external organisations bids to develop land for the use of green social prescribing.

Key ICS Pledges & Commitments

We will improve the biodiversity across all of our sites and improve the health and wellbeing of our population by:

- Establishing our sites as an open and accessible network of green spaces and facilities that can be utilised by staff, patients, visitors and volunteers from all ICS partners.
- Prohibiting the use of harmful chemicals and methods in our ground's maintenance regimes.
- Conserve existing and establish new habitats for local wildlife ,
- Promote the use of our green spaces and facilities to staff, patients and the community as areas to improve health and wellbeing and to educate on biodiversity conservation.
- Mandating all new developments and relevant refurbishments achieve 10% net gain in the biodiversity associated with the development area. including new green and blue infrastructure living walls and roofs
- Host green social prescribing programmes and nature wellness activities on our sites.

Contribution to our headline metrics

Headline outcome	Metrics	Target
Improve our environment	Area (m^2) of sites improved for biodiversity and health and wellbeing	Increase year on year
	New trees planted across our footprint by 2025	10,000 trees planted by 2025
	Biodiversity values of our sites	Achieve 30% protected for wildlife by 2025 for sites with green space
	Pesticide free by 2025	Zero pesticide use by 2025
Target carbon	Use of Sustainable Design Guide for all new buildings / refurbs	100% of projects use guide
	Reduction in carbon achieved through increased biodiversity and green social prescribing	2 case studies in 2023/24
Lead change with our citizens	% of service changes that have a SIA demonstrating positive impact	100% by 2023/24
	Number of citizens who have reported an increased awareness & changed behaviour	TBD
	Number of citizen communication	TBD

Biodiversity – Conserve and enhance biodiversity of our sites and across the region, promote and utilise our green and blue spaces to support the health and wellbeing of our staff, patients and local communities.

Implement Green Infrastructure Planning Guide, Green Pockets Planning Guide and Meadow Management Guide

business case for a network of nature recovery rangers that work across ICS Develop volunteer network to support activity

Case studies of carbon reduction from increased biodiversity and green social prescribing

March 2024

All Sites have biodiversity measures and targets

30% of sites greenspace protected for wildlife

10,000 trees planted

Zero pesticide use

March 2025

All new developments and relevant refurbishments achieve 10% net gain in biodiversity

March 2026

Estate masterplans incorporate green corridors that align with city plans and link sites with community green spaces

All sites host green social prescribing programmes and nature wellness activities

March 2028

10 hectares of wildflower meadows planted

Nature based carbon sequestration established carbon offsetting.

20,000 trees planted

March 2030

20. Governance and Delivery

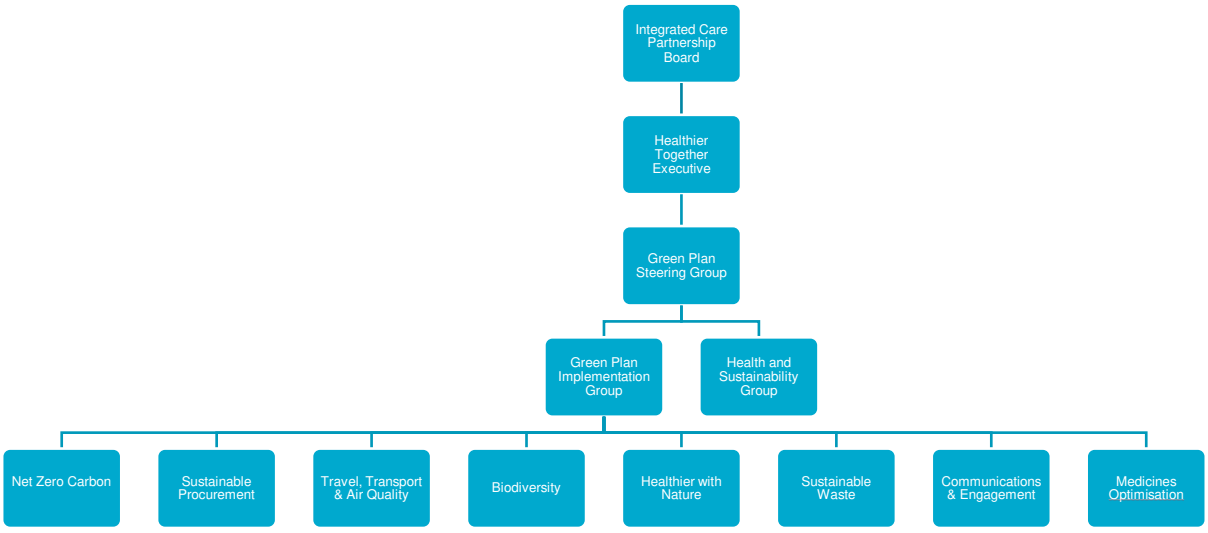
To ensure achievement of our ICS Green Plan we have developed a governance structure and supporting delivery infrastructure. Whilst much of the work of delivering change will be devolved to our core operations and strategic change programmes, the wide-ranging and large-scale nature of the ambition requires a formal governance structure.

We have established an executive-led **ICS Green Plan Steering Group** that reports directly into our ICS Executive Board. This is responsible for:

1. **Holding our shared ambition** - building on the success of our organisational level work, we will hold a singular clear ambition as an ICS that all partners align to
2. **Establish the enabling conditions for change** – putting the green agenda at the heart of our ICS – how we business plan, allocation of resources, development of frameworks and governance
3. **Coordinating collaborative projects across partner organisations**, including advising the Executive Board on priorities and trade-offs - At an ICS level we will put our collective resources and energy behind a small number of impactful changes
4. **Provide assurance of delivery of actions** devolved to other steering groups and organisations - Recognising that the green agenda is everyone's business we will build on the success of organisational plans, putting in place monitoring and support frameworks to maximise the impact across the system, target highest impact interventions, hold collective risks, and hold groups to account for delivery of key actions

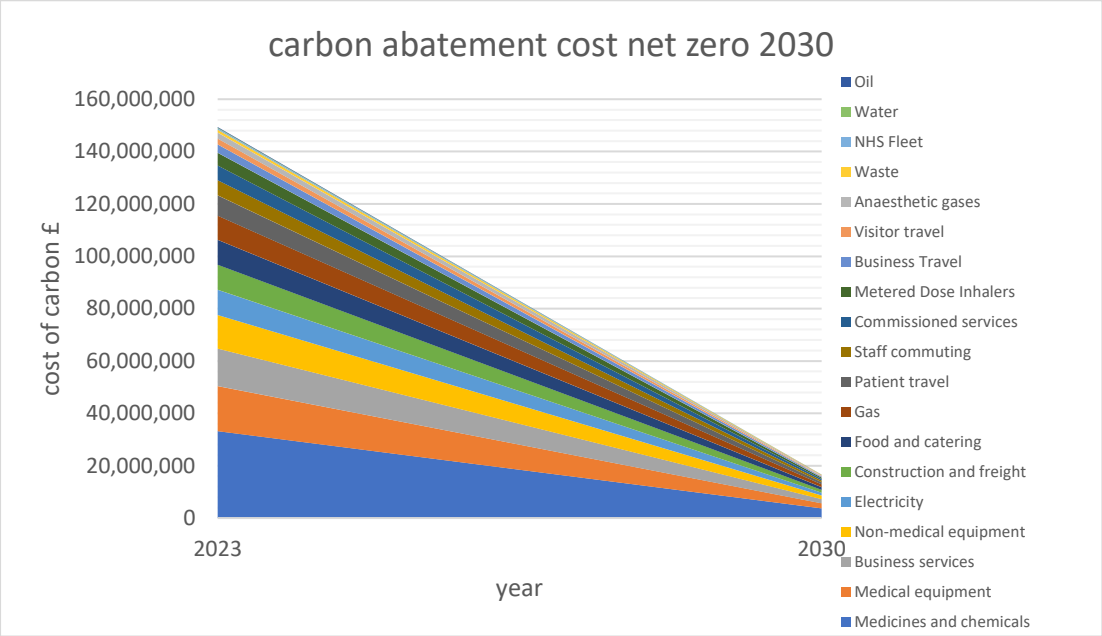
The **Green Plan Implementation Group** has been established to monitor progress with implementation by the Green Plan workstreams. The workstreams were initially set up as a working across the acute trusts but now include representation from other ICS organisations. A costed delivery plan for Green Plan actions across all workstreams will be developed in 2023/24.

