



**Lancashire and
South Cumbria**
Integrated Care Board

ICB Green Plan 2022-2025



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Foreword

We have a climate crisis and the NHS and regional partners have a significant role in reducing its impact and to build a strong coalition to reach net zero carbon.

Achieving net zero will require a growing and ongoing focus across all of our planning and healthcare delivery activities to ensure that our decisions make a positive contribution.

These decisions will not be straightforward and some of them will cost more in the short term which will be difficult at a time that the NHS is being challenged to become more efficient and cost-effective.

However, we have to act and act now at an NHS, organisational and personal level to reduce our contribution to the emissions that are changing our climate and increasing the risk of harm to our citizens. Some of these actions will be easier to achieve than others, such as choosing how, when, and even if we need to travel, while others will be more complex, like planning which services need to be delivered in hospitals, which can be achieved digitally, and which need to be delivered closer to where people live, in more local settings.

This plan sets out clear priority areas for action. Our role as the NHS is to provide care and services to the population, and as an ICB to coordinate and lead the development of these services as they modernise. In doing so we recognise the inherent challenges we have across Lancashire and South Cumbria with an aging estate sometimes in poor condition, the distances staff and patients currently have to travel to provide or receive services, and the challenges we have with areas of rurality and a fragmented transport service. Resolution of much of this will require a joined-up approach with partners and regional and national colleagues.



Kevin Lavery

Chief Executive, Lancashire
and South Cumbria
Integrated Care Board



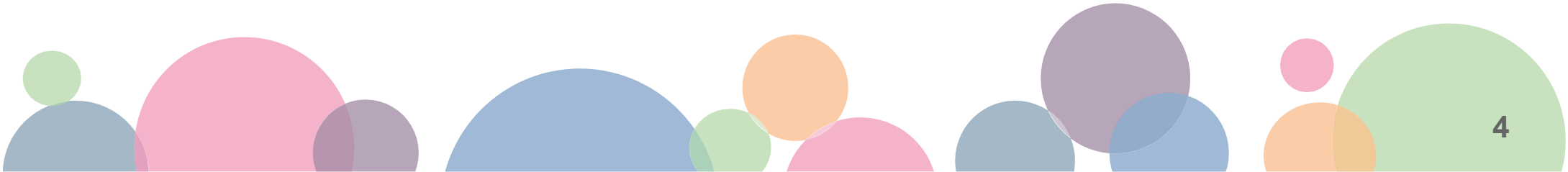
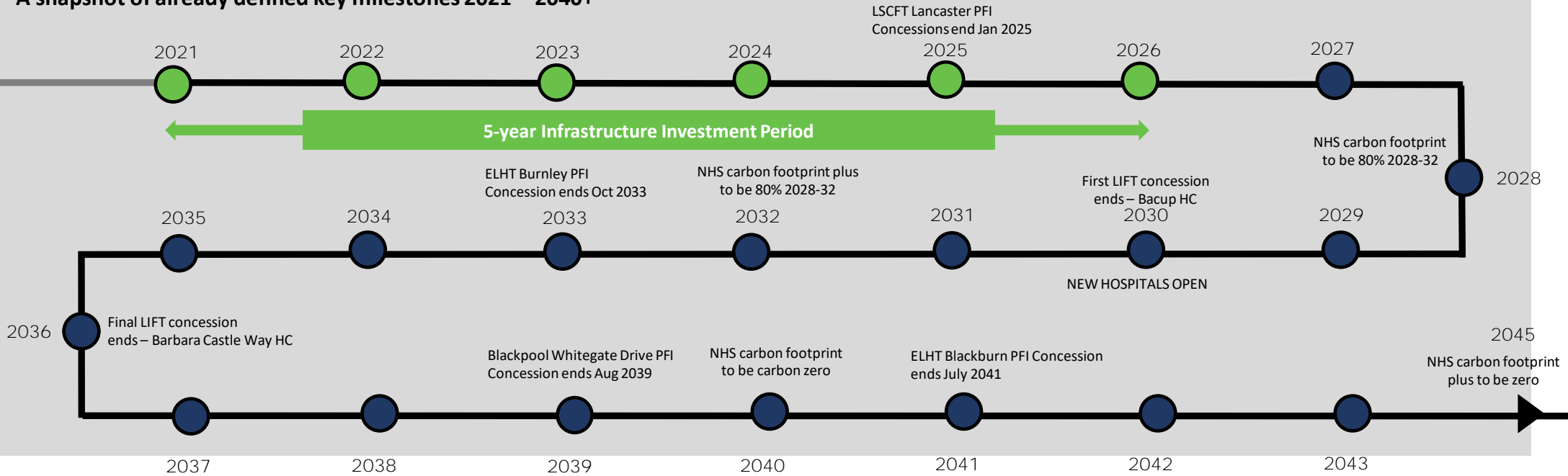
David Flory CBE

Chairman, Lancashire and
South Cumbria Integrated
Care Board

Highlights

The timeline below sets out the strategies and targets we already have in place between now and 2045. As our ICB continues to develop, additional milestones will be set and aligned with our existing targets, to further efforts to achieve a more sustainable healthcare system.

A snapshot of already defined key milestones 2021 – 2040+



Our Green Plan

“Because we are the NHS, we already have a world-leading drive to reach Net Zero by 2045, leveraging the ingenuity of our colleagues locally, binding in supply chains, and securing hundreds of millions of pounds of capital to support local energy reduction plans. Continuing this incredible progress is a ‘must do’ if we want a resilient health service for the future.”

Our Green Plan

Lancashire & South Cumbria ICB are proud to present the second in a four-part strategy for achieving continued sustainable development across our healthcare system (see page 11). Our Green Plan is designed to embed sustainable practice and carbon reduction strategy across the region, to meet national NHS targets for achieving net zero emissions:

- **Direct Emissions:** for the emissions under direct control, net zero by 2040.
- **Indirect Emissions:** for the emissions under influence, net zero by 2045.

The climate crisis is also a health crisis. Rising temperatures and extreme weather events will disrupt care and impact the health of our communities more frequently, and more severely. Population health and the environment are inextricably linked, and so by setting sustainability targets, we are inherently helping to address the health inequalities and social divides that exist across the region.

Our drive towards a greener Lancashire & South Cumbria requires building new attitudes and behaviours into the way we provide healthcare and establishing a culture of sustainability awareness that we take forward through every future action.



This Plan outlines our current baseline and key priorities for green action, whilst improving health outcomes across Lancashire & South Cumbria. It has been developed to be read in conjunction with the ICB Green Strategy.

As an anchor institution, the ICB is in a unique position to align our partner organisations within the green agenda, alongside influencing and supporting primary and secondary care providers with their own environmental strategies. The ICB's regional standing also means that place-based green initiatives have a support system, helping to tie health and wellbeing into regional environmental targets.

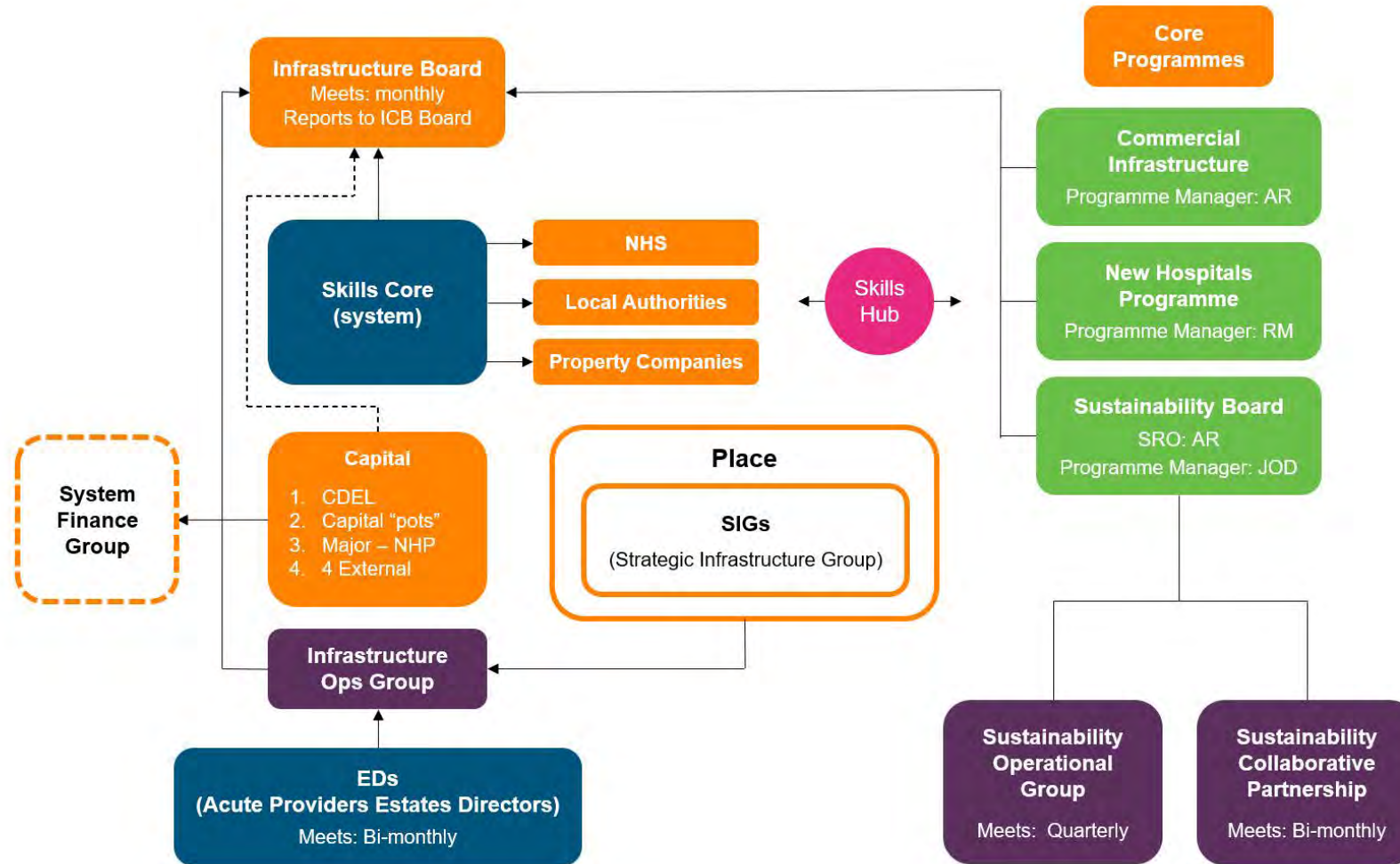
There are five secondary care providers within the Lancashire & South Cumbria ICB: Blackpool Teaching Hospitals NHS Foundation Trust (BTH), East Lancashire Hospitals NHS Trust (ELHT), Lancashire & South Cumbria NHS Foundation Trust (LSCFT), Lancashire Teaching Hospitals NHS Foundation Trust (LTHTR), and University Hospitals of Morecambe Bay NHS Foundation Trust (UHMBT). As of January 2022, our secondary care providers have already produced their own Trust-level Green Plans, setting out what steps they will take as individual organisations to reach their own net-zero targets of 2045.

As a significant contributing partner to our regional carbon impact, this Green Plan will not only lay out the ICB's own regional green agenda, but we will also summarise the Green Plans of our Trust members and contextualise them within the wider system.

By understanding the current position of our secondary care providers, we can begin to interact with our Primary Care Networks (PCN) to understand their own barriers to reducing their emissions. Delivery of the Green Plan will be overseen and monitored by the Integrated Care Board (ICB), and reviewed internally on an annual basis.



Estates Infrastructure and Sustainability Governance



ICB Overview

Integrated care systems (ICSs)

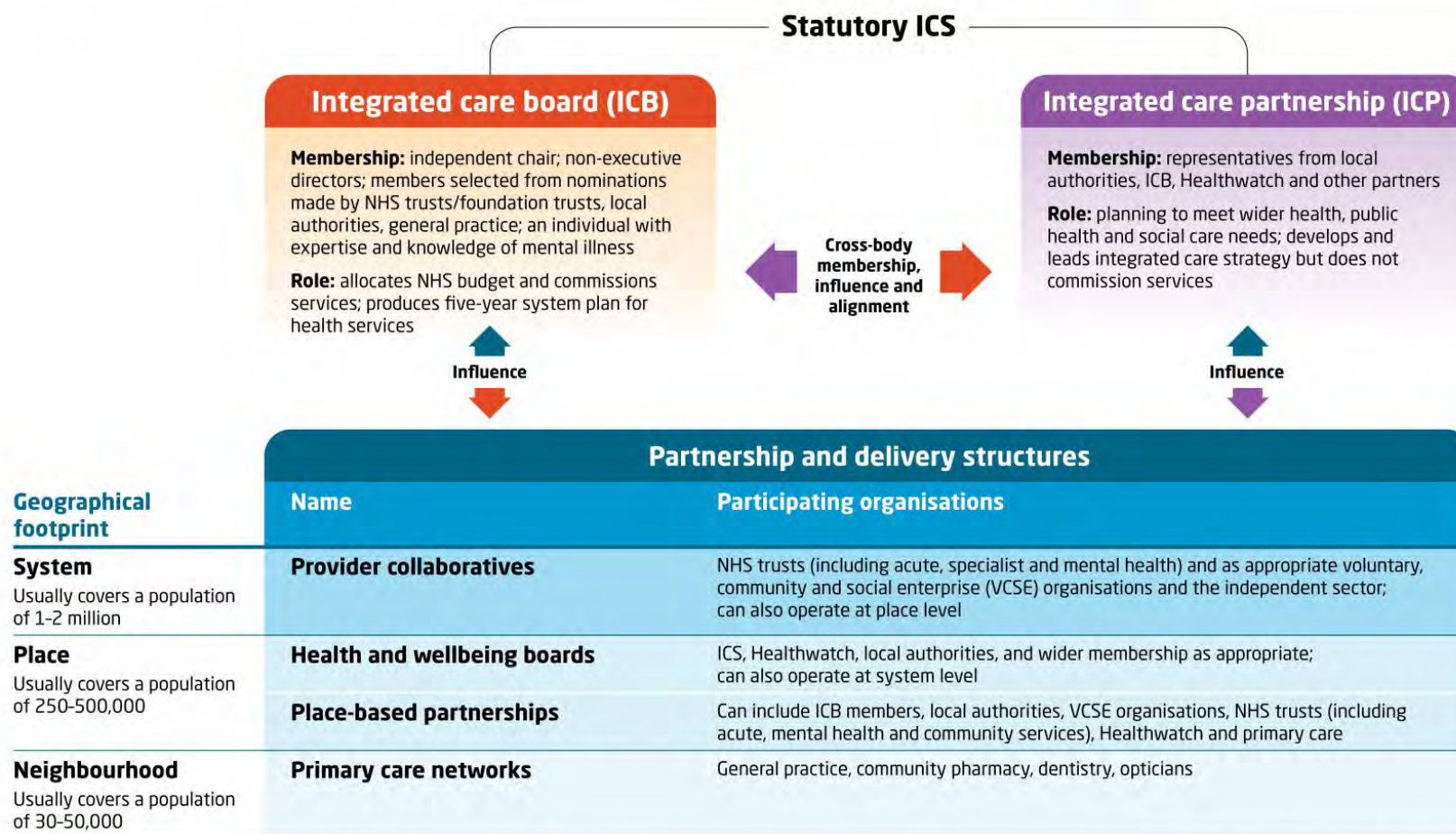
Key planning and partnership bodies from July 2022

NHS England

Performance manages and supports the NHS bodies working with and through the ICS

Care Quality Commission

Independently reviews and rates the ICS



ICB overview diagram. Source: King's Fund website

Our ICB

We are the Lancashire & South Cumbria Integrated Care Board (ICB). Our aim as a new statutory body is to facilitate, influence and align the great works already being implemented across the region to improve the health and care of our communities. The NHS has been under considerable pressure due to the COVID-19 pandemic, and so it is now more important than ever that the staff and patients under our care are supported, listened to, and kept safe.

Our ICB is a partnership, which provides strategic leadership across our whole population.

The partnership includes:

- Local authorities
- NHS organisations, including primary and secondary care providers
- Voluntary, community, faith and social enterprise (VCFSE) organisations
- Academic institutions
- Public sector organisations, including our blue-light services
- Our local communities, through Place-Based Partnerships (PBP)

Our NHS Provider Collaborative

As an ICB, the sharing of best practice and knowledge is key to achieving the ambitious targets we are setting ourselves for the future. Collaboration with our healthcare providers and partners at local, district and regional level has to be our primary goal in order to implement service models and modernise care. This means understanding the barriers facing the five Trusts under our care and facilitating the removal of these barriers as a collective force. Having a communication network, or provider collaborative, set up at Trust level means that any breakthroughs and innovative strategies can be shared and improved, bringing all Trusts together towards achieving net zero goals, alongside other healthcare targets.

Our Place-Based Partnerships

In Lancashire and South Cumbria, the existing partnerships were formed around five footprints across the eight legacy CCGs and aligned to the CCG footprints across L&SC. None of the existing place-based partnership boundaries are co-terminous with local authority footprints. These place-based partnerships will now be aligned to the two upper tier and two unitary local authorities within the footprint:

- Blackburn with Darwen
- Blackpool
- Lancashire
- South Cumbria

Our '[Developing Place-Based Partnerships in Lancashire and South Cumbria](#)' document outlines that having these local partnerships means that specific social movements within communities can be tailored to, with the aim of creating residents' a feeling of belonging to a place where all partners are valued and respected, and mutual support is always available.

Our Primary Care Networks

Our Primary Care Networks (PCNs) mirror the boundaries of our 41 neighbourhoods across Lancashire & South Cumbria. Each network brings together primary and community health and care providers, serving roughly 30,000-50,000 people with responsive, frontline day-to-day medical and social care. The majority of care is provided at place level by General Practice (GP) surgeries and clinics, alongside various other healthcare services including dentists, opticians and pharmacies.



