



# Frimley Health and Care Green Plan - DRAFT 2022-2025



ASCOT • BRACKNELL • FARNHAM • MADDENHEAD • NORTH EAST HAMPSHIRE • SLOUGH • SURREY HEATH • WINDSOR

(Phase 1: First Year)





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## Foreword

### Proposed structure of Foreword:

1. We are already two years into what must be the decade of action to reduce carbon emissions and our wider emissions to air, land and marine environments. The recent Intergovernmental Panel on Climate Change (IPCC) report<sup>1</sup> gave the stark warning that any further delay will mean missing “a brief and rapidly closing window of opportunity to secure a livable and sustainable future for all”. The report provides unequivocal scientific evidence that human-induced climate change is causing dangerous and widespread disruption in nature and affecting the lives of billions of people around the world, despite efforts to reduce the risks. It calls for urgent action to adapt to climate change, at the same time as making rapid, deep cuts in greenhouse gas emissions.
2. The climate emergency is also a physical and mental health emergency undoubtedly presenting new challenges for healthcare systems, including the NHS, but we also know as significant polluters ourselves the NHS also needs to take urgent action to slash carbon emissions and our wider environmental impacts.<sup>2</sup> (NHS net zero report)
3. While recognizing the significant pressures the NHS is under, and its priorities (covid recovery, elective backlog, mental health, health inequalities etc.), we also know that healthier planet and healthier people are interlinked.<sup>3 4</sup>
4. Many of the transformations we are going through to face our current challenges, e.g., virtual care, virtual working, care closer to home etc. will also reduce our global impacts and improve our localities.
5. Also, we know some of the very same actions that will prevent a range of morbidities, such as improved locally sourced diet and active travel, will also improve our local air quality, mental health, socio-economic outcomes (core purposes of ICS) and reduce our carbon emissions at the same time.
6. Many examples of green innovation and best practice, both from the NHS and the wider public and private sectors, we can draw on for inspiration for measures we can implement here.
7. This Phase 1 plan presents the scope of our impacts, the strengths we can build on in meeting the net zero challenge, our aspirations, and the priority actions we will be taking this year to both increase our capabilities and reduce emissions.
8. Over the next six months we will be engaging more widely with staff, patients, residents and all our ICS Partners to co-create our plan beyond 2022, with detailed commitments, actions, and objectives to 2025 and key targets and milestones out to 2030.
9. Everyone will need to be involved in the delivery of our ambitions. All our actions, every day, will either exacerbate the problem or reduce it. We will seek to integrate this thinking into our day-to-day decisions as healthcare professionals, our conversations with patients and our engagement with the wider community.
10. We have already shown the improvements to population health and well-being that can be achieved through a truly collaborative approach and partnership between all stakeholders. I invite you to become involved in the same way to deliver a Greener Frimley ICS, for all of us and generations to come.



## Introduction to the ICS

### Frimley Health and Care

Frimley Health and Care is an Integrated Care System (ICS) which is a partnership of our local authorities and NHS organisations. We have a shared ambition to work with local people, communities and staff. Our organisations are committed in their collective drive to improve the health and wellbeing of every person, in each of our communities.

Our Partner Organisations include:

Bracknell Forest Council	Berkshire Healthcare Foundation Trust (BHFT)
Royal Borough of Windsor & Maidenhead	Frimley Health Foundation Trust (FHFT)
Slough Borough Council	Surrey and Borders Partnership Trust (SABP)
Hampshire County Council	South Central Ambulance Service (SCAS)
Surrey County Council	South East Coast Ambulance Service (SECAMB)
Frimley CCG	

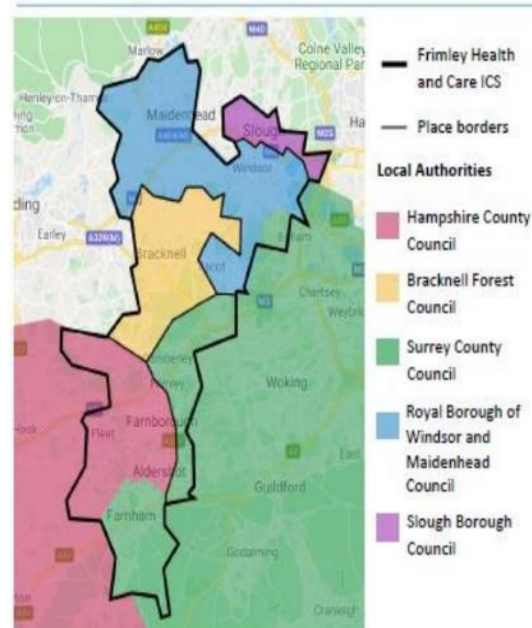
We have a long history of working together on shared challenges and opportunities. Our approach is focused on improving the lives of every resident in our geography through the use of collaborative innovation and promoting clinical and professional leadership.

### The Frimley approach – focus on population health, wellbeing and reducing inequalities

Frimley Health & Care covers a diverse population of over 800,000 people in East Berkshire, North-East Hampshire and Farnham, and Surrey Heath. We work across five places, including Slough, Windsor & Maidenhead, Bracknell Forest, Surrey Heath and North-East Hampshire and Farnham. Our five places include 15 Primary Care Networks. Within our geography are three secondary care physical health hospitals (Frimley Park, Heatherwood, Wexham Park) both operated by Frimley Health FT alongside services provided by Berkshire Healthcare FT and Surrey and Borders Partnership Trust. Agreed priorities at local level align strongly with the overall strategic ambitions and their delivery with and close to local populations and communities

Our approach is underpinned by system and place-based analytics, public health insight and community dialogue.

Local authority and place boundaries within the ICS





## Frimley ICS vision and values

### OUR VISION

Our vision is to help people to be healthier and in their homes for longer. Across the Frimley Health and Care system we aim to work in partnership with our population and local partner stakeholder organisations to provide an integrated health and care system fit for the future. This means people receiving and having access to seamless holistic services that meet their physical and mental health needs at the earliest possible opportunity. Through a focus on the individual, as opposed to structure, we place an increased priority on prevention and pro-active care rather than reactive treatment. We expect to increasingly deliver the majority of an individual's care needs in their local community and to reduce the need for hospital-based care.

### OUR VALUES

- Our collective ambition is that the people living in the Frimley system have the best possible health and wellbeing.
- We recognise that the Frimley health and care system needs to change and respond to a set of health, care and financial challenges. Our response to these challenges is to transform our system.
- The changes required across our health and care system cannot be addressed by individual organisations; they are a collective challenge and require a collective response. Our success will be judged by the strength of our system, not the individual organisations.
- We will co-produce with and engage residents, patients and staff to ensure that our plans and priorities are developed through the eyes of those who use, pay for and provide care.
- Our system is inclusive and brings together the providers and commissioners of all health services, social care, public health, council services and the voluntary sector. Mutual respect and responsibility underpins how we work together.
- We will provide collaborative leadership and take collective responsibility for our system, based upon openness, trust and transparency.
- We have a track record of making good progress when we work openly, with trust, with common purpose and take new approaches to old problems. Our collective ambition is to use this track record to truly transform our system and to get great results.

## Our strategic ambitions to create healthier communities

Frimley Health and Care is a high performing system with strong relationships, which have resulted in aligned strategic priorities for the next five years. The strategy was developed through a series of multi-organisational engagement forums— our 'Inspiration Station'

The strategy seeks to resolve health inequalities across the ICS, including increasing overall healthy life expectancy and reducing the gap between places and groups.

The strategy is also focused on addressing our financial challenge and ensuring the delivery of high quality, sustainable services that meet local needs of our residents.



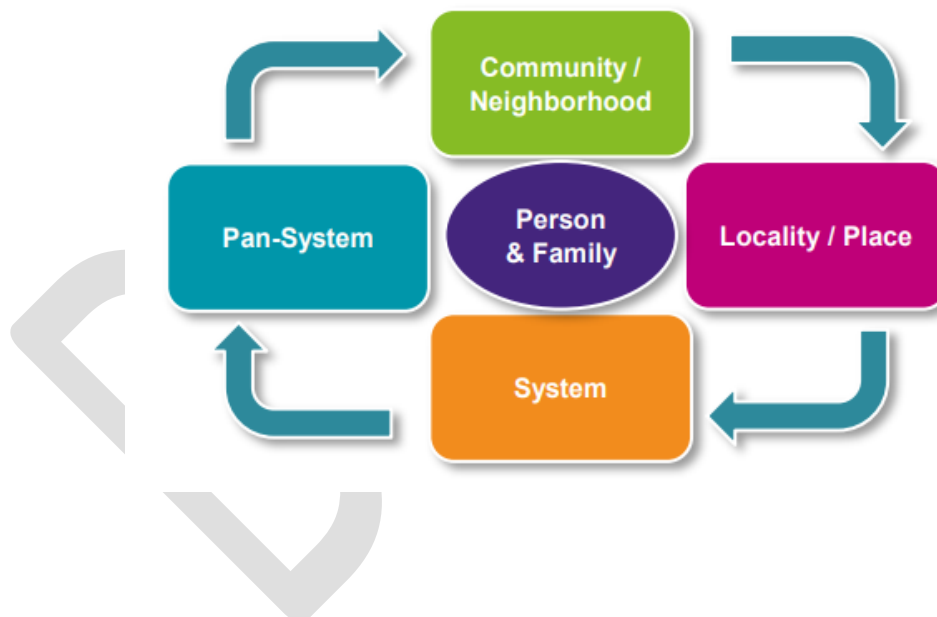


Together we will:

- ☐ increase overall **healthy life expectancy** and
- ☐ **reduce the differences** in healthy lives lived of our residents

The ICS is aligned on these strategic priorities to ensure Frimley Health and Care remains a high performing system delivering for all our local people.

Although the financial position of Local Authorities does not contribute towards the NHS financial control total, the ability to deliver services in line with the ICS strategy is very much tied to their financial position. The quality of the relationships and the collaborative ways of working are highly valued throughout the system and underpin everything we do.





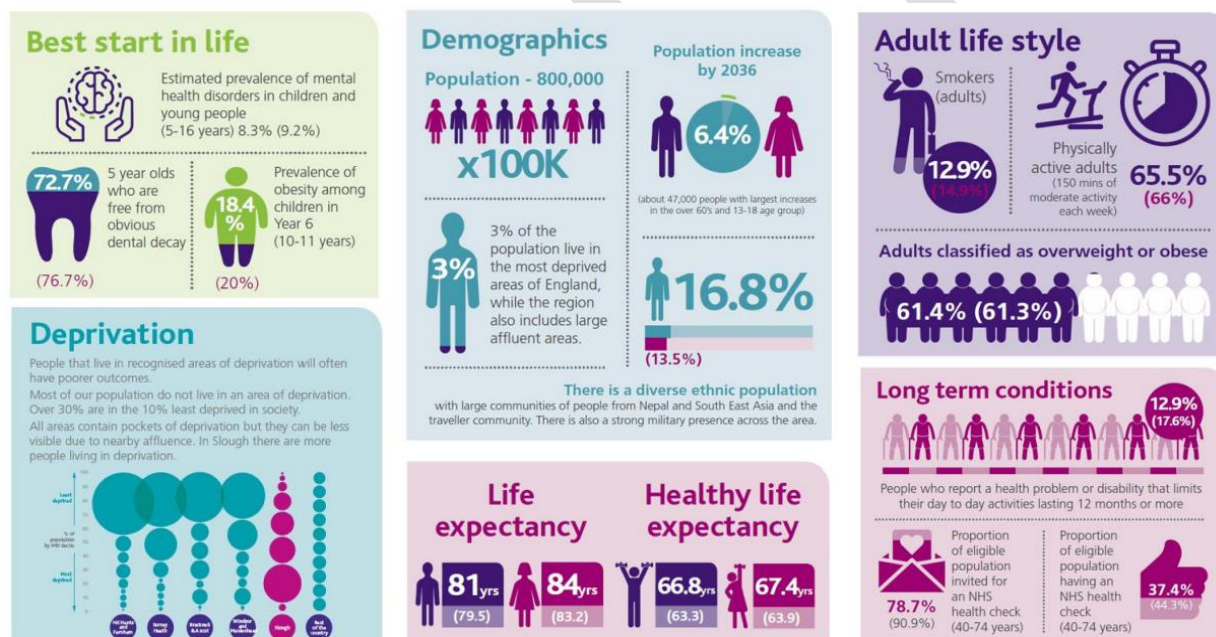
## The context for this Green Plan

At the time of writing the Health and Care Bill is passing through final parliamentary stages, with a new target date of 1 July 2022 for Integrated Care Boards to be legally and operationally established under statute, with the 42 Integrated Care Systems across England preparing their governance structures.

They do this at an extremely challenging time for the NHS, facing the challenge of catching up with elective backlogs and Covid recovery work, while there are demand pressures in all areas of the system, including continued numbers of Covid-19 activity, vaccinations to administer and in-patients.

## Understanding our population

The below provides an overview of the demographics of the population, key facts about population needs:



<https://www.frimleyhealthandcare.org.uk/media/1459/frimley-health-care-system-strategy-narrative-final.pdf>

## Population health

Cardio-vascular, respiratory, COPD, hypertension, diabetes, obesity, mental health and alcohol abuse are all population health issues presenting challenges across the system, with differing levels of prevalence, and determinants, between Places. Levels of deprivation and air pollution in parts of Slough, however, contribute to a more severe profile in cardio-vascular, respiratory and lung cancer, as well as high levels of obesity in children compared to the other four Places.

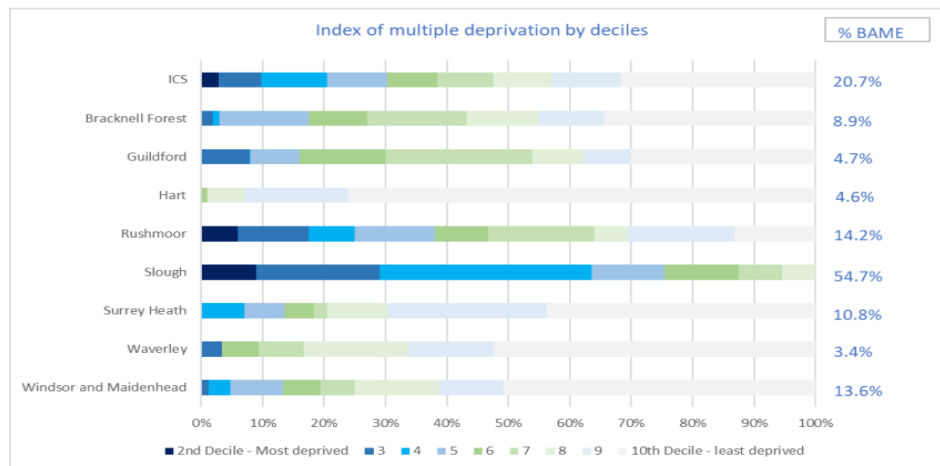
There is a growing prevalence and acuity in diabetes and mental health driven by the situation people have been in over the last 2 years, and the current cost of living crisis is likely to increase mental health and nutrition-related issues.