The **Sustainability and Health Group** enables wider representation from across the system including Primary care, local authorities, SWAST and Sirona to provide input and coordination for cross cutting areas such as climate change adaptation.



Changes to key ICS processes and decision making

Meeting our sustainability objectives will require changes to almost all our prioritisation and decision making. The ICS Green Plan Steering Group has started to embed our sustainability ambitions within our core governance and decision-making processes. This includes developing a carbon price following Treasury Greenbook supplementary guidance currently £378/tCO2e to be applied in business cases and procurement.



Key changes are:

Capital prioritisation:

- Principle: ensure that any new capital allocations (estates, digital, major medical) are actively driving towards our environmental outcomes
- How: amend our prioritisation matrices and decision-making processes to reflect this. For example, the estates capital prioritisation is now includes net zero carbon and sustainability as a pass/fail criterion for business cases. Introduce a carbon price into business planning and procurement processes. Commit 10% of system capital for a decarbonisation fund that all organisations can bid against. Green Plan Steering Group to determine best value use of funding.

Revenue allocation:

- Principle: allocation of resources within the ICS should clearly evidence how it meets our 7 system goals, one of which is our environmental commitments set out in this plan
- How:
    - ICS Outcomes Framework, including our green plan outcomes, will increasingly be used to allocate resources across programme areas
    - Transformation & major change: transformation programmes need to demonstrate how they meet our ICS Outcomes; all programmes will need a sustainability impact assessment that demonstrates a positive impact on our environmental outcomes. We will use the development of Healthy Weston Phase 2 business case as a test case for how to incorporate sustainability into large scale change
    - Business planning: we will use annual business planning to drive our collective sustainability ambitions

- ICS Value Improvement Framework: used to: allocate resources efficiently across our system so that we achieve the overall best possible outcomes; Identify and improve the outcomes and experience that matter to people; Commission and deliver effective services that avoiding overuse of low value interventions (unwanted or not cost-effective) and underuse of high value interventions (deemed cost-effective but not taken up by those who would benefit)

Service Change:

- Principle: we will use key service changes as an opportunity to meet our sustainability ambitions
- How:
  - Identify biggest wins: Our benchmark work will consider how to measure carbon 'heavy' opportunities. This will need to link with a system approach for measuring green credentials for Benchmarking analysis i.e., is there a 'green version' of model hospital
  - As part of good practice for transformation initiation and gateway controls, we will consider sustainability opportunities
  - Setting a carbon price Treasury Greenbook supplementary guidance currently £378/tCO2e to be applied in business cases and procurement
  - Quality improvement: integration of a '**Sustainability Impact Assessment'** into our Programme Methodology that works alongside current QIA/EIA formats.

Annual operational planning: We will embed our sustainability outcomes as one of our key success measures for departmental and organisational planning – e.g., targeting procurement product switches & associated carbon reductions

21. Finance and resourcing

There will need to be significant financial and staff resource investment to deliver against the ambitions of this plan. We also recognise that there will also be considerable financial and non-financial value from operating more sustainably.

The ICS capital prioritisation agreed that a proportion of capital should be allocated to carbon reduction schemes as this is a key national priority and also provides more opportunities to leverage additional system funds. It was agreed to undertake surveys across ICS sites in 23/24 utilising non-recurrent revenue funding and then to commit 10% of system capital in 24/25 and future years for the Green Plan Steering Group to assess what schemes will bring the best value for money for the system to achieve the greatest benefits.

We do not have a complete picture of the likely capital and revenue implications, nor of the source of funds to meet this. The revenue requirements for 2023/24 to develop the detailed costed actions to deliver the Green Plan and start on that delivery are outlined below. This will provide a clear evidence base for the financial implications of this plan. We will account for the full financial & non-financial implications of both action and inaction.

Indications of the likely cost implications are:

- Capital investments to decarbonise estates
- Capital & revenue investments to adapt to the unavoidable impacts of climate change

- Potential additional non-pay costs associated with switching to low carbon products
- Pay costs associated with developing the expertise and resource to deliver our plans
- Increasing costs of carbon taxation
- Off-set-set payments for any carbon it is not possible to remove from our operations

Indications of likely benefits from meeting our ambitions:

- Reduced whole life costs of procurement
- Reduced spend on waste
- Reduce heating and power costs through building efficiency
- Reduced healthcare delivery costs due to more efficient models of care
- Social value procurement generating local economic value, reducing inequalities and the associated health burdens
- Reduced mortality and morbidity associated with air pollution and associated costs
- Reduced mortality and morbidity associated with inactivity and associated costs
- Increased value from green capital

Sources of funds will include:

- National funds e.g., Public Sector Decarbonisation Fund
- Greener NHS funding
- System capital allocations
- Transformation funding
- Primary care improvement grants
- Procurement savings – savings for reinvestment, CIP savings, cost avoidance savings
- Charitable funding

How we will assess value

As an ICS we will need to make prioritisation decisions and trade-offs over the coming years, balancing our commitment to the goals of this plan against our responsibilities to deliver safe and effective care. We will seek to make decisions in a clear and transparent way. Our ICS Value Framework provides guidance on how we can frame decision making and allocation of resource.

We define value as:
Meeting the goals of Population Health (including improving the environment); improving physical and mental health outcomes, promoting wellbeing, and reducing health inequalities, for the whole population and not just those who present to services through a focus on achieving the outcomes that matter to people and making best use of our common resources (including our environmental resources).

$$\frac{\text{The outcomes that are important to people (including environmental \& social benefits)}}{\text{The costs to deliver them (including any social \& environmental costs)}}$$

We will develop additional tools to enable us to make the most effective decisions for our population. These include:

- A refreshed capital prioritisation matrix, aligned to our net-zero ambitions with top sliced capital funding ring fenced for allocation by the Green Plan Steering Group
- A procurement assessment approach aligned to our net-zero and social value ambitions
- A sustainability impact assessment that aligns to the whole system value of care models

Resource investment planned for 2023/24

The first year of our plan 22/23 has shown there are already significant investments in progress within our partner organisations, which have started to set the foundations for delivery. Revenue investment across the ICS, subject to executive sign-off, includes:

		2022/23		2023/24					
Area of Impact Impact	**Sub - Area of Impact Impact**	**Cost £k**	**Funding source**	**Cost £k**	**Less Funded £k**	**Confirmed funding source**	**Outstanding Funding required £k**	**Potential funding source**	**Notes**
Decarbonisation of estates - 15% of carbon footprint	Decarbonising Primary - energy surveys of primary and community estate	50	ICB Primary care	115	-65	Onecare estates programme manager	50	ICB Primary care	
	Feasibility studies for decarbonising for estates 100k 1st year AWP £30K for Fountains way detailed, 26 sites to RIBA stage 2 £130K , UHBW £35K+? NBT ??	183	Salix Low Carbon Skills fund UHBW, NBT, AWP and trusts funded	100	0		100	Acutes and AWP feasibility funding, Salix feasibility funding	1st year funding only. Enabler for external funding
Procurement - 42% of carbon footprint	existing UHBW band 6, additional 2 band 6 sustainable procurement project managers	48	UHBW sustainable procurement manager	144	-48	UHBW sustainable procurement manager	96	Incorporate in BWPC fees	
Travel and transport - 14% of carbon footprint	vehicle changes, fleet review Transport optimisation - Project management and GIS mapping resource	45	SW greener NHS Sirona GIS mapping funding, WECA ebikes, UHBW air quality monitoring	96	0		96	invest to save, EU funding for air quality	

	fleet consolidation, staff & patient travel - consultancy support			78	-30	WECA travel hub	48		
Medicines optimisation - 20% of carbon footprint	Project manager medicines waste			48	-48	Onecare funded by medicines management	0		identified opportunity to expand
	Inhaler switching project - training for nurses, pharmacist time	5	SW greener NHS funding UHBW inhaler project	58	0		58		
Biodiversity	Nature recovery ranger band 6 support officer band 3 master planning and Offsetting opportunity assessment	37	Southmead Hospital Charity funded Band 5 post	75	0		75	Acutes biodiversity support, potential Centre for Sustainable Healthcare	
	mapping ICS greenspace 20k, Ecological surveys 20K, NHS forest consultancy 8K	20	UHBW funded biodiversity action plans	48	0		48		Could be 1 year project post
Healthier with Nature	Green Social Prescribing Core resourcing 2 posts	250	NHSE- Test and learn site funding	250	-125	Community mental health ICS funds AWP 125K 1st 6mths	125		
	Training plus tasters for staff 10k, Network events for hospitals and primary care 2k, Development of resources website 5k, Grant programme voluntary sector partners 10k match funding	650	Match funding wide range of sources	27	0		27	ICB, Public Health, Grant funding	Attract match funding
Waste decarbonisation	consultancy for decarbonising waste costed plan	50	Ecoquip+ EU funding	20	0		20		

Engagement awareness - Net zero training	ICB and ICP board training - ICS staff wide training	5	SW Greener NHS		0		0	SW Greener NHS funding	Staff wide training would be further cost
TOTAL		**1343**		**1059**	**-316**		**743**		

22. Risks

Risk	Mitigations
Engagement – risk that the plan will fail to become adopted and embedded across the breadth of our activities due to the pace of the development of the plan and lack of wider engagement	• Delivery of communications & engagement strategy • Senior approval by ICS Executive and Partnership Board • Role of ICS Steering Group to oversee alignment
Financial – Risk that we are unable to meet the outcomes of the plan due to financial constraints in terms of capital investment and revenue implications	• Access to national funding such as Public Sector Decarbonisation Funds • Early strategic planning at a system level to understand total financial need & prioritisation of resources to highest impact areas • Recognise the financial savings that are possible through operating more sustainably • Accounting for the contribution to non-financial outcomes (e.g. population health) that can be achieved by operating sustainably
Reputational – Risk that our reputation is impacted if we are unable to meet the outcomes set out in this plan	• Green Plan Steering Group to maintain close focus on key deliverables • Maintain an honest dialogue with staff & citizens about what is achievable and any barriers to delivery that are outside of our control (e.g. supply chain, decarbonisation of national grid)
Elements of delivery beyond our control – Risk that we are unable to deliver against significant elements of the plan due to elements of the plan that are outside of our direct control (e.g. supply chain, national grid decarbonisation)	• Early and robust engagement with supply chains • Use collective pressure through regional and national bodies
Competing priorities – risk that the pressures of the covid-19 pandemic, elective recovery, and establishment of new models of care impact on delivery and relative priority of this plan	• Ensure that the sustainability outcomes are central to our ICS strategic aims • Continue to recognise that operating sustainably is a key part of the solutions to our biggest challenges, not an afterthought • Role of executive leaders to maintain the priority of this programme.
Adapting to climate change – Risk to health of our population and delivery of services if we fail to adapt to climate change	• Ensure adaptation plans and risk assessments are completed • Ensuring adaptation is considered alongside mitigation of climate change

23. Communications & engagement

One of our 3 priority outcomes is to:

Generate a BNSSG-wide movement: Our sustainability behaviours, actions and innovations as anchor institutions will support a cultural change amongst local citizens and businesses resulting in wider improvements in air quality, biodiversity, and the quality of the natural environment

What we already know

Because of the pace at which we have developed this initial plan, and the context of the Covid-19 pandemic, we have done relatively little engagement with either staff or citizens whilst developing this plan. However, there are some things we already know from our existing engagement work:

1. **Staff want us to improve the environment and for us to have a wider positive impact on the community.** This is exemplified in many of our key partners having publicly declaring a climate emergency, as well as in placing our role as anchor institutions central to our organisational strategies
2. **Many of our citizens see improvement of the environment as a top priority.**

How we will engage with this plan:

We will continue to develop further insights, ensuring that our ambitions are aligned to those of our staff and citizens. Key actions will include:

Staff engagement:

- Engagement with key operational and leadership groups
- Focus groups and roadshows with staff groups
- ICS wide staff engagement scheme
- Festival of engagement –presented in different areas of our organisations to gather comment, questions and ideas.

Citizen engagement

- We will develop a joined-up engagement strategy across all our partners to share our collective ambitions and hear our citizens' priorities and requirements.
- GP surgeries are key institutions in the local community with real opportunity to influence citizen behaviours

How we will use our position as anchor institutions

We will use this plan, and the actions that we undertake as a result, as an opportunity to create the widest possible engagement with the climate and ecological emergency. We aim to generate a culture change across our citizens, leading to further environmental benefits. Key actions will include:

1. Promoting the work we are doing to establish BNSSG as a leading sustainability region
2. Creating opportunities for citizen awareness raising – e.g. with information in hospital atriums, GP surgeries, patient letters
3. Promoting lifestyle changes that benefit both personal and planetary health – e.g. increased use of green spaces, active travel
4. Supporting our citizens to access financial and other support towards more environmentally friendly actions – e.g. warm homes grants, vehicle grants for those living in the emissions zones

5. Providing locally sourced, low-carbon nutrition in our facilities and using this as an opportunity to provide education and information for citizen lifestyle change
6. Working with academic partners to understand how we can most effectively influence behaviour change through our interactions

24. How we are working with key partners

1. Academic Partners
2. Local Authorities & public health
3. Other Health and Care Partners

23.1 Academic Partners

BNSSG has the benefit of leading academic institutions within our geography, including West AHSN, Bristol Health Partners, University of Bristol and University of the West of England. These partners will support in the delivery of our sustainability ambitions in several ways:

i. Assessment of plans – any unintended adverse consequences
ii. Linking inequalities, outcomes and health planning
iii. Service user behaviour change at key life events
iv. NIHR – will do a call around Local Authority health priorities

Support the development & rigour of our plan

We have leaders in climate change and health, including the Cabot Inst for Environment which brings together 600 academics focusing on an inter-disciplinary approach to the environment. These experts can be drawn upon to:

- Assess the ambitions and deliverability of our plans
- Help identify and understand any unintended adverse consequences (e.g., indoor air quality for making buildings super-efficient)
- Looking at mitigation and adaptation as a whole - the things that give mutual wins and minimise harm. Partnering with public health will be important for this
- Thinking as a region how we become net zero - e.g. green space 'offsets'
- Target actions that will help address inequalities by considering who will benefit from interventions such as better air quality. Draw on experts from our academic partners working on climate justice.
- Understand how academic work can inform our priorities - such as cognitive psychology research about behaviour change, climate change and awareness.