Our Higher Education Partners

We have four universities situated within Lancashire & South Cumbria: Lancaster University, University of Cumbria, University of Central Lancashire, and Edge Hill University. By developing strong ties with our higher education partners, we can combine our efforts in tackling climate change from a scientific standpoint, with technological innovation and shared learning at the forefront of our strategies. Our universities are also a huge contributor of healthcare staff intake, especially our nursing staff. Myerscough College is also a key education partner, with their insight into agricultural practices a key resource in better understanding the environmental impact of food procurement, consumption and waste across our sites.

Our VCSFE Partners

Voluntary, community, faith and social enterprise (VCSFE) organisations, working at place level alongside PCNs to engage and support local people in all aspects of their lives. The VCSFE sector has had a significant role within local systems in responding to the immediate and longer-term effects of the COVID-19 pandemic. Their intimate knowledge of local barriers to healthcare provision make working closely with local VCSFE partners essential in keeping local people engaged in our green health agenda.

Our Local Authority Partners

One of our closest regional governance partners will be Lancashire County Council. Their support will be vital in achieving wider infrastructure and healthcare improvements across the region. At a local level, Lancashire & South Cumbria is made up of 14 borough councils and one town council. For community-led strategies to become regional strategy, borough council partnerships bridge the gap and facilitate a joint, simultaneous drive towards that goal. The ICB are working closely with local partners and are co-locating within local council buildings to best utilise our spaces and create collaborative and efficient working environments.

As our ICB continues to develop, it is important that a green thread persists throughout all our workstreams. Each area of focus within this Green Plan details the actions we will take to reach Net Zero within that workstream. The actions also need to ensure that the Green Plan will be rooted in the 'place' rather than the 'provider', meaning that it will keep the health and wellbeing of our communities at the heart of every future decision we make.

The end goal of the NHS Green Plans is to reach Net Zero by 2045. This Green Plan will take us through the next three years. As the ICB develops and matures as an organisation, it will be possible to further develop our longer-term strategy and vision to get to 2045.

Delivering a 'Net Zero'
National Health Service



Organisational Vision

Our Trusts have made considerable progress in their Net Zero journeys over the years. It's now the ICB's role to identify the priorities that are best led and coordinated at ICB level. Our challenge is to set a long-term vision for sustainability within the ICB and define the actions that we and our stakeholders want to take to achieve that vision.

Our Net Zero journey will require changes to infrastructure, policies, practices, behaviours, values and the alignments of activities with the green agenda. The pace of change within the ICB is growing steadily, and as our relationships with stakeholders develop and strengthen, environmental progress is expected to increase exponentially. These opportunities all feed into our primary vision: To achieve prolonged sustainable development across our healthcare region.

To tackle this multi-faceted challenge, our initial strategy as an Integrated Care Board will be explored and advanced through a four-part series:

1. Our 'Health Infrastructure Strategy 2022-2040' investigates how our estate can evolve to provide better, more sustainable work and care environments for our staff and patients.
2. Our 'Green Plan 2022-2025' investigates our impact on the environment, and sets out healthcare and emissions strategies to maintain sustainable development while reducing our carbon footprint to net zero by 2045.

3. Our 'Commercial Strategy and Delivery Plan 2022-2027' In driving environmental strategy forward, some inherent financial savings will be achievable, but in many cases, investment will be needed too. The strategies and targets outlined within this Green Plan will help to structure our Funding Strategy, which is currently under development. It will investigate the potential for collaborative funding from our partners and governmental bodies, to help to deliver our infrastructure and environmental strategies.
4. Our 'Estates and Infrastructure Blueprint 2022-2027' will map how our estates and infrastructure services work to support the planning and delivery of care and opportunities for further collaboration to develop the estates service and staff across Lancashire and South Cumbria. The Net Zero Carbon agenda is not just about estates, however, a significant amount of carbon associated with the provision of healthcare is derived from both the estate and from staff and patient journeys.



The United Nations Sustainable Development Goals

Our ICB is working meaningfully towards the United Nations (UN) Sustainable Development Goals (SDGs) through our Green Plan, which we have aligned to relevant SDG targets.

The SDGs underpin a global action framework to 2030, adopted by every UN member country to address the biggest challenges facing humanity. Each goal has targets and indicators to help nations and organisations prioritise and manage responses to key social, economic and environmental issues. We have considered how our ICB can contribute to the SDGs as a whole, as well as how sustainability objectives contribute towards the delivery of this strategy.

The NHS and its people contribute to multiple SDGs through the delivery of its core functions, for example, target 3.8, to achieve universal health coverage. Established on 5th July 1948, the UK's National Health Service is the world's first modern fully universal healthcare system, free at the point of use, and celebrating its 75th year in 2023.



Linking the Green Plan to NHS Net Zero

The Net Zero journey will require changes to infrastructure, policies, practices, behaviours, values and alignment of other activities with the green agenda.

Contributing to around 4% of the country's carbon emissions, and over 7% of the economy, the NHS has an essential role to play in meeting the net zero targets set under the Climate Change Act and the Health and Care Act 2022.

Two clear and feasible net zero targets for NHS England are outlined in the ['Delivering a 'Net Zero' National Health Service' report](#) (aka NHS Net Zero Report):

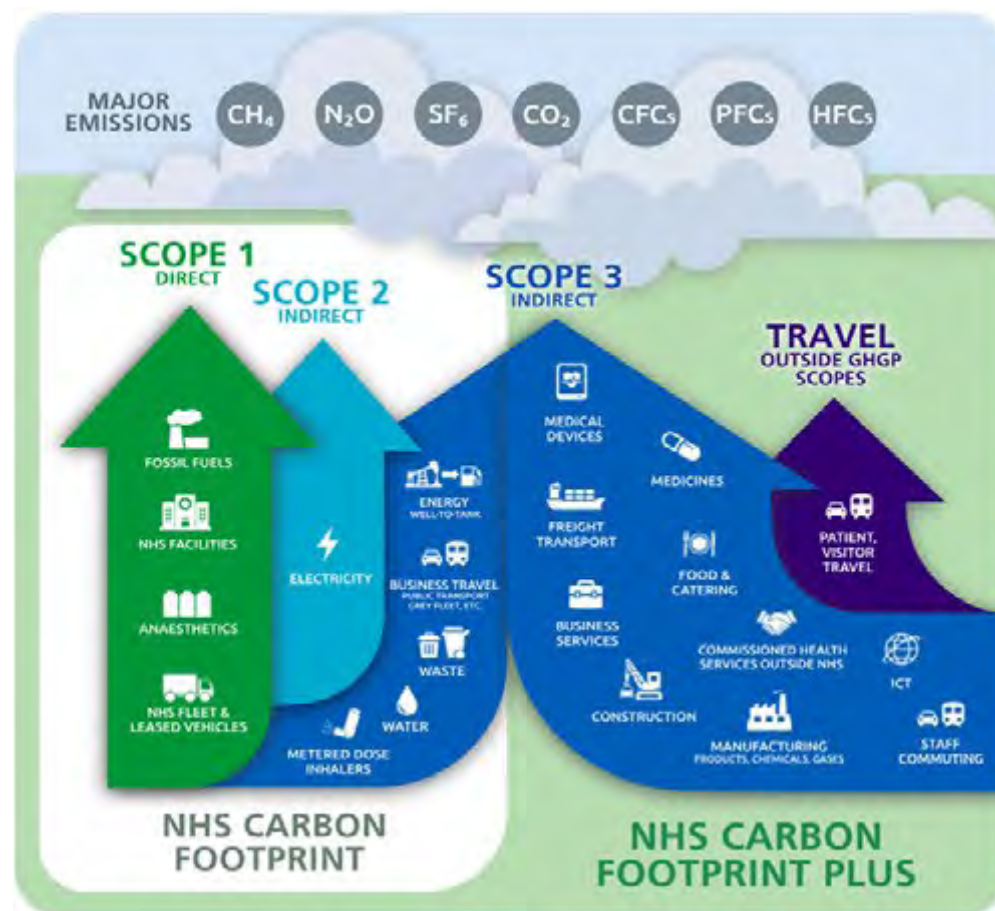
- **The NHS Carbon Footprint** for the emissions under direct control, net zero by 2040.
- **The NHS Carbon Footprint 'Plus'** for the emissions under influence, net zero by 2045.

Integrated Care Boards are to align their Green Plans with NHS England's net zero ambitions. The emissions used in this Plan have been calculated from all the sources listed in the NHS Net Zero Report and should be reduced by approximately 4% year-on-year (akin to Science Based Targets) until each of the relevant target dates.

Greenhouse Gas Emissions

Greenhouse gas emissions are conventionally classified into one of three 'scopes', dependent on what the emission source is and the level of control an organisation has over the emission source. They are reported in 'tonnes of carbon dioxide equivalent' (tCO₂e). Scope 1 covers emissions under direct control such as fuel combustion. Scope 2 covers emissions indirectly released, in most cases as by-products

of the consumption of electricity. Scope 3 covers emissions produced from supply chain sources, such as manufacturing and construction. The emission sources and their 'scopes' are shown in the infographic.



Greenhouse gas emission sources, and their 'scopes'

Data and Methodology

Carbon footprint

Energy and carbon footprint data for the financial year 2019/20 was provided by each of the five NHS Trusts across Lancashire & South Cumbria. This data originates from primary data sources (utility bills, waste report data and anaesthetic gas consumption data) and secondary data sources (mileage expense claims, ERIC returns), culminating in the production of a carbon footprint for the ICB, comprising data for BTH, ELTH, LSCFT, LTHTR and UHMBT.

Energy, travel, waste and carbon data from this report was further scrutinised for completeness and alignment with the GHG Protocol for Corporate Reporting and with ISO 14064:1 methodology, to ensure the correct carbon emission factors had been used (for the correct year, energy-type etc.).

Emissions have been apportioned according to their scope (1, 2 or 3, as described in the previous section). Anomalies were addressed and rectified. Scope 3 Well-to-tank (WTT) factors have been used in the emission calculations for energy and travel.

The carbon footprint does not include information or emissions relating to secondary care inhalers, nor primary and secondary care business travel, supply chain or procurement emissions. This is due to individual Trusts/primary care networks (PCNs) not collating or providing this information at this time.

The financial year 2019/20 is used as the baseline for this Green Plan. It is hoped that as data collection and reporting methods evolve, we will incorporate inhaler, procurement, and additional travel data into our footprint, not just for secondary care, but also for our PCNs. At that stage, we may revisit the footprint's baseline year and readjust targets accordingly. At present, the only primary care data included in this iteration of the Green Plan is inhaler data.



Regional and policy drivers

Integrated Care Boards span a variety of geographies and political boundaries. To understand regional and local issues pertaining to sustainable models of care, climate change and other environmental issues, an analysis of regional and local socio-environmental data and local authority policies/strategies was undertaken ('policy scan').

The policy scan has been used to inform the Green Plan narrative and action plans.

The [SHAPE Atlas tool](#) and other [governmental datasets](#) were used to provide additional information or detail to the policy scan.

Maturity Matrix

Each Trust's Green Plan has been assessed in terms of alignment with the NHS' ['How to produce a Green Plan'](#) guidance and the robustness of Trust's action plans.

The assessment and scoring used the metrics as follows:

- Data completeness and presentation
- Existing strategies and narrative
- Future targeting

A radar graph for each Trust has been produced and amalgamated into an ICB radar graph to show the maturity of the Trusts' respective Green Plans.

The weighting for future targets remains equal across all areas of focus, the other two metrics fluctuate depending on how much data is needed in that area.



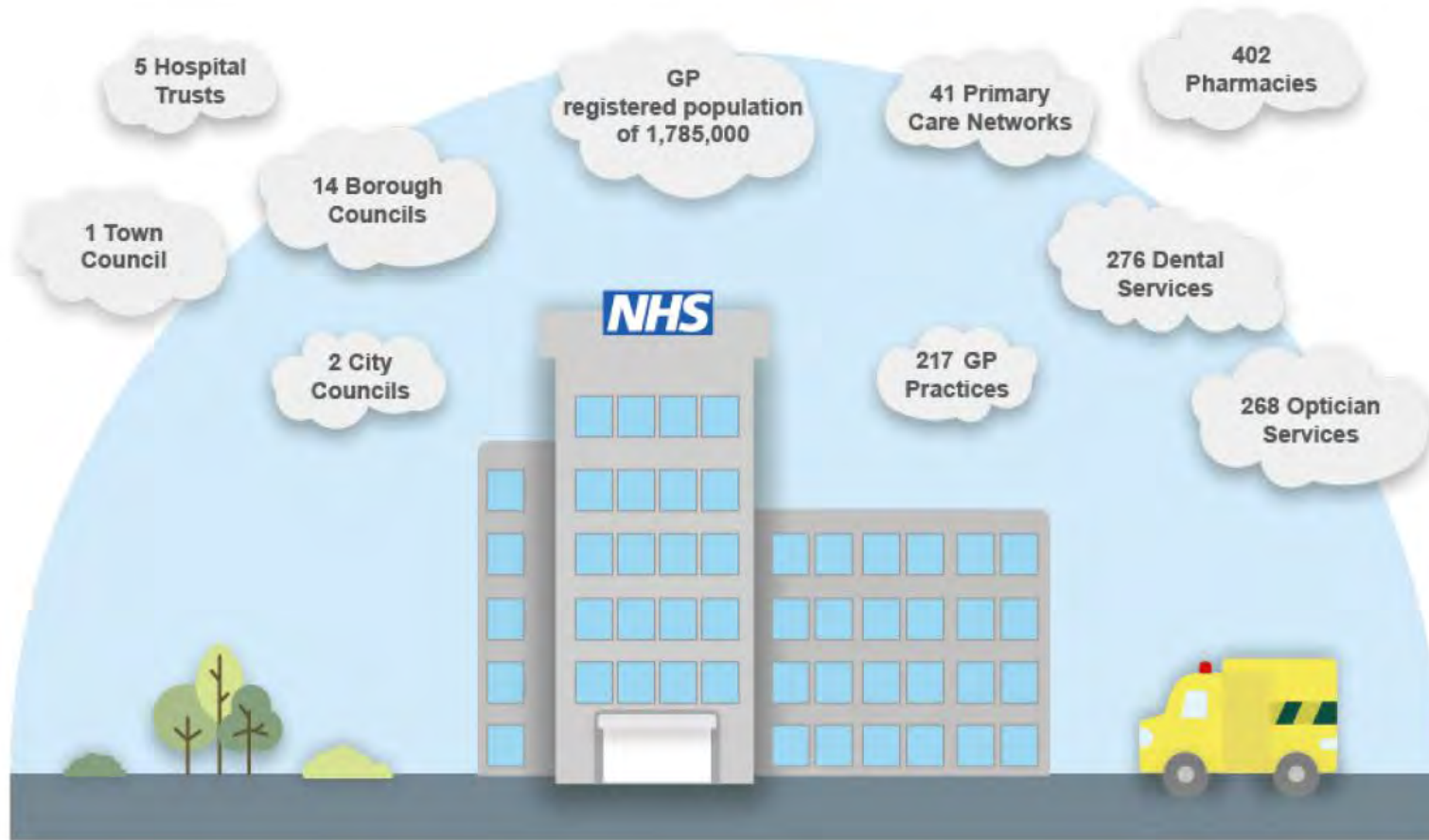
'The Ton' at an environmental expo in Palm Springs, California

What does 1 tonne of carbon dioxide look like?

One tCO₂e can be visualised as a volume of gas the size of a hot air balloon – a sphere about 10 metres in diameter.

The average 3-bedroom semi-detached home emits around 1 tCO₂e per year from electricity consumption and almost 2 tCO₂e from the use of natural gas for heating and cooking. 1tCO₂e is also equal to a person taking a return flight from Paris to New York.

Current Position

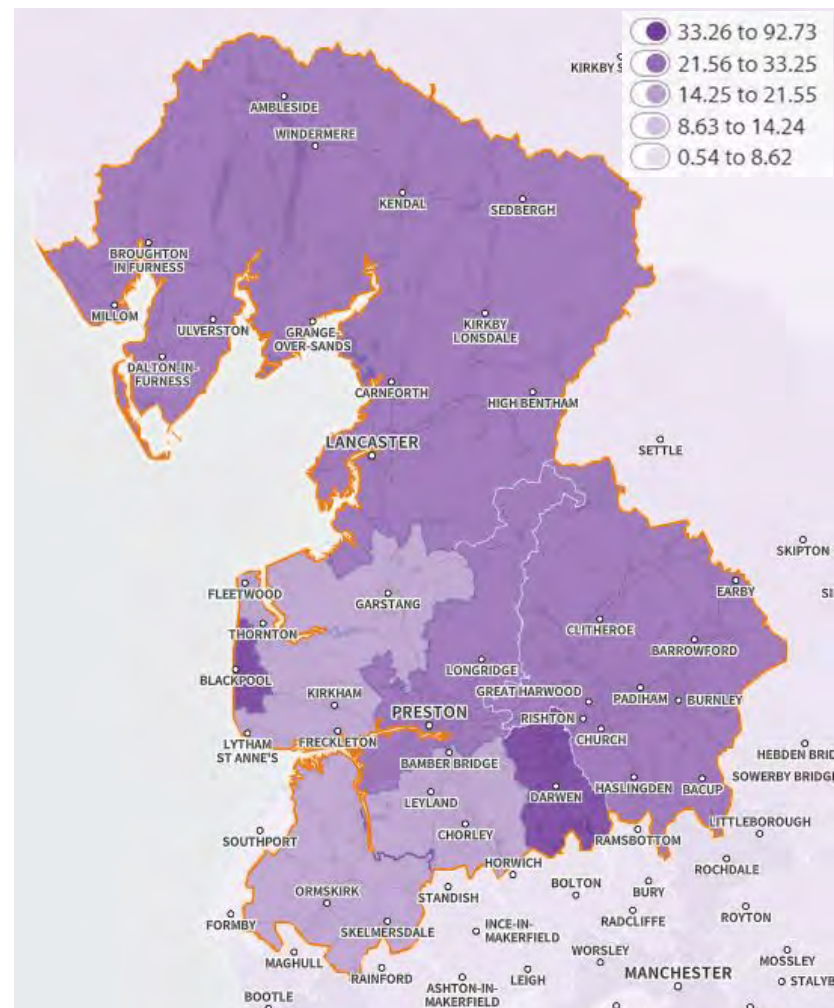


Health inequalities

There are patterns of population health that are determined by broad social and economic circumstances into which people are born and live, which treatment alone cannot tackle. Local systems working together with strong leadership, joint planning, ambition and scale have important roles to play in helping to solve the complex web leading to health inequalities.