## Deprivation and ethnicity across Frimley ICS

People that live in recognised areas of deprivation will often have poorer health outcomes<sup>5</sup>. Most of our population do not live in areas of deprivation, with over 30% being in the least 10% deprived in society. Slough has significantly more people living in deprivation than the other four Places, but all Places have pockets of deprivation, e.g. Rushmoor (see below)

BAME population within the ICS is higher than the England average. Slough (54.7%) has the highest proportion followed by Rushmoor (14.1%) and Windsor and Maidenhead (13.6%).



## Health inequalities and Digital exclusion

Covid-19 has created unmet need and increased health inequalities. The Frimley ICS has been gathering a range of insights to identify specific cohort groups across our communities where we need to take further action. This is work that is cutting across all areas of our plans including elective recovery, mental health transformation and community redesign<sup>6</sup>. More information on health inequalities can be found here in NHS England's Core Plus 5 document:

<https://www.england.nhs.uk/wp-content/uploads/2021/11/core20plus5-online-engage-survey-supporting-document-v1.pdf>

We are working with voluntary and local government partners to reach into minority communities whose access has been lost affected by Covid and/or the stronger shift towards digital contact and we have detailed plans to mitigate the risk of digital exclusion.

Digital exclusion is when people do not have the access, skills or confidence to use the internet or fully benefit from technology in everyday life, resulting in their exclusion to health, education and treatments. A recent report from Good Things Foundation<sup>7</sup> on [Digital exclusion and health inequalities](#) highlights that digital exclusion impacts people's health via three main ways:

- Access to healthcare: for example, being locked out of using digital health tools and services
- Shaping people's chances of a healthy life via economy and employment, education and learning, and social participation and community life.
- Digital exclusion for equalities in a data-driven health system. Certain groups will have very low digital and data footprints.

We are strengthening leadership in this area with the appointment of a system lead for equality, diversity and inclusion who will sit on our ICS Partnership Board.





## The climate and ecological crisis - is also a health crisis

The acute and chronic local and global health impacts of the climate and ecological crisis have been recognised by all the UK Royal Colleges, with two highlighted here:

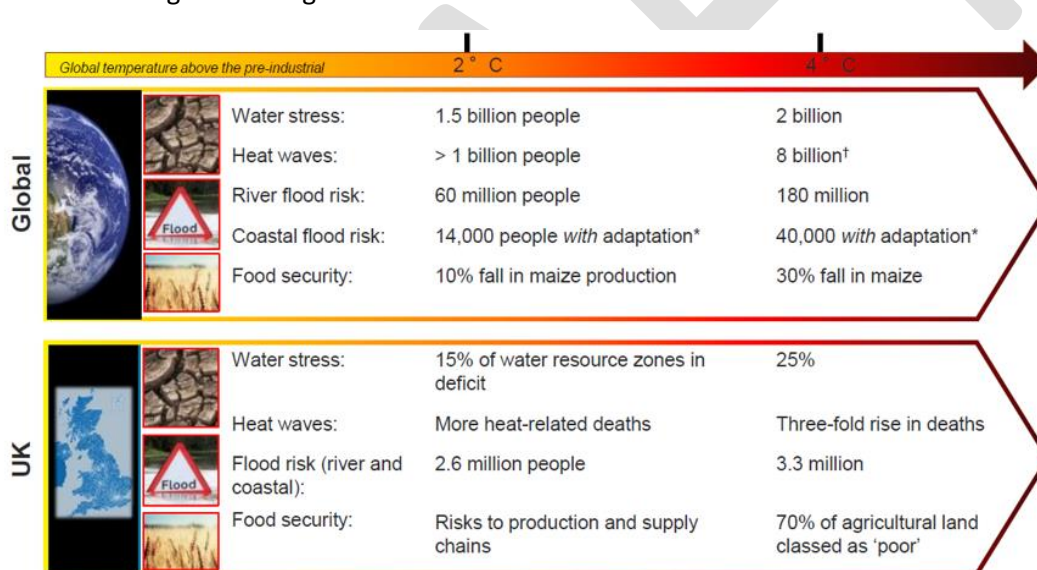
*“The air pollution and increased frequency of adverse heat events caused by the burning of fossil fuels lead to higher rates of respiratory and cardiovascular diseases and mental health crises, all of which will impact on the already stretched emergency care system. We recognise that climate change is a healthcare emergency and needs urgent treatment to ensure the continued wellbeing of the whole global community”*

**Dr Sandy Robertson, Royal College of Emergency Medicine, 14 November 2019**

*“The disruption to life posed by the climate and ecological emergencies presents an unprecedented threat to our health in the UK and worldwide. Our mental health is entwined with the health of our natural world. We have no choice but to join the voices of those who are calling for urgent action and declare a climate and ecological emergency to avert a health and mental health catastrophe.”*

**Dr Adrian James, President of the Royal College of Psychiatrists, 6 May 2021**

In the UK we will increasingly feel the impacts of climate change both from changes to conditions here as well as global changes:<sup>8</sup>



## Current and Forecast UK health impacts from emissions and climate change

- The number of heat-related deaths in the UK during heatwaves could increase to 7,000 a year
- After the 2007 floods there was a two- to five-fold increase in mental health issues.
- Flooding is more likely to affect the least well off in our society – the most deprived 10% of the population are eight times more likely to live in the coastal floodplain than the least deprived 10% leaving them especially vulnerable.
- As well as impacts of pollutants affecting the 6–9 million people living with respiratory diseases air pollution is linked to higher rates of cancer, asthma, stroke, heart disease, diabetes, obesity and dementia.



## NHS net zero strategy and ambition

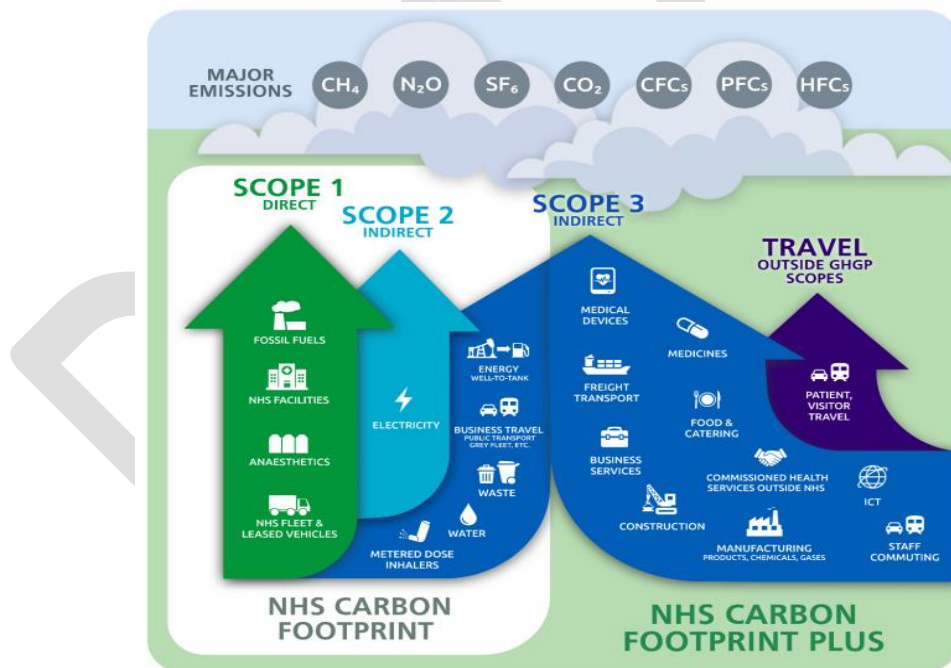
The UK government has committed itself to reaching net zero carbon by 2050. This will require significantly reducing emissions within all sectors of the economy as well as off-setting, using carbon capture. As the NHS contributes 4-5% of the country's carbon footprint, they play a fundamental role in supporting this.

In October 2020, the NHS published its plan “Delivering a ‘Net Zero’ National Health Service”<sup>2</sup> with an aim to be the world's first net zero national health service. This plan is comprehensive – providing a detailed account of the modelling and analytics, interventions required to achieve targets, trajectories to net zero - all coupled with the direction, scale and pace of change. Two clear targets have emerged from the net zero commitment and have been classified according to NHS' control of emissions:

**Direct control** – emissions that are directly emitted and controlled by NHS facilities. Target: Net zero by 2040, ambition to reach an 80% reduction by 2028 to 2032.

**Indirect control** – emissions the NHS can influence but not directly emitted within NHS facilities. Target: Net zero by 2045, ambition to reach an 80% reduction by 2036 to 2039.

The NHS has termed emissions directly emitted from its facilities “NHS Carbon Footprint” with “NHS Carbon Footprint Plus” encompassing all the emissions associated with the provision of healthcare:



The Greener NHS programme is supported by a national communications campaign, a central team and seven regional teams. These regional teams support ICSS' and NHS Trusts to reach their climate goals.





The South East regional Greener NHS team has agreed five local priorities for the South-East for 2022/23, which are ***medicines, travel and transport, supply chain and procurement, estates and facilities and digital models of care***. The regional team is supporting systems to implement measures in these areas, wider emissions focus areas and in sharing best practice across the region.

## GREEN PLANS

All NHS Trusts were required to produce a three-year Green Plan by 14<sup>th</sup> January 2022. If they had produced a Sustainable Development Management Plan since 2020 that covered the period they were not required to produce a new plan however were encouraged to review and update their plans in line with new guidance.

Each ICS was asked to draft a consolidated system-wide Green Plan by 31<sup>st</sup> March 2022, however the regional teams accepted these would be developed to varying degrees by this time.

## Frimley ICS partners' climate change plans

### NHS PARTNERS

The plans received by our NHS Trust partners are as follows:

**FHFT:** Board approved Green Plan, published November 2021

**BHFT:** Net Zero 'n' Green, Berkshire Healthcare's Green Plan 2022-25 (Draft)

**SABP:** Sustainable Development Plan 2020-25, Jan 2022 Green Plan guidance alignment review

**SCAS:** Sustainable Development Plan 2020-25

**SECAMB:** Green Strategy 2022-25 Final Draft

### LOCAL AUTHORITIES

The Climate Change Strategies and/or Action Plans of our Local Authority partners:

**Slough Borough Council:** <https://www.slough.gov.uk/strategies-plans-policies/climate-change/2>

**Bracknell Forest Council:** <https://www.bracknell-forest.gov.uk/council-and-democracy/strategies-plans-and-policies/climate-change/climate-change-strategy>

**Royal Borough of Windsor & Maidenhead:** <https://www.rbwm.gov.uk/home/environment-and-waste/energy-and-sustainability/environment-and-climate-strategy>

**Surrey Heath Borough Council:** <https://www.surreyheath.gov.uk/residents/climate-change/how-were-tackling-climate-change>

**Rushmoor Borough Council:** <https://democracy.rushmoor.gov.uk/ieListDocuments.aspx?Cid=138&Mid=799&Ver=4>

**Hart District Council:** <https://www.hart.gov.uk/climate-change-0>

**Waverley Borough Council:** <https://www.waverley.gov.uk/Services/Environmental-concerns/Sustainability-and-conservation/Climate-change-strategy-and-action-plan>

**Four common themes:** Our Local Authority Partners' plans and strategies are all based around these core themes: **Energy, Transport, Resource Consumption and Natural Environment/Adaptation**

Focusing collaboration around these areas, particularly at Place, will accelerate and increase impact.



## Our Green Plan Vision, Goals and Strategy

### Our Green Plan Vision

*“To improve population health and well-being while reducing environmental impact to net zero and protecting our local communities from the effects of climate change”*


### Goals

1. To align approach and initiatives with the ICS purpose, strategy and priorities and deliver co-benefits and demonstrate this
2. To embed striving for net zero impact and nature regeneration into our culture and integrate into the daily work of us all
3. To work collaboratively at Place, System and Pan-system to achieve our goals
4. To deliver reductions in carbon emissions, environmental impact and climate adaptation in line with or faster than nationally stated NHS target trajectories
5. To gain a reputation as a system on an accelerated journey to net zero

The measures included in this plan will directly support the core purpose of an ICS, and specifically, will support and align with Frimley Health and Care’s strategic ambitions. Communicating the benefits to health and well-being in the short and long-term, to our staff, patients and wider communities will be vital to gain their support, engagement and contribution, essential to meeting our net zero goals. Some of the links are illustrated below:

Selection of Green Plan goals	Starting Well	Focus on Well-being	Community Deals	Our People	Leadership and Cultures	Outstanding use of resources
Lower pollution from exhaust fumes	✓	✓		✓	✓	
More active travel	✓	✓	✓	✓	✓	✓
Improved diet with less processed meat	✓	✓		✓		✓
Access to more greenspace and biodiversity	✓	✓		✓		
Working together to create more material reuse schemes		✓	✓	✓	✓	✓
Acting to protect people and facilities from climate change impacts	✓	✓	✓	✓	✓	✓
Informing, engaging and involving staff and communities in this mission			✓	✓	✓	
Working with our Partners to co-create solutions			✓	✓	✓	✓
Increasing energy efficiency and low carbon energy self-reliance			✓	✓	✓	✓

 <b>Core Purpose of an ICS</b>	Improving outcomes in population health and healthcare
	Tackling inequalities in outcomes, experience and access
	Enhancing productivity and value for money
	Supporting broader social and economic development



## Strategy

### 2 STAGE APPROACH

We will develop and deliver this 2022-2025 Frimley Health and Care Green Plan in two stages:

#### Stage 1: First Year

- Build awareness, capability and ownership among staff across the system
- Crystallise and embed governance and resourcing arrangements
- Engage all our partners in the wider ICS and our local communities for their input to a fully co-authored and co-owned plan
- Start to deliver action on in-year regional and national priorities and select ICS priorities
- Produce a co-created updated public facing plan with SMART objectives and commitments to 2025 and targets for 2030

#### Stage 2: Up to March 2025

- Start to mobilise and measure actions against commitments in Stage 1
- Work across the system and region to deliver greatest benefit
- Start to benchmark performance
- Build capability, plans and commitments for 2025-2030

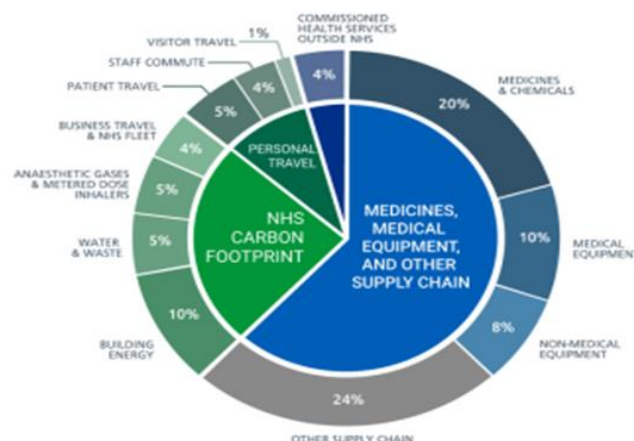
### AREAS OF FOCUS

There are eleven areas of focus, which form 'Chapters' for this Green Plan:

Governance, integration, measurement and monitoring	Medicines
Workforce, Partner and Community Engagement	Estates and Facilities
Digital Transformation	Travel and Transport
Climate Change Adaptation	Food and Nutrition
Greenspace and Biodiversity	Supply Chain and Procurement
Sustainable Models of Care	

How each element of this plan is prioritised and best delivered depends on several factors:

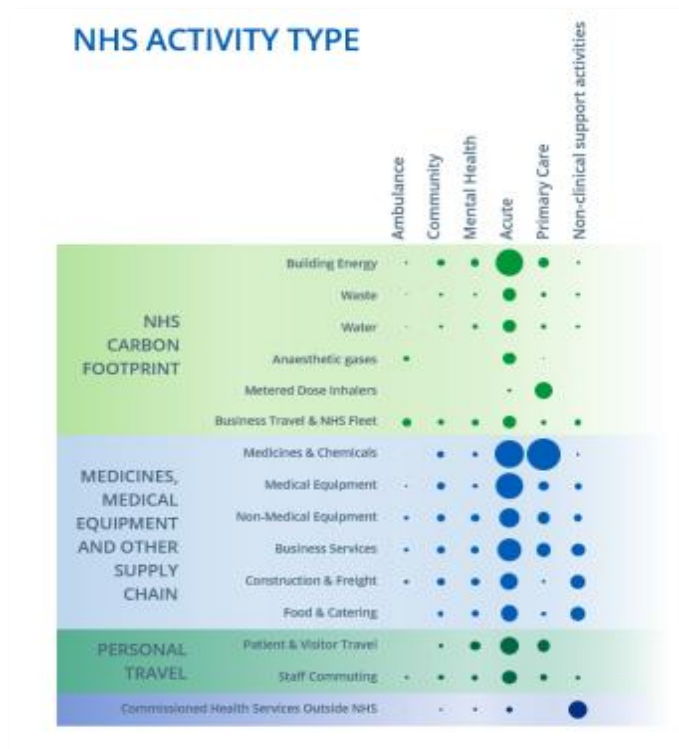
1. The sources of carbon emissions by proportion of total NHS Carbon Footprint Plus







## 2. Sources of carbon emissions by activity type and setting of care



- Whether there are individual characteristics geographically – e.g. cultural, physical environment, political
- Whether there are individual characteristics by setting of care or type of organisation

## SUMMARY OF APPROACH

The following table provides a broad view of roles for the stakeholders in the ICS against grouped Green Plan areas of focus, illustrating strategies more likely to be Place-derived and delivered, those more likely to be deployed system-wide and those derived and delivered per care organisation-type:

Stakeholders / Level	Area of focus	
	Medicines, Digital, Estates & Facilities, Workforce, Fleet, Staff Schemes, Models of Care & Procurement	Greenspace & biodiversity, Climate change adaptation, Travel infrastructure, sustainable personal travel, Food & nutrition, Community engagement
System-wide Boards	Scan for national best practice, validate ideas generated from system, form system-wide policies, strategies and offerings, validate with system and support deployment in relevant settings and Places	Creating and updating nationally informed system-wide policies and guidance, providing assurance nationally appropriate plans are in place at Place, Provider and setting level and connecting for economies of scale.
Place teams	Present local population health needs to System Boards, consult and communicate across all NHS and other local Partners, co-ordinate and implement Place-wide measures. Liaise with other Place teams to sort Place-generated ideas between local and system application	Act as the curators of collaboration and alignment, connecting all Partners at Place to maximise co-benefits, provide consistent messaging and effective prioritisation. Particularly linking to local authority public health, children and adult services, mental health and social prescribing. Demonstrate case for prevention measures and co-lead community engagement.
Trusts	Scan for national best practice in each discipline, develop ideas and strategies, socialise and consult with Systems and Place before implementing. Provide centre of excellence in some areas.	Create strong policies, facilities and offerings (active travel & food) for staff, ensure Place messaging is incorporated. Share plans and challenges with local authority and other 3rd sector and private partners to maximise co-benefits. Weave topics into patient conversations.



Primary Care Networks (PCNs)	Two-way communication and validation across all PCNs and with Place teams and members, support member implementation and bring in national or pan-system ideas	Provide strong support for patient and community engagement, ensure cascade, represent GP challenges to Place Partner leads and broker economies of scale opportunities with GP members
GPs	Osmose from national Greener Primary Care networks, share ideas with PCNs, GP networks and clinical specialists system-wide. Implement schemes with support, including staff and patient comms and training.	Share challenges and ideas with PCNs, implement System and Place generated guidance and schemes where viable. Share best practice, schemes and innovation from wider GP networks. Weave active travel, improved diet, nature-bathing and awareness of climate change into patient conversations.
ALL	Network regionally and nationally to identify opportunities to adopt and share at scale by discipline or setting, e.g. Clinical networks	

## KEY STRENGTHS FOR THE SYSTEM TO BUILD ON

The ICS is in a particularly good position to leverage it's leading work in the following three areas of focus to socialise, gain input into and accelerate it's Green Plan:

1. Workforce, Partner and Community Engagement
2. Digital Transformation
3. Medicines



## Governance, integration, measurement and monitoring

There are examples of carbon reduction and wider green initiatives across the system, with governance and reporting structures in certain areas and in certain providers. The System, and the Places within it, however, are very early in the journey and this Plan marks the first step in developing and implementing a formal delivery strategy and plan, with the governance required to go with it.

The actions to establish this governance and to start to deliver the plan however, must start to be taken urgently.

### KEY PRIORITY SYSTEM ACTIONS

1. Confirm Board SRO for this Green Plan and Net Zero commitments
2. Agree on governance, partnership working and outline delivery strategy – which elements can be incorporated into existing decision-making forums and functions and which may need separate working groups
3. Agree on commitment to achieving at least NHS national net zero targets
4. Agree more detailed target trajectory and refreshed Green Plan, with SMART objectives and Community input,
5. Agree on measurement, monitoring and performance tracking processes
6. Agree on principles of resourcing for delivery
7. Start process of ensuring meaningful environmental impact assessment is included in all decision-making by the end of First Year.
8. Start process of detailed scoping and measuring:
  - a. System-wide 'NHS Carbon Footprint' emissions and key areas of environmental impact, e.g. air pollution, with an objective to establish firm estimate baseline during First Year
  - b. System-wide Staff, patient and visitor travel, with an objective to establish reasonable estimate during First Year
  - c. System-wide secondary care 'NHS Carbon Footprint Plus' firm estimate baseline by end of First Year



## Workforce and Partner and Community Engagement

We will demonstrate leadership, engaging and informing our workforce, patients and communities on the positive steps they can make to improve health and well-being and reduce environmental impact, working with them, our system partners, regional and national networks to co-create the forums, frameworks, tools and actions to deliver healthy places, healthy people and net zero.

### Why this is important

Reducing our environmental impacts to net zero is a huge challenge and can only be achieved if each of us considers ways to do this, and takes action, habitually in our professional and personal decision-making. If it is not integrated into decision-making and does not become part of our culture then opportunities will be missed to reduce our impacts every day, with the risk that we are embedding further harm.

### SYSTEM STRENGTHS TO BUILD ON

Under the [creating healthier communities](#) umbrella the system already provides residents, patients and staff with opportunities to shape plans and provides those working on transformation programmes with an understanding of what people feel is important. This is through volunteer programmes, events, workshops, focus groups and one to one involvement that all build towards a culture of involvement, co-design and coproduction. These already suggest great opportunities to gain engagement with the Green Plan. There are a further 3 Frimley Health & Care engagement initiatives with the potential to be used at the outset, to seek input and co-create the next iteration of this plan during the First Year, and to develop and deliver initiatives, and insight, 'from the ground up' across the system on an ongoing basis:<sup>9</sup>

#### The Community Panel:

The Frimley Health and Care Community Panel has more than 1,500 members representing people who live in Ascot, Bracknell, Farnham, Maidenhead, North-East Hampshire, Slough, Surrey Heath and Windsor. The panel would be an ideal forum to gather views from a representative section of the community on the Green Plan. Existing panel engagement methods including surveys, focus groups, workshops and events could be used to understand needs and experiences when planning and improving sustainability initiatives.



#### Innovation Fund:

The Innovation Fund, and supporting conference, aims to give communities the opportunity, support, courage and seed funding to suggest and progress innovative projects that could have a big impact on the health and wellbeing of local people.



Over 45 projects have now been supported and the impact on local communities has been clear to see. By providing opportunities for our community to find solutions to environmental issues, carbon reduction and local health and care issues simultaneously, we will be able to develop models from the ground up alongside local people, supporting gaps in health inequalities in a different and more impactful way.

## Case Study: Innovation Fund Example – Hart’s Green Garden

Hart Voluntary Action is working in partnership with Hart District Council and other local organisations to develop a community Garden in Fleet.

‘Minding the Garden’ at Hart’s Green Garden is working to establish a partnership with the Fleet Primary Care Network (PCN) via the Social Prescribing Link Worker as well as other local organisations to engage patients and local people in the project. Work to promote the garden and engage with the community has included:



- A guided walk led by a Countryside Ranger
- Information events at the local library & in the community garden car park.
- Teams presentations to those who can refer in i.e. Hampshire County Council, the Frimley CCG, Hart District Council, Social Prescribers and Wellbeing centres
- Part of The Great Big Green Week and ran an event planting seeds, onions sets and broad beans
- Running Christmas Wreath Workshops

**Insight and Innovation Portal:** The insight and innovation portal provides the opportunity for the community to discover the projects currently underway, share their views and find out how their input has made a difference. Green Plan projects and metrics could feed into this portal too.

## Our priority actions

The below table outlines the actions we will take by the end of October 2021 to increase knowledge, engagement and capability across the system and to produce an updated ICS Green Plan by the end of the First Year, following further engagement with, and input from, all our stakeholders, including patients, residents’ groups and third sector, including SMART objectives and detailed delivery strategies laid out.

Item	By
Confirm the SRO for the Green Plan going forward	TBD
Set a target for take-up, and promote eLearning for Health’s “Delivering a Net Zero NHS module” across the system, including primary, secondary and social care.	TBD
Create Champion role description and start recruiting champions system-wide	TBD
Create plan to engage and gain input from patients, residents’ groups, social care and third sector on the Green Plan	TBD
Mobilise and complete the above consultation	TBD





Over 75% of Senior Place and System leads to have undertaken first half day of carbon literacy training	TBD
Multi-partner full day workshop (including second half day of carbon literacy training) to be organised for each Place to decide on priorities, objectives, projects and delivery strategy.	TBD
Full day workshop (including second half day of carbon literacy training) to be organised for each system-wide workstream and for Clinical Leads	TBD
Create programme of campaigns, events and awareness days for September 2022 onwards to be co-ordinated across the ICS	TBD
ICS Net Zero delivery lead to be recruited and in post	TBD
Updated workforce and engagement section for refreshed Green Plan	TBD

## Our aspirations by 2025

1. To have a thriving network of champions in all areas of service delivery, working with partners across the system to co-create and deliver projects
2. For Clinical and Non-Clinical service leads, or their nominated environmental ambassadors, in Primary, Secondary and Social care, to be part of regional and national sustainability networks for their clinical specialism or sector of care to share and gather best practice
3. To have embedded our Green Plan into our recruitment and induction processes
4. To have engaged our communities to contribute to, and feel part of, our efforts to reduce environmental impact and improve population health through the Community Panel, Innovation Fund, Insight and Innovation Portal and other engagement forums
5. To have a reputation as a system on an accelerated journey to net zero



## Digital Transformation

### Why this is important

Digital transformation is one of the most important elements of this Green Plan, as it is for delivery of the Frimley Health and Care strategic ambitions and covid recovery.

The direct alignment between the digital transformation agenda and a net zero NHS are clear. This is in three respects:

1. **Digital transformation as an enabler:** harnessing digital technology and systems to streamline service delivery and supporting functions and enable preventative care, therefore improving population health and well-being while improving the associated use of resources and reducing carbon emissions.
2. **Digital services as a source of carbon emissions and wider negative environmental and social impacts** – the provision of hardware, software and storage all have associated negative impacts that need to be addressed as part of this Green Plan.
3. **Risks from climate change impacts on digital services** – the duration, frequency, unpredictability and acuity of climate change associated extreme weather events is increasing, representing a risk to the delivery of digital services

### DIGITAL TRANSFORMATION AS AN ENABLER OF CARBON REDUCTIONS AND IMPROVED HEALTH AND WELL-BEING

Strands include the following, several of which have been significantly accelerated over the last two years:

1. **Provision of care virtually:** including digital front door, virtual patient consultations, virtual wards, reducing the cost and carbon emissions associated with travel and transport and bed days, for example, as well as providing quicker and improved patient access to care, and improved well-being.
2. **Virtual working:** enabled through the mass deployment and uptake of cloud-based teleconferencing, e.g Teams and Zoom, and use of VPN.
3. **The application of data science / AI:** to enable improved segmentation and targeting of patients for more proactive and anticipatory care - potentially averting a requirement for resource intensive acute care, reducing acuity and/or opening up alternative social prescribing pathways, all reducing environmental impact and improving patients' well-being.
4. **Facilitating sustainable behaviours and informing decision-making:** Examples include the use of geo-spatial analysis, car sharing apps, carbon emissions data linked to individuals' behaviours, as well as communicating and educating on Greener clinical practice through digital platforms.

### DIGITAL SERVICES AS A SOURCE OF CARBON EMISSIONS AND WIDER NEGATIVE ENVIRONMENTAL AND SOCIAL IMPACTS

Environmental impacts are evident through the lifecycle of digital service provision, related to:



1. **Hardware:** With associated negative environmental and social impacts from the point of raw material extraction through the manufacturing and delivery to healthcare providers and following use in the recycling and waste treatment process.
2. **Software and data storage:** Requiring large amounts of energy, much of this fossil-fuel derived with associated carbon emissions.

## RISKS FROM CLIMATE CHANGE IMPACTS ON DIGITAL SERVICES

The provision of digital services to the NHS depends on infrastructure in many locations, both in the UK and globally. It is crucial that this hardware and systems infrastructure is resilient to the changes in climate and extreme weather events that we know are already evident and will be increasing going forward, and that both long-term adaptation interventions and business continuity plans are in place.

### National and regional progress

The switch to working and delivering services remotely during the Covid-19 pandemic has already delivered significant carbon emissions reductions nationally:

- In the 12 months to June 2021 virtual appointments are estimated to have saved carbon equivalent to taking 40,000 cars off the road for a year.