23.2 Local Authorities:

Our local authority partners also have bold sustainability ambitions. We have continued to build on our engagement with our local authority partners to further align our actions. The early areas for collaboration include:

i. Procurement and creating a city-region green innovation driver
ii. Community heat and power – city leap

iii. Citizen engagement and messaging
iv. Proactive climate adaptation planning

23.3 Other Health and Care Partners:

We will increasingly need to work with wider health and care partners to align delivery of our ambitions. These include:

- Southwest Ambulance Service
- Private and independent sector treatment providers
- Care providers
- Community and voluntary organisations

25. Wider Partners

We have a collective responsibility as anchor institutions to work together drive the solutions to the climate & ecological emergency. There are some key elements where we will need to work together

Key: ✓ **– immediate involvement** ✓ **– expected adoption within 2-years** ✓ **– possible future involvement**

	Acute & MH providers	Community	Primary care	Local Authorities	Academic institutions	**What may this look like**
Patient, staff & public engagement	✓	✓	✓	✓	✓	▪ Joined up public messaging between health & LAs (e.g., signposting to energy advice), building on existing successes such as Warm Home Advice for people leaving hospital. ▪ Building on the Bristol One City approach to broad communications with the public / stakeholders, recognising the role of GP practices as hubs of community ▪ Commissioning academic institutions to advise on behaviour change & nudge theory; how key life events, such as having a baby, can be hooks for environmental and health behaviour change. ▪ Internal literacy training - opportunity for developing joint toolkits
Estate strategies	✓	✓	✓	✓	✓	▪ Strategic review of estate decarbonisation potential cross health & LA, which can link to the green capital, community assets and accommodation strategies ▪ Phased disposal of estate that is not viable for net zero ▪ Joined up adaptation plans (e.g. cooling centres), and extend the Bristol mapping projects to wider region. ▪ Challenge estate requirement through new ways of working across entire footprint (shared back office, mobile working, hot desking) ▪ Draw on expertise in UWE & UoB climate action plans and the Bristol advisory group on climate change.
Energy strategy	✓	✓	✓	✓	✓	▪ Review of non-gas energy options across public institutions at regional scale (e.g., strategic heat networks, wind turbines). ▪ City Leap at Bristol city scale. Could include electric vehicles and rooftop renewables. Possibility to extend beyond Bristol. ▪ Connecting to the heat network may be simplest solution for GP practices / health centres following improvement of the building fabric ▪ Consider novel contract forms for energy ▪ Smart technology across shared grids to distribute load across 24/7 variations.
Clinical waste	✓	✓	✓			▪ System-wide strategy for clinical waste. ▪ Resource Futures for the circular economy ▪ SevernNet – Industrial business network to support circular economy

	Acute & MH providers	Community	Primary care	Local Authorities	Academic institutions	What may this look like
Supply chain & procurement	✓	✓	✓	✓	✓	▪ Implement and embed new procurement strategy in UHBW, NBT, Sirona & AWP. ▪ Align to local authority sustainable procurement strategy– be good to share. Opportunity for joint messaging to market, promoting a circular economy, aligning to economic policy (WECA). ▪ Provide a clear drive to business that the collective purchasing power of our top local institutions will be directed to social and environmental value. ▪ Targeted projects on single use plastics
Travel & Transport	✓	✓	✓	✓		▪ Commission system-wide review of fleet vehicles. Drawing on experience from local authorities (e.g., waste vehicle depots for North Somerset and gritting lorries converted to use recycled veg oil leading to a 90% drop in carbon emissions. Bristol Waste vehicles are electric & hydrogen, and bus policy moving towards electric ▪ System review of key policies (active travel, lease vehicles, expenses) - draw on best practice nationally to drive change & identify priorities for intervention ▪ System visibility of key metrics - e.g. active travel, staff miles, patient journey types. Joined up messaging and infrastructure investment in active travel (e.g. North Somerset bike lease to WGH staff during pandemic). ▪ Joined up transport needs assessments. BCC are producing an active travel strategy including pilots. Also Travel West, Sustrans. All to link to the positive health impacts ▪ Action for air pollution to be identified. Anti-idling campaigns. ▪ Ambulance conveyance and associated travel, plus patient transport
Adaptation	✓	✓	✓			▪ Stress-testing plans across H&SC providers and consider collateral impacts (e.g. inability to discharge patients into housing stock that cannot cope with extreme heat). Heatmapping project
Natural Capital Assessments	✓	✓	✓	✓		▪ Ensure that all estates are assessed for natural capital value (e.g. as heat sequestration, ecological anchors, contributors to mental health & wellbeing). NS Green Infrastructure Policy – doing a lot of tree planting and rewilding. Link up land etc ▪ Consider broader factors in decision making (e.g. Cornwall's decision making wheel[4]) ▪ BCC ecological strategy – pollution, pesticides, green spaces, procurement. Currently very little carbon sequestration in the city
Public health interventions	✓	✓	✓	✓		▪ Prioritising those activities that have greatest mutual benefit (e.g. addressing vulnerable housing stock that may result in higher frailty / respiratory morbidity). Most social housing in Bristol is still council owned ▪ Need to develop a strategy with private landlords, retirement and care homes, which may require joined up working. ▪ Consider training NHS staff in post-discharge assessment of safe/warm homes. ▪ Scope to drive other public health interventions including – approaches to urban planning, green/blue infrastructure, and obesity/physical activity

[4] Cornwall Council: decision-making wheel (local.gov.uk)

26. Impact of COVID-19

During the COVID-19 pandemic major strides were made nationally to develop the sustainability ambition for the NHS. As we reconfigured health and care services to meet the needs of our communities over the course of the pandemic, we've experienced both sustainability opportunities and challenges.

The COVID-19 pandemic exposed and exacerbated health inequalities, with disproportionate effects on disadvantaged communities. The effects of climate change will similarly affect and disrupt our communities if action is not taken to reduce our carbon emissions and adapt to an already changing climate.

Demands on both frontline and support services staff have been extraordinary. We have worked flexibly, collaboratively and at pace, all of which will be needed for a modern, sustainable healthcare service; however, the ability of staff to consider and reduce the environmental impact of the services they deliver has been affected.

COVID-19 has shown that important changes can be made quickly in a crisis. Climate change is a crisis which needs to be addressed as a priority and with as much speed as the response to the pandemic. In developing this plan, we have tried to learn from and embed those changes that we want to continue. We also need to mitigate to continue the work to reduce the adverse impacts of changes.

Key negative impacts on our sustainability

- Slowed down some aspects of our sustainability project work
- Additional waste and single use products for PPE
- Recycling schemes, such as PVC mask recycling with Recomed and theatre plastics with Scrapstore, were put on hold.
- Reduced our overall efficiency per care episode due to reduced activity levels
- Increased use of private transport
- Externalising our carbon emissions due to working from home – in autumn and winter, emissions from people's homes are likely to be higher than if people were at work.

Key positive impacts on our sustainability

- Massive acceleration of non-face-to-face appointments resulting in less patient travel
- New ways of working, such as home working and virtual meetings have significantly reduced staff travel and made some aspects of work more efficient and more enjoyable for staff
- Decreased gas and electricity consumption across some of our estates
- Reduction in some waste streams (infectious, contaminated) due to reduced theatre activity from COVID disruption
- Improved local air quality in some locations due to annual reduction in NO2, which is likely linked to reduced travel during the pandemic

27. Conclusion

Following wide consultation with stakeholders this revised Green Plan sets out the key objectives, pledges and actions for us to become a more sustainable health and care system. The actions in this Green Plan for the health and wellbeing of our environment will support the wider system outcomes improving the health and wellbeing our communities, population and staff and help secure the sustainability of our services.

The addition of roadmaps for key areas provide a clear summary of the targets and their timelines.

Over the past year we have established governance which will ensure delivery of the plan is monitored and supported. Crucially we must continue to ensure that the Green Plan approaches to tackling the climate and ecological emergencies are embedded in the way the Integrated Care System operates to ensure the benefits are realised.

The detailed actions and costs of delivering our targets will be further developed over 2023/24 so we have a clear understanding of the resources required.

We will regularly review this Green Plan and further develop our partnerships with organisations across our region to work together to deliver our targets.