The Index of Multiple Deprivation (IMD) is displayed here to show the levels of deprivation in Lancashire & South Cumbria per Care Commissioning Group (CCG). It comprises seven metrics of deprivation: health, income, employment, education, crime, housing, and living environment. The table shows Blackpool CCG and Blackburn With Darwen CCG as having the highest levels of regional deprivation, while Fylde & Wyre, Chorley & South Ribble, and West Lancashire CCGs show below-average regional deprivation levels. The region as a whole scored an average of 26, while the UK average sits at 21.67.

CCG	IMD Score (UK Range 0.54 - 92.73, UK Average 21.67)
Blackburn With Darwen	36.01
Blackpool	45.04
Chorley & South Ribble	17.61
East Lancashire	29.38
Fylde & Wyre	18.72
Greater Preston	23.94
Morecombe Bay	21.78
West Lancashire	18.64



Index of Multiple Deprivation (IMD) across the region, grouped into Care Commissioning Groups (CCGs). (SHAPE Atlas tool, 2019)

As an ICB, combatting health inequalities at place-level is one of our key priorities. The social and economic factors associated with the IMD have a strong correlation to health impacts, including increased occurrences of smoking and obesity.

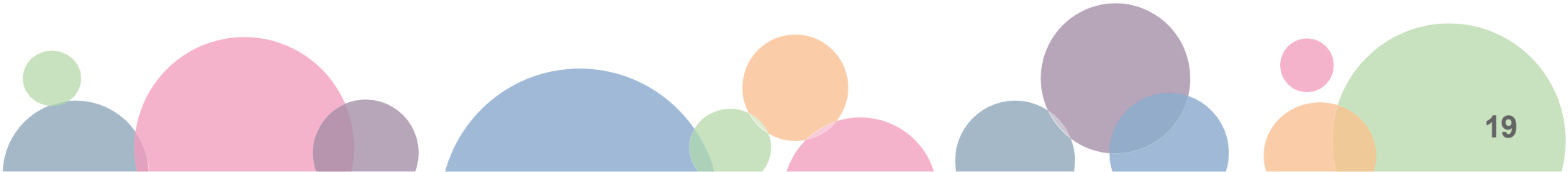
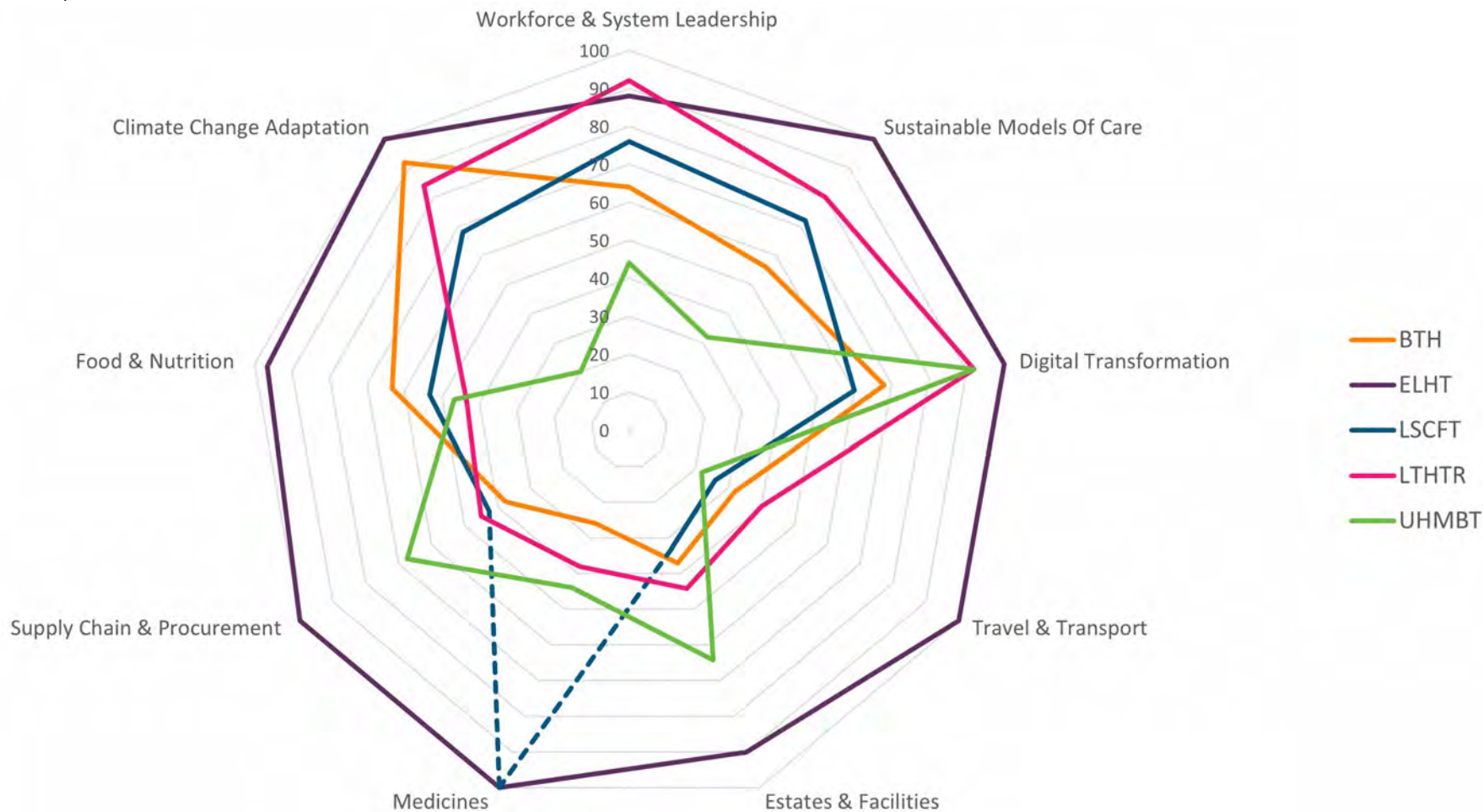
Cardiovascular disease (CVD and Alzheimer's disease are also strongly associated with health inequalities; where the associated risk factors can be linked to modifiable lifestyle risks, awareness campaigns need to be utilised across the region. If successful, these campaigns will reduce hospital admissions and therefore contribute to regional sustainable care models going forward.

Where the risk factors for health issues are environmental, the actions in the green plan could reduce their occurrences across the region. Chronic obstructive pulmonary disease (COPD is an example of this, as it has been linked not only to smoking, but poor air quality. This illustrates the crossover between social, economic and environmental factors, and the health of our local communities.



Maturity Matrix

The Maturity Matrix below displays how comprehensively each area of focus has been portrayed by each Trust within their 2021-2025 Green Plans. While this is a useful guide to highlight areas within each Trust which may benefit from further investigation and improvement, this only reflects how extensively each area has been covered within the Green Plan, not the actual performance of the Trust. Specific feedback can be found in the appendix. *As a mental health Trust, the medicines area of focus is not applicable to Lancashire and South Cumbria NHS Foundation Trust, and is therefore shown as a dashed line.

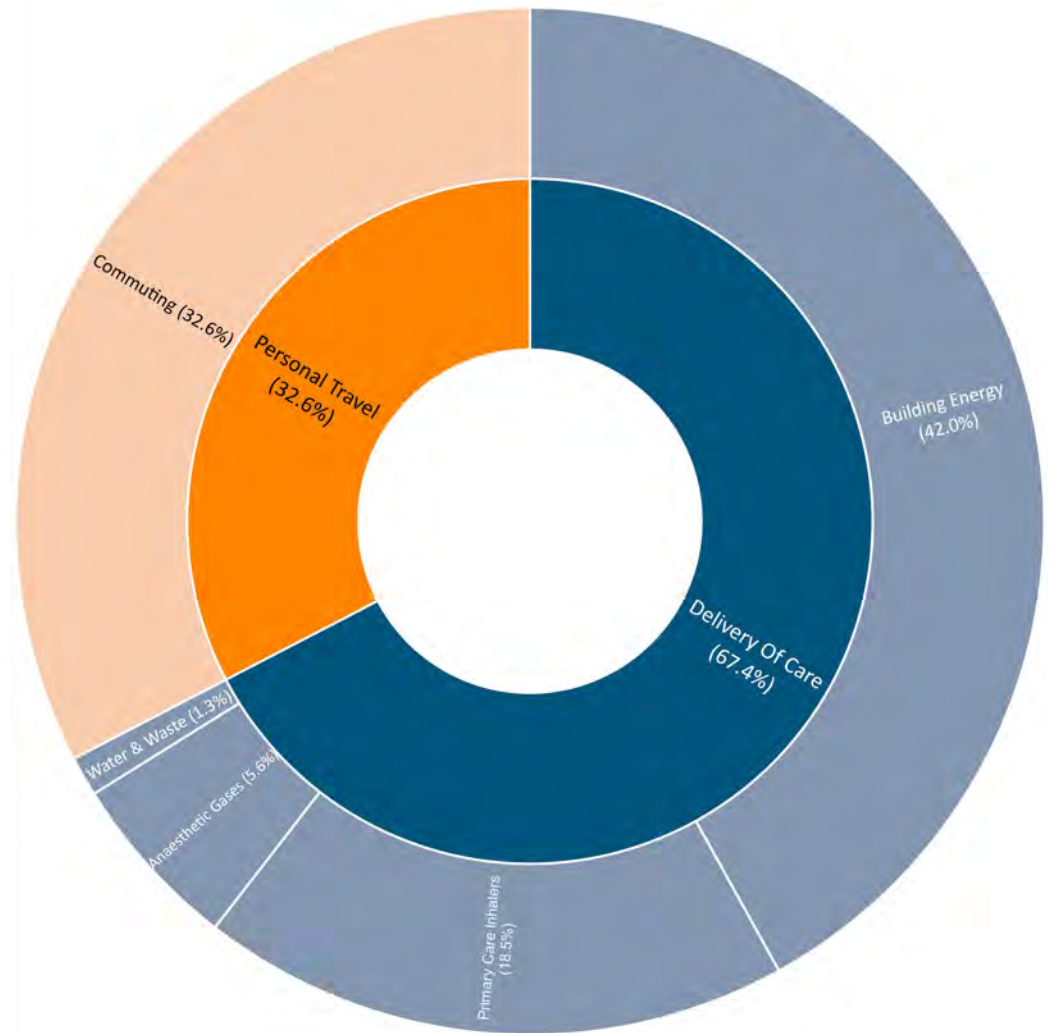


Our ICB Carbon Footprint

Using the carbon emission totals from our secondary care providers, we have calculated our own consolidated ICB carbon footprint. The pie chart shows the breakdown of our footprint, made up of emissions from our building energy, water and waste, commuting, and anaesthetic gases. These figures are based on data from the financial year 2019/20, and will be updated as the Green Plan evolves over time.

This initial carbon footprint includes data resulting from four of the eight key carbon emitting areas in secondary care, currently omitting emissions from our inhalers, business travel, procurement, and commissioned services. Inhaler data from our primary care estate is also available and has been included.

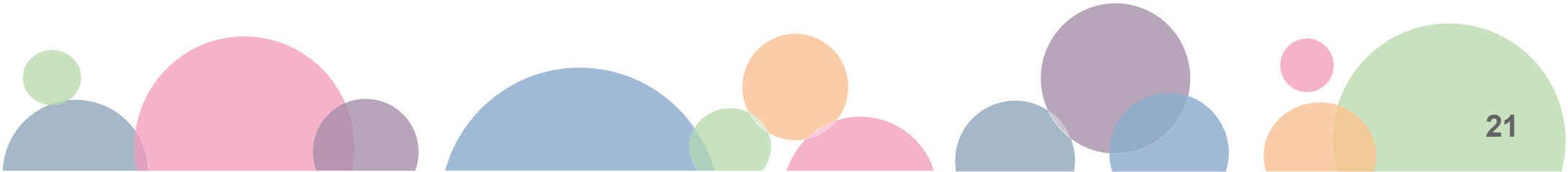
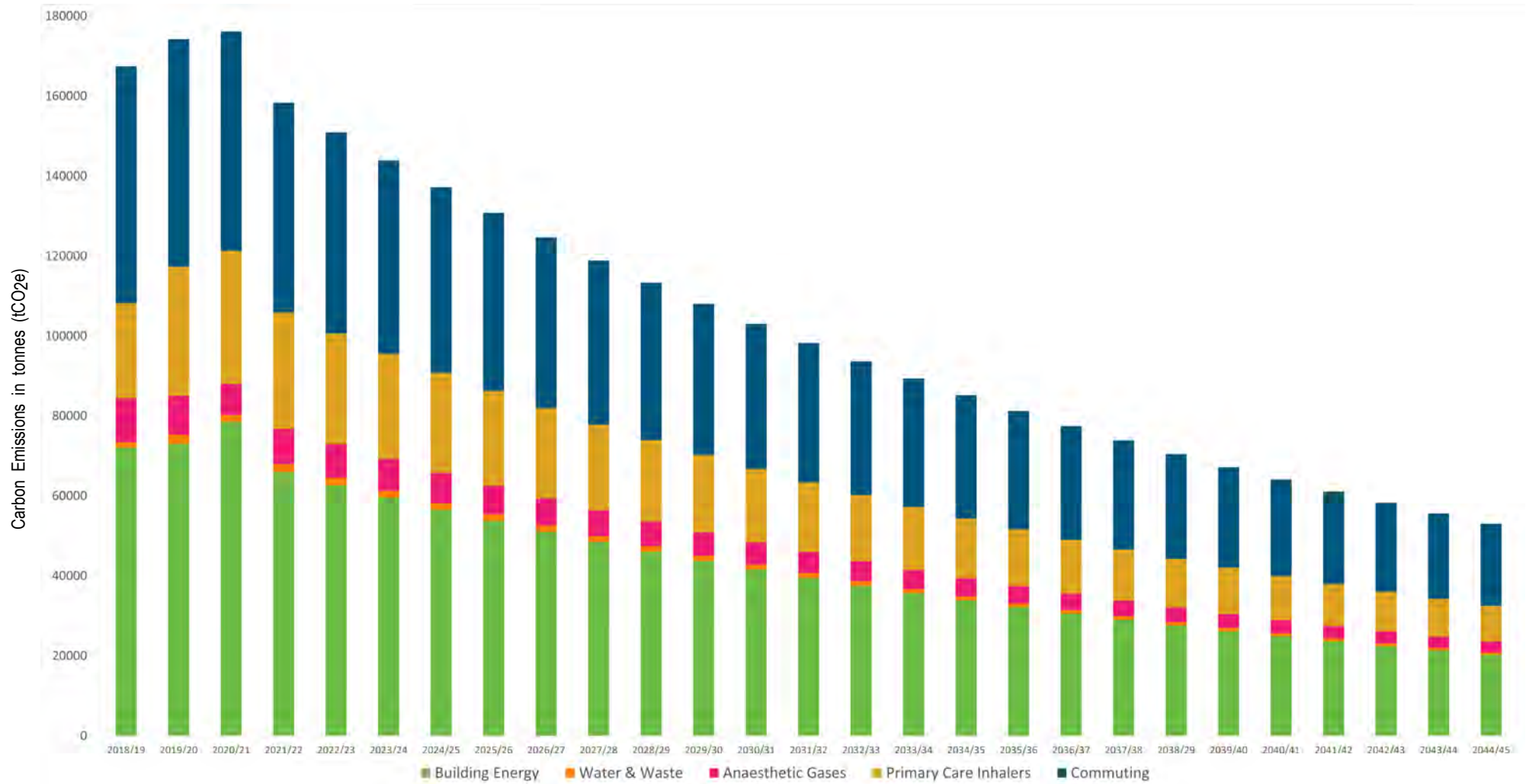
As our understanding of our impact on the environment strengthens, we aim to produce a complete picture of our carbon impact, not just consolidating our secondary care partners but also the emissions from our primary care estate. Only by understanding the full scope of our carbon footprint can we hope to meet our net-zero targets.



ICB carbon footprint 2019/20, consolidated from secondary care emissions data and primary care inhaler data

Lancashire & South Cumbria's Trajectory to 2045











In order to reach net zero by 2045, each of our member organisations will need to achieve a 4% year on year reduction if they fall into the 'net zero by 2040' category, and a 5% year on year reduction if they are in the 'net zero by 2045' category. The trajectory for this in each of the key sectors of greenhouse gas emissions currently available to the ICB can be seen below.



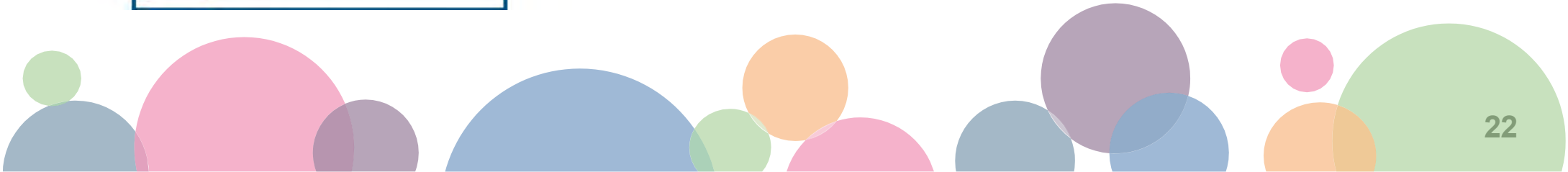
Areas of Focus Contents

Each area of focus has been assigned a list of actions that have been drawn from NHS and government guidance, and any additional measures that will facilitate our journey towards net zero. Each action table has columns denoting each action's related emissions reduction, the indicative cost-benefit, and the responsible lead. There is also a progress column, which should be updated regularly to keep track of each action's state of completeness. To identify the actions which will help lead to 'quick wins', look for the columns with green cost and green emissions.