In the South-East region, the Strategy Unit's 'Case for Sustaining Digital Working'<sup>10</sup> report of December 2020 captured the following, in relation to the first 5 months of the Covid-19 pandemic\*:

- 91% of GP practices in the South-East region are now live with online consultation capability and 97% of Acute Trusts are live with video consultation capability. Around 11,700 laptops/iPads/desktops have been deployed across the region.
- In Primary Care, attended appointments carried out virtually have increased from 16% in 2019/20 to 50%, during the period of April to July 2020.
- For outpatient services, appointments attended virtually have increased from 4% in 2019/20 to 47% during the Covid-19 period.

For Corporate Services:

- 86% of NHSE/I SE staff agreed / strongly agreed to the statement "Home/remote working offers me increased flexibility".
- Desk capacity across the NHSE/I SE estate has been reduced from 658 to 118.
- Across a 5-month period, NHSE/I SE and HEE SE have saved over £400k in travel expenses.
- The reduced requirement to travel for work across that 5-month period has meant 300k fewer miles were travelled for work compared to the same period in 2019/20. This has reduced emissions by over 80k Kg CO<sub>2</sub>.

\*for part of primary care, secondary care outpatient appointments and wider corporate services of NHSE/I SE and Health Education England (HEE SE).



## Frimley ICS digital transformation green plan context

The Frimley ICS has a leading digital transformation programme that, while addressing the national digital priorities and targets, also innovates in several areas that improve integration, enable preventative and anticipatory care and more remote monitoring, among others. While it is certain this work is improving patient outcomes and reducing resource use and travel, and their associated environmental emissions, there has been relatively little work to date in benefits realisation and cost of delivery in carbon and QALY terms.

### SYSTEM STRENGTHS AND BEST PRACTICE TO BUILD ON

The digital transformation programme is enabling a shift from reactionary care to preventative care and increased patient responsibility for their own care. In addition to the systems themselves the team are engaging at resident and patient forums to discuss and consult on how the ICS is providing care differently in this regard. Best practice and integration with other systems is also enabled through wider engagement with the Thames Valley Alliance (TVS Programme) which includes Oxon and Bucks.

#### Connected Care

The Frimley Health and Care 'Connected Care' system holds patients' personal health records and provides a shared care record that can be accessed by healthcare professionals across the ICS. This means patients do not have to provide information more than once, allows quicker and collective MDT decision-making by clinicians and ultimately improved patient outcomes.

Development of Connected Care continued at pace during the Covid-19 pandemic, with one notable development being it's integration with population and public health data. This provided an increased capability to deliver anticipatory care, with impressive results:

#### **Best Practice Case Study: Oximetry@home**

The Connected Care Insights platform integrated the shared care record, personal health record, population and public health platforms to identify those in most need and help them access the right care, in the right place, at the right time.

Within minutes of an individual's Covid positive test result the Connected Care platform received this information and stratified the patient's risk level against a range of criteria, then indicating whether deployment of an Oximetry@Home kit was recommended.

Once deployed healthcare professionals could monitor oxygen saturation levels remotely and patients could also see these, with triggers set for physical healthcare provision if saturation levels dropped below a set %. This meant patients with safe levels of oxygen saturation could stay at home reassured, and not take up an in-patient bed, while those whose indicators dropped could be attended to immediately, thus averting 'silent hypoxia.'

**☆ In its first 3 months the Oximetry@Home Programme reduced mortality rates by 42-50% and average length of hospital stay from 9 to 7 days.**

In a different application the West Berkshire ICP, who also use the Connected Care platform, were able to use the capability to view shared care records and population health information to conduct a successful remote blood pressure monitoring trial. As well as providing more frequent blood



pressure information to GPs the trial also increased the number of other tests undertaken by the cohort, compared to the control, and increased their indicators across several measures over time.

Patients are being encouraged to 'Know your own numbers' and systems are supporting 'Making every contact count'.<sup>11</sup>

In addition to similar applications in the future there are two possible areas for the ICS to explore to build on the above, in relation to the impact of climate change and for carbon reduction:

1. **Protecting vulnerable populations from climate change impacts:** Data sets now exist at a very local level indicating the local impacts of climate change, and the population's preparedness for extreme heat events and flooding, which could also be integrated into Connected Care as part of an adaptation strategy.
2. **'Know your own numbers' and 'Make every contact count':** As well as health related information these principles apply for carbon emissions and greener practice. The principles could be used by the ICS to support wider scale deployment of carbon and environmental emissions data as well as feeding greener behaviour and greener practice guidance into patient and clinical portals.

## Hear and Treat

Both South-East Coast Ambulance Service (SECAMB) and South Central Ambulance Service (SCAS) have embraced 'hear and treat'.

SCAS targeted 8% of calls to be closed this way in 2020-21, up from 6% in 2018-19, therefore avoiding increased vehicle usage, and related carbon emissions and cost. SCAS will continue to focus on integrated urgent care pathways and partnerships with complementary healthcare providers in the local economy to enable further increase. They are consulting on the clinical and technological changes that may significantly increase these levels, in the short term developing a video solution to enhance hear and treat.

## EPIC Frimley Health Electronic Patient Record

Frimley Health NHS Foundation Trust's EPR will go live in July 2022, speeding up clinicians' access to patient information and vastly reducing the volume of paper use in the Trust. In addition to the improved data flows into the Connected Care system the patient portal will also provide a platform that can be used to communicate messages across cohorts of patients, including prompts to sustainable choices where appropriate.

## Primary care – virtual v face to face appointments

With recognition that there is a fine balance to be struck between face to face and virtual care, and that patients may have strong preferences, primary care teams are segmenting patients into:

- Those whose clinical need means a face-to-face appointment is essential
- Those where there is no strong clinical need but a face-to-face appointment is likely to be beneficial for their overall well-being
- Those who have no clinical need for face-to-face and are happy to continue with virtual care





## AREAS REQUIRING FURTHER DEVELOPMENT

### Digital exclusion and patient education

While Frimley Health and Care continues to deploy digital solutions work is also being done to avoid digital exclusion, and to increase digital literacy across its workforce, residents and patients. There is a current focus on this area of work. It is also recognised that as patients are given more responsibility for their own care they will need education to go alongside this, in the case of remote monitoring for example, so they know 'what to do with the numbers'. <sup>11</sup>

### Integration of environmental impact assessments

In order to assess the positive environmental impacts enabled through digital transformation, the negative environmental impacts associated with providing digital services and the impact of climate change on those digital services environmental work is required to embed environmental impact assessments into decision-making and project reviews.

## **Our commitment to delivering SE regional priorities**

Digital transformation is one of five Greener NHS priorities in the South-East region for 2022-23, set in consultation with the national Greener NHS team.

We commit to supporting the expectations of the region for 2022-23 in relation to digital ways of working and models of care are as follows:

- Further articulate the case for sustaining the digital transformation of activity triggered during the pandemic response in 2020
  - Expanding the use of telemedicine and moving away from paper records as an ICS.
  - Digital remote working for non-clinical workers.
  - Digital servicing of clinical requirements.
- Continue to measure and map changes to digital models of care to identify carbon savings and aid decision making for service delivery transition
- Align the sustainability agenda with the Digital Transformation targets including Virtual Wards/Virtual Care, Electronic Patient Records, PIFU and outpatient virtual care, electronic teleconference and primary care

As such we will:

- Increase/allow patients to access virtual outpatient and primary care appointments, where clinically appropriate
- [Follow NHSX's "What Good Looks Like" framework](#)
- Increase flexibility to allow for staff to work remotely where feasible.

## **Priority Green Plan actions**

In addition we will:



Item	By
Nominate an ICS Digital Services sustainability lead and agree mechanisms, collaboration and forums for below actions	TBD
Hold a first sustainable digital services workshop, with representation from across the system, to support the implementation of this strategy	TBD
Undertake environmental benefits realisation for key digital transformation projects since 2020, e.g. virtual outpatients, virtual wards, remote working and EPIC, publicise these benefits, and embed process going forward.	TBD
Identify ways the digital platforms used most by healthcare professionals, non-clinical staff and patients (including SMS) can be used to prompt sustainable clinical practice and behaviours and create a process to enable this going forward.	TBD
Create an action plan to drive digital services teams' take up of available sustainability eLearning (e.g. eLearning for Health)	TBD
Map the ICSS' ICT / digital carbon and environmental footprint and make an action plan to provide a baseline carbon footprint measurement, and process to embed measurement going forward, by [TBD]	TBD
Key digital transformation workstream leads receive Carbon Literacy training	TBD
Create a set of environmental and carbon emissions supplier expectations, in line with overall ICS targets and policies, to go into all procurement of software, data storage, traffic and hardware by [TBD]	TBD
Create an action plan to review current treatment of all types of redundant hardware, identify best practice nationally and set objectives to improve waste hierarchy performance and reduce environmental impact, commencing implementation of measures by [TBD]	TBD
Create a plan to evaluate the feasibility of integrating local climate risk data, from sources such as the UK Climate Impact Projections, Climate Just Mapping and SHAPE into the Connected Care platform, by September [TBD], as part of the adaptation strategy	TBD
Ensure risk to digital services, and therefore to service provision, from the local impacts of climate change and extreme weather events, is included in the ICS Climate Change Adaptation Plan as well as the relevant adaptation strategies to mitigate these risks	TBD

## Governance and delivery

*Proposal* - The Frimley ICS Digital Board will provide oversight of these workstreams and assurance to the ICB that actions are being progressed and objectives reached. Implementation will be co-ordinated by a nominated ICS Digital Services sustainability lead, working with Provider and PCN Digital Services leads and Place-based Change Managers, supported by FHFT Head of Sustainability.

## Our aspirations by 2025

1. Aligned to and outperforming national digital strategy targets
2. For Service leads to be cognisant of the positive and negative impacts of digital services and digital transformation in relation to net zero and wider environmental impacts.
3. To have a set of projects and case studies to demonstrate the benefits of digital services to the Greener NHS agenda and vice-versa



## Medicines

### Why this is important

Use of medicines as a whole, in the form of medical gases, metered dose inhalers and all other categories of medicines and associated chemicals, make up over 25% of the NHS' carbon footprint. In addition to this, their manufacture, logistics and post-use emits pollutants into land, sea and air that are having an increasingly destabilising effect to natural ecosystems and, by association, human health.

### National and regional greener NHS medicines priorities

As well as being one of the focus areas for a Greener NHS, the South-East region has been selected to make Medicines one of its 5 priority areas. The expectations of Trusts and systems are set out below, along with the system's current status:

National and regional expectation	Frimley ICS Status
<p><b>Reducing the carbon impact of inhalers</b>, in line with the commitment of a <b>50% reduction by 2028</b> and a <b>13% reduction in 2022/23</b> on a 2019/20 baseline, by:</p> <ul style="list-style-type: none"> <li>• Supporting the achievement of the four inhaler indicators as part of the investment and impact fund (IIF).</li> <li>- Ensuring that national resources accessible on FutureNHS are promoted</li> <li>- Ensuring respiratory best practice are followed and change in inhalers are undertaken in consultation with patients, with appropriate inhaler technique training.</li> <li>• Decreasing the proportion of metered dose inhalers prescribed to 25% of all non-salbutamol inhalers prescribed, leading to a mean life-cycle carbon intensity of all salbutamol inhalers prescribed to 13.4kg CO<sub>2</sub>e by March 2024.</li> </ul>	<p><i>The current approach and progress is consistent with these targets</i></p>
<p><b>Reducing the proportion of desflurane</b> used in surgery <b>to less than 5%</b> of overall volatile anaesthetic gases volume in all trusts in line with the proposed 2022/23 NHS Standard Contract.</p>	<p><i>SE Greener NHS team reported December 2021 desflurane proportion already reduced to less than 5%</i></p>
<p><b>Reducing the emissions associated with the use of nitrous oxide</b>, in line with the 2022/2023 Standard Contract.</p>	<p><i>Work commencing (see below)</i></p>



## Frimley ICS medicines optimisation and pharmacy Green Plan context

The FHFT theatre teams have made great progress in reducing the use of both desflurane and Nitrous Oxide. Nonetheless Nitrous Oxide use still represents the second highest category of direct carbon emissions in these settings, after gas, due to its heavy use in maternity and in urgent and emergency care. There are, however, exciting plans for 2022/23 for maternity to build on the theatre teams' work and implement several projects, including the use of new technology to the UK, to reduce these emissions (see below).

In terms of pharmaceuticals, outside of the secondary care provision, there is a national NHS contract with national Community Pharmacies and the Frimley ICS is part of 3 x Local Pharmacy Committees with larger footprints. Depending on the initiative, some may be possible to work on within the scope of the ICS, or even at Place level, but the larger contracts and networks do have an influence.

### STRENGTHS AND BEST PRACTICE TO BUILD ON

#### Regular pan-system committees, forums and national requirements

There are well-established committees that meet regularly, with associated authorisation routes, both into and from primary care (Medicines Optimisation Group) and secondary care (Drugs and Therapeutics Committees). These, supported by system, place and PCN level pharmacists, covering all areas of clinical practice, provide a good platform for scaling both nationally mandated and locally driven greener practice across the system.

#### Formulary request medicines optimisation form

This form, used by clinicians and pharmacists to propose a change or addition to drug treatments, now requires the impact on health inequalities and sustainability / environmental considerations to be included in addition to clinical efficacy, safety and financial case. The next step is to provide a framework in this form to assess the environmental impacts.

#### Anaesthetics

The anaesthetics teams at Frimley Health have already met 2022/23 NHS Standard Contract requirements by reducing the proportion of desflurane used in surgery to less than 5% of overall volatile anaesthetic gases volume (*subject to confirmation by FHFT Pharmacy*). This is a fantastic achievement, and these teams should be further supported and celebrated in their efforts to further reduce the environmental impacts of anaesthesia.

#### Nitrous Oxide

In late 2021/22 Frimley ICS and HIOW ICS were successful in a joint Greener NHS Accelerator bid to secure funds to carry out nitrous oxide waste audits on Acute sites and implement and test the Medclair Nitrous Oxide Mobile Destruction Unit in 2022/23. At FHFT this will be in the form of 3 units in each of the Birthing Centre's at Wexham Park Hospital and Frimley Park Hospital, with units due to arrive in late Spring 2022.