28. Glossary

Anchor institution: Refers to large, typically non-profit, public-sector organisations whose long-term sustainability is tied to the wellbeing of the populations they serve. Anchors get their name because they are unlikely to relocate, given their connection to the local population, and have a significant influence on the health and wellbeing of communities.

Circular economy: Circular economy is an economic system aimed at eliminating waste and the continual use of resources while identifying opportunities for enhancing social value (e.g. skills and training, employment opportunities for disadvantaged groups and others).

Climate Emergency: A situation in which urgent action is required to reduce or halt climate change and avoid potentially irreversible environmental damage resulting from it

Ecological Emergency: A recognition that nature is declining globally at rates unprecedented in human history - and the rate of species extinctions is accelerating, with grave impacts on people around the world now likely.

Healthier Together Integrated Care System: A statutory partnership of health & care organisations formed to realise our shared ambitions to improve the health and wellbeing of the people of Bristol, North Somerset, and South Gloucestershire.

Net-zero carbon: A person, company or country is carbon neutral if they balance the carbon dioxide they release into the atmosphere through their everyday activities with the amount they absorb or remove from the atmosphere. This is also called net zero carbon emissions or net zero carbon, because overall no carbon dioxide is added to the atmosphere. There are two main ways to achieve

net zero: reducing emissions and removing carbon dioxide from the atmosphere, through technologies that actively take in carbon dioxide or by enhancing natural removal methods - by planting trees, for example. These methods can be used in combination.

Sustainable Development: aims to ensure the basic needs and quality of life for everyone are met, now and for future generations. Sustainable Development promotes the reduction of carbon emissions, the efficient use of finite resources, recognises the importance of protecting our natural environment, and preparing our communities for climate change (extreme weather events and increased risk of disease) by promoting health and wellbeing through healthy lifestyle choices to ensure a strong, healthy and resilient community now and for future generations

Value based health and care: Meeting the goals of Population Health; improving physical and mental health outcomes, promoting wellbeing, and reducing health inequalities, for the whole population and not just those who present to services. Delivered through a focus on achieving the outcomes that matter to people and making best use of our common resources.

29. Approval and sign off process

Core plan development team:

- Tricia Down, Associate Director Strategic Estate Development and Sustainable Health, NBT
- Megan Murphy, Sustainability Manager, NBT
- Sam Willitts, Head of Sustainability, NHS BNSSG ICS
- Luke Champion, Energy and Sustainability Manager, AWP
- Kelly Scott, Energy & Sustainability Lead, Sirona Care and Health
- Ned Maynard, Head of Sustainability, UHBW

Executive support:

The following are executive leads for sustainability in their respective organisations. They have endorsed the overarching aims and proposed delivery approach.

- Glyn Howells, SRO and Chief Financial Officer, NBT
- Sarah Truelove, Deputy Chief Executive and Chief Finance Officer, NHS BNSSG ICB
- Neil Kemsley, Chief Finance Officer, UHBW
- Simon Truelove, Chief Financial Officer, AWP
- Clive Bassett, Sirona Care and Health

Approval:

Formal approval: Healthier Together Executive Group DATE

Appendices

Appendix 1: Case studies

CASE STUDY

GSP – Nordic Walking

Green Care Models

Problem

Low levels of connection with nature amongst populations experiencing inequalities in mental health outcomes.

Solution Overview

Grants to increase the range of nature and health interventions targeting health inequality populations alongside strengthened referral pathways both from the health system but also the community

Contact: Steve Spiers
Green Social Prescribing Manager
BNSSG CCG
steve.spiers@nhs.net
07825 647 783

Project Background

The BNSSG Green Social Prescribing Programme Learning (now rebranding as Healthier with Nature has funded a range of projects across BNSSG that both help people connect with nature to improve their health but also work to protect the natural environment.

One of these programmes is a series of Nordic Walking courses taking place in Inner City East Bristol. Nordic Walking is an established intervention that delivers both improved mental and physical health. It builds physical fitness, improves posture and develops supportive peer relationships.

Nordic Walking and the related health benefits have tended to be largely enjoyed by populations who have better health outcomes. The funded project looked to address this by introducing sessions in Easton, Bristol in partnership with two GP surgeries. Sessions are run in partnership between a walking organisation, a local community development worker and two local GP surgeries.

Taster sessions raised awareness and helped recruit walk leaders from the local community and then link workers and GP refer people to a series of 6-week courses.

Process for Improvements

We had clear outcomes in mind.

1. More connection with nature from priority populations (to improve their health outcomes)
2. To embed nature and health interventions in the health system

We then secured some resource for NHS England and other sources to achieve this broad aim but then trusted a range of stakeholders to find the best ways to deliver on the two aims outlined above.

After an engagement process and round of community grants that followed, we are now funding over 40 projects across BNSSG which if they meet their targets will improve the mental health of around 4000 people. Many of these projects also protect and natural environment.

Outcomes

The Nordic Walking Project we are highlighting in this case study will support around 100 people in the Easton area of Bristol to reduce self-reported anxiety and improve self-reported happiness. However, we are also working with partners to measure impact on waiting lists, number of health appointments and possibly prescription of medication.

These outcomes are reported collectively for all the projects and will provide a strong overall data set. This is backed up by individual case studies.

Project Top Tips

Trust communities to find and then deliver their own solutions

Identify and support green champions within both the community and statutory bodies

Create spaces where stakeholders can come together and create partnerships and joint working

Work with existing structures such as PCNs, ICPs, Local authorities or VCSE anchor organisation that already hold local relationships

Celebrate and share good news case studies it keeps partners engaged.

CASE STUDY

Chiller Optimisation

Energy Efficiency

Problem

900kW chiller using large amounts of energy, with no strong correlation with external temperature. Chiller and chiller pumps also suffering from early failures and large maintenance costs.

Solution Overview

Review of BMS control strategy resulted in several initiatives to reduce the time the chiller and associated pumps were running saving energy, cost, carbon and increasing the expected life of the equipment.

Contact: Matt Gitsham
Carbon and Energy Manager
North Bristol NHS Trust
Matthew.Gitsham@nbt.nhs.uk
07825 647 783

Project Background

The Learning and Resource Building's chiller was installed in 2010 when the building was built. The chiller is a 900kW Carrier unit supplying a primary circuit at 6°C with a nominal return of 12°C.

The chiller should have been operating 7am-7pm and should not switch on until the ambient temperature exceeded 10°C. We demonstrated that in fact the chiller was running 24/7 with no regard for the ambient temperature.

We also demonstrated that the two sets of secondary pumps were not being switched off when the systems they served did not require chilled water, particularly the pumps serving the AHUs. These pumps were running 8,760 hours per year, despite analysis showing they were only likely to be required 2,000 hours per year.

Further, we noted that the pumps were all running far too fast leading to a vastly reduced difference between the flow and return temperatures, damaging chiller efficiency and wasting pump energy.

Process for Improvements

Working alongside NBT's BMS contractor, our Carbon and Energy Manager assessed the various issues affecting the chiller and using metered energy data put forward a business case for making improvements.

The BMS contractor was able to determine the timeclock and external ambient interlock issues were due to mistakes in the code and they resolved them quickly. They also added new code that switched off the secondary pumps when there was no requirement for them to run.

Changes to pump speed were achieved by adjusting the BMS controls already in place. Future work will involve optimising the temperature set point of the chiller, raising it when the cooling load is low.

Outcomes

Energy metering data demonstrates the electricity cost associated with the chiller and chiller pumps has more than halved since these changes were implemented. In the first year this has saved the trust over £35,000 on an initial outlay of £400 and nearly 70,000kg of CO2. We also expect to have significantly decreased the wear and tear on the chiller and pumps, reducing their annual maintenance costs and increasing their overall life.

Project Top Tips

Confirm the timeclock settings match the requirement of the building.