Action Tables Key

Cost	
	Low Action Cost
	Medium Action Cost
	High Action Cost
Emissions	
	Large Emissions Reduction
	Medium Emissions Reduction
	Small Emissions Reduction
	Indirect Emissions Reduction Only
Progress	
	Action Completed
	Action Progressing
	Action Not Started

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Workforce and System Leadership

Workforce

Our strategies for improving the health and wellbeing of our staff, and the staff of our partner organisations, takes inspiration from the guidance document [‘We Are The NHS: People Plan 2020/21’](#), which sees Integrated Care Boards as having an important role in leading and overseeing progress on creating compassionate and inclusive workplace cultures, and strengthening collaboration among all health and care partners – particularly with social care – to meet the complex and evolving staffing needs of our services across Lancashire and South Cumbria.

This is a shared journey, and we invite our colleagues to be a part of it. Education is crucial to this in order to convey to colleagues why the Green Plan is important, in addition to raising awareness of, and engagement with, net zero goals and sustainable development.

We will support our partner organisations in maintaining the health and wellbeing of NHS colleagues, and taking action to ensure that they can encourage high rates of workforce recruitment and retention.

Across the system, we have a responsibility to consider all of our member organisations in the decisions we make including primary and secondary care, and how these link to our partner organisations.



Our ICB is committed to the development and creation of [Place-Based Partnerships \(PBPs\)](#) across Lancashire and South Cumbria. Our PBPs comprise a collaboration of planners and providers across health, local authority and the wider community, who take collective responsibility for improving the health and wellbeing of residents within a place. They will enable collaboration that will address specific place-based challenges and deliver within each place the component parts of our ICB strategy.

PBP Core Aims:

- Improve the health and wellbeing of the population and reduce inequalities.
- Provide consistent, high quality services that remove unwarranted variation in outcomes.
- Consistently achieve national standards / targets across the sectors within the partnership.
- Maximise the use of a place-based financial allocation and resources.



System Leadership

This Green Plan is approved by our ICB and will be reviewed (and revised if necessary) at least annually to keep us on track with the NHS net zero goals and our own targets. These reviews and our progress against the actions in the Green Plan will be submitted to our ICB Board via the Sustainability Board.

Working as part of a wider system is beneficial, as sustainability is an issue best addressed as a common purpose. Drawing expertise from across primary and secondary care alongside our partner organisations will allow us to embed sustainability in everything that we do.

Integrated Care Boards have a pivotal leadership role, with the aim of progressively deepening relationships between the NHS, local authorities, and other social and healthcare organisations.

The ICB proactively ensures quality governance arrangements, adhering to the National Quality Board's (NQB) quality commitments and position statement.



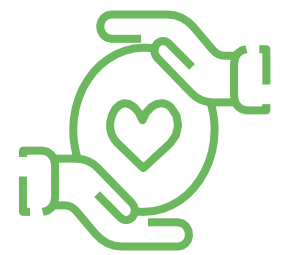


Workforce and System Leadership Action Plan

No	L&SC ICB Green Plan Actions	Target Year	Progress	Cost to achieve	Emissions reduction	Responsible lead/dept.
1	Ensure that the ICB and Trusts have board level Net Zero leads.	23/24		£	⊗	ICB
2	Appoint all relevant leads within the ICP.	23/24		£	⊗	ICB
3	Support Trusts in developing sustainability training for their identified Green Plan responsible leads.	23/24		£	⊗	ICB
4	Ensure the Primary Care Network has a Health Inequalities lead.	23/24		£	⊗	ICB
5	Ensure that the Green Plan delivery is reflected on the corporate risk register.	24/25		£	⊗	ICB
6	Ensure that Primary and Secondary Care teams are aware of and introduce existing sustainability education resources (incl. 'Environmentally Sustainable Healthcare' and 'Planit-Sustainability')	24/25		£	⊗	ICB



No	L&SC ICB Green Plan Actions	Target Year	Progress	Cost to achieve	Emissions reduction	Responsible lead/dept.
7	Introduce a sustainability/carbon literacy training programme for frontline care workers across the ICB.	24/25		£	⊗	ICB
8	Create a forum for ICB Trusts' sustainability champions with an appropriate reporting mechanism.	24/25		£	⊗	ICB
9	Support Local Authority and other public bodies' sustainability groups to incorporate healthcare within their plans.	24/25		£	⊗	ICB
10	Produce an annual granular carbon account in line with HM Treasury's 'Public sector annual reports: sustainability reporting guidance', with the intention of widening its scope and data quality, when possible, along with an annual review of the progress against the Green Plan actions / emission reduction targets.	24/25		£	⊗	ICB



Sustainable Models of Care



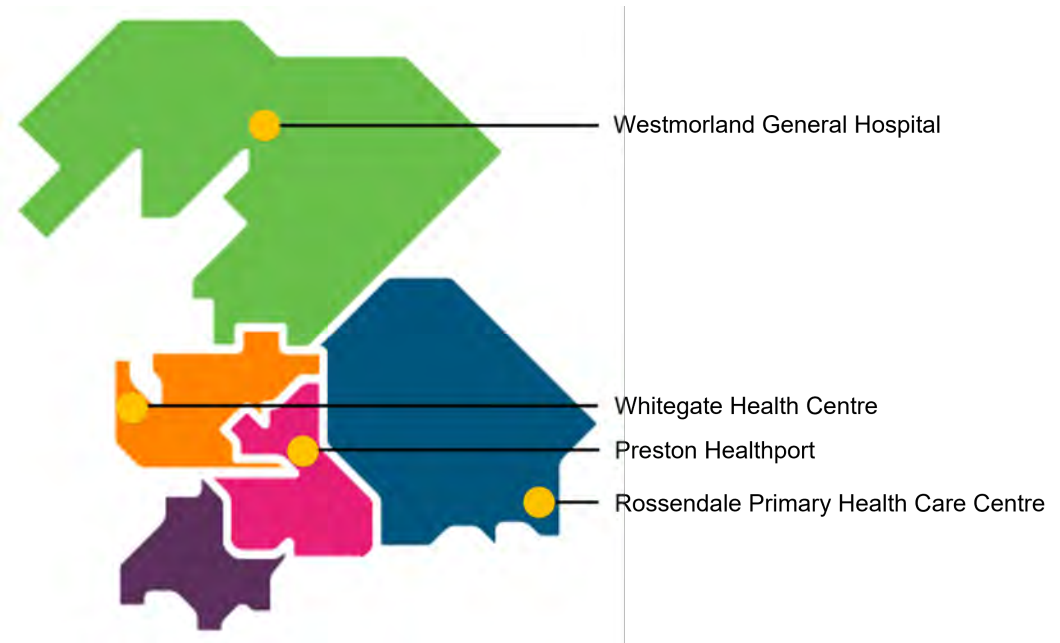
The NHS Long Term Plan introduced sustainable care into the NHS service model. Sustainable models of care can reduce health inequalities by streamlining care pathways, making them more efficient, and focusing on preventative care. Relevance to the Green Plan comes with the emission reduction that is associated with these effects.

At Trust level, this means transforming community and urgent and emergency care to prevent inappropriate attendance at emergency departments (ED) and reducing the length of stay of patients. At ICB level, implementing these changes across the region whilst working to ensure that NHS111 is used as the primary route to access urgent care can help to streamline the process.

Community Diagnostic Centres (CDC) can be used to make our care delivery more sustainable, as they facilitate earlier diagnoses, reduced hospital visits, reduced wait times and reduced patient journeys. These centres are already helping to achieve:

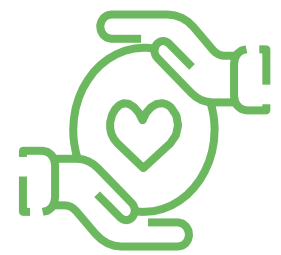
- Earlier diagnoses through easier, faster, and more direct access to the full range of diagnostics needed to understand symptoms.
- A reduction in hospital visits which will help to reduce the risk of spreading COVID-19.
- A contribution to the NHS' ambitions to cut carbon emissions and air pollution by providing multiple tests at one visit – reducing the number of patient journeys.

The map shows the locations of the four CDCs currently in place. Outside of secondary and tertiary care, there should be an emphasis on expanding primary care capacity to improve access, local health outcomes and address health inequalities.



Location of Community Diagnostic Centres (CDC) across Lancashire & South Cumbria





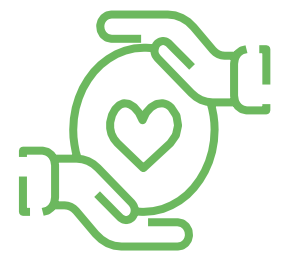
The National Patient Safety Improvement Programmes and the Investment Impact Fund indicators (IIF) provide underpinning principles for sustainable models of care. Staff training and empowerment are critical to deliver this.

Adhering to the Getting it Right First Time programme (GIRFT) contributes to this area as it helps to avoid additional hospital bed days and patient and visitor travel to our primary care clinics and secondary care hospitals, and their associated environmental impacts. Strong interagency partnership working within the ICB enhances the principles of GIRFT.

The National Pathway Improvement Programme and GIRFT will be important in developing accredited plans for the national elective recovery programme. The ICB will be instrumental in ensuring that the NHS can reach the targets set in the [NHS Delivery plan for tackling the COVID-19 backlog of elective care](#), which set out a vision to reduce wait times that have increased due to the COVID-19 pandemic. The continued implementation of CDCs across the region will help to facilitate these goals.

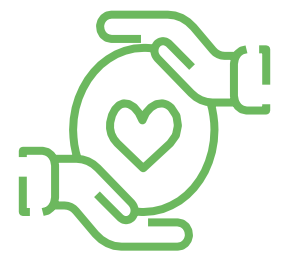
As an ICB, we will build on what we have learned during the pandemic to transform the delivery of services, accelerate the restoration of elective and cancer care and manage the increasing demand on mental health services. We also commit to link Greenhouse Gas (GHG) reductions with our delivery of the Long Term Plan sustainable care model.





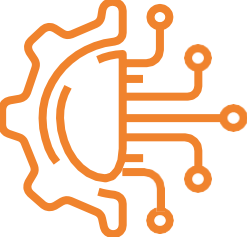
Sustainable Models of Care Action Plan

No	L&SC ICB Green Plan Actions	Target Year	Progress	Cost to achieve	Emissions reduction	Responsible lead/dept.
1	Develop an accredited National Pathway Improvement Programme & GIRFT plans for the National Elective Recovery Programme.	23/24		£	⊗	ICB
2	Support each Trust in using the Embedding Public Health into Clinical Services Programme's toolkit and appointing a lead SRO.	23/24		£	⊗	ICB
3	Support each Trust in their use of the Sustainability in Quality Improvement (SusQI) Framework	24/25		£	⊗	ICB
4	Support the development of the Community Diagnostic Centres across the region	25/26		£	⊗	ICB



No	L&SC ICB Green Plan Actions	Target Year	Progress	Cost to achieve	Emissions reduction	Responsible lead/dept.
5	Work with local authorities, PCNs and the voluntary sector to improve access to care in areas of deprivation (transport, signposting, community-based initiatives).	25/26		£	⊗	ICB
6	Work with local clinicians to consider how care pathways/specialties can be decarbonised.	25/26		£	⊗	ICB
7	Support adoption and spread of clinical carbon reduction innovations (competitions and collaborations).	25/26		£	⊗	ICB
8	Develop decarbonisation of care materials and disseminate to place based partnerships.	25/26		£	⊗	ICB
9	Work with place based partnerships to produce targeted campaigns for healthy eating, smoking cessation, and elderly care, with accompanying signposting to services.	25/26		£	⊗	ICB





Digital Transformation



Lancashire & South Cumbria ICB will continue to take inspiration from the [‘Our Digital Future’](#) strategy, which outlines five interconnected themes to improve our health and care across the region, by fully utilising the potential of digital systems to improve patient outcomes as shown in the graphic.

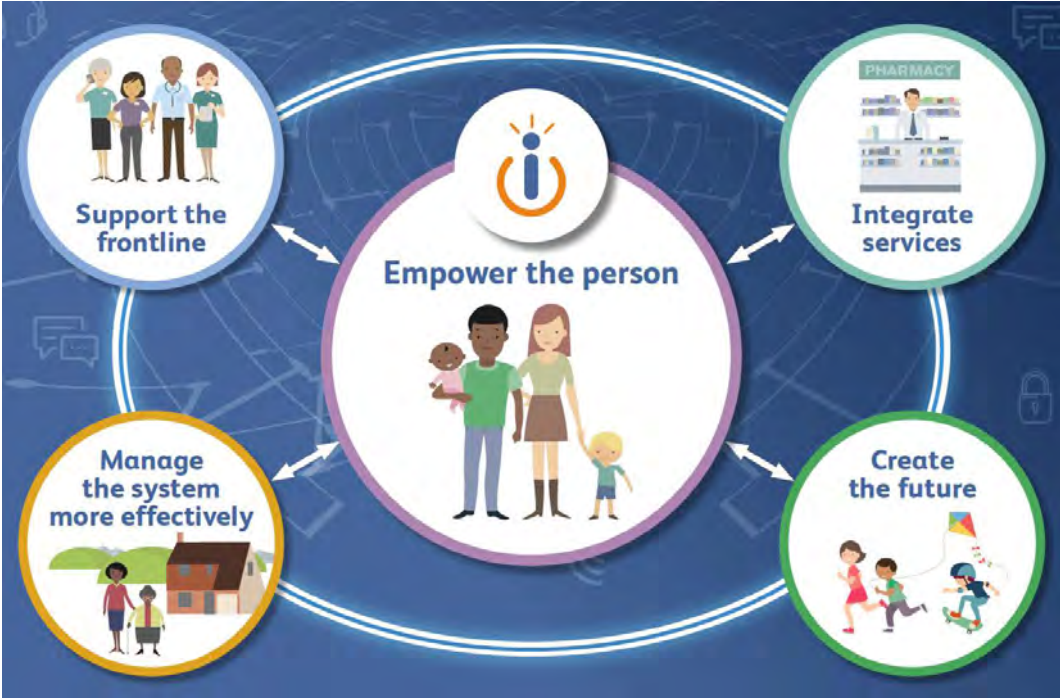
The NHS Long Term Plan commits all NHS bodies to focus on digital transformation by establishing a ‘digital front door’, enabling patients to be able to engage in ‘digital first care’. The NHS App is one example of this, providing patients with a simple and secure way to access NHS services on their smartphone.

NHS Planning Guidance requires that at least 25% of all clinically necessary outpatient appointments should be delivered remotely by telephone or video consultation. Streamlining and digitising administrative functions reduces paper waste and expedites processes.

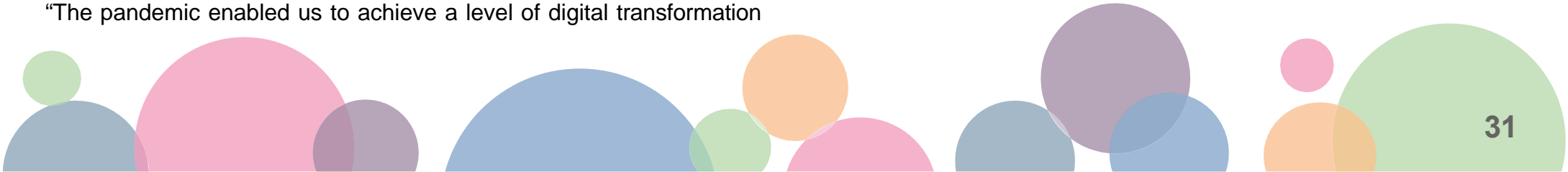
The Government’s Greening ICT and Digital Services Strategy 2020-2025 is also taken into consideration when looking at the improvement of our digital care services.

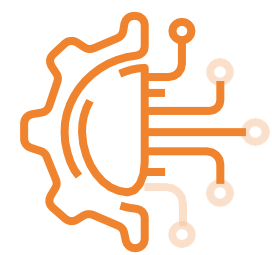
The What Good Looks Like (WGLL) framework describes how arrangements across our region can support success. There are seven success measures: well-led, ensure smart foundations, safe practice, support people, empower citizens, improve care, and healthy populations.

The framework summarises the NHS’s current digital position as follows: “The pandemic enabled us to achieve a level of digital transformation



Five interconnected themes as sourced from ‘Our Digital Future’ strategy.





that might have otherwise taken several years. As we move into the recovery period, it is critical that we build on the progress we've made and ensure that all health and care providers have a strong foundation in digital practice.”

Across Lancashire and South Cumbria, we are working towards becoming a digitally enabled and digitally mature system, where infrastructure and technology effectively and efficiently connect our people, places and services together. We will have an integrated digital platform which is accessible and usable, with effective systems, technology and equipment to support future health services provision, and management and prevention for everyone, everywhere.

We have commissioned ORCHA to provide a library of independently reviewed apps at lancashire.orch.co.uk. ORCHA carries out independent and impartial reviews of health and care apps, meaning that each app that appears on this site has undergone a rigorous review process that scores them according to their clinical assurance, data privacy and user experience.

The apps library includes apps designed to help with:

- Self-care, managing anxiety, and wellbeing for all.
- Management of diabetes, respiratory and heart condition symptoms.
- Supporting people to self-manage will empower people to stay well and monitor their illness or condition; this has been shown to improve healthcare outcomes.

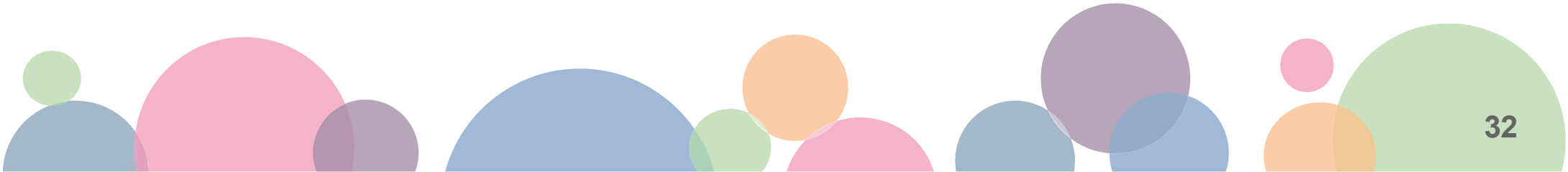
A common electronic patient record (EPR) will be developed to improve access and improve our pathways to benefit our patients and our staff. We will develop a clinically shared and person-held records system to enable the flexibility to be able to access patient records and data

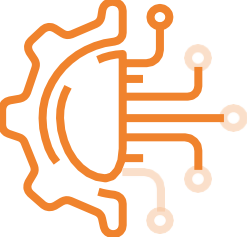
anywhere, at any time, on any device. We are also developing a common system roadmap to support our digital journey towards cloud-based and internet-first services. Our Health Infrastructure Strategy details a number of estates-oriented digital strategies that are currently being investigated, such as virtual reality, robotic surgery aids, personalised medicine tailored to genetic makeup, and the integration of artificial intelligence into clinical care.

