

**LEICESTER, LEICESTERSHIRE AND RUTLAND
INTEGRATED CARE SYSTEM
GREEN PLAN
2022 – 2025**

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NHS Leicester, Leicestershire and Rutland is the
operating name of Leicester, Leicestershire and
Rutland Integrated Care Board

A proud partner in the:



**Leicester, Leicestershire
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Health and Wellbeing Partnership

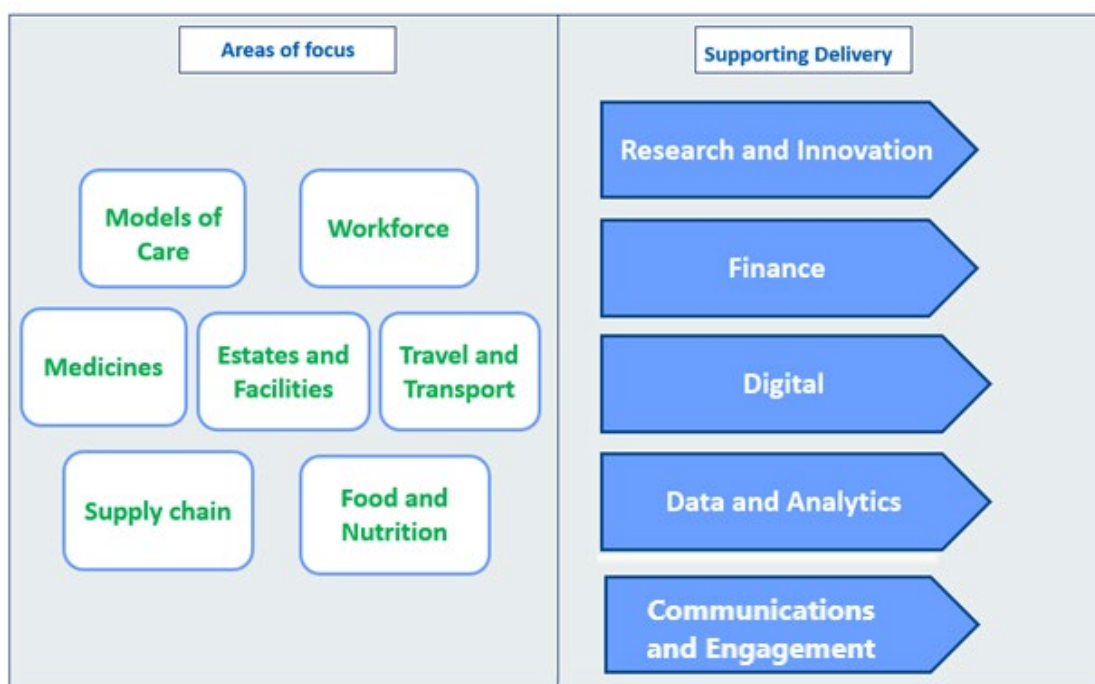
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1. GREEN PLAN GUIDANCE

- Published in June 2021 and sets a clear structure for a plan to follow.
- Specifies a three-year planning horizon with an annual review.
- Sets deadlines of 14th January 2022 (For Trusts) and 31st March (For ICSs) to submit new Green Plans – but only where a Green Plan has not been developed in the last 2 years.
- Recommends areas within each workstream that Trust and ICSs could focus on.
- Highlights additional resources available now on our FutureNHS platform: <https://future.nhs.uk/sustainabilitynetwork>
- Further resources under development:
 - Delivery Plans – Medicine, Estates & Facilities, Supply Chain
 - Replacement from SDAT – October 2021
 - NHSX’s Digital Transformation Framework – August 2021

2. THE STRUCTURE OF A GREEN PLAN



3. INTRODUCTION

This Green Plan covers the Leicester, Leicestershire and Rutland (LLR) Integrated Care System (ICS) for the 3-year period (July 2022 – July 2025) in line with the National Health Service (NHS) requirement to create a plan aligned to the goal of ‘Delivering a Net Zero National Health Service’.

Our Green Plan seeks to address wider sustainability priorities including carbon emissions, waste, elimination of single use plastic, travel and air pollution, site greening for patient and staff well-being, sustainable models of care across the region and collective efforts to reduce the impacts of medical processes (particularly anaesthetics) and the use of sustainable medicines, and sustainable procurement.

This Green Plan provides a system-wide strategy including a high-level vision, strategic objectives and supporting actions which also address the Midlands Priorities aligned to delivering Net Zero. It is acknowledged that moving the Green Plan forward will be a collaborative effort across all partners in the ICS and wider stakeholders across LLR and beyond.

The Green Plan is built on three key elements:

- Organisational Behaviours, Vision and Objectives
- Action Plan
- Measurement & Reporting

Foreword

Sustainability in healthcare is changing; we have a collective responsibility in the delivery of the nation’s sustainability goals, and an opportunity to have a positive impact on both the planet and our local communities.

Embedding sustainability within the LLR ICS will require each partner to contribute and work collaboratively on areas of broader, shared impact and benefit. These fall in line with the long-standing principles of sustainable development and sit at the heart of reducing environmental and social impacts and thereby demand for health services.

In preparing this plan, we have identified many areas where we can lever our collective resources for the wider benefit – this is particularly the case in looking at sustainable models of care across LLR, sustainable procurement, and the overall impact on travel and demand for diverse health related space and services across the region. The Green Plan sets out a clear framework for action underpinned by a commitment from partners across LLR.