Confirm the timeclock is working correctly by checking logs of water temperature.

Confirm the ambient interlock is working correctly by comparing the outside temperature to water temperature logs.

Confirm pumps switch off when the equipment they serve (such as AHUs) do not require cooling (or heating).

Assess whether pump speeds are correct by comparing flow and return temperature if they are very similar consider reducing pump speed.

[i] Natural England: An estimate of the economic and health value and cost effectiveness of the expanded WHI scheme 2009
[ii] BNSSG 5-Year Plan
[iii] Dutch Cycling: Quantifying the Health and Related Economic Benefits (nih.gov)
[iv] NICE Guidance NG6: Excess winter deaths and illness and the health risks associated with cold homes
[v] BNSSG 5-Year Plan
[vi] 2017/18; PHOF, PHE NCMP and Child Obesity Profile
[vii] BNSSG 5-Year Plan
[viii] Healthier Together Citizen Panel Survey, conducted 2020
[ix] BNSSG 5-Year Plan

Healthier Together

Improving health and care in Bristol, North Somerset and South Gloucestershire

Healthier Together ICS Green Plan

Equality Impact Assessment

Version: V1
June 2023

Follow the steps in this document and complete all the fields as fully and accurately as you can, and you will have a comprehensive equality impact assessment which will be used to inform the decision-making process

Please Note: As a standalone document this EIA should have an overview of what the service is, purpose, benefits, make reference to studies, record what engagement took place (can be meetings, focus groups, clinical advice, patient feedback, stakeholder review, national studies, JNSA data), and impact on each protected characteristic etc.

To comply, the project manager and the decision maker has to demonstrate at the time of planning/decision they had due regard to eliminating discrimination, advancing equality and fostering good relations for all protected characteristics, this can best be demonstrated if the writer includes:

1. *A statement of the evidence/ information used for choosing the characteristics to focus on and identifying relevant equality issues (summary section – i.e., there might be a group/s that need more focus than others due to their challenges and likely impact)*
2. *A statement of people who you consulted/engaged with in completing the EIA*
3. *A brief description of the project, policy or practice which your EIA is concerned with*
4. *Some assessment of whether the issues you have identified represent (actually or potentially) positive, negative or neutral impacts in relation to the PSED*
5. *A statement of how the project, policy or practice has been designed or amended to date in response to the equality issues identified (or not)*
6. *Some assessment of the legality of the project, policy or practice in relation to the PSED (could it discriminate unlawfully or help to advance equality of opportunity, foster good relations section of EIA)*
7. *Some recommendations for the decision-maker in response to your findings eg: No major change, adjust the policy or practice, continue it, stop and remove it – and name the decision maker (e.g. Governing Body)*

Part 1 and Step 1 – Initial Equality Impact Assessment Form

- *When completing this form, please use simple and accessible language – NO JARGON*
- *Please complete all the fields in this section with the relevant information*
- *Complete all the fields in the form. If you are missing some information, include reference to that and come back to complete that section when you have more details*
- *Extend acronyms to full the first time you reference them in your text. For example, Clinical Commissioning Group (CCG)*
- *Revisit this EIA throughout the project to update it and ensure it reflects any changes or amendments to the original proposal*

1. What are the main aims, purpose and outcomes of the proposal?

The Healthier Together ICS Green Plan is the ICS's sustainability strategy which outlines the ICS's sustainability ambitions and devises a plan to deliver three key outcomes for the BNSSG population. The Plan outlines key commitments and pledges across many cross-cutting themes which will impact the current processes and systems used by the majority of staff within the Trust and will require a new way of working.

2. Does this Proposal relate to a new or existing programme, project, policy or service?

This is an update to the The first published version of the ICS Green Plan which had been developed relatively quickly to meet NHS England (NHSE) timescales which required submission by March 2022. This timescale was achieved and the Plan was subsequently approved formally by the ICS partners. The NBT Trust Board approved it in July 2022.

3. If existing, please provide more detail

It was always acknowledged that the Plan would be refreshed following the initial submission with greater levels of stakeholder engagement and having more time to finesse the document. Since the submission of the first version, there has been thorough consultation with a wide range of stakeholders and the workstream leads to further develop the ICS Green Plan. This work is now complete and the document is ready for final approval by the ICS organisations' boards.

The key changes to the Green Plan are outlined in the main body of the report and cover all 11 key sustainability workstreams.

4. Does this proposal affect service users, employees and/or the wider community?

All staff members from all directorates and divisions must engage with the governing, delivery and reporting of the Healthier Together ICS Green Plan in order for the Trust to achieve the key outcomes.

Behaviour change programmes/campaigns: all staff.

Changes to decision-making and prioritisation processes: all staff.

New ways of working and service delivery changes: all staff.

The Green Plan will affect the entire population of Bristol, North Somerset and South Gloucestershire.

5. Could the proposal impact differently in relation to different characteristics protected by the Equality Act 2010?

Assess whether the Service/Policy has a positive, negative or neutral impact in relation to the Protected Characteristics.

- ***Positive** impact means reducing inequality, promoting equal opportunities or improving relations between people who share a protected characteristic and those who do not*
- ***Negative** impact means that individuals could be disadvantaged or discriminated against in relation to a particular protected characteristic*
- ***Neutral** impact means that there is no differential effect in relation to any particular protected characteristic*

In this section we have split BNSSG residents into two cohorts, heralded and unheralded (also referred to as walk-in's).

Heralded patients (referred to services via System CAS)
Much of this information has remained the same as the NHS 11 First EIA that took place in December 2020.

Protected characteristic groups	Summary explanation of the main potential positive or adverse impact of your proposal	Main recommendation from your proposal to reduce any key identified adverse impact or to increase the identified positive impact
Age	Positive – upskilling workforce. Negative –some key actions, particularly related to active travel, may not be suitable for elderly people. Risk of staff feeling excluded from action plans.	• Ensure ample training is provided to make new systems and processes accessible and easy for all groups to adopt. • Ensure representation on Steering Groups and workstreams to ensure all actions and inclusive. • Work closely with comms teams and EDI from each ICS organisation to ensure language in communications and

Protected characteristic groups	Summary explanation of the main potential positive or adverse impact of your proposal	Main recommendation from your proposal to reduce any key identified adverse impact or to increase the identified positive impact
		engagement campaigns and initiatives is inclusive and provide alternative ways to contribute. • Include metrics on equality and diversity in headline metrics for comms and engagement.
Disability	Positive – upskilling workforce. Negative – some recommendations may not be suitable for people with certain disabilities e.g., active travel. Risk of excluding staff from action plans.	Ensure ample training is provided to make new systems and processes accessible and easy for all groups to adopt. Ensure representation on Steering Groups and workstreams to ensure all actions and inclusive. Work closely with comms teams and EDI from each ICS organisation to ensure language in communications and engagement campaigns and initiatives is inclusive and provide alternative ways to contribute. Include metrics on equality and diversity in headline metrics for comms and engagement. •
Gender Reassignment and / people who identify as Transgender	No specific impact identified	As above
Marriage and Civil Partnership	No specific impact identified	As above
Pregnancy and Maternity	This will not impact maternity care to which access routes will not change. NHS 111 will offer access to Early Pregnancy Unit services;	As above

Protected characteristic groups	Summary explanation of the main potential positive or adverse impact of your proposal	Main recommendation from your proposal to reduce any key identified adverse impact or to increase the identified positive impact
	this represents an enhancement of access to these services for this protected characteristic.	
Race and ethnicity	Positive – the themes outlined in the ICS Green Plan are inclusive of all races and the Plan will harness the cultural diversity of our staff and patients to deliver innovative solutions to reduce our impact. Negative – Sustainability is practiced in unique ways across various cultures and therefore the ICS Green Plan could risk alienating staff and patients.	We will consult EDI and other external groups to ensure all of our communications and engagement activities are accessible and inclusive to staff and patients of all ethnicities.
Religion and belief	No specific impact identified	
Sex	No specific impact identified	
Sexual orientation	No specific impact identified	

Unheralded Patients (walk-ins)- arrival at Face-to-Face urgent care service.