The ICB is currently using Smartsheet software to record and present progress across all active and proposed strategies, using issue logs to record barriers to project completion, and assign a responsible person to action those barriers. The Action Plan tables within this Green Plan have been designed to transition into Smartsheets to track their progress as actions advance.

We will work collaboratively across our organisations to ensure that patients and staff receive a consistently high standard of care and access to that care.

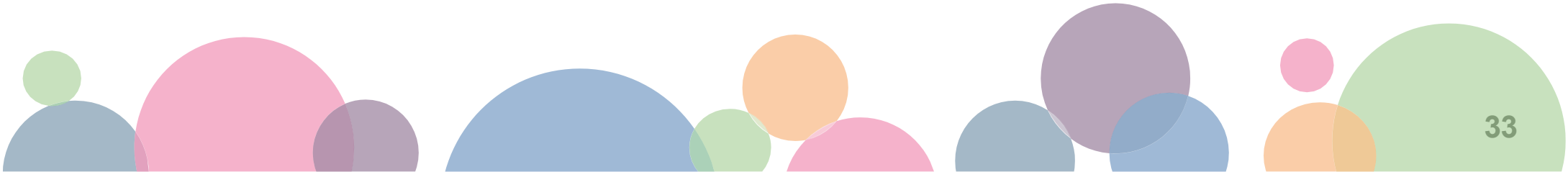
Our continued transition to virtual communication will have a significant positive impact on emissions related to staff, patient and visitor travel to and from our healthcare sites and clinics, with digital consultations and meetings meaning healthcare providers and their patients are not only reducing their commuting patterns, but also reducing inpatient numbers to site.





Digital Transformation Action Plan

No	L&SC ICB Green Plan Actions	Target Year	Progress	Cost to achieve	Emissions reduction	Responsible lead/dept.
1	Develop an ICB Digital Transformation Plan that incorporates the What Good Looks Like framework, and is shared with place based partnerships.	23/24		£	⊗	ICB
2	Collaborate with our partners to improve digital literacy across the region in order to reduce levels of digital exclusion.	23/24		£	⊗	ICB
3	Support Trusts to deliver more virtual outpatient appointments: reach the 25% target.	24/25		£	☁	ICB
4	Support the PCNs to significantly increase the use on online consultations, as part of embedding total triage.	24/25		£	☁	ICB





Travel and Transport

The NHS Net Zero plan calculates that reaching UK ambitions on emissions reductions in line with Paris Agreement targets could save 38,000 lives with improved air quality: air quality forms a direct link between climate change and health outcomes.

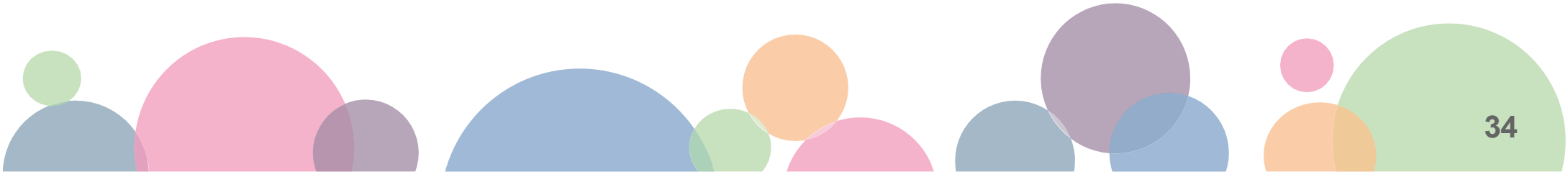
According to the World Health Organisation (WHO), poor air quality leads to over 7 million deaths globally and that 9 out of 10 people worldwide breathe polluted air.

The map displays the average PM10 (particulate matter) concentrations across Lancashire & South Cumbria in 2019. PM10 describes inhalable particles, with diameters that are 10 micrometers or smaller. This is a commonly used proxy indicator for air pollution, as it affects people's health to a higher degree than any other pollutant.

Thanks to its rural geography, South Cumbria has relatively low pollution levels when compared with Lancashire. Lancashire displays several pollution hot-spots as the urban landscape intensifies in the south.



PM10 concentrations across Lancashire & South Cumbria, using data from the ['Access To Healthy Assets and Hazards'](#) framework. (SHAPE Atlas tool, 2021)



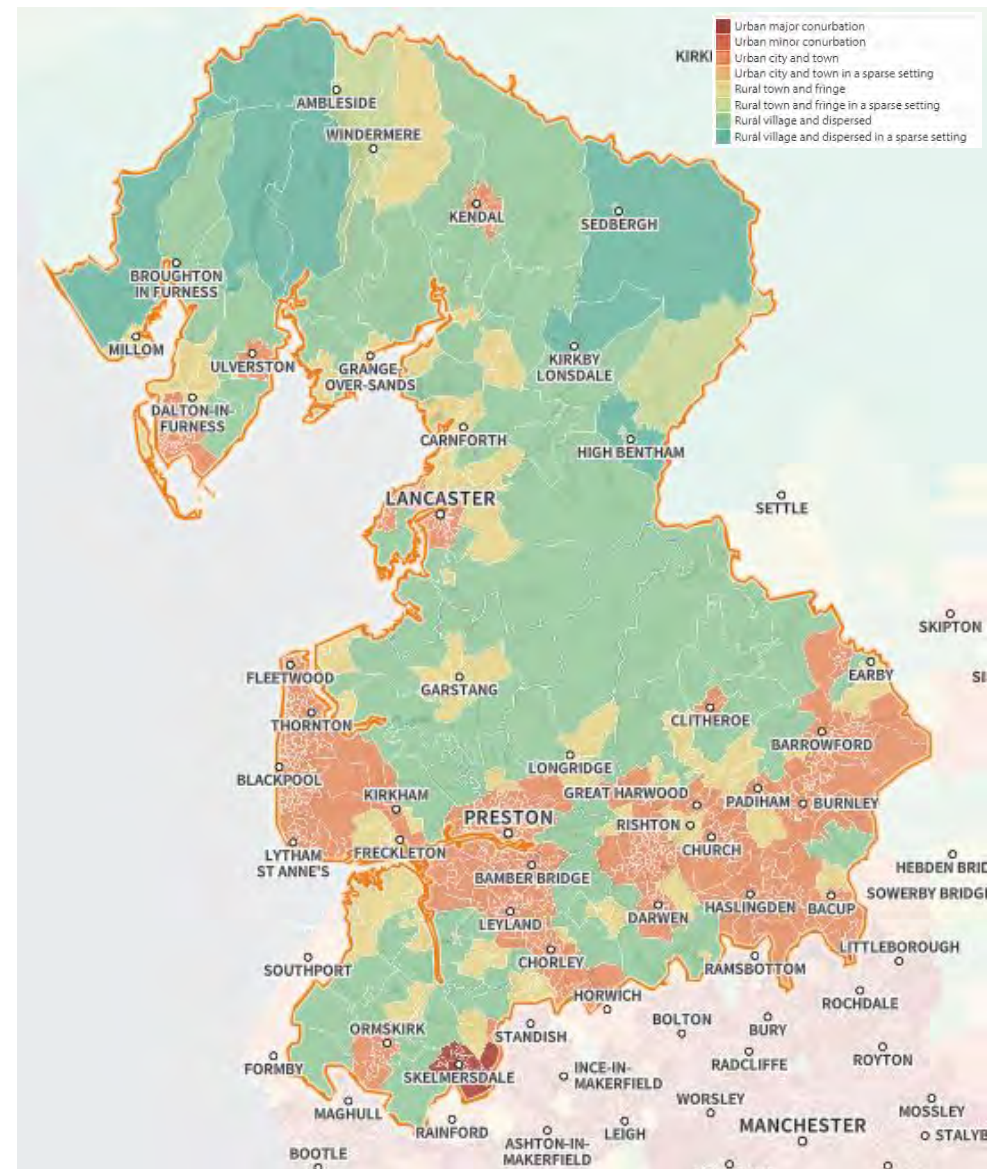


Travel is a key contributor to air pollution, and with as many as 1 in 20 road journeys in the UK attributable to the NHS, systematic intervention alongside local authority partners has the potential to have an

enormous impact on our communities' air quality, and therefore their health outcomes. Several borough councils have an air quality report published annually, which could be integrated into a larger regional Travel Plan going forward.

Our ICB commits to tackle this issue through investment and engagement with staff, patients and our partner local authorities. We will give special consideration to the air quality across Lancashire and South Cumbria, and aim to mitigate the impacts whilst contributing to a reduction in air pollution across the region.

The map on the right illustrates the rural-urban split across our region, and when put against the pollution map above, it displays a strong correlation between urban areas and higher pollution levels. While urbanisation in the south seems to elicit higher levels of pollution, the rurality of the north also has detrimental impacts on our healthcare landscape.



The rural/urban classification of Lower Super Output Areas (LSOA) across Lancashire and South Cumbria, using data from the Office for National Statistics (ONS). (SHAPE Atlas tool, 2021)



Public transport

As an alternative to private travel, public transport links are a vital part of revolutionising the way we move between places. Rural populations tend to be

more reliant on private travel, due to less accessible public transport routes to and from work. In theory, bus and rail travel allows staff, patients and visitors that live far away from our sites to travel in a more sustainable manner, however in order to replicate this benefit across all rural settings, new travel infrastructure is required.

We can help to develop this infrastructure through our partnerships with local authorities, with the overall aim of providing every commuter across Lancashire & South Cumbria with a safe, reliable public transport route, reducing the number of polluting vehicles on the road.

A joint [Bus Service Improvement Plan](#) has been produced which currently covers Lancashire County Council (LCC) and Blackburn with Darwin council areas. If scaled up it could potentially have a big impact on regional commuting patterns.

The fragmented nature of the bus networks across our region means that our infrastructure plans will take time to implement. In the interim, other strategies must be put in place to reduce transport emissions.

One such strategy is to introduce incentives for car sharing for staff. At secondary care level, this option is currently being discussed, with potential to partner with a car share app that matches members of staff by their location and work schedules. Each shared journey would then provide the user with a monthly report of their carbon savings. As an incentive, priority parking spaces could be introduced. This project is easily scalable across the ICB and our partners, with car sharing lanes a potential regional initiative.





Electric vehicles (EV)

Before making decisions regarding NHS fleet, NHSEI has suggested that secondary care providers undertake green fleet reviews to identify any petrol/

diesel cars that are underutilised and can be removed from the fleet.

Once this has been done, appropriate transitions can be made to Ultra Low Emission Vehicles (ULEVs) and Zero Emission Vehicles (ZEVs).

To date, Lancashire County Council (LCC) have installed [150 public charge points](#) on highways and in council car parks. Charging infrastructure is a potential barrier to encouraging electric vehicle uptake by patients, visitors, and staff.

Lancashire & South Cumbria is a relatively rural region, which means that for some members of the population, EV charging access is disparate.

By partnering with local council, we seek to improve the region's charging infrastructure. LCC are beginning to scope for a commission to develop an EV Infrastructure Strategy for Lancashire to inform future direction.





Active travel

Travel on bikes and on foot produces the fewest carbon emissions in addition to being the lowest cost to the user as a method of transport, making active travel a key focus for decarbonisation of travel.

There are some barriers to active travel that can be addressed from an ICB perspective. Cycle lanes and street lights are important as they ensure that cyclists feel safe on the roads.

The rural nature of Lancashire could potentially create an issue, which could be addressed through collaboration with Lancashire County Council. Alongside introducing more cycle routes across the region, improving awareness of existing cycle routes is also an important step towards encouraging more active travel.

At our sites active travel can be addressed using a number of methods. Cycle-to-work salary sacrifice schemes are an example of this, the uptake of which can be encouraged through implementation of lockers and showers, and by offering repair sessions like Dr Bike.

Another consideration is making e-bikes available through these schemes, as some staff members may have longer distances to travel than others.

In order to facilitate the transition away from transport emissions, it is vital that we encourage staff and patients to travel on bike or foot instead of by car whenever possible. Not only will promoting active travel have an impact on emissions, but will also provide a source of exercise, promoting a healthier lifestyle.





Travel plans

Travel surveys can be used to inform travel planning, as collecting data on cycling, public transport, electric vehicle use and car sharing can give a more accurate picture of travel and transport emissions.

Several secondary care travel plans were put on hold due to the fluctuations in travel patterns during the height of the pandemic, so the ICB is well placed to provide support for the development of these in the near future, and facilitate shared learning across the ICB.

We will continue to review efficiencies on transport, travel and fleet. Shifting ways of working during the pandemic has reduced commuting and we would expect a return to work for office-based staff to continue to be on a hybrid basis into the future.





We will review and where necessary update our clinical strategies for hospital, non-hospital and primary care to minimise patient and staff travel. We will actively promote 100% electric vehicles. Our travel, transport, and staff benefits arrangements will be adjusted over time to maintain alignment with [national targets](#) on the removal and reduced availability of petrol and diesel vehicles by 2030.

We will support with access to EV funding, to ensure there is sufficient EV charging capability for vehicles across our sites, including where relevant the new electric ambulances that North West Ambulance Service (NWAS) have introduced.











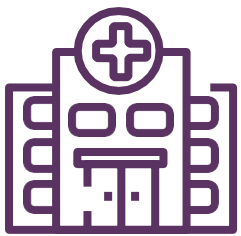
Travel and Transport Action Plan

No	L&SC ICB Green Plan Actions	Target Year	Progress	Cost to achieve	Emissions reduction	Responsible lead/dept.
1	Support Trusts and ICB partners improve and maintain secure storage facilities and safe travel routes for cyclists / walkers.	23/24		£		ICB
2	Work with local authorities and transport providers to improve public transport links and access to healthcare sites.	23/24		£		ICB
3	Support Trusts as they create Travel Plans, assign Travel Plan leads, and undertake annual Travel Plan surveys.	23/24		£		ICB
4	Create an ICB Travel Plan, conjoining Trust, local authority, and other partner Travel Plans with ICB responsibilities for non-emergency patient transport improvement.	24/25		£		ICB





No	L&SC ICB Green Plan Actions	Target Year	Progress	Cost to achieve	Emissions reduction	Responsible lead/dept.
5	Work with local authorities to improve EV charging infrastructure.	24/25		£		ICB
6	Assist member organisations in accessing EV charging funds/grant schemes and improving EV charging infrastructure.	24/25		£		ICB
7	Work with local authorities to improve/create cycle lanes in relation to accessing healthcare sites.	24/25		£		ICB
8	Work with local authorities to explore introducing a region-wide car sharing scheme.	24/25		£		ICB
9	Working with local transport providers, assist Trusts and partners to embed salary sacrifice season ticket schemes.	24/25		£		ICB
10	Explore whether public transport reimbursement schemes can be introduced at ICB level.	24/25		£		ICB



Estates and Facilities

The carbon footprint across the built environment of the ICB is significant. Overall, the health and care system in England is responsible for an estimated 4% of the country's carbon emissions.

Our ICB member organisations provide important services across numerous sites, meaning that our energy and resource consumptions are substantial. Therefore, we need to optimise energy use in our buildings and move away from using fossil fuels to meet NHS Net Zero goals.

Building energy, water and waste account for 15% of the NHS total Carbon footprint. Our estate comprises a mixture of buildings of different types, ages and usage, which presents challenges to retrofitting, resource efficiency measures and heating improvements. Within the primary care estate there is fragmented ownership across individual GPs, GP partnerships, the private sector, NHS Property Services, and Community Health Partnerships. This presents challenges in the decarbonisation of the estate.

A potential method to reduce the environmental impact of our estate is improving utilisation of space which can reduce running costs and potentially free up surplus land. One programme aimed at achieving this is One Public Estate (OPE), a collaboration between the Local Government Association (LGA) and the Cabinet Office's Government Property Unit.



OPE is a programme geared towards supporting locally-led partnerships of public sector bodies to collaborate on public service delivery strategies and estate needs. OPE has set a new goal to encourage partnerships between NHS organisations and councils.





Councils are seen by OPE as important public sector partners for this work because they can concentrate on building houses while the NHS can offer to sell the spare land. Back in 2017, an OPE case study was undertaken in Lancashire, looking into the challenge of providing better services against a

background of public and health sector reform, whilst improving the satisfaction of our growing local communities. Our ICB is primed to facilitate similar OPE projects in our region that have the potential to create new, consolidated health hubs, generating their own centres of economic growth.

The NHS in England is facing growing financial and service pressures at a time of rising demand. [‘Placed-Based Systems of Care: a way forward for the NHS in England’](#) proposes an approach to tackling these challenges. It argues that NHS organisations need to move away from a ‘fortress mentality’ whereby they act to secure their own individual interests and future, and instead establish place-based ‘systems of care’ in which they collaborate with other NHS organisations and services to address the challenges and improve the health of the populations they serve.

Our approach to our estate and regional infrastructure is detailed in our Health Infrastructure Strategy, where we will be following our five-step estates vision:



We have commissioned a decarbonisation review of all our hospital sites across Lancashire and South Cumbria. At date of publication, 9 sites have been completed, 4 are in progress and 3 in planning. From this review, we should understand the cost and complexity of the challenge and the impact of additional electrical requirements per site as our existing gas and oil boiler plant is decommissioned. We need commitments from the electricity grid providers to service the new hospital demand as the sites infrastructure is adapted to be Net Zero.

Where we lease estate, we will engage with landlords and the NHS property companies to understand their own net-zero plans and investment strategies and to ensure they are taking responsibility for their estate.