Health Inequalities

The establishment of Integrated Care Systems (ICS) from July 2022 puts health inequalities and improving the health of the population at the centre of the partnership working across the ICS. This is about how we provide our services to ensure that the most vulnerable and disadvantaged receive the care they deserve. The ICS is intended to help the NHS support broader social and economic development. The ICS Green Plan builds on plans from individual partners and places particular emphasis on the collaborative actions required to

deliver desired outcomes and leveraging collective efforts to achieve benefits for the community.

The opportunities are diverse including;

- by reducing air pollution we can reduce respiratory disease;
- by improving patient pathways we can impact positively on mental health;
- by encouraging healthier eating we can improve overall health in the community; and
- by working with local suppliers and enabling and encouraging green travel we can improve environmental impacts and help reduce carbon emissions across LLR

Wellbeing and Welfare

Wellbeing and welfare are underpinned by each ICS partner having the right people with the right skills in the right numbers working in the right place.

Partners across the LLR ICS have learnt valuable lessons during the pandemic, and the pressure to embed more preventative health and wellbeing approaches, tackle inequalities and boost efforts to attract and retain more people.

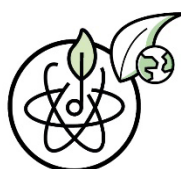
About the NHS England Priorities for the Midlands 2022/23

Travel & Transport



- 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

Medicines



- Reducing the proportion of desflurane used in surgery to less than 5% of overall volatile anaesthetic gases volume in all trusts in line with the proposed 2022/23 NHS Standard Contract
- Reducing the emissions associated with nitrous oxide waste, in line with the 2022/2023 Standard Contract.
- Ensuring that 75% of trusts who use NO2 have carried out and acted on a waste review, including measurement of clinical use compared to supply.
- Reducing the CO2e impact of inhalers, in line with the commitment of a 50% reduction by 2028 and a 13% reduction in 2022/23 on a 2019/20 baseline, by:
 - supporting the achievement of the four inhaler indicators (ES-01, ES-02, RESP-01, RESP-02) as part of the [investment and impact fund \(IIF\)](#), through:
 - Decreasing the proportion of metered dose inhalers prescribed to 25% of all non-salbutamol inhalers prescribed.

Estates & Facilities



- Increase prescribing of less carbon-intensive MDIs, in order to reduce the mean life-cycle carbon intensity of salbutamol inhalers prescribed to 13.4kg CO₂e by March 2024.
- All Trusts must ensure that all electricity it purchased from Renewable Sources (excluding nuclear);
- Ensure plans are in place to phase out fuel oil as a primary heat source (in NHS Secondary Care sites), by ensuring all sites with oil fuel heating as a primary source have a business case for its removal;
- Ensure all new builds and retrofits over £15m are compliant with the Net Zero Hospital Buildings Standards (due to be published in Q1 22/23);
- Support regional estates teams to ensure:
 - monitor implementation of projects receiving funding through the Public Sector Decarbonisation Scheme;
 - all Trusts actively participate in the Regional Estates Delivery Hubs;
 - a minimum of 150 Estates and Facilities Staff in each region undertake the accredited carbon literacy training in 2022-23.

Supply Chain



- 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 (contract 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

Training



- Regional Non-Executive Director Carbon Literacy and Sustainability training programme to be established.
- Primary Care Networks to have named Greener Lead Director and undertake Carbon Literacy and Sustainability training
- NHSEI Regional Senior Management Team and Regional Leadership team Carbon Literacy and Sustainability training programme to be established.
- Alignment of existing regional operational delivery programmes in relation to Primary Care with the Green agenda.

About the LLR ICS, Green Board and Development of the Green Plan

The LLR ICS is the platform for integrated care across the LLR region giving people the support they need, joined up across the city and county councils, the NHS Trusts (UHL and LPT), primary care and community support partners.

The LLR region covers a geographic area of 979 m² and has an estimated population of 1.3 million with around 85% White, 12% South Asian, 1.2% Black British and 1.5% mixed race.

Compared to the England benchmark, Leicester, Leicestershire, and Rutland has higher proportions of people in their late teens and early twenties, and lower proportions of children under the age of ten, people in their thirties to fifties, and people in their seventies and above.

As a landlocked county region, LLR is not at risk from coastal inundation, but localised flooding and increased risk of fire are real and present risks elevated by a changing climate and extreme weather events.

The region is large, incorporating the counties of Leicestershire and Rutland, and the separately administered City of Leicester. The latter has high population density, and with some 300,000 residents, and higher incidents of air pollution associated with road traffic and other sources of emissions (industrial, air travel etc), whereas Rutland has a very low density with 40,000 residents across a large area.