Protected characteristic groups	Summary explanation of the main potential positive or adverse impact of your proposal	Main recommendation from your proposal to reduce any key identified adverse impact or to increase the identified positive impact
Age	**Elderly patients**: - are more likely to suffer from conditions affecting their cognitive abilities i.e. dementia this could create an obstacle to using the service effectively and getting access. - are more likely to require hospital admissions e.g. due to falls, heart attack, stroke. **Younger Children are**: - particularly vulnerable as it is not always obvious what the illness/problem may be. **Younger adults are:** + more comfortable engaging with technology and online methods, encouraging them to access healthcare when needed.	• Due to the potential adverse impact on vulnerable groups such as older people the ability to use existing methods to access healthcare remains in place. The licence agreement and the SOP state that vulnerable groups (including elderly people) will not be compelled to use EDST. They will be booked in at reception and go through the normal streaming process. • Encouraging younger adults to use/online methods and engage with new technology (such as video consultations) to access healthcare where appropriate makes it less likely for those who may have otherwise presented at ED to do so. Young adults identified as priority cohort for targeted communications. • Communications will be targeted based on target demographics which may include age. A targeted Comms plan for families, children and young adults has been developed with continues to be improved with ongoing insights work planned.
Disability	Overall people with disabilities should not be adversely impacted by the introduction of the 'heralded' pathways, as this is an enhancement to the existing service and the ability to use existing methods to access healthcare will remain. Any vulnerable people will be able to access BAU processes which will remain in place.	• EDST - Any vulnerable people will be able to access BAU processes which will remain in place. • The locally developed clinical model will include how we are keeping patients safe, particularly those who are vulnerable. In particular the model includes:

Protected characteristic groups	Summary explanation of the main potential positive or adverse impact of your proposal	Main recommendation from your proposal to reduce any key identified adverse impact or to increase the identified positive impact
	- Service users with learning disabilities e.g. autism, may misinterpret communications messaging for NHS 111 and delay seeking help for emergency care needs.	• Flagging vulnerable patients through the use of special notes • Vulnerable patients minimum operating procedure which has been agreed across BNSSG • Hospitals must consider alternative arrangements for dealing with enhanced protection patients (e.g. alternate entrance into ED, direct referral to other departments) • Where hospitals have special arrangements for this group of patients this must be detailed on their DoS profile.
Gender Reassignment and / people who identify as Transgender	No specific impact identified	As above
Marriage and Civil Partnership	No specific impact identified	As above
Pregnancy and Maternity	This will not impact maternity care to which access routes will not change. ED's will continue to offer support either in the department or through access to Early Pregnancy Unit services, this represents an enhancement of access to these services for this protected characteristic.	As above
Race and ethnicity	We know from the statistics that BAME communities are more vulnerable to covid-19. BAME communities are more likely to experience language and cultural barriers that prevent them from accessing community urgent care services, therefore these communities are more likely to attend ED settings. This is further impacted upon as within BNSSG these	• Any patient that attends ED with an appropriate condition will still be seen. • Non-English-speaking patients using EDST will have the support of the EDST navigators. Navigators are there to support patients access existing language services within ED e.g. translation services. • Navigator's training will encompass processes to support this cohort of patients.

Protected characteristic groups	Summary explanation of the main potential positive or adverse impact of your proposal	Main recommendation from your proposal to reduce any key identified adverse impact or to increase the identified positive impact
	communities have a close proximity to our ED which also drives attendance. - Current language support for streaming within settings is available through the language line or via internal staff networks, however the implementation of the EDST is not available in any other languages.	• The programme will be monitoring usage and identifying patients who may require additional targeting support or communications, considering cultural barriers that see some groups avoid contacting community services. • Within the ED settings, a local arrangement for the redirection of patients to community care have been established. The redirection to primary care is currently under development.
Religion and belief	No specific impact identified	As above
Sex	Analysis shows that men are more likely to use urgent care than women, although women aged 18-44 with children are more likely to access children ED services, and therefore may be more likely to benefit from direction to the most appropriate service to meet their need.	Communications will be targeted based on target demographics which may include sex/gender. Young adults and parents have been identified as key cohorts for targeted communications as part of the wider communications plan.
Sexual orientation	No specific impact identified	As above

A robust communications plan has been developed including a comprehensive stakeholder map to allow the programme to share key messages across the BNSSG and consider the nuance in messaging and method required to reach BNSSG's vulnerable and seldom heard communities.

Does the policy relate to an area with known health inequalities?
Please provide reasons for your answer and any mitigation required

** Under-18s are only protected against age discrimination in relation to work, not in access to services, housing, etc. Children's rights are protected by several other laws and treaties, such as: The Children Act; the Human Rights Act 1998; the UN Convention on the Rights of the Child; the European Convention on Human Rights; the UN Convention on the Rights of Persons with Disabilities; and the UN Convention on the Elimination of Discrimination against Women*

Relevance to the Public Sector Equality Duty - Please select which of the three points are relevant to your proposal. There is a general duty which requires the system to have due regard to the need to:

6. Eliminate unlawful discrimination, harassment and victimisation and other conduct prohibited by the Equality Act 2010?

Does this proposal address risk in relation to any particular characteristics?

Yes**.** We have further defined those with vulnerabilities which may lead to inequalities to health outcomes or access to health as including:

- Rough sleepers (specifically relating to mental health)
- Rural populations
- People in contact with the justice system
- Veterans, the armed forces, and their families; and
- People affected by specific conditions or risk factors (cancer; smoking; learning disabilities and autism; diabetes; respiratory disease; obesity and drug and alcohol use)
- People affected by digital deprivation

As stated elsewhere in this assessment a key principle of the work is that although people are being encouraged to contact NHS 111 before attending an ED, no-one who arrives at an ED without contacting 111 will be turned away should they have an ED appropriate presentation i.e. life changing or life-threatening condition. Individuals who present with a condition that is not considered to be life changing or life threatening, will be required to follow an enhanced streaming service using the EDST, that may advise a more suitable service. The developed streaming SOPs will need to ensure that population cohorts described above are not adversely impacted by the rollout of EDST.

7. Advance equality of opportunity between people who share a protected characteristic and those who do not?

Will this proposal facilitate equality of opportunity in relation to particular characteristics?

Yes. The programme will bring together people from the protected characteristics to test and comment on the pathways to manage any mitigations that may be identified.

8. Foster good relationships between people who share a protected characteristic and those who do not?

Will this proposal foster good relationships between one protected group and another or between one group and the organisation? (Yes/No)

Please explain your reasons

Yes. The programme group will foster relationships between the CCG and the protected characteristic groups, by utilising focus groups that are made up of a six-member public

panel with the purpose of developing and reviewing localised 'NHS 111 First' campaign creative concepts.

The recruitment criteria was based on national and local insights, with each member needing to fit within at least one of these criteria:

- Reside within Inner City and East or an area of high deprivation (Index of Multiple Deprivation 2019 – deciles 1, 2)
- Reside within Woodspring, based on rurality and access to public transport / GP services
- Be a parent with a young child / with young children (age 0-4 years)
- Live within close proximity of an ED (Emergency Department) or further from urgent treatment centres
- Be a younger adult aged 18-30

Ongoing insights and engagement work has been planned throughout the programme, with elements of the programme working to a test and learn methodology. This will ensure the programme is able to make changes, update processes and reframe communications to address any identified unintended consequences of changes to the way in which the public access urgent healthcare services.
se

Is a FULL Equality Impact Assessment required?