One potential energy solution for the decarbonisation of electricity and heat is the use of decentralised energy networks. The government’s [Heat Networks project pipeline July to September 2021](#) shows Blackburn with Darwen borough council as the project sponsor for heat networks in Blackburn Town Centre, Shadsworth Industrial Estate and Daisyfield.

[A media report from October 2021](#) states that Lancaster city centre, south and east Lancaster, Morecambe and Bailrigg are some of the areas identified as having the potential for new heating networks. New buildings across the region will take these considerations into account.





Lancaster City Council's cabinet has agreed to support funding towards a detailed feasibility study about developing a number of local 'energy clusters', and have agreed to pay £40,000 towards a follow-up

detailed feasibility study by the Government's Department for Business, Energy and Industrial Strategy into the district. At secondary care level, electrically powered heating systems, heat pumps, and infrared heating can be explored and implemented through a decarbonisation of heat plan.

Our secondary care providers are encouraged to procure 100% renewable electricity, and at present, all but one Trust are doing so, with the remaining Trust committed to doing the same once their current energy contract ends. To go a step beyond, the procurement of green gas can also be explored by the ICB.

Decreasing energy consumption can help to reduce the associated cost of divesting from fossil fuel energy, which can be done through detailed building energy surveys. These can provide robust energy efficiency recommendations at each of our sites, building upon the estates reviews currently being undertaken.

On-site renewable energy systems such as solar photovoltaics and integrated large battery storage technologies can also be used to decarbonise and provide additional resilience in the event of a power outage.

Current works to develop and implement decarbonisation strategies across all our hospitals are underway, through a collaboration with Ramboll. These large-scale projects are set to be complete by the end of the financial year 2022/23, reducing our building energy emissions dramatically and transitioning our buildings to renewable energy supplies.








Estates and Facilities Action Plan

No	L&SC ICB Green Plan Actions	Target Year	Progress	Cost to achieve	Emissions reduction	Responsible lead/dept.
1	Optimisation of the estate through a reduction in void costs and rationalisation.	23/24		£		ICB
2	Discuss the submission of ICB and Trust carbon footprints to Lancashire County Council to be included in a unified regional carbon footprint.	23/24		£		ICB
3	Engage stakeholders and the wider community to develop an Estates Strategy.	23/24		£		ICB



Building Energy Action Plan

No	L&SC ICB Green Plan Actions	Target Year	Progress	Cost to achieve	Emissions reduction	Responsible lead/dept.
1	Work with partners to develop Community Renewable Energy initiatives.	23/24		£		ICB
2	Explore the procurement of Green Gas across the ICB.	24/25		£		ICB
3	Collate information across the Primary Care estate such as buildings owned, age and condition, energy and resource consumption.	24/25		£		ICB

Capital Projects



The Built Environment of the NHS influences both the quality of our care and our environmental impact.

How we design and construct our buildings in the future will play a decisive role in our collective ability to achieve net zero. Buildings have significant environmental impacts in terms of emissions resulting from the use of gas, electricity and water. Improving the energy efficiency of a building is pivotal to reducing these impacts, as detailed in the previous section.

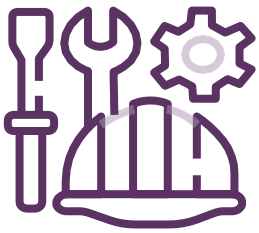
However, there are embodied carbon emissions within materials, such as cements, steel and glass which are used in the construction of buildings. These indirect 'Scope 3' emissions are generally much greater than emissions caused by the operation of a building. We can explore how these embodied emissions can be reduced alongside our local authority partners.

Cement and concrete production on its own accounts for a huge 8% of all global greenhouse gas emissions from all sources, according to the Dutch Environmental Assessment Agency.

The ICB's plans will focus on the reduction of building emissions from all sources, and achieving Building Research Establishment Environmental Assessment Method's (BREEAM) 'Excellent' or above ratings for all future construction and retrofitting projects.

Going forward, we will also consider the use of technical studies such as electrical load analysis in order to fully electrify our sites, building on the current decarbonisation works being undertaken across our sites.



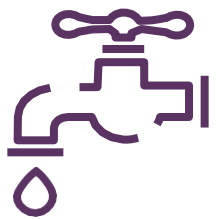


Capital Projects Action Plan

No	L&SC ICB Green Plan Actions	Target Year	Progress	Cost to achieve	Emissions reduction	Responsible lead/dept.
1	Explore how to connect new buildings to existing district heat networks.	23/24		£		ICB
2	Implement the upcoming Net Zero Hospital Building Standard in any new builds and BREEAM 'Excellent' for any major refurbishments.	23/24		£		ICB
3	Where appropriate, retrofit existing buildings to increase energy efficiency.	24/25		£		ICB
4	Ensure capital development accounts for risks identified in climate adaptation plans and addresses these in design/delivery.	23/24		£		ICB



No	L&SC ICB Green Plan Actions	Target Year	Progress	Cost to achieve	Emissions reduction	Responsible lead/dept.
5	Work with our Procurement team to ensure PPN06/20 (minimum 10% weighing for social value in procurement) and PPN06/21 (carbon reduction plan in place for contracts above £5 million) are compliant.	24/25		£		ICB
6	Support our member organisations in accessing funding for ambitious and sustainable new projects.	24/25		£		ICB
7	Explore options to achieve emissions reductions in smaller works and projects across the primary and secondary care estate.	24/25		£		ICB
8	Encourage partners to swap out fossil fuel boilers for heat pumps, consistent with maintenance schedules and technical feasibility studies.	25/26		£		ICB



Water



Water is typically a low percentage of an ICS's total emissions, although reducing water consumption is a small step in the direction of reaching Net Zero whilst being in line with the UN SDGs.

Where water becomes a significant healthcare barrier is when looking at how global warming will increase pressure on clean water supplies. Sustainable water usage will be an important way for the NHS to adapt to climate change.

As a leak prevention measure, the installation of Automatic Meter Readers (AMRs) to water networks across our primary and secondary care estate will improve water efficiency.

This will help our member organisations to pinpoint areas of high water usage, understand how and where water is being used, locate leaks and take remedial action.

Water conservation and sustainable drainage shall also be explored, helping reduce water stress and potentially alleviate flooding by mitigating surface water run-off in storm events.





Water Action Plan

No	L&SC ICB Green Plan Actions	Target Year	Progress	Cost to achieve	Emissions reduction	Responsible lead/dept.
1	Assist member organisations to develop Water Management Plans.	24/25		£		ICB
2	Assist member organisations in including the importance of water efficiency in general comms material.	24/25		£		ICB
3	Explore and implement water efficiency targets on areas of the highest impact across our member organisation.	24/25		£		ICB
4	Incorporate water efficiency measures within any future climate change adaptation work with the local community.	24/25		£		ICB



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A high waste output can contribute considerably to our total carbon footprint. The most effective way of reducing waste emissions is by following the waste hierarchy: Avoid, Reduce, Reuse, Recycle and Recovery.

- Avoid: Continue to use items for as long as possible, and only purchase new items when necessary.
- Reduce: Decrease the disposal of items by reusing and redistributing products.
- Reuse: Reclaim medical equipment after use by patients.
- Recycle: Increase recycling rates through staff awareness campaigns and by implementing more dry mixed recycling bins.
- Recovery: Recover energy from waste by converting it to Refuse Derived Fuel (RDF).

These principles must be embedded across the ICB and it's partners' estates, especially at primary and secondary care level.

The ICB as an anchor institution also has a duty to facilitate the move to a circular economy, continuously reducing waste and increasing what we can reuse. Current plans include an initiative called 'WARP IT', which will increase the reuse of equipment and supplies, supported by the Commissioning Collaborative Board (CCB).





Waste Action Plan

No	L&SC ICB Green Plan Actions	Target Year	Progress	Cost to achieve	Emissions reduction	Responsible lead/dept.
1	Investigate whether economies of scale can be achieved through the consolidation of waste contracts of our member organisations.	24/25		£		ICB
2	Reduce the use of PPE, while exploring whether reusable alternatives to single-use PPE items (aprons, wipes, face masks) are clinically more appropriate across the ICB.	24/25		£		ICB
3	Encourage member organisations to communicate the importance of waste segregation to staff and visitors.	24/25		£		ICB
4	Explore whether a joint regional recycling campaign could be used to encourage recycling across L&SC.	24/25		£		ICB



Green Space and Biodiversity

“Access to greenspaces have positive mental and physical health impacts, and these beneficial effects are greatest for those from socioeconomically disadvantaged groups. However, these groups also have the least access to greenspaces.” – Delivering a Net Zero NHS

The widespread benefits of improving our green spaces, and the biodiversity of flora and fauna that live within them are self-evident. Not only is the conservation of wildlife habitats crucial to maintain the stability of food chains and the pollination of foodstuffs, the impact of green space accessibility on our health and wellbeing is extensive.

Having outdoor spaces where communities can escape to be at peace, or congregate for social interaction, are crucial when trying to achieve sustainable development at place-level. As a region, growing our green spaces can have a significant impact on air quality, as well as carbon dioxide absorption rates, in turn slowing the impacts of climate change.

Our ICB will consider opportunities and barriers for biodiversity in the areas we operate, and look to develop strategies to improve our priority habitats: lowland mixed deciduous woodland, traditional orchards, wet woodland, wood-pasture and parkland. The [Lancashire woodland vision](#) provides information and guidance regarding new woodland planting and woodland management in the context of the Lancashire landscape strategy.

Lancashire County Council has strategic environmental projects at the [Chisnall Hall Colliery site](#) and at [Midgeland Farm landfill site](#), Blackpool, and is also taking action in respect of [Ash Die Back](#).



At a secondary care level, efforts to improve green spaces are already underway, with projects such as the award-winning ['Grow Your Own'](#) initiative at LSCFT's Guild Park site, where collaboration between staff and patients has led to their green spaces being furnished with flowers and organic produce.





Green Space and Biodiversity Action Plan

No	L&SC ICB Green Plan Actions	Target Year	Progress	Cost to achieve	Emissions reduction	Responsible lead/dept.
1	Working with partners such as NHS Forest and Lancashire Wildlife Trust to develop further biodiversity and greenspace initiatives across the ICB.	23/24		£		ICB
2	Create an ICB Biodiversity and Greenspace Plan.	23/24		£		ICB
3	Facilitate biodiversity working groups within member and partner organisations to facilitate collaborative working.	23/24		£		ICB
4	Through carrying out building surveys, explore whether green roofs could be implemented on buildings across the ICB.	24/25		£		ICB
5	Engage VCFSE partners to develop biodiversity awareness training programmes.	24/25		£		ICB



The Long Term Plan commits the NHS to reduce greenhouse gas (GHG) emissions from anaesthetic gases by 40% (which on its own could represent 2% of the overall NHS England carbon footprint reduction target that the NHS must meet under [Climate Change Act](#) commitments) and significantly reduce GHG emissions by switching to lower global warming potential (GWP) inhalers.

We will support our member organisations in achieving these commitments across the region. Prescriptions written by GPs and filled by community pharmacies mean that primary care has an important role to play in the area of medicines.

Across medicines there will be a move away from polypharmacy, towards self-care and social prescribing to prevent medicines waste. This includes patients taking responsibility for ordering their own medication. It is important that our regional communications on this topic aligns with the rest of the NHS.

Nitrous Oxide

There are innovations in capturing and catabolising exhaled nitrous oxide (N₂O), including 'cracking' devices. Such devices are being trialled by secondary care providers in other regions, and if rolled out, will dramatically reduce the amount of N₂O leaking into the atmosphere. Furthermore, nitrous oxide use is steadily falling in surgery, as more efficacious anaesthetic and analgesic agents are superseding its use. However, Entonox™ still plays an important role in maternity.





Methoxyflurane (Penthrox™) pen-inhalers can be used instead of nitrous oxide to treat moderate to severe pain associated with trauma.

Methoxyflurane can be self-administered under medical supervision, in a similar fashion to nitrous oxide. It has a lower GWP than nitrous oxide, and switching to methoxyflurane would lessen emissions at point-of-use.

However, this comes at a cost, as methoxyflurane is delivered in non-reusable 3ml inhaler pens, creating additional non-recyclable waste.

Desflurane

Desflurane is a fluorinated volatile anaesthetic. Like many fluorinated compounds (such as refrigerants and propellants), it has a very high GWP. Desflurane has a GWP rating of 2,540, meaning it's 2540 times more potent as a greenhouse gas than carbon dioxide. Other volatile anaesthetics such as sevoflurane and isoflurane have far lower GWP ratings, 130 and 510 respectively. Shifting away from desflurane to these alternatives will significantly reduce emissions. However, both sevoflurane and isoflurane use will still have an impact on the atmosphere.

The [NHS Standard Contract 2022/23](#) and engagement efforts with clinicians have targeted a reduction of desflurane as a percentage of all volatile gas use by volume. The use of desflurane across the ICB is currently 3% of volatile anaesthetic gases, against a target of 5% by the end of Q3 22/23.

Inhalers

Inhalers help to open the airways and allow more air to move in and out of the lungs, helping people with asthma to breathe during asthma attacks. Asthma and other breathing related health issues can often be attributed to air pollution, which this plan is seeking to reduce.

If 30% of all inhalers prescribed across NHS England were Dry Powder Inhalers (DPIs), this would potentially save 374 ktCO₂e per year, according to the [NHS Net Zero report](#). [New Impact and Investment Fund \(IIF\)](#) indicators have been released, which provide an additional steer on prescribing lower-carbon inhalers.

Dry-powder inhalers are an appropriate choice for many patients and contain as little as 4% of the GHGs emissions per dose compared with metered-dose inhalers (MDIs).

Fluorinated gases in MDIs mean that each 10ml to 19ml inhaler canister has the equivalent emissions of 30 to 80kg of carbon dioxide.

We will need to work with our PCNs to reduce inhaler emissions across the region, including the use of inhaler return schemes. When inhalers decompose in landfill, the potent greenhouse gases in the canisters are released into the atmosphere; If all inhalers in the UK were returned for safe disposal, the NHS could save around 512,330 tCO₂e.



Medicines Action Plan

No	L&SC ICB Green Plan Actions	Target Year	Progress	Cost to achieve	Emissions reduction	Responsible lead/dept.
1	Establish a region-wide inhaler disposal scheme across primary care.	23/24		£		ICB
2	Establish Green Inhaler guidance and training across the region for primary and secondary care.	23/24		£		ICB
3	Support Trusts to develop plans to optimise and reduce waste from N ₂ O.	24/25		£		ICB
4	Collate carbon emission information for inhalers available via open prescribing and report prescriptions and emissions quarterly.	24/25		£	⊗	ICB
5	Review emission data in the Primary care dashboard, being developed by the national Greener NHS medicines team, to identify PCN regions that require extra support.	24/25		£	⊗	ICB
6	Request nitrous oxide use data and emissions from each dentistry to identify system waste.	25/26		£	⊗	ICB



Supply Chain and Procurement



The NHS is a major purchaser of goods and services, with NHS England alone procuring around £30 billion of goods and services annually. Procurement has major potential social, economic, and environmental impacts both locally and globally.

This includes the use of local suppliers, the climate performance of our equipment and estate, and preventing modern slavery in supply chains. An ICB has a pivotal role in developing sustainable procurement practices within the ICB and our partner organisations, most importantly secondary care level provider Lancashire Procurement Cluster (LPC).

Within the ICB, most items and services are procured through centralised NHS/government frameworks, such as the NHS Supply Chain. These centralised frameworks already provide best value through bulk purchasing power and consolidation of orders.

There is latitude to join forces with other public bodies and partner organisations like the LPC to increase buying power; achieving better economies of scale and influence over the environmental and social aspects of specialist and local products and services procured via the tendering process.

We are committed to engaging with our suppliers to meet Green Plan targets and support the sustainable procurement objectives of NHS England wherever practicable. We can support partner organisations enhance their own sustainable procurement practices and potentially create an ICB-wide sustainable procurement strategy that all partner agencies can use.





The NHS, in line with recent government requirements, is mandated to adopt new social value and environmental standards now and in the future. The Evergreen Sustainable Supplier Framework

was launched in January 2022, and from April 2022, all NHS tenders will include a minimum 10% net zero and social value weighting ([as per Policy Procurement Note 06/20](#)).

From April 2023, contracts above £5 million will require suppliers to publish a carbon reduction plan for their direct emissions as a qualifying criterion ([as per Policy Procurement Note 06/21](#)).

By 2030, all suppliers will be required to demonstrate progress in-line with the NHS' net zero targets, through published progress reports and continued carbon emissions reporting.

These additional requirements will enable us to determine the carbon and social impact of the products and services we buy more accurately, and ensure suppliers are reducing the emissions associated with their operations and products.

In the interim, we will explore ways to reduce single-use plastic items and research how we can incorporate reusable items such as masks and aprons into our clinical practice. These products are currently purchased through the NHS Supply Chain, which holds the ambition to reduce plastics across the value chain. This will help our ICB to facilitate the move away from a linear economy to a circular economy.

Product Retainment and Lifecycle Extension

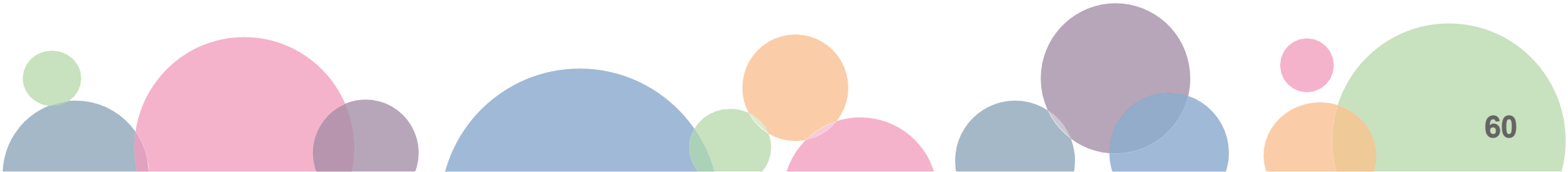
Ensuring best value for money and robust social and environmental benefits in our procurement processes will remain a core principle for the wider NHS and across the region.