The Green Board and Development of the Green Plan

The 'LLR ICS Green Board' will oversee the development and implementation of the LLR ICS Green Plan. The LLR ICS and Green Board comprises members representing each of the LLR ICS organisations and key partners at city and county level as follows:

Members

- East Midlands Ambulance Service (EMAS) - EMAS provides emergency and non-emergency transport services for approximately 4.8 million people. The Trust operates from over 70 premises across the East Midlands, including ambulance stations, educational centres, and administrative offices and provides services across the LLR
- Leicester Leicestershire and Rutland Integrated Care Board (LLR ICB) is a key part of an integrated care system (ICS) with partners in LLR aiming to deliver a health and care system in Leicester, Leicestershire and Rutland that tackles inequalities in health and delivers and improves the health and wellbeing and experiences of local people and provides value for money
- Leicestershire Partnership NHS Trust (LPT) - responsible for delivering all-age community services and mental health care and learning disability services in Leicester, Leicestershire and Rutland
- Primary Care Network representatives (PCN) – representing GP practices across LLR
- University Hospitals of Leicester NHS Trust (UHL) – responsible for delivering the majority of acute services for Leicester, Leicestershire and Rutland patients
- The regional NHS England team who sets the priorities for the Midlands and who oversees and supports the LLR ICS Green Board as regulators

Partners

- DHU Health Care - providing a range of urgent care and general practice services across the system.
- Leicester City Council (LCC) - an upper tier local authority responsible for commissioning and providing social and population and public health services to residents of Leicester City.
- Leicestershire County Council (LsCC) - an upper tier local authority responsible for commissioning and providing social and population and public health services to residents of Leicestershire.
- Rutland County Council (RCC) - an upper tier local authority responsible for commissioning and providing social and population and public health services to residents of Rutland.

Both UHL and LPT have developed Green Plans specific to their operations and forward plans (Jan 2022-Jan 2025). These were used as the basis for this LLR ICS Green Plan and wider elements have been built into the plan taking into account the role and supporting/collaborative actions of other Green Board members.

While the plans are solely for NHS Members – there are areas of common interest including: power distribution, district heat networks, transport hubs, sustainable mobility, parking, alleviation of traffic congestion and air pollution and waste and the circular economy that would benefit from close working arrangements.

Governance

To support the co-ordination of carbon reduction efforts across the NHS and the translation of this national strategy to the local level, the 2021/22 NHS Standard Contract set out the requirement for trusts to develop a Green Plan to detail their approaches to reducing their emissions in line with the national trajectories. Given the pivotal role that integrated care systems (ICSs) play, this has been expanded to include the expectation that each system develops its own Green Plan, based on the strategies of its member organisations.

It is expected non-NHS organisations who are partners of the ICS are involved in a collaborative capacity and contribute to the shaping of the system and identification of areas where working collectively can leverage benefit for the wider community.

4. LLR ICS GREEN PLAN

The LLR ICS Green Plan sets out the collective vision, strategy, delivery plans and reporting mechanisms for action on:

- Supporting the NHS-wide ambition to become the world's first healthcare system to reach net zero carbon emissions
- Delivering Net Zero Midlands Priority Deliverables 2022/23 onwards
- Prioritising interventions which simultaneously improve patient care and community wellbeing while tackling climate change and broader sustainability issues across the LLR
- Collaborative efforts by ICS members and LLR partners to achieve desired outcomes in a cost-effective and efficient manner

The LLR ICS Green Plan follows the framework of the guidance set out by the [NHS in June 2021](#), with an emphasis on both the individual and collaborative actions to progress in each of the 9 areas as follows:

- Workforce and system leadership
- Sustainable models of care
- Digital transformation
- Sustainable Travel and transport
- Estates and facilities sustainability
- Medicines
- Supply chain and procurement
- Food and nutrition
- Adaptation to Climate Change



5. LLR ICS VISION

The LLR ICS vision is to:

Embed Net Zero Carbon (NZC) and sustainability goals into the transformation of healthcare across LLR and the system for integrated care, to provide the most effective outcomes for patients, the wider community and the environment.

This will build on the commitments already made by many of our system members and will be steered by the LLR Green Board working collaboratively with wider partners across the city and counties.

6. CARBON & NET ZERO

Climate change is recognised as a key health crisis facing the world in the 21st century including the British Medical Association, the Royal College of Physicians, the Royal College of Nursing and NHSE/I. The World Health Organisation (WHO) has called it the biggest health threat to humanity. The balance between the amount of greenhouse gas produced by the NHS and the amount taken from the atmosphere is referred to as Net Zero. When the amount we contribute equals the amount taken away, we have attained Net Zero.

The UK is committed to becoming carbon neutral by the year 2050, as per the Climate Change Act 2008. The NHS aims to reach net zero by 2040, for the emissions we control directly and indirectly (the NHS Carbon Footprint) with an ambition to reach an 80% reduction by 2028 to 2032. For the emissions we can influence (our NHS Carbon Footprint Plus), the NHS aims to reach an 80% reduction from the NHS baseline in 2012/13, by 2036 to 2039, with a net zero target by 2045. Across LLR both City and County Councils have declared a climate emergency and set an ambitious target to be carbon neutral by 2030 for their own operations. Context for the Midlands (which includes LLR) in terms of NHS.