(Consider the size of the population or cohort, the risk to patient, the likelihood of disproportionate impact of the policy on one or more protected characteristics, any lack of insight into the needs of the communities or their barriers; or risk to the organisation's reputation or relationships – this should influence your decision)

Due to the impact on the population of BNSSG, the programme will continue to a full EIA. The programme will through an iterative process of testing the clinical model and pathways post 'go-live', and we will continue to engage with stakeholder and patient groups.

9. EIA Impact Assessment Approver(s) – Please email Sharon.Woma@nhs.net for approval

Author:	**Sara Stiddard**
Approver:	**Sharon Woma** **Approved on basis a full EIA will be conducted.**
Date Approved	**25.01.2022**

Part 2: FULL EQUALITY IMPACT ASSESSMENT

Step 2: Scoping of the Equality Impact Assessment

This section of the form is about understanding how this proposal will impact different groups and individuals

EIA Status (Existing)

What aspects of the project are particularly relevant to equality?

The communication with patients, along with patient experience and engagement are all relevant to the programme.

What evidence is already available that will help in the development of both the project and the EIA?


03. Urgent Care Walk-ins Research A


111 Focus Group 1 Summary Report v.1.

The Minor's Programme has prioritised insight and engagement work with the population of BNSSG including:

- Design sessions have taken place with citizens who attended a face-to-face urgent care service without any prior contact with a healthcare professional.
- Analysing 'frequent' users to develop and target future communications messaging.

The programme Communications and Insights workstream has developed a comprehensive stakeholder map identifying seldom heard and/or vulnerable cohorts and communities. The programme has also linked with the other steering groups and organisations e.g. Local Authority to ensure all long-term condition programmes / workstreams are aware of the planned changes and can support the UEC Minors Programme to tailor key messages to their cohort groups.

It is acknowledged that the communications element of the programme will require ongoing focus to ensure communications are able to reach as many groups from different backgrounds as possible including travellers, persons with learning difficulties, cultural/language barriers as an example.

Do you require further information to gauge the probability and / or extent of any adverse impact on protected groups? (Yes/No)

Yes. The Minors' programme is currently developing a monitoring dashboard and evaluation plan that will continue to track performance against capacity as well as utilisation of services.

Which communities and groups have been or will need to be consulted or involved in the development /review of the project/service?

The programme has already carried out various insights and engagement work including face-to-face surveys. This work will need to be repeated and is included within our

evaluation plan to review the success of the programme. The programme acknowledges that further work still needs to take place as already described.

The programme has also conducted clinically lead design sessions with the various parts of the system (mental health, ED, MIU/UTC, children's, pharmacy and primary care) with the aim of simplifying processes and making them easier to navigate for our patients.

Step 3: Equality Analysis

This section is about bringing together all of your equality information in order to make a judgement about what the likely effect of the policy, practice or service will be on the equality duty and whether you need to make any changes to the policy, practice or service.
Be wary of general conclusions. It is not acceptable to simply conclude that a policy will universally benefit all patients, service users or employees regardless of any protected characteristic, without having evidence to support that conclusion.
This section will detail the following:

- *Actual or potential positive outcomes/impacts in relation to the public sector equality duty?*
- *Actual or potential negative outcomes/impacts?*
- *Actual or potential neutral outcomes/impacts?*

Please state actions which have already been taken to remove or minimise the potential for adverse outcomes/impacts and to maximise positive outcomes/ impacts:

The Minor's programme needs to be aware of the range of communications needed to support and inform patients of changes.

Written communication needs to be made available in various formats to support users with visual impairments as well as different languages.

Scripts used by call handlers have been adapted and made clearer so that users understand what will happen to them i.e. arrival time does not mean time to be treated.

EDST navigators who will meet and greet 'unheralded' patients will need to consider the script that they use, as part of the 'Front Door' workstream within this programme. All contacts/ touch points are an opportunity to educate patients on the different ways to access the most appropriate urgent care services e.g. Call NHS 111 or visit NHS 111 online and support behaviour change.

Pathway design sessions have been presented to public representatives for comment to minimise any adverse impacts.

Assessment of the legality of the proposal - *Consider the following questions in your response:*

The programme does not look to disadvantage any users with particular protected characteristics as it is not closing or restricting access to urgent care services. Patients will still be able to access urgent care services appropriate to their health need.

What is the outcome of the Equality Impact Assessment?

No major change

The EIA demonstrates the project plan is robust, however as the 'Unheralded' pathway is still not defined this is recognised as an iterative process. The evidence shows no potential for discrimination and opportunities to promote equality have been identified and implemented

Step 4: Monitoring, Evaluation and Review

This section is about looking at how the actual impact of the proposal will be reviewed regularly throughout the project life cycle.

Provide details of how the actual impact of the project will be monitored?

The Minor's programme will continue to meet on a bi-weekly basis and will use a specifically designed programme monitoring dashboard to assess the effectiveness and impact across our population.

Note: UEC Minors Programme Monitoring Framework is currently in development. Activity, impact and issues are being monitored via verbal updates and other data feeds in the meantime.

The programme is supported by:

- Weekly monitoring huddles
- 3 x Weekly programme huddles and
- Weekly Clinical Design Group

The above meetings will review activity, impact, progress and identify any areas for escalation to the UEC Minors Programme Group. The Clinical Design Group will be able to trigger an immediate response to any safety concerns with the patient pathways.

The programme group holds responsibility for conducting the evaluation review and instructing change where necessary.

The evaluation of the programme continues a focus on patient and public involvement that has been developed alongside 'Building Stronger Communities'.

Step 5: Decision Making

This EIA will be used to inform the decision-making process. Use this section to record the relevant decision-making information

Provide an outline of the decisions made relating to this proposal

The Minor's Programme will continue to implement changes to how patient profiles flow through the system to access the 'right treatment at the right time'. The Programme's evaluation will be key in understanding the impact of changes on the population of BNSSG.

How was this Equality Impact Assessment referred to in the final decision?

This EIA and the use of focus groups have informed the communication plan to ensure that targeted messaging will be disseminated through system partners to support seldom heard groups with understanding messaging.

The programme considers that there is a neutral impact to the population of BNSSG as access to urgent care services remains open subject to review of the 'Unheralded' pathway.

Date the decision was made:

Will this personal data include sensitive personal data? (Yes/No)

Full EIA Impact Assessment Approval
Please email Sharon.Woma@nhs.net for approval

Full Name: Sharon Woma

Comments from Equality Lead:

- Useful to see the Urgent Care Walk-in research and focus group. Very little in the way of demographic insights (e.g. data not disaggregated to provide an intersectional view). Please consider this in future studies to assess the access, experience, effectiveness and outcomes from an equalities perspective.
- The EIA provides an opportunity to improve services – consider what appropriate teams can do to improve access for the percentage of public who attended ED because they were unable to get through to GP etc which resulted in unheralded attendance
- Consider including cultural awareness training, bespoke or self-paced/online eg Cultural Competence (CMW)
- Future studies of the impact of NHS111 should cover equalities issues
- In the screening EIA above, it notes use of Google translate, ensure risks are considered, has this been evaluated for effectiveness/accuracy and what is the service user/patient experience of this? Perhaps consider in your ongoing engagement

Date Approved 25.01.2022

Version Control

Version Number	Name	Change Made	Date
V.01	Sara Stiddard	Initial Draft	22/11/21
V.02	Sara Stiddard	Incorporation of comments from C. Mills and J. Theed	24/11/21
V.03	Sara Stiddard	Incorporation of Integrated Governance Framework EIA comments for 'heralded' patients	26/11/21
V.04	Amy Carr	Reviewed and updated based on developments in the programme and comments from Programme's Clinical Design Group	10/01/21
V0.5	Amy Carr	Review feedback from equalities lead	14/02/2021