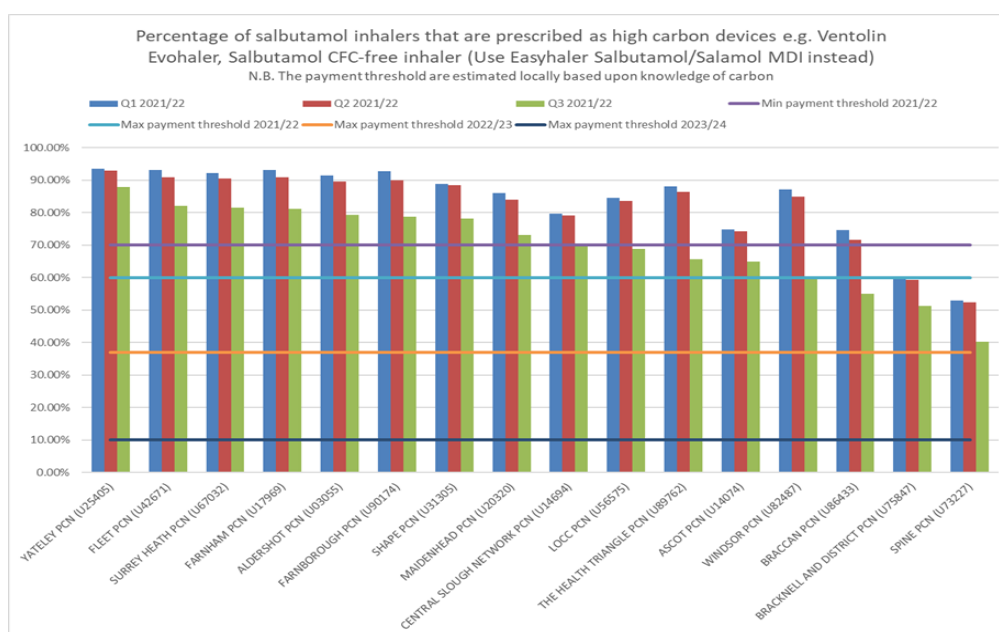


## Inhaler prescribing

### Case Study: Lowering the carbon footprint of Inhaler prescribing

Frimley has led the sustainable agenda locally and regionally with engagement from all system partners on ways to reduce the carbon footprint and environmental impact of prescribing and the provision of medication.

Joint working with specialist respiratory teams, the Medicines Optimisation Team and PCNs has led to the development of guidance and support tools to aid clinicians and individuals in reaching shared decisions about inhalers and whether to use low carbon inhalers in preference to higher carbon options. Training has been delivered to clinicians across the ICS and all PCNs across the ICS are showing significant progress in moving to prescribing of lower carbon inhaler devices.



The work undertaken in Frimley<sup>12</sup> has received national recognition and is cited as an example of good practice by the Royal College of Paediatrics and Child Health:

<https://qicentral.rcpch.ac.uk/resources/systems-of-care/reducing-the-environmental-impact-of-inhaler-use-and-disposal-within-the-paediatric-department-at-wexham-park-hospital/>

### Reducing waste in care homes

One of the NHS priorities is to manage and reduce medicines waste in care homes which is estimated to be approximately £300 million a year. Approximately half of this is avoidable waste<sup>13</sup>.

Care homes across the Frimley system have been supported to reduce medicines waste over the last 3 years in a number of ways:





## Case Study – Targeting avoidable waste in East Berkshire Care Homes

A baseline audit of care homes in August 2018, using data from the waste record book in each care home including reason for wastage, established the approximate value of avoidable medication waste to be £140,000 from a total medication waste value of £255,000. A RAG rating was used to support the homes with the highest level of waste with Pharmacy Technician interventions. Following these interventions the average percentage of avoidable waste had decreased to 39% from the baseline audit level of 68%.

The intervention that contributed the most savings was reviewing the supply of ‘when required’ medication, also known as PRN medication. PRN medication is prescribed to treat short term or intermittent conditions but is not required on a regular basis. These medications include pain relief, laxatives and salbutamol inhalers. Training and awareness sessions with care home and GP practice staff reinforced stock-check before order and switching medication to variable repeat prescription, so care home staff cannot order in error.

Over the last 3 years the vast majority of care homes across the Frimley region have been supported by the CCG MOCH team to use and administer medicines from original manufacturer medication packs and so reduced the repackaging of medication into Multi-compartment Compliance Aids (MCAs) such as monthly blister packs, dosette boxes or NOMAD trays. This has significantly reduced the use of plastics, paper, electricity, fuel for delivery and staff workforce pressures but has also improved patient safety.

The MOCH team have also supported care homes with repeat medication ordering making the 28 day medication cycle and process more efficient. This has involved increasing the use of electronic medication ordering through secure email or proxy ordering eg EMIS Proxy. In addition, this has enabled GP practices to increase their use of electronic prescribing systems (EPS) rather than paper prescribing and the sharing of electronic prescription tokens for checking has made the process more efficient, reduced the use of paper and reduced delivery driver miles between care homes, GP practices and pharmacies. This support has also helped to reduce risks of delayed receipt of medicines and so reducing risks of omitted medication or delayed treatment in care homes’.

## Priority Green Plan Actions

Item	By
We will include strategies in the Medicines Optimisation Strategy under development to reduce the carbon impact of inhalers prescribed to at least minimum national target levels	TBD
We will develop a more measurable environmental impact assessment methodology to include in the Formulary process	TBD
We will continue to reduce use of desflurane, and sevoflurane where appropriate, by engaging and encouraging anaesthetics teams to use TIVA more	TBD
We will complete a nitrous oxide waste audit across all Trust sites	TBD



We will start to reduce nitrous oxide emissions in our maternity wards using nitrous oxide destruction units and share our experiences with other Trusts in the region	TBD
We will work with other systems to re-engage TEVA on servicing an inhaler collection scheme across our Primary Care, Secondary Care and Pharmacy sites, or research alternatives with a view to implement by [TBD ]	TBD
Monitored dosing systems (MDS) toolkit will be used to engage pharmacists to review the use of monitored dosing systems and if they are really necessary	TBD
We will start a campaign to engage clinicians to do Structured Medication Reviews more regularly as this often results in medications being reduced or un-prescribed	TBD

## Governance and Delivery

The Medicines Optimisation Board will provide assurance to the ICB that Green Plan actions are being taken and will regularly update on progress. They will be supported by the Drugs and Therapeutics Committees and Medical Gas Committees representing secondary care, the Medicines Optimisation Group representing primary care, lead pharmacists across Place and Providers and the FHFT Head of Sustainability.

## Aspirations by 2025

1. To reduce the emissions associate with the use of Nitrous Oxide by 50%
2. To achieve greater emissions reductions from the use of inhalers than those specified in national targets
3. To have a fully functioning inhaler collection and recycling scheme running
4. To be using a robust process and metrics to integrate product environmental and social impact and risk, with weighted/monetized value, in the formulary process
5. To have reduced the volume of waste associated with pharmaceuticals and to have increased the level of material recycled



## Estates and Facilities

### Why this is important

The NHS estate and its supporting facilities services accounts for approximately 60% of the 'NHS Carbon Footprint', (primarily emissions from energy use, particularly gas) direct from facilities, and the Estates, Facilities and Capital Supply chains are also significant in the 'NHS Carbon Footprint Plus'. The estate encompasses primary care, trust estates and private finance initiatives, therefore approaches need to be tailored not only to the type of buildings but also to tenure.

Strategies to reduce emissions must address both emissions from existing buildings being retained, related to energy and water use and waste management, and lifecycle emissions from new builds, from their construction, emissions in operation and in de-construction at end of life.

### National guidance, support and expectations

#### GUIDANCE AND TOOLS

There are two guidance documents and one tool recently or soon to be published by NHSEI that provide frameworks to support reduction in Estates and Facilities emissions:

##### **A. NHS Estates 'Net Zero' Carbon Delivery Plan (Published November 2021)**

This sets out a clear, sequential, four step investment approach to decarbonising NHS sites:

1. Making every kWh count: investing in no-regrets energy saving measures
2. Preparing buildings for electricity-led heating: upgrading building fabric
3. Switching to non-fossil fuel heating: investing in innovative new energy sources
4. Increasing on-site renewables: investing in on-site generation

The document also references a range of actions to tackle climate change in other areas relating to Estates and facilities, including:

- Driving forward a circular economy
- The electrification of the NHS fleet
- Engaging the supply chain
- Preparing the estate for severe weather
- Committing to active travel

(ICS actions related to these areas are included in other sections of this plan, but naturally the scope includes Estates and Facilities)

##### **B. NHS Net Zero Capital Planning Tool (undergoing initial pilots nationally)**

The tool will assist in visualising, planning and prioritising data/energy management, building fabric measures, energy efficient systems, renewable and low carbon energy projects.

##### **C. NHS Net Zero Carbon Healthcare Building Standard (Due for publication summer 2022)**

This standard, being trialled by some of the teams working on the initial schemes under the Health Infrastructure Plan, provides a methodology that can be used to deliver a capital scheme that can be termed 'net zero', i.e. reducing carbon emissions by as much as possible and offsetting the residual. This can be followed in tandem with BREEAM.



## FUNDING OPPORTUNITIES

Since 2018 there have been two energy efficiency and building decarbonisation grant funding opportunities of note open to the NHS:

1. **£50m NEEF fund** for delivery of LED lighting projects in 2019-20 and 2020-21: enabled the upgrading of approximately 310,000 lights, saving £18.5m and 34,000 tonnes of carbon per annum. This addressed approximately 10% of the non-LED lighting still requiring upgrading, with over 2,800,000 still to change. It is unknown if this fund is to be re-run.
2. **Public Sector Decarbonisation Scheme:** Three phases of applications have taken place (between October 2020 and October 2021). These have been open to all public sector organisations, inviting 'whole-building' schemes combining heat decarbonisation with energy efficiency measures, with application criteria and modelling becoming more stringent at each phase but sums available increasing. Phase 1 and Phase 2 provided a total of £1,075 million in funding (approx. 25% of this to NHS schemes), with a fourth application window expected in Autumn 2022 but not confirmed.

## Frimley ICS Estates and Facilities Green Plan context

There is significant variation in the age and quality of the primary care and secondary care estate, with the mix of ownership across primary care and community care and the complex nature of the secondary care estate making this a challenging area to achieve rapid carbon reductions. Increased efficiency has been delivered through capital upgrades to sections of the estate, however the net zero approach to date has primarily been related to planning and building control requirements.

### SYSTEM STRENGTHS AND BEST PRACTICE TO BUILD ON

There have been several fantastic new and re-developments that have opened across the system in the last 18 months that are improving patient experience and providing more operationally sustainable estate.

In primary care these include Voyager Family Health in Farnborough and Brook House, in Ascot, both providing new larger efficient co-located facilities for GPs surgeries.

The new Heathlands Health and Care Home, in Bracknell, is a great example of partnership working between Bracknell Forest Council Adult Services, the Frimley CCG and FHFT. It will further enable the council and the local NHS to provide a full range of enhanced care, including specialist dementia care and intermediate care, and support for the community, providing care closer to home and reducing pressure on acute sites.



## Case Study: New Heatherwood Hospital

Patients and future generations will benefit from this superb elective secondary care facility, surrounded by nature, that has sustainability and carbon reduction built in:

- Lots of natural light, views of the surrounding woodland and green roofs
- Active travel facilities, including a 64-cycle covered rack and changing rooms
- Car sharing and car charging bays
- Energy efficient controlled LED lighting, HVAC systems and air source heat pumps for low carbon heating and cooling
- 188 solar PV panels on the roof, covering 350m<sup>2</sup>, generating 60,000 kWh/annum, enough to power 50 homes!
- Achieved a BREEAM 'Very Good' rating
- Will use 50-55% less gas and 15-20% less grid electricity than the old hospital and >60% less energy CO<sub>2</sub>e per patient contact by 2025.



## Waste management

The potential to widen the use of the Warp It reuse system, in use at FHFT, to other parts of the ICS should be evaluated. This would reduce both the spend on new non-clinical items and furniture, as well as the volume going into the waste stream.

## AREAS REQUIRING FURTHER DEVELOPMENT

### Data and monitoring

There is visibility of relevant data for Trusts at an overall and site level, through the ERIC returns, however there is currently no visibility of the relevant primary care data.

### Renewables

There are relatively few examples of on-site renewables, or renewables Power Purchase Agreements, across the ICS Estate however the consideration and progression of all viable opportunities to introduce these will be critical to this strategy going forward. They will be required





to directly reduce the carbon emissions associated with energy supply, provide increased capacity and resilience for the electrification of heat and mobility as well as reduce exposure to the volatility in energy markets, such as we see today.

## Water management

Achieving reductions in water use is challenging in healthcare environments however it is important all potential water efficiency and greywater recycling possibilities are explored, both to reduce carbon emissions associated with water supply and wastewater treatment but also as water stress is likely to increase significantly in the SE of England by 2040.

Exploratory high level water audits were conducted at the 2 FHFT major acute sites in 2021, with no significant improvements identified, however increased levels of local sub-metering, monitoring and targeting and staff awareness on these sites should be considered later in this Plan cycle, along with first phase audits of water consumption on primary care sites.

## The Approach we will adopt across the ICS

To new developments:

- We will bring all the areas of focus of this Green Plan into our design and decision-making processes at RIBA Stage 0-1, clearly defining sustainability outcomes and targets at the outset
- We will adopt the NHS net zero carbon healthcare building standard as a methodology for delivering net zero direct carbon emissions from our new developments
- We will achieve BREEAM Outstanding or Excellent ratings for our new developments
- We will seek these standards from third party developments where we will be the lessee

Energy and water use:

- We will use the NHS Estates 'Net Zero' Carbon Delivery Plan as a framework (subject to final review on publication) to ensure we have plans for all the areas required to reach net zero operational emissions from energy and water use
- We will use the NHS Net Zero Capital Planning Tool (subject to final review on publication) to draw up a multi-year programme of works across the ICS

Waste:

- Our Procurement and Estates & Facilities colleagues will work together to align materials in purchased products to materials that can be recycled by contracted waste management companies, or by the product supplier.

## Priority Green Plan Actions

Item	By
We will ensure all Trusts are purchasing 100% REGO-backed renewable electricity when their contract comes up for renewal	TBD
We will ask all our Primary Care Landlords to provide dates when they are able to make the switch to 100% REGO-backed renewable electricity	TBD
Scope of support required and available from new FHFT Buildings Decarbonisation Manager post, or alternative, to be agreed	TBD



We will put processes, training and support in place for project teams to consider sustainability, net zero targets and wider Green Plan objectives at RIBA Stage 0-1 for all new developments, and define required outcomes	TBD
We will adopt the NHS net zero carbon healthcare building standard (subject to review on publication) as a methodology for delivering net zero direct carbon emissions from our new developments, and will assess existing schemes in development against this standard	TBD
We will support our Trusts to prepare heat decarbonisation plans and do the surveys and studies required to prepare robust Public Sector Decarbonisation Scheme applications	TBD
We will select a supplier to conduct energy audits of a first cohort of our 'to be retained' owned primary care estate	TBD
We will benchmark our Trusts' waste management performance against other Trusts in the region, increase sharing of best practice and set targets to be achieved by April 2025.	TBD
We will produce a consolidated 2021/22 ICS Estates carbon footprint baseline, aligned to the NHS Carbon Footprint (emissions from healthcare facilities and business travel) for NHS Trusts operating in the ICS	TBD
We will produce a good estimate NHS Carbon Footprint for primary care, community and social care providers	TBD
A detailed action plan and programme is to be drawn up for delivery of the ICS Estates net zero delivery plan.	TBD
Appropriate skills and resources are in place in order to deliver the action plan and required carbon reductions	TBD

## Governance and Delivery

The Estates Strategy Group will be responsible for providing assurance to the ICB of progress against the actions above and net zero targets. They will be supported by the Trust Sustainability and Energy leads and primary care estates leads.