Table 1 – Regional Contributions to NHS Carbon Footprint Targets

Region	NHS Carbon Footprint (ktCO ₂ e)		Reductions required from current levels (ktCO ₂ e)	
	1990	Current	by 2028-32	by 2040
East of England	1,594	601	-283	-601
London	2,758	1,040	-489	-1,040
Midlands	3,127	1,179	-554	-1,179
North East and Yorkshire	2,707	1,021	-480	-1,021
North West	2,380	898	-422	-898
South East	2,185	824	-387	-824
South West	1,441	543	-255	-543
Total England	16,191	6,107	-2,870	-6,107

Table 2 – Regional Contributions to NHS Carbon Footprint Plus Targets

Region	NHS Carbon Footprint (ktCO ₂ e)		Reductions required from current levels (ktCO ₂ e)	
	1990	Current	by 2036-39	by 2045
East of England	3,542	2,696	-1,968	-2,696
London	5,888	4,359	-3,181	-4,359
Midlands	6,255	4,631	-3,380	-4,631
North East and Yorkshire	5,454	4,038	-2,947	-4,038
North West	4,591	3,399	-2,481	-3,399
South East	4,810	3,561	-2,599	-3,561
South West	3,183	2,357	-1,720	-2,357
Total England	33,823	25,041	-18,276	-25,041

Table 3 – LLR ICS Contributions (Excl EMAS) to NHS Carbon Footprint Targets

Region	NHS Carbon Footprint (ktCO ₂ e)		Reductions required from current levels (ktCO ₂ e)	
	1990	Current (19/20)	by 2028-32	by 2040
LLR ICS	N/A	88.6	-70.88	-88.6
Total England	16,191	6,107	-2,870	-6,107

Table 4 – LLR ICS Contributions (Excl EMAS) to NHS Carbon Footprint Plus Targets

Region	NHS Carbon Footprint (ktCO ₂ e)		Reductions required from current levels (ktCO ₂ e)	
	1990	Current (19/20)	by 2036-39	by 2045
LLR ICS	N/A	426.82	-341.46	-426.82
Total England	33,823	25,041	-18,276	-25,041

NB. The LLR ICS emissions exclude those from the East Midlands Ambulance Service which are included in the Nottingham ICS, but these emissions will be influenced by operational practices and decisions taken within both Nottingham and LLR.

At an LLR ICS level the system includes emissions from the two major trusts (LPT and UHL), and from the wider primary care network.

6.1 COMMITMENTS & ONGOING ACTIONS

LLR Integrated Care Board (LLR ICB)

LLR ICS will adopt the LLR ICS Green Plan once approved as its framework for actions.

Leicester Partnership NHS Trust (LPT) and the University Hospitals of Leicester NHS Trust (UHL)

Both LPT and UHL have developed detailed green plans aligned to the NHS Green Plan framework. Each Trust has set out detailed actions specific to its forward reconfiguration and redevelopment plans and actions to support the NHS in the local delivery of its national NZC targets.

East Midlands Ambulance Service NHS Trust (EMAS)

In its Green Plan, EMAS provides an overview of the actions it will take throughout the next 3 years to tackle its carbon footprint. EV technology and infrastructure are currently being developed, so the Trust's fleet-based emissions are largely unavoidable. However, EMAS plans to take several proactive measures to facilitate the speed at which EVs can be integrated, including the identification of Trust-wide providers, regional schemes, and locations. To tackle business travel emissions, travel policies will be revised to include environmental considerations, work will be conducted online where possible, and awareness over the impact of avoidable business travel will be promoted amongst staff. Lastly, anaesthetic gas use will be reduced through the exploration of alternatives, whilst building energy will be made more sustainable through the procurement of renewable alternatives and site upgrades.

Primary Care Network (PCN)

Primary care are key partners within our Integrated Care System. Our practices and Primary Care Networks (PCNs) will be integral to support delivery of our system sustainability vision. We will work closely with PCNs to develop a Green Plan specifically for primary care, to help guide practices to reduce their environmental impact in line with the NHS net zero ambitions

An East Midlands Greener Practice Group has been established with the aim of supporting the NHS Green agenda, by developing links and sharing ideas on how primary care can support environmental sustainability in ways outlined by the British Medical Association

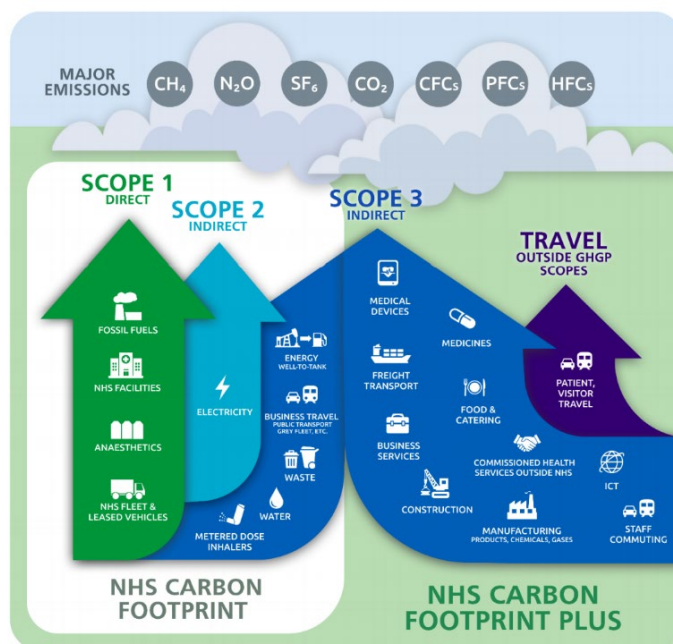
The contact for general practices wishing to be involved in the East Midlands Greener Practices group is: greenerpracticeeastmids@gmail.com

Further information on the development of Greener Practices networks can also be found at: <https://www.greenerpractice.co.uk/>

The Leicester City and County Councils have their own plans, but follow approaches closely aligned with those set out in the LLR ICS Green Plan.