Product lifecycle analysis will ensure products are kept in service for as long as possible, and maintenance and repairability, fundamental to a circular economy, drives down waste and may have economic benefits in the medium to long term.

NHS Trusts already maintain critical care medical products in good working order, as per the manufacturer's and the Medical and Healthcare Products Regulatory Agency's (MHRA) guidance. Only when an item is no longer supported by the manufacturer, or is beyond economic repair, are items considered for disposal.

NHS England Sustainable Procurement Objectives		
Net Zero	Modern Slavery	Social Value
Achieve the NHS Supply Chain Net Zero Targets	Eliminate Modern Slavery in the NHS supply chain both domestically and abroad	Ensure NHS procurement is a force for good helping local economies and improves wider determinants of health

Official NHS Sustainable Procurement Objectives Source: NHS website





However, items such as mobility aids walking frames, crutches and walking sticks, given to outpatients often are never returned to the issuing authority. This has a financial impact, as new items are continually

procured to make up the loss, but also environmental impacts – the resources being used in the manufacture of equipment and the incorrect disposal of ‘waste’ mobility aids by the public.

Mobility aids are robust pieces of kit, with long service lives. Reclaiming, cleaning/refurbishing and reissuing mobility aids would negate useful items being scrapped. Furthermore, a pool of serviceable mobility aids could be used by partner organisations, with additional cost saving and social benefits for communities where care is delivered.

Lancashire Procurement Cluster (LPC)

The LPC provides procurement and logistic services for the three Acute Trusts in Lancashire. The Balanced Scorecard is the strategic performance management tool used to incentivise and manage performance of the LPC.

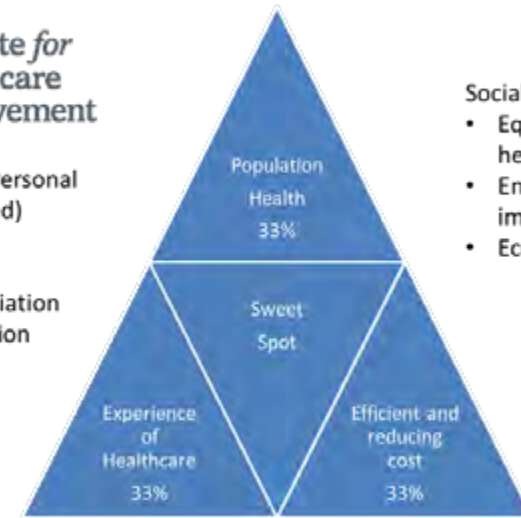
The advent of COVID-19 and the way in which it shone a light on embedded inequalities, as well as increasing recognition of the environmental crisis and global social movements such as Black Lives Matter, meant that a fundamental paradigm shift was required in the way in which procurement teams within the NHS are incentivised to perform.

To help secure a new way forward, and to identify a revised performance framework, the LPC has adopted the Institute of Healthcare Improvement’s (IHI) methodology of the [Triple Aim](#).



Safe, Effective and Personal Care (patient centred)

- Quality of care
- Reducing harm
- Unwarranted variation e.g. standardisation
- Stock security
- S4S



- Social Value
- Equitable access to healthcare
 - Environmental improvements
 - Economic Resilience

- Financial Measures
- Savings
 - Compliance
 - Timely - Process improvement

IHI's Triple Aims methodology





This idea has been further developed into the LPC's personal [Quadruple Aims methodology](#) for the delivery of procurement and logistics services. The fourth quadrant within the LPC model is given over

to staff, recognising that the service provided relies on the professional competency and positive attitude of the LPC team.

Key performance indicators (KPI) are allocated to each quadrant, with a target of 25 "points" per quadrant. The intention is to achieve 100% within the financial year meaning that a work programme is incentivised to create an equitable and balanced performance which delivers against strategic objectives of the Trusts.

The key to success is to ensure that activity in one quadrant, contributes to some or all, of the other quadrants. A practical illustration of this is the standardisation of orthopaedic implants across the ICB which means that quality can improve as well as delivering an overall reduction in costs.

Work has commenced to build on the work from 21/22, to articulate KPIs which demonstrate progress and focus for 2022/23.



LPC's Quadruple Aims methodology 2021/22

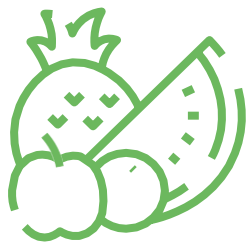


Supply Chain and Procurement Action Plan

No	L&SC ICB Green Plan Actions	Target Year	Progress	Cost to achieve	Emissions reduction	Responsible lead/dept.
1	Ensure ICB Procurement SRO uses the Risks & Issues Log Procurement tool	23/24		£	⊗	ICB
2	Encourage sustainability training for procurement specialists.	23/24		£	⊗	ICB
3	Encourage ICB / Trusts / partner members to have a Sustainable Procurement Policy.	23/24		£	⊗	ICB
4	Support the Lancashire Procurement Cluster in the fulfilment of their KPI targets.	23/24		£	⊗	ICB
5	Appoint an ICB Sustainable Procurement SRO.	24/25		£	⊗	ICB



No	L&SC ICB Green Plan Actions	Target Year	Progress	Cost to achieve	Emissions reduction	Responsible lead/dept.
6	Support the development of an ICB-wide ISO20400 Sustainable Procurement Strategy that all Trusts can use (possibly other ICP partners too).	24/25		£	⊗	ICB
7	Ensure that all Trusts run or have access to a walking aid refurbishment scheme.	24/25		£	⊗	ICB
8	Support the creation of a Sustainable Distribution Centre.	24/25		£	⊗	ICB
9	Set up a sustainable procurement working group.	24/25		£	⊗	ICB



Food and Nutrition



The NHS Long Term Plan commits us to promoting plant-forward diets and reducing unhealthy options like sugary drinks on NHS premises. Not only will these actions help prevent obesity and non-communicable disease, but they will also play a role in reducing our greenhouse gas emissions and environmental impact.

Food production accounts for up to 26% of global greenhouse gas emissions. While promoting healthier foods and reducing emissions, the NHS can also source more food from local and regional producers where possible, increasing the positive economic impact for our communities and reducing the emissions associated with food transport.

Progress on healthy food is most evident at local authority level. In Blackburn with Darwen's [Climate Emergency Action Plan December 2021](#), the Council pledges to raise awareness of, and seek to reduce, food waste, which accounts for c.40% of residual household waste in the borough, by:

- Exploring the delivery of the [ProVeg 'School Plates' programme](#) in education settings.
- Targeting those primary schools not yet signed up to the [Recipe 4 Health award](#).
- Planning and delivering a local Food Waste campaign.
- Delivering a pilot 'Natural Paths' environmental resilience programme focusing on reducing food waste and plastic pollution and increasing biodiversity.
- Delivery of the ['Give Up Loving Pop' campaign](#) in to 20 Year 3 classes which includes plastic pollution awareness.





In March 2022, residents in Heysham, Lancaster took part in a Lancaster City Council [food waste recycling trial](#) - The aim of the trial was to test the impact of additional food waste collections on the council's current waste and recycling services, and for the county council to test its sorting and composting process.

We will work to fulfil [Long Term Plan priorities](#) for food provision on our premises, promoting plant-forward diets, higher welfare and more sustainable food options, and supporting regional producers wherever we can.

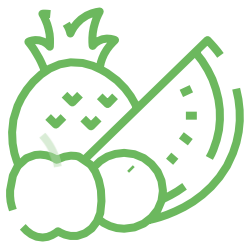
[In December 2021](#), the Department for Environment Food & Rural Affairs reported the percentage of people across the UK experiencing food insecurity was 8%, meaning that over 5 million people struggled to afford nutritious meals.

In Lancashire & South Cumbria, food poverty is a major socio-economic barrier to sustainable development, and the welfare of our communities, and yet it is not a common metric used in understanding the health and wellbeing of our region.

The pandemic has seen a sharp rise in the number of emergency food packages delivered to homes, which indicates that there is a disconnect between domestic locations and access to food stores. Under-provision of public transport systems in rural areas may be a major contributing factor to this, however extensive research needs to be undertaken to understand the relationships between food poverty, access to nutritious meals, food bank use, social deprivation, and transport networks.

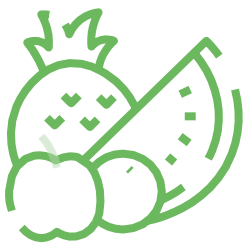
Collaboration with our place-based partnerships will be vital in undertaking this research, and achieving a better understanding how extensive food insecurity and food poverty is across Lancashire & South Cumbria.



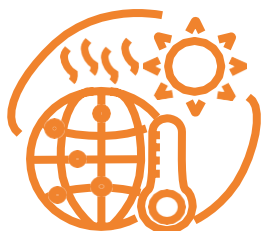


Food and Nutrition Action Plan

No	L&SC ICB Green Plan Actions	Target Year	Progress	Cost to achieve	Emissions reduction	Responsible lead/dept.
1	Promote plant-forward diets across the ICB.	24/25		£		ICB
2	Support implementation methods of measuring, monitoring and reducing food waste across our member organisations.	24/25		£		ICB
3	Support the roll out digital menus across our member organisations.	24/25		£		ICB
4	Interact with PBPs and VCFSEs to understand the causes and extent of food insecurity across the region.	24/25		£		ICB
5	Contribute to a review of food bank use and investigate patterns of food poverty.	24/25		£		ICB



No	L&SC ICB Green Plan Actions	Target Year	Progress	Cost to achieve	Emissions reduction	Responsible lead/dept.
6	Conduct a hospital food review using information gathered from Trusts via the Greener NHS quarterly data collection.	24/25		£	⊗	ICB
7	Establish Healthy Eating Partnerships with partner organisations and the council.	24/25		£	⊗	ICB
8	Explore whether food poverty projects alongside the council could be implemented.	24/25		£	⊗	ICB



Climate Adaptation



“As climate change accelerates globally, in England we are seeing direct and immediate consequences of heat waves and extreme weather on our patients, the public and the NHS. Adaptation is the process of adjusting our systems and infrastructure to continue to operate effectively while the climate changes. It is critical that the NHS can ensure both continuity of essential services, and a safe environment for patients and staff in even the most challenging times.”

- Greener NHS

Climate-related hazards that have been identified as posing a distinct threat to our region include sea level rise, an increase in seasonal extremes and rising temperatures. Heatwaves can cause significant health problems, particularly in elderly and vulnerable community demographics.

The low-lying coastal geology and extensive river networks of Lancashire & South Cumbria will contribute to exacerbating the effects of climatic changes. This makes the region susceptible to increased storm activity and associated rising sea levels. Flooding can cause damage to the estate; therefore, it is vital that developments across our ICB are resilient in nature.

To improve resilience across the region, it is imperative to integrate mitigation and adaptation climate policies, create a risk management process, and ensure that developments are aligned to latest climate projections.



Flood risk areas across Lancashire & South Cumbria (SHAPE Atlas tool, 2021)



The changing climate poses risks for vulnerable populations in our community, but also impacts the physical estates of our primary and secondary care providers, and our wider healthcare partners, their ability to operate, and their associated supply chain.

Climate change has serious implications for our health, wellbeing, livelihoods and society. Its direct effects result from rising temperatures and changes in the frequency and strength of storms, floods, droughts, and heatwaves — with physical and mental health consequences (The Lancet, 2017).

The NHS Long Term Plan reinforces the requirement to embed resilience and sustainability into our healthcare services. Climate change adaptation is critical to achieving this. The impacts of climate change on our health, services, infrastructure and our ability to cope with extreme weather events will place significant additional demands on our services in the future.

Local economies are also at risk; the implications of climate change on the fishing and cockle industries should be assessed, as should the implications on the marine environment and coastal structure. There are severe consequences of sea level rise and a need to understand coastal realignment.

The [Local Flood Risk Management Strategy for Lancashire](#) sets out how Lancashire County Council intends to work with partners, businesses and communities to manage the risk of flooding in Lancashire up to 2027.

Climate change adaptation in the NHS is about organisational resilience and the prevention of avoidable illness, embracing every opportunity to create a sustainable, healthy and resilient healthcare service. Reducing our impact on the environment may not only help to mitigate against

climate change, but reduce our organisational running costs, ensure business continuity, and reduce health inequalities. Above all, it's about ensuring that the NHS, our buildings, our services, our staff and our patients are prepared for what lies ahead.

As such, we will analyse climate change risks and develop actions for our care delivery, estate planning and management, including flood risks across our estate and service area.

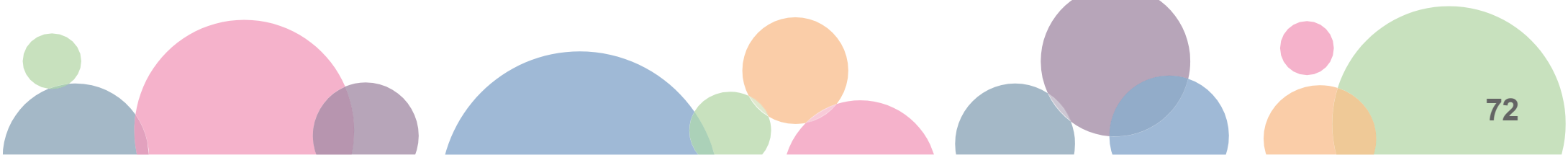
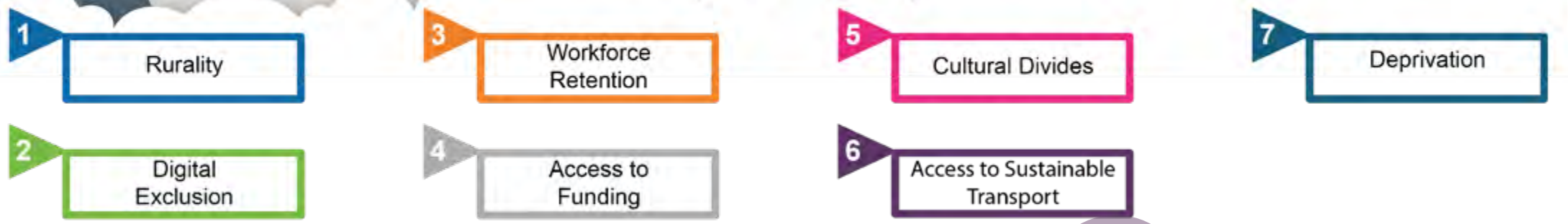




Climate Adaptation Action Plan

No	L&SC ICB Green Plan Actions	Target Year	Progress	Cost to achieve	Emissions reduction	Responsible lead/dept.
1	Develop an ICB-wide Climate Change Adaptation Plan.	23/24		£	⊗	ICB
2	Appoint an ICB Climate Change Adaptation Lead	23/24		£	⊗	ICB
3	Declare a Climate Emergency across the ICB.	23/24		£	⊗	ICB
4	Ensure Trust Estates Strategies incorporate Climate Change readiness and are actively assessing the built environment to make climate-ready upgrades	24/25		£	⊗	ICB
5	Ensure Trusts incorporate climate change as a risk in their Corporate Risk Registers	24/25		£	⊗	ICB
6	Ensure member and partner organisation adaptation strategies are aligned.	24/25		£	⊗	ICB
7	Support climate change adaptation training to members of the ICP.	24/25		£	⊗	ICB

Challenges



In each of the Areas of Focus, there are barriers to achieving net zero, as shown in the graphic above. We will need to address these challenges and navigate the barriers that may stand in the way of fulfilling the targets set out in this Plan.

Many of these challenges are social barriers. Workforce retention is a national issue, and one that the NHS needs to address to maintain the quality of healthcare provided. This is also a wider employment issue across Lancashire & South Cumbria that would be best dealt with through partnership working with local authorities, and guided by the NHS at a national level.

Digital literacy is an important barrier to progressing the digital transformation of our services. Improving our digital infrastructure can only be practical if our patients continue to have equal access to care. Digital education is therefore vital in our efforts to continue to evolve our services, while maintaining standards of patient care.

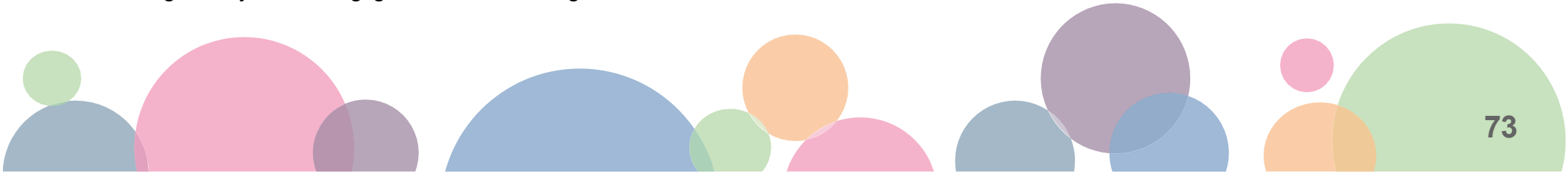
Access to transport is another key challenge to overcome. EV charging availability is in part determined by local authority engagement and public demand. The same is true for accessibility to public transport, which is primarily facilitated by local governing bodies. Therefore, at an ICB level, collaboration with partners and local authorities will be needed to facilitate better, sustainable transport links across Lancashire & South Cumbria. The rurality of the region is added barrier, and means that many of the improvements to transport will need to focus on providing safe and efficient transport links to areas of lower population density.

Funding is an ongoing barrier to progress in reaching net zero, as many of the actions suggested within this plan will have a significant upfront cost. Retrofitting buildings and procuring reusable PPE for example, can add more monetary pressure on systems that already struggle to stretch budgets. By accessing government funding where available,

these pressures can be alleviated. This issue will be addressed in more detail in our Commercial Strategy once developed.

Local identity is extremely prominent across our region, which is a really important tool in maintaining the legacy of local places and the communities which live within them. Collaborative working and place-based partnership strategies need to develop to ensure that any deep-rooted rivalries and NIMBYism don't detract from the importance of making steady and ongoing progress to achieve net zero.

Socioeconomic factors underpin every one of these potential barriers. It is therefore vital to address the high levels of social deprivation in certain areas of Lancashire & South Cumbria, and the impact this has on the equality of healthcare, providing safe transport, improving education, boosting employment, and securing project funding.