## Aspirations by 2025

1. To have made successful PSDS applications and be delivering the projects to plan and budget
2. Delivering BREEAM Excellent or outstanding buildings for all schemes going to Planning after [September 2022 ?]
3. Working with our partners to have a detailed net zero roadmap across all NHS sites being retained past 2030.



## Travel and Transport and Air Quality

### Why this is important

The 2020 'Delivering a Net Zero Health Service' report stated that approximately 3.5% (9.5 billion miles) of all road travel in England related to patients, visitors, staff and suppliers to the NHS, contributing around 14% of the system's total emissions. This included approximately 4% for business travel and fleet transport, 5% for patient travel, 4% for staff commutes and 1% for visitor travel.

Also, we know bad air quality is a factor in heart and lung disease, causing almost 40,000 deaths per annum in the UK, as well as affecting cognitive abilities, particularly if exposed from a young age.

Despite digital solutions continuing to enable maintenance of some of the reductions in staff, patient and visitor travel seen during the pandemic across the NHS (through virtual consultations, wards and working) and providing innovation to provide options for care at or closer to home, the overall level of single occupancy car travel related to healthcare may now be close to pre-pandemic levels and remain so for the next few years as elective backlogs are worked on and new on-site staff are recruited.

Increasing the proportion of active travel journeys made, both to healthcare environments and in wider daily life, is vital, as it will both improve local air quality and improve the physical and mental health of those who partake, as well as reduce carbon emissions and wider environmental impacts. This, in turn, will reduce acute demand on our healthcare system in the future and improve socio-economic outcomes.

### National and Regional Context and Priorities

In planning our sustainable travel and transport strategy there are a number of national and regional factors to consider:

#### National and Regional Priorities and Expectations

The following have been included in the MoU between the national Greener NHS team and the SE regional team as priorities for 2022/23, and should therefore be adopted as objectives for the Frimley system to reach, where viable:

- Ensuring that the region's owned and leased fleet is made up of at least 90% Low Emission Vehicles (LEV) by March 2024. This should include a target of 5% of the fleet being made up of Ultra-Low Emissions (ULEV) and Zero Emission Vehicles (ZEV) by March 2023, ensuring that all vehicles (under 3.5 tonne) purchased or leased from 1 April 2022 onwards are ULEVs or ZEVs.
- Ensuring that only ULEVs or ZEVs are available to staff through car salary sacrifice schemes from 1 April 2022.
- Ensuring all ICSs have a salary sacrifice cycle-to-work scheme in place for staff; as well as facilities available to encourage staff and visitors to cycle-to-work where appropriate.

In addition, the NHS Standard Contract SC18 includes the expectation that Trusts will: <sup>14</sup>

- Develop plans to install electric vehicle charging infrastructure for fleet vehicles at the Provider's Premises



- Provide details on the organisations' approaches to improving air quality, e.g. through developing a plan to support active travel, participation in the anti-idling cleaner air hospital framework.

## Zero emission Ambulance Services

The first zero tailpipe emission ambulance, capable of travelling up to 300 miles without re-charging, was unveiled at COP26, the United Nations global summit held in Glasgow in October 2021<sup>15</sup>. This was the first to integrate electric vehicle technology with a hydrogen fuel cell, enabling the vehicle to travel much further. Ambulance services across the UK, including the South-East, are already deploying 100% electric Non-Emergency patient transport vehicles and will soon be starting to procure electric ambulances. This must be considered in local planning of electric charging point deployment.

## Electric cars

In 2021 more battery electric vehicles (BEV) were sold than over the previous five years combined (2016-2020), making up 11.6% of all new car sales, while plug-in hybrid electric vehicle (PHEVs) made up 7%.<sup>17</sup> It is estimated there are now over 400,000 electric cars (EVs) and more than 750,000 plug-in hybrids (PHEVs) on the road, with a year-on-year growth rate of over 180%. In February 2022 the market share of BEVs was 17.7%, up 50% on the 2021 figure.<sup>16</sup> The explosion in new BEVs being bought means healthcare facilities and their partners can have more confidence in increasing the number of charging points and charging point bays on their premises.

## Fuel crisis and cycling

The Mobilityways commuting monitoring platform reported a 45% increase in cycle commutes in late February/early March 2022 (reaching level 25% up on the maximum level from previous summer). The rise in fuel prices and cost of living is likely to be a significant factor in this rise. If this change in behaviour is supported, with the introduction of new facilities and incentives, then not only will employees feel supported by their employer there is also a great opportunity to continue the behaviour into the longer term. This will improve fitness, productivity and reduce carbon emissions and congestion, on roads and healthcare sites.

## Frimley ICS Transport and Travel Green Plan context

Bracknell Forest, Surrey Heath, NE Hants & Farnham and Windsor, Ascot & Maidenhead have some of the highest rates of car ownership in the country (together in the top 15% of Local Authorities), which makes the establishment of active travel behavioural norms challenging. There is, however, also a large disparity between those four Places and Slough, with the latter's car ownership only 2/3 that of Surrey Heath's, for example, and is in the bottom 20% of car ownership per Local Authority.

These factors need to be taken into account when planning both new developments and infrastructure and incentive schemes on existing sites. The cultural, employment and environmental differences between Places mean there needs to be a Locality and Place based partnership strategy for many green travel and transport initiatives. Some economies of scale may be available at a system level, however, from employee-based schemes, e.g. salary sacrifice schemes.

As well as Ambulance Trust fleets BPS also has a large fleet of diesel vans. The electrification of this fleet of vans is challenging in the short term as the BPS are lessees on the depots they use as



vehicle bases, and therefore there are few, if any, options to have a set of charging points with reliable availability for this fleet.

## SYSTEM STRENGTHS AND BEST PRACTICE TO BUILD ON

All NHS Partner Trusts have cycle to work salary sacrifice schemes, including e-bikes, and most have some form of car lease scheme, salary sacrifice or personal contract. There may be an opportunity to offer these schemes to Primary Care Network members.

Other employee-wide schemes and facilities across Providers exist, including electric pool cars and electric charging points, however these seem to be lagging behind demand.

At FHFT several clinical teams are now using electric cars to do their community rounds. The number of teams using electric vehicles for community work across the system is likely to increase in line with the provision of electric charging points.

### SCAS: Fleet electrification progress and look forward

SCAS' current status and forward view by type of patient conveyance vehicle:

**Small rapid response vehicles:** Majority now electric, all new replacement vehicles will be fully electric

**Ambulatory vehicles (Hackney carriage model):** Testing six electric vehicles with range extender back up tank across the estate for transporting patients able to walk

**Wheelchair accessible vehicles:** Forty to fifty hybrid vehicles are on premises or on order, destination sites being worked through

**Patient transport re-configurable (stretcher) vehicles:** None in service yet but starting testing hybrid and range extender versions in the near future

**Emergency ambulances:** SCAS part of Low Carbon Emergency Vehicle working group. Assessing hydrogen fuel cell and electric hybrid in order to provide the range required however hydrogen infrastructure is behind where it needs to be to bring into full operational service in the near term.

## AREAS REQUIRING FURTHER DEVELOPMENT

Travel and Transport is becoming an increasingly important area to focus on across the system, with targets to electrify fleet and the need to ensure there are charging points available of an adequate number and power to facilitate the transition. Increased co-ordination and partnership working, particularly between Trusts and Ambulance services will be needed.

### The Approach we will adopt

We will adopt the following approach:

At system level:

- We will evaluate opportunities to offer employee salary sacrifice and other Provider schemes to Primary Care



- We will seek to better understand across all providers and Places our staff commute and staff work journey patterns, as well as patient and visitor journeys in order to better inform local infrastructure plans and our own travel plans.
- We will work with large fleet operators, e.g. BSPS, SECAMb and SCAS, to understand and forecast their electric vehicle charging requirements going forward and map the location and electrical capacity on NHS sites
- We will also ask Place teams to liaise with local partners if required related to the above
- We will ensure Providers are keeping pace with national and regional targets providing support where required
- We will support NHS sites to monitor air quality and advise on clean air frameworks and actions to improve air quality

## Providers:

- Will provide the on-site facilities, schemes, communications, policies and cycle to work leads to encourage modal shift among staff, visitors and patients.
- Will monitor air quality on their sites

## At Place:

- We will provide data to our Local Authority partners to assist them in planning local active travel infrastructure and new public transport options, to support all of our staff, patients and visitors in travelling more sustainably
- We will work closely with our Local Authority Public Health leads to increase the level of communications across all NHS sites and on-line to promote the health and well-being benefits of active travel and public transport.

## Priority Green Plan Actions

Item	By
Establish a system Green travel and transport group to socialise EV Charging, ULEV and ZEV leasing, shared transport challenges and opportunities	TBD
Escalate any issues in meeting national and regional targets to Regional Greener NHS team	TBD
Support Trusts and BSPS to develop fleet decarbonisation plans and set 3-year targets for the % of Low Emission Vehicles (LEV), Ultra-Low Emissions (ULEV) and Zero Emission Vehicles (ZEV). Energy Saving Trust engaged.	TBD
Run a tender exercise to appoint a provider able to do postcode modal mapping for staff and patients for all settings, split by Provider and Place	TBD
Each Trust to appoint a cycle to work lead	TBD
Each provider to look at ways they can use their communications with patients to encourage active travel and public transport, where appropriate	TBD
Each Place to meet with LA Public Health links to discuss consistent messaging and communications campaigns around active travel and public transport	TBD
Identify any air quality monitoring activity already going on across our sites and scope implementation of air quality monitoring where factors suggest particulate could be high	TBD





## Governance and Delivery

There is not a natural system-wide group or board with all the stakeholders required to discuss travel and transport across the system. Initial meetings could be arranged by one of the unitary authority partners, one of the Providers or an external consultant.

From September 2022 ongoing co-ordination and collaboration would be supported by the FHFT Head of Sustainability, providing assurance to the ICS net zero Board lead of progress against objectives.

## Aspirations by 2025

1. To be able to measure our scope 3 travel emissions across all NHS sites
2. To be confident we are making every contact count in communicating the benefits of active travel and public transport to our patients and staff
3. To have reduced our staff commute emissions by 10% across the ICS
4. To have increased the number of staff trying active travel at least once a week to 20% of our workforce

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## Food and Nutrition

### Why this is important

It is estimated that food and catering services in the NHS produces 1,543 ktCO<sub>2</sub>e each year, equating to approximately 6% of total emissions. Healthier, locally sourced food can improve wellbeing while cutting emissions related to agriculture, transport, storage and waste across the supply chain and on NHS estate.

### National and Regional Context

In October 2020 The Hospital Food Review was published<sup>18</sup>. This was partly in response to the deaths of 6 people linked to an outbreak of listeria in contaminated food in 2019 but the report also encompassed a whole range of issues related to improving hospital food, including sustainability.

In addition to the direct 'Going green' elements, related to food waste and the supply chain, the review presented the concept of 'Food as Medicine'. This suggested that hospitals needed to move from a position of food 'meeting basic human needs' to 'viewing food as an integral part of a patient's care plan, reflecting food's importance to human health and its role in both the prevention and treatment of diseases'. Improved diet will reduce the likelihood of conditions such as diabetes or stomach and colon cancer, improving lives and reducing the need for treatment with the associated environmental impacts.

### Frimley ICS Food and Nutrition Green Plan context

Up until recently the catering offerings on our Trust sites, plus the pressures and hours of working in the front-line of the NHS, have made it easy for staff to fall into a poor diet. There has not been a set strategy for increasing plant-based options, sourcing locally or reducing wider environmental impacts.

In our communities there are several areas of deprivation across our five Places which brings nutritional challenges and resultant health conditions.

In terms of opportunity, however, geographically the ICS has some great local producers close by, across Hampshire and across the South Downs, if a part-local sourcing strategy can be considered.

### The Approach we will adopt

We will encourage Trusts to:

- Implement approaches to measure and reduce food waste
- Review and adapt menus to offer healthier lower carbon options for patients, staff and visitors, including more plant-based options and some local seasonal produce
- Work with their suppliers to reduce the carbon emissions and wider environmental impacts in the food supply chain, in line with national targets

Across the system, but particularly at Place:



- We will support GPs, Community, Maternity, Adult Social Services, Young Persons and Mental Health to have good conversations with patients about diet and the benefits to health and well-being it can bring, particularly early in life.
- We will engage with our Local Authority Public Health leads to develop consistent messaging and more communications advocating the health and environmental benefits of an improved diet with less red meat, particularly supporting these messages in schools.

## Priority Green Plan Actions

Item	By
We will ensure NHS Trusts have started to record their food waste on all sites	TBD
We will support NHS Trusts to start to develop new patient and staff menus, in collaboration with suppliers, with a higher proportion of vegetarian dishes and without highly processed foods and red meat.	TBD
We will engage across the SE region to understand different approaches taken to sustainable catering in hospitals, particularly in relation to local sourcing and seasonality	TBD

## Governance and Delivery

In FHFT the Governance over Greener Food and Nutrition has been allocated to the Director of Nursing. *Governance and delivery strategy across the system will be established over the first six months of this plan.*

## Aspirations by 2025

1. We will have reduced food waste by 30%
2. Our patient and staff menus will contain 50% less processed food and red meats
3. We will have started to use some seasonal ingredients from local producers on a regular basis during the UK growing season



## Supply Chain and Procurement

### Why this is important

Emissions in the NHS supply chain make up over 60% of the total NHS footprint and with over 80,000 suppliers it is critical work starts now to engage them in decarbonising their own operations, their logistics and their material use. The raw material extraction process and logistics chain for new products containing virgin materials is generally far more carbon intensive, and environmentally damaging, than re-engineered or recycled products. The accelerated implementation of the circular economy in the NHS will also accelerate decarbonisation.

In addition, the spending power in the NHS can be leveraged to ensure it's contracts deliver social value.

### National and Regional Context and Priorities

Supply Chain and Procurement is one of the SE region's five Greener NHS priorities, with the Greener NHS team tasked with:

- Supporting implementation of the NHS Net Zero Supplier roadmap, including through:
  - Supporting Trusts and ICSs to adopt PPN 06/20 so that all new NHS procurements include a minimum 10% net zero and social value weighting from April 2022.
  - Ensuring procurement teams have identified suppliers requiring a carbon reduction plan to qualify for NHS contracts from April 2023 (contracts over £5M annually) or April 2024 onwards (contracts over minimum procurement thresholds).
- Achieving a 50% reduction in use of office paper by 2025 compared to baseline and ensuring ICSs and constituent NHS trusts only purchase 100% recycled content paper for all office and non-office-based functions by 2025.
- 60% of trusts in the region (where relevant) to operate walking aid refurbishment schemes, with at least a 20% return rate, by end of March 2023.