6.2 NHS CARBON FOOTPRINT AND CARBON FOOTPRINT PLUS

There are two carbon footprints set out by the NHS associated with reduction pathways to net zero these are referred to as the NHS Carbon Footprint (associated with a 2040 Net Zero Target) and the NHS Carbon Footprint Plus (associated with a 2045 Net Zero Target), and as the graphic details differ in the extent of Scope 3 Emissions.



EMISSIONS BY SCOPE

Scope 1: Direct emissions from owned or directly controlled sources, on site.

Scope 2: Indirect emissions from the generation of purchased energy, mostly electricity, and heat.

Scope 3: All other indirect emissions that occur in producing and transporting goods and services, including the (for the NHS Footprint Plus) the full supply chain (embodied carbon in manufacturing, construction freight transport, business service), medicines and medical devices, ICT and staff, patient, and visitor travel.

The NHS Carbon Footprint, net zero route is heavily reliant on energy efficiency and on-site renewables within new facilities, but also addresses reduced anaesthetic gas impact and other medical treatment impacts, such as a large shift to low carbon medical inhalers. The interim target by 2028-32 of 80% reduction place pressure for change in the near term.

The NHS Carbon Footprint Plus is a more substantial challenge and will have more relevance to the collaborative challenge as set out in this LLR ICS Green Plan.

7. LLR ICS GREEN PLAN ACTIONS

7.1 WORKFORCE AND SYSTEM LEADERSHIP

The LLR ICS Green Board is the core body providing oversight for the delivery of this Green Plan. Each member of the Green Board will support the cascading of the plan within their own organisations and determining how they can best support the delivery of the plan.

A key aim is to ensure all staff have an awareness of the carbon costs and impacts arising from everyday activities, and how to make reducing emissions, on an individual, community and organisational basis part of the working routine.

To support the implementation of the Green Plan, it will be important to train key groups, to make sure they understand the plan and the details of the actions included. The initial target groups will include:

- Leadership teams
- Procurement teams
- Greener NHS programme staff in region, ICS member sustainability leads and adaptation leads

It is expected that LLR ICS will draw on national experience of piloting Carbon Literacy, and on other Green Plan related project resources including a bank of tools, resources and training.

Workforce and System Leadership Actions – ICS Level

Governance: All NHS Member organisations within our ICS to designate Board level Net Zero leads. All organisations within our ICS to progress embedding sustainability into business cases

Training: Deliver better understanding from “Board to Ward”, through provision of sustainability training. Programmes to be considered at both ICS level and organisational level. Green Plans to be incorporated into induction processes

Collaboration: Promote collaborative approaches to sustainability using the ICS Green Board to facilitate. Our approach is to consider both healthcare and non-healthcare related engagement, including staff and community engagement with sustainability actions.

Key Actions at ICS System Level for the LLR for Workforce and Leadership

Action #	Details of Action	Completion Date
WFL1	<p>Engagement</p> <ul style="list-style-type: none"> ▪ Review existing sustainability committees and groups across the ICS and partner organisations and agree communication plans and key areas for action and or collaboration. Streamline structure as best suited to new Integrated Care Board ▪ Carbon reduction and wider sustainability to feature as a regular agenda item at meetings once the Integrated Care Board is established ▪ Alignment of existing operational delivery programmes in relation to Digital, Elective and Urgent Care, Mental Health, New Models of Care and Primary Care with the Green Agenda 	<p>Q2-3 2022</p> <p>Q3 2022 on-going</p>
WFL2	<p>Training</p> <ul style="list-style-type: none"> ▪ Communicate ICS Green plan across the ICS membership (see also Section 7) Provide training to key individuals to create better understanding from board to ward e.g. <ol style="list-style-type: none"> a. https://carbonliteracy.com/ b. https://sustainablehealthcare.org.uk/ c. https://www.greenerpractice.co.uk/ 	<p>Q2-Q3</p> <p>Q4 on-going to 2025</p>
WFL3	<p>Leadership</p> <ul style="list-style-type: none"> ▪ All NHS Member organisations within our ICS to designate Board level Net Zero leads to ensure the progress / embedding of sustainability and NZC plans into business cases ▪ Have a dedicated PCN named Greener Lead Director and undertake Carbon Literacy and Sustainability Training 	<p>Q4</p>
WFL4	<p>Annual Performance Review</p> <ul style="list-style-type: none"> ▪ Integrated Care Board to review delivery of the actions according to schedule and ensure adequate resources are allocated to deliver target outcomes 	<p>Annually</p>

7.2 SUSTAINABLE MODELS OF CARE

Our vision is to appropriately use technology to deliver sustainable healthcare that is future-proofed and meets the needs of the communities that we serve within Leicester, Leicestershire and Rutland.

There are a wide range of ways in which sustainable models of care can be progressed to deliver the vision to deliver Net Zero Carbon and wider sustainability goals. These cut across organisational boundaries and all clinical services and include:

- Telemedicine/virtual consultations (linking to Digital and Clinical Strategies)
- Provision of care closer to home (part of a wider engagement with community partners)
- Focus on preventative care and well-being and optimising the use of diagnostics
- Integration of lower-carbon interventions, where they are clinically equivalent

More than any other area of green plan, this element benefits from an integrated approach via the ICS across LLR and serves to tackle various agenda including challenging issues such as health inequalities.