Social Sustainability Promotion

Social sustainability can be quantified by the net value that our ICB can provide to society. This includes through employment, economic growth, community support, innovation and the environment.

While the latter is of particular focus within this Green Plan, all five of these themes need to be considered. The NHS is also mandated to consider the economic, social and environmental wellbeing in the procurement of services contracts per the [Social Value Act \(2013\)](#).

Maintaining social sustainability can reduce health inequalities by taking action on the social determinants of health, for example through the improvement of employment and housing.

In this Green Plan, we have considered how the actions set out will contribute towards the sustainability of a geographical area, in addition to the project's direct benefit to the community and benefits to individuals.

We will also strive to roll out services first in the most disadvantaged areas in order to allow those areas more time to benefit from new services, whilst ensuring that there are additional efforts to ensure equality of access to services for those living furthest from service provision.



Equality, Diversity and Inclusion (EDI)

Our ICB is committed to designing and implementing policies, procedures and commissioning services that meet the diverse needs of our local population and workforce, ensuring that none are placed at a disadvantage over others.

The urgency to address health inequalities has never been greater, and our region faces unique challenges as we seek to ensure that our services reach every person in Lancashire & South Cumbria, especially those most vulnerable.

Levels of health vary significantly across Lancashire & South Cumbria, with stark differences between county areas as well as different groups within our diverse communities.

As a rural county with poor public transport links, our local communities must also often rely on cars to attend appointments and access services.

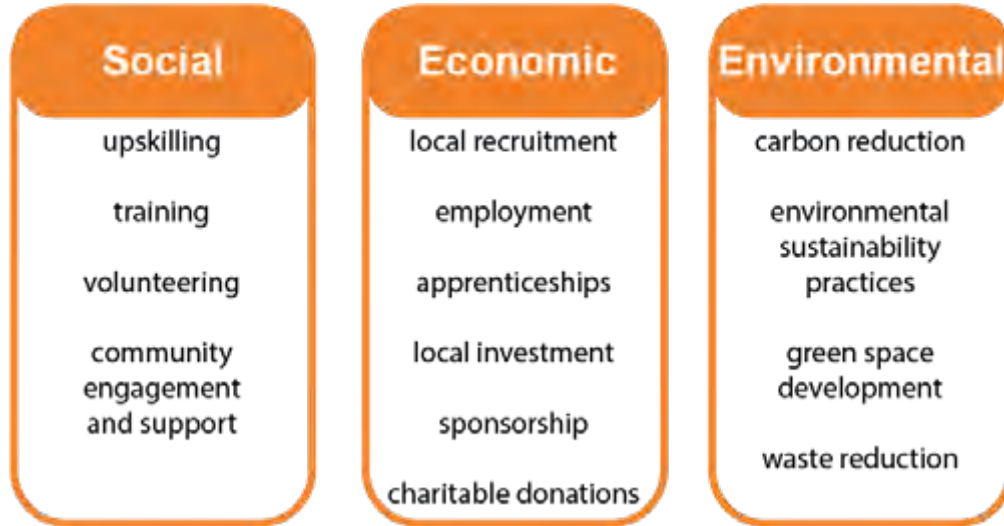
Infrastructure weaknesses such as internet and phone connection issues and low levels of digital literacy must also be recognised when assessing accessibility of digitalisation, such as virtual and online appointments, so that in seeking to increase accessibility, we do not unintentionally create further inequality.



Social Value

Social Value can be defined as the quantification of the relative importance that people place on the changes they experience in their lives.

Activities to deliver these changes can be categorised into economic, social and environmental benefits. Some examples are shown below.



With more than 60% of the NHS carbon footprint based within the NHS supply chain of over 80,000 suppliers, we need the support of every supplier if we are to reach net zero by 2045.

Supporting the NHS in reducing harmful carbon emissions offers suppliers the opportunity to play a part in improving health now and for future generations. Going forward the ICB will follow the NHS roadmap to help suppliers align with our net zero ambition between now and 2030. This approach builds on [UK Government procurement policy \(PPN 06/21\)](#).

Net Zero Supplier Roadmap

From April 2023

The NHS will adopt the Government's 'Taking Account of Carbon Reduction Plans' (PPN 06/21), requiring all suppliers with new contracts for goods, services, and/or works with an anticipated contract value above £5 million per annum, to publish a carbon reduction plan for their direct emissions.

From April 2024

The NHS will expand this requirement for all new contracts, irrespective of value.

From April 2027

All suppliers with contracts for goods, services, and/or works for any value, will be expected to publish a carbon reduction plan that takes into account the suppliers' direct and indirect emissions.

From April 2028

New requirements will be introduced overseeing the provision of carbon foot-printing for individual products supplied to the NHS. The NHS will work with suppliers and regulators to determine the scope and methodology.

From April 2030

Suppliers will only be able to qualify for NHS contracts if they can demonstrate their progress through published progress reports and continued carbon emissions reporting through the supplier framework.

Conclusion

Our ICB Green Plan has been developed to ensure a collaborative approach to health and sustainability will be taken across Lancashire & South Cumbria. Some of our member organisations already work in partnership, such as our acute Trusts working as part of the Lancashire Procurement Cluster.

By facilitating collaborations like this using our partner organisation connections we can achieve a more unified region, where learning can be shared when member organisations are taking innovative steps forward.

Using this Plan as part of our wider four-part sustainable development strategy, will help to align all our partners towards making exponential progress towards providing the communities of Lancashire & South Cumbria with quality care, and a sustainable environment in which to live, work and thrive in.

Throughout this plan it has been established that there are some regional barriers to achieving NHS net zero. Each ICB has its challenges, and for us our rural location, health inequalities, social divides and areas of economic deprivation remain our most difficult obstacles to overcome.

However, we can utilise key stakeholders to mitigate these challenges, as they also want to deliver more sustainable practice. This includes Lancashire County Council, and our local borough councils, who have all made health and climate commitments of their own through their individual climate strategies.

Our ICB takes full ownership of this plan and commits to the targets we have set ourselves on our regional journey to net zero. Each aspect

of the health service has its role to play in this goal, and we can ease this journey by working together. By becoming a more sustainable ICB, we can help improve health outcomes at place level and across our region, through the impacts of our successes as we work through this green Plan target by target. By integrating our Green Plan strategies with our other three sustainable development documents, together we can become a greener, and healthier, NHS.



Appendix A - Maturity Matrix Feedback

We can see that all five Trusts showed strengths in different areas within their Green Plans, which is useful for informing how systematic actions can help Trusts collaborate and share best practice going forward.

ELHT in particular were able to present their Trust within a comprehensive Green Plan structure, by including accurate, complete data sets, detailed run-downs of their current strategies, and time-bound, achievable targets for the future.

Workforce & System Leadership

Workforce and System Leadership saw a spread of scores across the Trusts, with LTHTR scoring particularly highly due to the provision of evidence of staff engagement, conversely UHMBT omitted from their green plan identified workforce strategies that they currently have in place.

Sustainable Models of Care

For Sustainable Models of Care, a similar spread of scores can be seen. LSCFT and LTHTR both scored well, the former for providing good links to various inequalities that exist across their communities, and the latter for setting out their existing strategies to tackle these inequalities. UHMBT omitted any links to their existing strategies, which hindered their score here.

Digital Transformation

In Digital Transformation, every Trust scored well, with LTHTR and UHMBT in particular both presenting strong evidence of transitions to virtual systems and identifying existing digital strategies that they've put in place.

Travel & Transport

ELHT scored particularly well in the Travel area of focus as they included travel emissions data across a number of years in their carbon footprint calculations, allowing them to set out a trajectory for their emissions reductions. The gaps in data presentation and the omission of time-bound targets present within the other Trust Plans is reflected in their scores for this section, but presents an opportunity for facilitation at ICB level, and setting up a collaborative approach between ELHT and the other Trusts.

Estates & Facilities

For Estates and Facilities, every Trust presented strong evidence of existing estates strategies currently in place, however, the majority could have benefitted further from providing more comprehensive estates data over consecutive years and presenting this as an emissions trajectory towards 2045.

Medicines

The Medicines area of focus is not applicable to LSCFT as they don't administer anaesthetics or provide inhalers to patients. As for the other Trusts, the lack of emissions data and evidence of existing medicines strategy are areas for future improvement in this section.

Supply Chain & Procurement

There is a good opportunity for shared learning in Procurement, as ELHT provided a detailed account of their existing strategies, alongside the provision of emissions data related to their procurement activity. This provided the opportunity to present this data as part of their overall carbon footprint, as well as an emissions trajectory, something the other Trusts could benefit from. The Lancashire Procurement Cluster will

increasingly be supporting and co-ordinating areas within its control or influence to move to sustainable and net zero solutions. This will be an essential area of focus in particular to achieve Net Zero Carbon Footprint + by 2045 “areas under the influence of the NHS” e.g., things it purchases and contractors and suppliers used.

Food & Nutrition

Under Food and Nutrition, all Trusts presented achievable and measurable future targets, they need to be time-bound for full marks for their targeting. However, their narrative sections, were let down by the omission of comprehensive run-downs of current food and nutrition strategies in place and developing this area will be one of the considerations within the Estates and Infrastructure Blueprint 2022 – 2027.

Climate Change Adaptation

For Climate Change Adaptation, every Trust identified potential climate risks, and most also provided details of Risk Assessments and Heat Wave Plans which made for strong narrative sections. However, UHMBT could have scored better by including climate change adaptation targets to take forward into the future.

As the Trust Plans continue to develop over the next three years, collaboration and sharing of best practice, alongside regional facilitation of these conversations where appropriate, will mean that Trusts are better placed for reaching the targets they have set themselves on their routes to achieving Net Zero.



Appendix B - Drivers for Change

NHS Policy Drivers	Relevance to Green Plan
Delivering a net-zero National Health Service	Sets out Net Zero targets for 2040/45.
Estates 'Net Zero' Carbon Delivery Plan NZCDP	Sets out 11 estates-specific actions to help reach Net Zero.
Third Health and Care Adaptation Report	Sets out targets to embed Climate Change Adaptation in healthcare.
NHS Long Term Plan (LTP)	Sets out specific Net Zero targets across all workstreams.
NHS Standard Contract	Sets out specific Net Zero targets across all workstreams.
Planning Guidance 22/23 PG22	Sets out priorities for the year ahead.

NHS Policy Drivers	Relevance to Green Plan
Investment and Impact Fund (IIF): 2021/22 and 2022/23	Incentive scheme for GPs and PCNs, contains indicators to reduce carbon emissions from inhalers
NHSE/I Sustainable Supplier Evergreen Framework	Framework for suppliers to self certify their achievements
Improving non-emergency patient transport services	Sets out travel and transport targets.
Core20PLUS5	Sets out approach to reducing health inequalities
Integrated Care Systems: design framework	Sets out digital transformation targets.
B0828 PCN plans for 21/22 and 22/23	Sets out primary care network targets.
Integrating Care: Next steps to building strong and effective integrated care systems across England	Sets out the components to accelerate collaborative ways of working
ICS Design Framework	Sets out core arrangements expected from each ICB and strategy for ICB operations
Delivery plan for tackling the COVID-19 backlog of elective care	Sets out sustainable models of care strategy



National Policy Drivers	Relevance to Green Plan
Climate Change Act 2008 (Amended 2015)	Sets out emissions reduction targets
Public Services (Social Values) Act 2012	Requires public authorities to have regard to economic, social and environmental well-being in connection with public services contracts
HM Treasury's Sustainability Reporting Framework	Sets out principles and standards for sustainability reporting
Public Health Outcomes Framework	Sets out health & wellbeing targets
Integration and Innovation: Working together to improve health and social care for all	Sets out legislative proposals for the subsequently approved Health and Care Bill 2021
Health and Care Bill 2021	Sets out Integrated Care Systems as statutory bodies
International Policy Drivers	Relevance to Green Plan
Intergovernmental Panel on Climate Change (IPCC) AR6 2021	Sets out the 'Net Zero National Health Service 2020' strategy and the 'Greener NHS' guidance
UN Sustainable Development Goals (SDGs) 2016	Sets out the 'Five Year Forward View 2014' strategy
World Health Organisation (WHO) toward environmentally sustainable health systems 2016	An evidence review of sustainable health systems
World Health Organisation (WHO) Health 2020	European Health Policy Framework
The Global Climate and Health Alliance. Mitigation and Co-benefits of Climate Change	Sets out 'The Carter Review 2016'
	Sets out the 'Health Technical Memoranda' and 'Health Building Notes'
	Sets out the 'Sustainable Transformation Partnership' plans

Regional Policy Drivers	Relevance to Green Plan
Lancashire Climate Change Strategy	Sets out the long term vision for a low-carbon Lancashire
Local Flood Risk Management Strategy for Lancashire	Sets out council-led collaboration efforts to manage local flood risks
Lancashire Woodland Vision	Sets out guidance around new woodland planting and woodland management across the region
Lancashire Procurement Cluster (LPC) Procurement Policy	Sets out strategies regarding the commissioning of acute secondary health and social care and procurement of goods and services for Blackpool Teaching Hospitals NHS Foundation Trust, East Lancashire Hospitals NHS Trust and Lancashire Teaching Hospitals NHS Foundation Trust.

Local Policy Drivers	Relevance to Green Plan
Local Air Quality Annual Status Reports	A collection of local borough-wide air quality reports, set out to monitor the changes in air quality over time through automatic monitoring stations
Lancashire County Highways & Transport Masterplans	A set of 5 highway plans covering all 12 districts of Lancashire, set out to make transport more efficient
Local Climate Emergency Action Plans	A collection of local borough-wide climate reports set out as calls to action to raise awareness of climate change impacts



Glossary

Anchor institution

This refers to large, public sector organisations whose long-term sustainability is tied to the wellbeing of the populations they serve. Anchor institutions, who are rooted in their local communities, can positively contribute to their local area in many ways such as: widening access to quality work for local people; buying more from local businesses; reducing our environmental impact; using buildings and spaces to support communities; working more closely with local partners.

Clinical Commissioning Groups (CCGs)

Clinically-led statutory NHS bodies responsible for the planning and commissioning of health services for their local area. Our 8 CCGs have been consolidated and now form members of our Integrated Care Board.

CO₂e

Refers to carbon dioxide equivalent emissions. The conversion of greenhouse gases into a singular 'currency' allows comparison of various greenhouse gases on the basis of their global warming potential.

Commissioning

The process of assessing need, planning, agreeing and monitoring services.

Equality, diversity and inclusion (EDI)

Refers to ensuring that our work and policies recognise diversity and allow fair treatment to all, creating equal opportunities for our colleagues and reflecting our diverse communities.

Greenhouse gas (GHG)

A group of gases that contribute to global warming. Below are examples of the most harmful gases commonly emitted into the atmosphere:

Non-fluorinated gases:

Carbon dioxide (CO₂)
Methane (CH₄)
Nitrous oxide (N₂O)

Fluorinated gases:

Hydrofluorocarbons (HFCs)
Perfluorocarbons (PFCs)
Sulphur hexafluoride (SF₆)
Nitrogen trifluoride (NF₃)

Health inequalities

The unfair and unacceptable differences in people's health that arise because of where we are born, grow, live, work and age.

Integrated Care Board (ICB)

The most recent national guidance states that this is the new NHS organisation that was established on 1 April 2022, subject to legislation.

Integrated Care Partnership (ICP)

The broad alliance of organisations and representatives concerned with improving the care, health and wellbeing of the population, jointly convened by local authorities and the NHS. Our ICP is called 'Lancashire & South Cumbria Integrated Care Partnership'.

Integrated Care System (ICS)

Refers to the health and care system across Lancashire & South Cumbria. There are 42 Integrated Care Systems across the country. Within each ICS there is an Integrated Care Board, and an Integrated Care Partnership.

Model of care

This broadly defines the way health and care services are organised and delivered.

Neighbourhoods

Based on local populations of between 30,000 and 50,000. Neighbourhoods, in some instances, may align with Primary Care Networks.

Net Zero

Negation of the amount of greenhouse gases produced by an organisation, achieved by either reducing or off-setting emissions, and implementing methods of absorbing carbon dioxide from the atmosphere.

Off-setting

The action or process of compensating for carbon dioxide emissions arising from industrial or other human activity, by participating in schemes designed to make equivalent reductions of carbon dioxide in the atmosphere.

Place

A defined population that partners convene around to improve health outcomes across a population. This concept signifies the move away from operation as individual organisations.

Place based commissioning

Commissioners organising themselves so that they collaborate together to address the challenges and improve the health of any defined population.

Place-based partnerships (PBPs)

Planners and providers working together across health, local authority and the wider community, to take collective responsibility for improving the health and wellbeing of residents within a place, with a population of up to 500,000.

Primary care

Primary care is the first point of contact for healthcare for most people. It is mainly provided by GPs (general practitioners) but community pharmacists, opticians, dentists and other community services are also primary healthcare providers.

Primary Care Networks (PCNs)

GP practices working together with community, mental health, social care, pharmacy, hospital and voluntary services in their local areas in groups of practices. PCNs build on existing primary care services and enable greater provision of proactive, personalised, coordinated and more integrated health and social care for people close to home. Find out more on PCNs on the [NHS England website](#).

Provider Collaborative

Service providers will be collaborating at the various different levels of system, place and neighbourhood according to need. National guidance report. [Working together at scale: Guidance on Provider Collaboratives](#) has been published and a Provider Collaborative Board (PCB) has been established to enable partnership working of the acute, mental health and community providers across Lancashire & South Cumbria.

Social value

This is about how we secure wider social, economic and environmental benefits for our population in addition to providing health and care. As anchor institutions we want to make the greatest positive impact possible on the lives of our communities to improve health and wellbeing and reduce health inequalities.

Sustainable Development

The interaction of social, economic and environmental practices that provide a greater benefit than the initial cost of undertaking that practice. Only by giving back to society and to the planet can we truly achieve prolonged sustainable development. This Green Plan is the second in a four-part series of ICB sustainable development strategy.

For a wider selection of terms used across our ICB, please visit our [online glossary](#).



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