### Frimley ICS Supply Chain and Procurement Green Plan context

- The FHFT Procurement team already started to include 10% social value in several large tenders in 2020/21, including some collaborative procurements with other Trusts. Contract management of the social value element, however, needs a robust process.
- FHFT uses the Warp it re-use platform and operates a walking aid return scheme on it's sites and the next stage of development would be to run these schemes ICS wide

### The Approach we will adopt

- We will ensure Frimley ICS delivers in line with the SE regional priorities
- We will expect suppliers to ensure all items supplied are of a single material, or can be easily disassembled into material streams, to enable reuse or preparation for reuse where possible, or recycling in UK facilities.
- We will spread schemes across the system provided logistics make it cost and carbon efficient to do so, e.g. Walking Aids, Warp It



- We will continue to ensure resources and learning are shared within the ICS and across the region on driving sustainable procurement.
- Take action to address single use plastics, and specifically eliminate unnecessary catering plastics

## Priority Green Plan Actions

Item	By
We will ensure all new NHS procurements include a minimum 10% net zero and social value weighting from April 2022	April 2022
We will request all providers' plans for purchasing 100% recycled paper	TBD
We will map and measure our current walking aid issue and returns	TBD
We will support Trusts to identify suppliers requiring a carbon reduction plan to qualify for NHS contracts from April 2023 (contracts over £5M annually), and run a workshop if required to provide guidance on carbon reduction plans	TBD

## Governance and Delivery

Governance can be delivered through existing system and provider Finance committees, with direct visibility for the ICS Net Zero Board lead. Delivery will be through addition to existing Procurement teams' processes.

## Aspirations by 2025

1. To have clear visibility and mapping of social value being created through our contracts and to be able to connect suppliers to social value opportunities
2. To have received carbon reduction plans from over 50% of suppliers
3. To have pan-system return and reuse schemes for patients and staff use, including Walking aids for patients, and Warp It for staff
4. To have reduced paper use by 75% based on 2019/20 levels and to purchase only recycled paper for the remainder



## Climate Change Adaptation

### Why this is important

Extreme heat events can worsen the condition of those with cardio-vascular, hypertension and respiratory conditions, damaging the body's systems and can prove fatal, with the risk higher among the frail and elderly. Also, risk and harm is increased where concurrent factors are evident, e.g. bad air quality, exposure to viruses, as the body is unable to work hard enough to keep the body cool. The intensity and duration of these events is increasing.

Likewise, the intensity and frequency of extreme rainfall and storm events is increasing, causing both immediate injury and fatalities and enduring mental health issues.

These extreme weather events also represent a threat to the infrastructure on which we depend to deliver care, highways, vehicles, power, buildings, ICT and other equipment, as well as driving a rapid increase in service users.

Additionally, as many health and care services are increasingly being delivered in people's own homes, there is a growing need to ensure that domestic settings, as well as healthcare settings, are adapted, resilient and accessible.

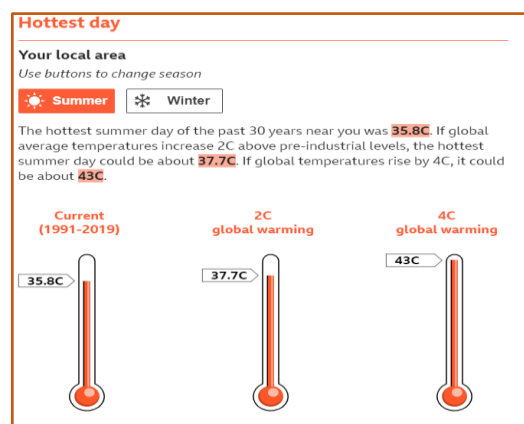
### National and Regional context

In December 2021 the UK Health Security Agency published its [Third Health and Care Adaptation Report](#) outlining how the health sector should adapt and mitigate against climate change risks.

In the South of England the Bristol, North Somerset and South Gloucestershire system have developed a comprehensive adaptation plan and associated impact measurement tool (see below), and Surrey and Sussex ICS have an accelerator bid to measure climate risk – learnings from this project will be shared across the region.

### Frimley ICS Climate Change Adaptation context

In our system the primary risks are flooding from more intense rainfall and extreme heat episodes.



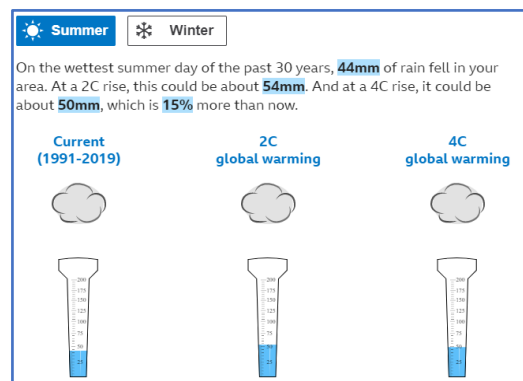




## MORE INTENSE RAINFALL

Higher intensity rainfall events will increase in both summer and winter. In summer there will be less days of rain, and overall less rainfall, in winter there will be around the same number of days of rain but often with more intensity.

The increased intensity of rainfall, without mitigation, will increase flood occurrences.<sup>19</sup>



Although not an immediate threat our situation in the South of England also increases the risk of vector borne diseases moving up from Southern Europe, and future plans should include monitoring of this risk.

## SYSTEM STRENGTHS AND BEST PRACTICE TO BUILD ON

The system has well-developed Emergency Preparedness, Resilience and Response (EPRR) plans, including cold weather winter plans, heatwave plans and business continuity plans, carries out exercises and actively contributes to regional forums.

### Best practice from other system:

#### Bristol, North Somerset and South Gloucestershire system adaptation planning and impact measurement

The adaptation plan sets out the climate change risks facing NHS within the BNSSG area and looks at how these risks can be mitigated moving forward in a changing climate

- The plan includes climate change risk assessment and action plan templates for each NHS organisation in the BNSSG region.
- The themes identified within the plan are in the following areas: prevention, early intervention and self-care; integrated community and primary care; acute care collaboration.
- A tool has been developed to measure the impact of climate change – this can feed into the adaptation plan

- BNSSG Plan can be found [here](#).

## AREAS REQUIRING FURTHER DEVELOPMENT

Although event response mechanisms are well-developed there is work required to better understand and quantify climate risks across the system, to recognise them on corporate-level risk registers and to embed climate change adaptation in service review and development.

### The Approach we will adopt

In order to bring our climate change adaptation plans and strategies up to best practice standards as soon as possible:



1. We will learn from the approaches taken in the Bristol, North Somerset and South Gloucestershire system and the Surrey and Sussex climate risk measurement project.
2. We will learn from our Local Authority / Public Health partners'

In doing so we will ensure the ICS has plans to mitigate the risks or effects of climate change and severe weather conditions on its business and functions. This will include specific plans to mitigate the effects of flooding or heatwaves on the organisation's infrastructure, patients and staff where sites are identified as being at risk.

We will explore the potential benefits of passive retrofit measures, such as brise-soleils, living walls and other nature-based solutions in reducing interior space temperatures during extreme heat episodes.

## Priority Green Plan Actions

Item	By
We will include climate risk on all corporate ICS, Trust and PCN risk registers	TBD
We will review relevant projection and mapping tools, e.g. the UK Climate Impact Projection tool, Climate Just mapping tool, Met Office briefings, to extract relevant data for inclusion and to inform our adaptation plan	TBD
We will review best practice adaptation plans and measurement approaches from the Bristol, North Somerset and South Gloucestershire system, the Surrey and Sussex systems and others and develop our own adaptation plan, as above.	TBD
We will identify the priority areas of our facilities to better monitor space temperatures and commence a programme of installing monitoring	TBD
We will explore the possibility of integrating climate risk mapping into the Connected Care system	TBD

## Governance and Delivery

Assurance over the delivery of actions in this section will be provided by the Accountable Emergency Officer on the ICB, supported by system EPRR leads and the FHFT Head of Sustainability.

## Aspirations by 2025

1. For every organisation within the ICS to have plans to mitigate the impact of climate change on the organisation's risk register.
2. For all Partners to have a climate change adaptation plan covering their buildings and services
3. To be able to measure, monitor and track space temperatures across all our sites to prioritise areas for retrofit investment in adaptation measures
4. To have started to pilot and measure the effects of a range of passive external retrofit heat mitigation measures



## Greenspace and Biodiversity

### Why this is important

Biodiversity is essential to retain the integrity of our ecosystems, on which we depend. The loss of biodiversity is intrinsically linked to climate change<sup>20</sup>. To mitigate climate change and contribute to the recovery of biodiversity we need to address them both, not just for planetary but also for human health.

Greenspace, such as parks, woodland, fields and allotments as well as natural elements including green walls, roofs and incidental vegetation, are increasingly being recognised as an important asset for supporting health and wellbeing. This 'natural capital' can help local authorities address local issues that they face, including improving health and wellbeing, managing health and social care costs, reducing health inequalities, improving social cohesion and taking positive action to address climate change.

Evidence shows that living in a greener environment can promote and protect good health, and aid in recovery from illness and help with managing poor health. People who have greater exposure to greenspace have a range of more favourable physiological outcomes. Greener environments are also associated with better mental health and wellbeing outcomes including reduced levels of depression, anxiety, and fatigue, and enhanced quality of life for both children and adults.

Greenspace can help to bind communities together, reduce loneliness, and mitigate the negative effects of air pollution, excessive noise, heat and flooding. Disadvantaged groups appear to gain a larger health benefit and have reduced socioeconomic-related inequalities in health when living in greener communities, so greenspace and a greener urban environment can also be used as an important tool in the drive to build a fairer society.<sup>21</sup>

The benefits of green space can also be experienced by NHS staff on site. Research at three NHS sites found that NHS staff who spent time in their site's green space felt 'relaxed and calm, refreshed, and re-energized', and they also experienced a positive effect on their mental and physical wellbeing. Urban blue spaces, like rivers and lakes, have similar mental and physical health benefits.<sup>22</sup>

### National and Regional

In terms of legislation The Environment Act 2021 introduced the requirement to provide a 10% net gain of biodiversity for all new developments requiring planning applications from November 2023.

Recent publications supporting the implementation of Local Authority, Public Health and NHS policy, practice and research include the 2020 Public Health England review 'Improving access to greenspace'.

Following the [NHS Long Term Plan](#) commitments on significantly increasing the number of social prescribing link workers in July 2020 a £5.77 million 'Test and Learn' project was launched to test how to embed green social prescribing into communities in order to:

- improve mental health outcomes
- reduce health inequalities
- reduce demand on the health and social care system
- develop best practice in making green social activities more resilient and accessible.



Surrey Heartlands Health and Care Partnership was one of the successful sites.

## Frimley ICS Greenspace and Biodiversity Green Plan context

There is significant disparity across the system in the amount of Greenspace available on sites for staff and patients to enjoy. Each Place, however, has good general availability of accessible Greenspace, with the Borough of Bracknell Forest having one of the highest percentages of tree cover (40%) for any local authority and one of the highest ratios of publicly accessible open space to its population.

## The Approach we will adopt

The Greenspace and Biodiversity strategy and plans, including green and blue prescribing, are likely to be driven at Place with standards, co-ordination and best practice shared across the system.

With the increasing prevalence of mental health, hypertension and diabetes across the system an increased focus on green prescribing is likely to form a key part of the ICS strategy going forward.

## Priority Green Plan Actions

Item	By
A working group to be formed, with members from each Place to share green prescribing best practice, and to start to identify opportunities to increase access to greenspace for patients in collaboration with Local Authority partners	TBD
We will ensure we are prepared for the 10% net biodiversity gain for new developments and build into the initial stages of our designs of all new developments	TBD

## Governance and Delivery

*Delivery strategies will predominantly be Place-based, with Governance, metrics and measurement to be established during the second half Of 2022.*

## Aspirations by 2025

1. For the retention, regeneration and proliferation of greenspaces and biodiversity to be considered a key part of the ICS Estates and health and well-being strategies
2. To increase the proportion of social prescribing and number of patients benefiting and to have started to measure the effectiveness and compile evidence of this to share and engage colleagues across the system.



## Sustainable Models of Care

### Why this is important

The NHS Long Term Plan set out a commitment to deliver a new service model for the 21st century. If the NHS is to reach net zero emissions, that new service model must include a focus on sustainability and reduced emissions.

Optimising the location of care, for example, ensures that patients interact with the service in the most efficient place, which may be closer to, or even in, their home. Not only does this improve patient experience and often offer greater access to care, but it also reduces emissions by helping to avoid unnecessary hospital visits and admissions.

### National and Regional

Multiple commitments are in progress, including boosting 'out-of-hospital' care; empowering people to have more control over their health; digitally enabling primary and outpatient care; and increasing the focus on population health.

Pre-pandemic it was estimated that accelerating the use of NHS 111 First to rapidly triage and connect patients to the most relevant, and often community-based, health professional could avoid approximately 8.5 million km of travel per year, to and from hospitals, with a carbon saving of 1.7 ktCO<sub>2</sub>e per year in the first instance. Similarly, estimates suggest that up to 3 million people who visit A&E each year could have their needs addressed elsewhere, and perhaps by 24-hour urgent treatment centres.<sup>23</sup>

### Frimley ICS Sustainable Models of Care context

Although carbon reduction principles are not yet embedded in the way all care is delivered and planned the system is in a good position to progress this building on the principles used in the Green Wards competition run at FHFT in 2019/20.

### The Approach we will adopt

1. We will support the adoption and spread of clinical carbon reduction innovations by running competitions such as the Green Wards Competition, innovation competitions and involving the local AHSN.
2. We will develop a carbon reduction framework and toolkit for decision-makers to use when planning service and/or care pathway change
3. We will continue with the principle of providing care closer to home
4. We will create and implement a strategy for social prescribing to help improve mental health outcomes and reduce health inequalities, linking with voluntary organisations and charities to help link with the local community.



## Case study: Green Wards Competition at FHFT

The Frimley sustainability team engaged hundreds of staff, presenting to Matrons away days, Sisters' meetings and the Grand Rounds on a campaign to recruit six teams from across the Frimley and Wexham sites to enter the Green Ward competition, a sustainable quality improvement programme created by the Centre for Sustainable Healthcare.



The final six teams were then supported by the Centre for Sustainable Healthcare to identify and germinate their ideas, before implementing sustainable quality improvement projects. The projects saved over 400 tCO<sub>2</sub>e, with teams engaging across the Trust and externally with CCG/ICS partners.

The winning team is also featured in the Health Education England Net Zero eLearning module and the Trust was nominated as a finalist in the 2021 HSJ Awards for its running of the competition and approach to environmental sustainability.

## Priority Green Plan Actions

Item	By
We will launch a new ICS wide Greener Healthcare Competition	TBD
We will create a carbon reduction framework and toolkit for decision-makers to use when planning service and/or care pathway change	TBD





## Governance and Delivery

Governance will be through the existing clinical and operational processes for service transformation, with competitions, development of framework and wider engagement supported by the FHFT Head of Sustainability.