TELEMEDICINE/VIRTUAL CONSULTATIONS

According to the NHS England guidance it is possible that use of virtual consultations can avoid carbon emissions by reducing travel for both staff and patients and reducing demand for physical space in premises.

The COVID-19 pandemic has accelerated and stress-tested the provision of virtual consultations e.g., in UHL 50% of consultations were undertaken virtually in 2020/21 up from 21% in 2019/20.

Looking forward, ICS members will aim to work in line with the current and future NHS Planning Guidance. Where outpatient attendances are clinically necessary, a target between 25%-40% of outpatient activity to be delivered remotely has been set, which should result in direct and tangible carbon reductions from reduced patient and staff travel.

PROVISION OF CARE CLOSER TO HOME

Primary and Elective Care

Plans include creating community health and care hubs, co-locating health and care staff together. These are planned to be established across LLR, providing vital community bases for both staff to work from and patients to be treated within, negating long journeys, often made by car.

The hub approach acknowledges that in rural areas across the County, there are areas with low broadband access and areas with a high level of digital immaturity, which may be amplified by difficulties faced in accessing / using IT within the population. Our ambition is to explore the potential of Integrated health and care hubs to better serve the residents of LLR.

Non-Elective Care

We know that we have often duplicate and triplicate services caring for people across our various NHS and care agencies. Our aim is to bring these services together as an integrated team enabling the patients' story to be told once (using integrated IT systems) and a joint health and care response provided as needed to our patients. Our modelling shows that this would enable fewer ambulance call outs / conveyances but potentially more home visits by health and care staff.

FOCUS ON PREVENTATIVE CARE AND WELL-BEING

Delivering Sustainable Models of Care will require the ICS as a system to optimise patient pathways and apply a Get It Right First Time (GIRFT) approach. Emphasis must shift to preventative care and well-being for all patients ensuring that no-one is left behind and levelling up health inequalities.

GIRFT is a balance between the use of early and appropriate levels of diagnostics and the use of alternative approaches to treatment and patient care. It will be important to learn from past experience across the NHS and to share local experience.

INTEGRATION OF LOWER CARBON INTERVENTIONS

Work at UHL has demonstrated that there are a wide range of clinical scenarios where lower carbon interventions can be achieved. These include use of technology such as ultra-thin endoscopes. As for preventative care, it will be important to both share experience and learn from other trusts.

Key Actions at ICS System Level for the LLR for Sustainable Models of Care:

Action #	Details of Action	Completion Date
SMC1	Identify and report 2021/22 Virtual appointments and set targets for 2022/23 onwards - review progress annually and ensure capacity to deliver is adequate	By Q2 2023
SMC2	Review potential for provision of care closer to home and define strategy - establishment of hubs and recruitment of support staff complete	Q1 2024
SMC3	Identify priority areas for further action and set out a plan (working with other stakeholders) to fund research and develop best practice in areas of preventative care.	Q3 2023
SMC4	Engage with NHS centrally and other Trusts to identify opportunities to deliver lower carbon interventions. Share experience from within LLR nationally.	Ongoing up to 2025.

7.3 DIGITAL TRANSFORMATION

The LLR ICS Green Plan has the opportunity to build on “Health Infrastructure Plan Blueprint for Digitally Advanced Hospitals”, which includes the following key themes:

- Digitally empowered patients
- Digitally enabled staff
- Interoperable and intelligent systems
- Hospitals without walls supporting integrated care (Sustainable Models of Care)
- Smart buildings

At an ICS level, members need to engage all key stakeholders to define needs and;

- Review integration of systems and potential system redundancies
- Ensure interconnectivity and interoperability

Digital Design principles must provide user-friendly and integrated solutions that make people’s jobs easier to do. Whilst retaining security requirements it will be important to ensure this work dovetails with systems across UHL, LPT, local authority partners and the PCNs to provide a seamless experience. Improved patient care management, alongside efficiencies:

- To enable visibility and the sharing of patient records real time, anywhere, anytime
- To improve patient safety through better alerting and decision support
- To improve the efficiency of our workforce
- To improve patient flow through ED, the wards and onward discharge and transfer out

- To improve and enable outpatient transformation
- Transformation from paper-based systems to digital platforms

At an ICS level, we will look to consider health inequalities within digital transformation actions.

Key Actions at ICS System Level for the LLR for Digital Transformation:

Action #	Details of Action	Completion Date
DT1	Review systems across LLR and define an integrated pathway for digital transformation, building on the plans in UHL and LPT	Q4 2022
DT2	Full use of Single Patient Record, including video, remote patient monitoring and telemedicine to be explored.	Q4 2022
DT3	Improving digital literacy among patients across LLR and ensuring digital transformation does not exacerbate health inequalities.	Q4 2023
DT4	Reviewing the carbon footprint of digital systems and associated waste – defining a plan to reduce the impact of digital systems to support NZC targets.	Q4 2024

7.4 TRAVEL AND TRANSPORT

It is recognised that travel and transport will play a significant role in addressing sustainability and reducing carbon emissions across LLR.

There have been ongoing actions across the region and by individual members to facilitate the transition to sustainable modes of transport including:

- UHL/ Leicester City Council investment at three sites - Santander Cycles Leicester, and County Hall also has a Santander Hub
- Effective partnerships in place with local transport authorities, transport providers and major neighbouring employers
- Improved cycle storage at Leicester Royal Infirmary and Glenfield Hospital
- Plans for a new Park & Ride from Beaumont Centre for Hospital Hopper (and other bus services) and short-term Park & Ride from Leicester General Hospital
- Introduction in 2022 of electric buses on Enderby Park & Ride (serves LRI) and on Hospital Hopper
- PlusBus ticketing introduced on Hospital Hopper (i.e. single rail and bus ticket)
- County Hall has a Park and Stride to Glenfield to alleviate parking issues

Looking ahead

The LLR ICS Green plan will consider:

LLR ICS Green Plan

- Travel information available for staff and public
- Introduction of improved cycle storage, with consideration to improved changing rooms, showers and lockers
- Invest in a Santander Cycles docking station at Glenfield Hospital (GH)
- Provide staff discounts on tickets for sustainable travel
- Increase the frequency of the Hospital Hopper
- Introduce an electric Hospital Hopper
- Encourage an increase in Park & Ride (P&R) hours to cover 0600 until 2130 Monday to Friday
- Support the ICU move in May 2022 to GH through assessing transport and parking needs, including consideration of Park & Stride from County Hall
- Introduce a three-year temporary P&R from Leicester General Hospital using the Hospital Hopper service
 - Introduce Personalised Travel Planning to staff and encouraging active travel and the use of low carbon modes of transport for both the health and well-being and environmental benefits
 - Introduce a car park management system that encourages a more flexible form of transport decision-making

Key Actions at ICS System Level for the LLR for Travel and Transport:

Action #	Details of Action	Completion Date
TT1	Each member of the ICS to determine its carbon emissions related to travel and transport and set an action plan – sign up for a free green fleet review where possible	Q1 2024
TT2	Reduce carbon emissions associated with business mileage by 20% by Jan 2025 against individual baseline (per own target if greater).	Q1 2025
TT3	Santander Cycles Leicester e-bike dock at GH, Park & Ride from Beaumont Centre, short-term transport facility bridging ICU move and start of Park & Ride in early 2022; (subject to Local Authority sign off)	Q2 2022
TT4	UHL will establish an online travel portal for staff and public – review/consider if this can be extended across the LLR ICS	Q1 2022 – Q1 2025
TT5	Ensure that any car leasing schemes restrict the availability of high-emission vehicles	Q3 2025
TT6	Review salary sacrifice policy for Electric Vehicles where company car policy applies (City and County Councils already have in place a scheme for ULEVs).	Q1 2025

TT7	Support for Zero Emission Bus Regional Areas (ZEBRA) scheme to support local transport authorities to support the introduction of zero-emission buses;	Q1 2025
TT8	Bus Back Better; Formal partnership with Leicester City Council for additional funding and acceleration	Q1 2025
TT9	Personalised travel planning for employees	Q4 2025
TT10	<p>Active Travel Plan</p> <ul style="list-style-type: none"> • Undertake a travel survey and post code analysis to support development of an active travel plan • Infrastructure for cycle to work, e.g., cycle racks and showers • Better data to support travel plan development Improved infrastructure to enable travel choice <p>Promote: https://www.choosehowyoumove.co.uk</p>	Q4 2025
TT11	Car parking and Traffic Management – Engage with LCC and LsCC on holistic review of options to improve	Q4 2025
TT12	Links to digital transformation and Sustainable Models of Car to reduce travel – measure change/benefits – Links to Sustainable Procurement and Supply Chain to ensure travel and logistics considers carbon emissions and wider travel impacts.	Q4 2025
TT13	Introduce an Electric Hospital Hopper for staff and patients	Q4 2022

7.5 ESTATES AND FACILITIES

Sustainable management of estates and facilities presents one of the most significant opportunities across LLR ICS. While these will largely be driven by the transformation programmes underway at member organisations, these in turn are underpinned by the wider integrated strategies for healthcare. This influences the demand for clinical space and care in the community.

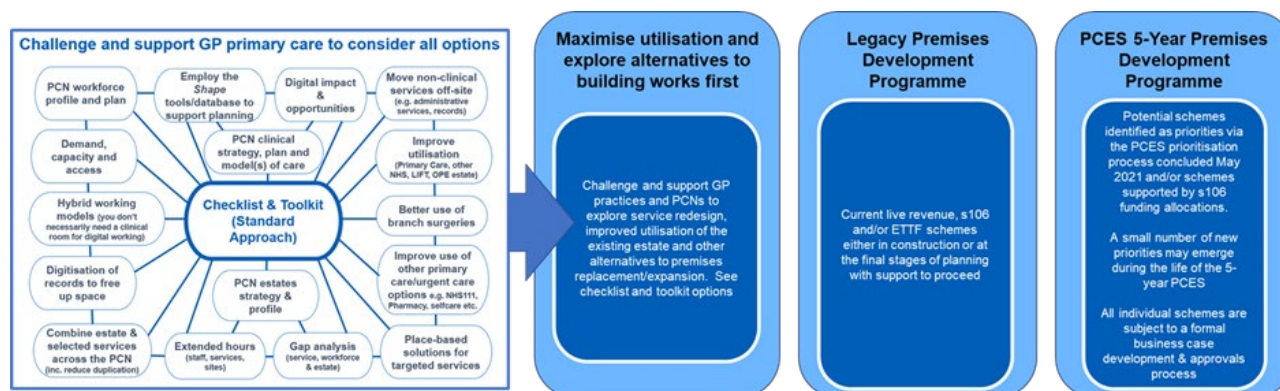
There are radical changes underway across LLR ICS, and these provide opportunities to improve patient pathways, make transport links and travel more efficient, decrease waste and integrate green energy solutions.