## Aspirations by 2025

1. For sustainability and carbon reduction to be integrated into all service transformation decision-making with the individuals involved in the process confident and competent in using tools and frameworks provided
2. To be able to measure the sustainability benefits of care pathway / care model changes

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## Place and Primary Care – context and focus areas

The local characteristics at Place and locality level, including demographics, culture and physical environment, as well as local Partners' schemes for communities will mean many measures will need to be developed, or tailored, at Place. There is a trend towards more Community based staff.

This is particularly the case for community/patient communications and engagement, with relevant areas including active and sustainable travel, healthier food and nutrition advice and initiatives, local reuse and recycling initiatives, social value and green prescribing.

Initial Estates energy decarbonization interventions are to be targeted towards new developments and existing owned Estate that is likely to be retained, while working to support NHSPS and other Landlords in progressing initiative.

### Potential opportunities across all Places

1. Increased liaison will be beneficial with Public Health teams related to link between climate change, health and healthier living will widen positive impact and reach of messaging
2. The more data that can be shared with Local Authority travel, waste and energy teams the more they can support sustainable schemes around our healthcare facilities, e.g. postcode mapping of staff and patients will support planning of new routes and infrastructure for cycling, public transport and EV charging
3. GPs generally use eLearning for Health, so any relevant learning on there can be promoted
4. Patient engagement on Green actions:
  - a. Through text message from surgery
  - b. Through ICS/Place website, CCG Comms team and Meds Ops team
5. Could more office space be shared with Councils?
6. Travel and Transport, Food and other Schemes / standards / policies / targets could be ICS wide, and should encompass the Community based staff more.
7. Schemes, for example cycle to work, pool cars, sal sacrifice car lease scheme, could be across the whole system

### Mental Health

Mental health and Learning Disability Transformation Managers bring cross-ICS learning and connect into place. There is also engagement with HIOW ICS through NE Hants work and with Surrey Heartlands ICS through Surrey Heath work.

Access to green spaces is a key strategy in addressing mental health, which involves close partnership working with Local Authority and other Partners. Climate anxiety also is an area requiring more work and development.

### Primary Care

As well as there being local area factors there are specific characteristics of primary care that would warrant development of primary care / GP Green Plans.

In the short term the cross-system and local PCN CD meetings and Place member meetings will be a good conduit for gaining input and prioritising actions. Two useful resources for Primary Care, in addition to ICS/ICB and local support:



<https://www.greenerpractice.co.uk/join-our-network/local-groups/>

<https://seesustainability.co.uk/>

## Actions across Primary Care:

- Away day in May 2022 where a slot could be put in to align Green Plan with local priorities, validate above opportunities and agree progression
- (Repeated in Workforce section) Promote eLearning for Health 'Net Zero' and other sustainability-focused modules for GPs
- PCN CDs to explore the above websites and identify potential champions

## The 5 Places

Content derived from a series of interviews with Executive Managing Directors, Place, Place Primary Care Leads and Local Authority representatives.

### Slough

Key population health issues	<ul style="list-style-type: none"> <li>• Cardio-vascular and respiratory are highest burden of disease.</li> <li>• Colnbrook Ward: Highest lung cancer prevalence in the wider region and ICS, from pollution and high % of smokers.</li> <li>• Highest level of obesity in children</li> </ul>
Context	<ul style="list-style-type: none"> <li>- Proximity to Heathrow, noise and air pollution</li> <li>- Pollution markers around schools, promoting walking to school</li> <li>- Commercial and Industrial Opportunities                         <ul style="list-style-type: none"> <li>○ E.g. Telecoms players based there</li> <li>○ Train – cross-rail</li> </ul> </li> <li>- Slough Borough Council                         <ul style="list-style-type: none"> <li>○ Slough Leisure strategy and Well-being strategy</li> <li>○ Slough Health and Care Plan</li> <li>○ Good EV work</li> <li>○ 'Boris' bikes</li> <li>○ But under significant financial stress</li> </ul> </li> </ul> <p>16 GPs practices, 20 buildings. Includes Upton Hospital - mainly BHFT services</p> <p>"Healthy, happy and at home" is a tag used in Slough for overall goal for care / improved mental health care.</p> <p>Mental health &amp; LD link with Public Health links at SBC, and Slough is very active in well-being.</p> <p><b>Forums presenting opportunity to discuss Green Plan:</b> (Wafaa Nawaz)</p> <ol style="list-style-type: none"> <li>1. Ops meetings</li> <li>2. Slough Committee meeting</li> <li>3. PCN network forum</li> </ol>



	<p>Green spaces – there is promotion of green spaces for wellness, very good for mental health and work going on to increase access.</p> <ul style="list-style-type: none"> <li>• Very active Youth Community organisation in Slough – “Aiksaath”</li> <li>• Also “Kooth” national youth organisation that Slough works with</li> </ul>
Partner collaborations to enhance or explore	<p>- Approach Slough Borough Council heat network plans: could be opportunities for all NHS partners, including GPs surgeries to decarbonize heating</p> <p>- Opportunity to engage Commercial and Industrial sector for support</p> <p>- Use the mental health, well-being and youth platforms to make a case for more green space and active travel provision</p>

## Windsor, Ascot and Maidenhead

Key population health issues	<p><i>Provided by Windsor PCN:</i></p> <ul style="list-style-type: none"> <li>• Hypertension – high blood pressure</li> <li>• Mental Health and Alcohol</li> <li>• Diabetes</li> </ul> <p>Primarily poor self-care</p>
Context	<p>Local Authority:</p> <p>General -</p> <ul style="list-style-type: none"> <li>• The Public Health Team has interest and capability in climate (Charlotte in that team did climate as part of dissertation)</li> <li>• There are 23 nature sites and a nature centre in the Borough</li> <li>• Pollution reduction measures around schools</li> <li>• There is a separate health team</li> <li>• There is funding in place to address energy and fuel poverty but support is needed to identify recipients that qualify</li> <li>• If schemes can be identified, e.g. to improve active travel, then there are multiple funding streams from the multiple partners that could be leveraged – e.g. DfT, DoH, BEIS etc, Travel PVG13</li> <li>• A local Climate Partnership is being established, with a central board and a wider network around it to work on specific workstreams. Will include key public, private and 3<sup>rd</sup> sector stakeholders. Will be run as a Private company</li> </ul> <p>Travel –</p> <ul style="list-style-type: none"> <li>• LCWIP: April 22-June 22 starting to do investigations to put a roadmap of cycling projects in place. They’ve already done initial resident requests for ideas, quick errands opportunity and mapping destinations</li> <li>• Looking at doing PlusBus trial</li> <li>• LA Public Health team helps with promotion of active travel, e.g. walking to school</li> <li>• They have done a Bus Service Improvement Plan (on website) and are applying for Government funding, waiting to hear.</li> <li>• Also some supported bus services in place</li> <li>• Happy to look at options if ICS can get the data to them.</li> </ul>



	<ul style="list-style-type: none"> <li>• “More Active, everyday” public health message.</li> <li>• Proposed first step for plan: get a session together between NHS representatives, LA transport team and the LA Public Health links.</li> </ul> <p>Primary Care –</p> <ul style="list-style-type: none"> <li>• One of the Place PCN CDs is very keen on active travel</li> <li>•</li> <li>• Barriers (e.g. road safety) to active travel (cycling) but benefits / opportunities from working with all partners to remove the barriers are recognised</li> <li>• 3 x new buildings in next 5 years, the first in planning process</li> <li>• All services are delivered at Place, so definitely all emissions areas relevant</li> <li>• The practices / PCNs provide personalised care and support to patients re self-care through a facilitated course, through Health Coaches and Care Co-ordinators including social prescribing.</li> <li>• Meetings: There is a practice weekly meeting Place – monthly meeting on a Thursday.</li> </ul> <p><i>Example of working together at Place:</i> Dr Edward Harrison (PCN CD for Windsor) mentioned cycling access at a RBWM and Ascot members Committee meeting (Health &amp; Well-being Board) then had a follow up call with Tim Golabek, Service Lead – Transport and Infrastructure, who is working on Local cycling and walking infrastructure plans for RBWM. Local Authority will incorporate input into plans.</p>
Partner collaborations to enhance or explore and Actions	<ul style="list-style-type: none"> <li>• NHS representative (Place MD?) to join Climate Partnership</li> <li>• Lots of potential to do more work and linking up with LA PH and Social Prescribing links on Food and Nutrition (including early years), active travel, mental health, social prescribing – using positive messaging</li> <li>• Opportunity to do more marketing of the “More Active, everyday” public health message and schemes in healthcare facilities.</li> </ul>

## Bracknell

Key population health issues	<ol style="list-style-type: none"> <li>1. Mental Health, particularly in the younger demographic</li> <li>2. Atrial fibrillation and hypertension, in middle age to older <ol style="list-style-type: none"> <li>a. Prevalence of diabetes is increasing (reversible with early detection and lifestyle changes)</li> </ol> </li> <li>3. Recognition of ethnic diversity in some parts of the Borough, and a requirement for better data in order to better tailor prevention and treatment strategies for these demographics</li> <li>4. Cancer <ol style="list-style-type: none"> <li>a. Early screening will reduce the burden of treatment, which will therefore also lower the carbon footprint</li> </ol> </li> </ol>
Context	<b>Key challenges:</b>



	<ul style="list-style-type: none"> <li>• GPs are under increasing workload, both through contractual requirements and targets but also increasing numbers of patients registering with practices, in Annabel's PCN <b>100 per month additional</b>. Digital v face to face is also a challenge (for patient and surgeries)</li> </ul> <p><b>Care initiatives in place</b> likely to improve patient experience, outcomes and efficiency (likely to also lower carbon footprint):</p> <ul style="list-style-type: none"> <li>• See and treat, e.g. initial consultation and diagnostic being done on same patient visit</li> <li>• Dressings clinics – to help patients with wound care and reduce risks of infection that may require repeat visits to Acute settings</li> <li>• Network of social prescribers</li> <li>• Medicines reviews being carried out, more support and updates from pharmacy will help to increase these</li> <li>• Prescription clerks working across GPs practices would be one effective route to update and embed recommended changes to greener prescribing</li> <li>• Greener inhaler prescribing:             <ul style="list-style-type: none"> <li>○ GPs are having the conversations and are reminded to through ScriptSwitch, however appointment time pressures and patient perception that they may be being moved onto a different inhaler (will also be pertinent with other swap suggestions) for cost reasons is difficult to overcome</li> <li>○ Increased chance of success with wider ICS scale comms messages to patients to support these GP conversations and/or lead to patient-led query</li> </ul> </li> </ul> <p><b>Estates:</b> Challenges, due to age and make up. New Facilities in Bracknell Town Centre at business case stage, involving Community, BHFT and all LA Partners.</p> <ul style="list-style-type: none"> <li>• GPs wouldn't be able to organise assessment of the decarbonisation opportunities in practices, would need to be organised by Local Authority and/or Trust energy/sustainability teams.</li> </ul> <p><b>Digital:</b> Use digital first / digital triage, some remote monitoring projects and Virtual wards</p> <p><b>Travel:</b></p> <ul style="list-style-type: none"> <li>• Patients can currently choose to register with a surgery which is not the closest to their home</li> <li>• Relatively poor public transport links to surgeries is a current barrier to reducing use of car</li> </ul> <p><b>Food and Nutrition:</b></p> <ul style="list-style-type: none"> <li>• Conversations with patients regarding diet and obesity are very difficult</li> </ul>
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	<ul style="list-style-type: none"> <li>Children: Primary school age upwards is good opportunity to engage on better diet, should add reduced climate impact as benefit when communicating</li> <li>Best progressed through the Public Health Link at Bracknell Forest Council</li> </ul> <p>Climate Change Adaptation:</p> <ul style="list-style-type: none"> <li>If guidance were available then GPs would be receptive to implementing</li> </ul>
Partner collaborations to enhance or explore and Actions	<ul style="list-style-type: none"> <li>Engage with Mark Sanders, Programme Manager, Bracknell &amp; District PCN &amp; Ascot PCN re infrastructure (including travel)</li> </ul>

## Surrey Heath

Key population health issues	<ul style="list-style-type: none"> <li>Obesity</li> <li>Cardio-vascular and hypertension</li> </ul>
Context	<p><b>Documents to refer to for travel and infrastructure:</b></p> <ul style="list-style-type: none"> <li>Surrey County Council Local Transport Plan 4 (LTP4)</li> <li>Surrey Heath Local Plan</li> </ul> <p>Surrey Heath strategy uses Surrey County Council 4 strands and 8 themes in climate change strategy, and Greener Futures for Surrey.</p> <p><b>Local Climate Action Plan:</b></p> <p>There are now deliverable milestones planned.</p> <p><b>Digital First</b> – As want to get some more physical patient attendances in primary care now segmenting patients into Red (Should be seen by GP), Amber (probably not clinically necessary, but may be beneficial), Green (no clinical need, encourage to remain virtual). Digitising GP records.</p> <p><b>GP Estate:</b> 30% leased from NHSPS, 70% privately owned or leased from 3rd party</p> <p>The drive for a Greener FPH site is happening at system level as well as the Trust itself.</p> <p>The NHS Place office is in local BC office so very integrated. NHS sees overall community behaviour change as BC led.</p> <p>Looking to use existing Estate @ Borough Council for any new developments where possible.</p> <p>Social prescribing already going on – Social prescribing team (BC, Surrey Heath PCN, Surrey Heath Community Providers, Citizens Advice Surrey Heath). Signpost to a range of activities, including some which may be in greenspace.</p>



Partner collaborations to enhance or explore	<ul style="list-style-type: none"> <li>Walking and Cycling to address obesity and promote healthy lifestyles are already Partnership Priorities</li> </ul>
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## North-East Hampshire and Farnham

Key population health issues	<ul style="list-style-type: none"> <li>Obesity, physical fitness</li> <li>Mental Health</li> <li>Cardio-vascular</li> <li>Pockets of deprivation</li> <li>E.g Nepalese in Aldershot,</li> <li>Pockets of Farnham and Farnborough</li> </ul>
Context	<ul style="list-style-type: none"> <li>District councils are going through town centre re-developments, E.g. Rushmoor – Farnborough, very keen to work together to know what healthcare provision should be built in</li> <li>Primary care Estate very old, like other Places there are generally 2 or 3 GPs surgeries / health centres per locality that need to upgrade and planning strategy doesn't currently embed sustainability from the start but should</li> <li>Up and down cascade is: ICS Estates Strategy Group &gt; CCG Estates Strategy Group &gt; Place estates groups</li> </ul>
Partner collaborations to enhance or explore	<ul style="list-style-type: none"> <li>Walking and Cycling to address obesity and promote healthy lifestyles are already Partnership Priorities</li> <li></li> </ul>



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- <sup>4</sup> <https://www.england.nhs.uk/greenernhs/get-involved/staff-engagement-campaign/>
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