Over the next 10 years, both UHL and LPT will implement (where it is possible to do so, understanding budget and timing constraints aligned to enabling key operational activity) a programme across estates and facilities that will positively impact energy use and carbon emissions, waste and water management, air emissions, biodiversity and greening. Planned new buildings and major refurbishments will be implemented in line with the NHS Net Zero Carbon standard, and:

- The ICS will for all new buildings target a rating BREEAM Very Good and will aim to achieve NZC with low embodied and operational carbon and Major Refurbishment Projects targeted to be rated BREEAM Good
- Rationalisation of estate to streamline services and match clinical need across LLR
- Decarbonisation of heating and moving away from the use of gas for heating will require collaboration with other parties across LLR.
- Use of refrigeration systems with low global warming potential
- Increasing the biodiversity and site greening, working with partners and neighbours to identify potential for green corridors from NHS to adjacent sites. Ensuring biodiversity net gain in any new developments, and utilising nature for health and well-being
- Ensuring integration of Estates and Sustainable Travel Strategies across LLR with estate changes aligned to facilitate modal shifts to sustainable transport. Where possible make facilities Electric Vehicle ready
- Working in line with the goal of zero waste to landfill
- Making sure all energy and water consumption is well used and making no-regrets investments in improved efficiency

From a primary care perspective, a specific Primary Care Estates Strategy (PCES) will further support collaboration with all ICS partners, to adopt a combined public estate approach and to ensure that the needs of primary care estate are properly recognised and acted upon as part of the wider planning and financial landscape.

We have already acknowledged that the primary care and wider integrated care delivery model will in future be different from what it is today. This PCES will be reviewed and updated at regular intervals to reflect progress surrounding the national and local drivers for changes described earlier, including emerging clinical models and changes in how and where services are delivered. However, GP practices and therefore their premises will remain at the centre of local services and whilst plans will need to be flexible, we aim to make significant progress as set out in the graphic below:



Key Actions at ICS System Level for the LLR for Estates and Facilities

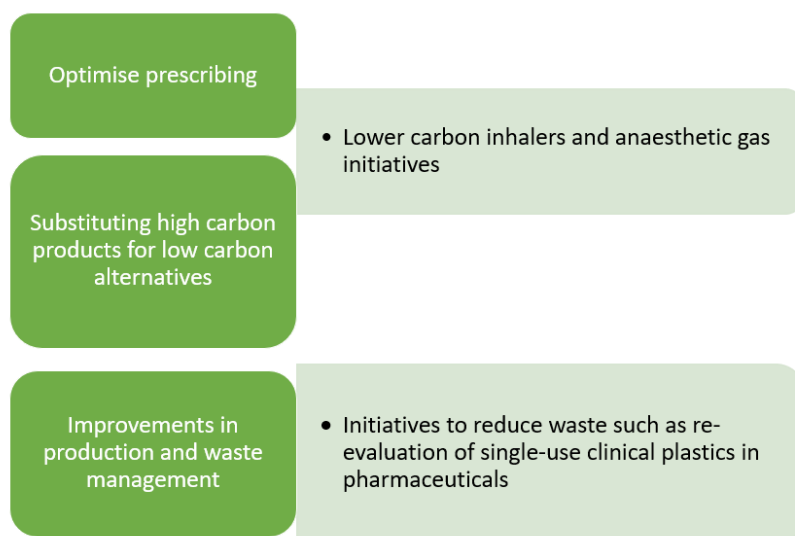
Action #	Details of Action	Completion Date
EF1	Where possible switch to a green electricity supply	Q3 2025
EF2	New developments and refurbishments to achieve BREEAM standards Very Good and Good respectively	Q3 2025
EF3	Ensure where it is practical and affordable to do so, all new builds and retrofits over £15m are compliant with the Net Zero Hospital Building Standards	Q3 2025
EF4	Engagement between partners to look at power supply issues, potential synergies e.g., means to decarbonise heat and/or other collaborative site use	Q3 2025
EF5	Prioritise biodiversity net gain in all new developments incl. relaxing mower regimes and cut carbon emissions by reducing the use of machinery	Q3 2025
EF6	Work collaboratively to identify opportunities for site greening and the creation of green corridors linking to adjacent sites	Q3 2025
EF7	Car parking and Traffic Management – Engage with LCC and LsCC on holistic review of options to improve – look for on and offsite opportunities to help alleviate traffic congestion and air pollution and increase modes of transport into the city to reduce cars	Q3 2025

EF8	Implement waste reduction programmes incl. behavioural change framework following the waste hierarchy, undertake waste analysis where required and follow the reduce, reuse, recycling approach and look for circular economy opportunities. Engage with LLR partners for potential waste exchange and work towards the goal of zero waste to landfill – consider the lifecycle of key waste streams first	Q3 2025
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7.6 MEDICINES

Medicines account for 25% of emissions within the NHS. Anaesthetic gases account for 2%, inhalers 3%, and the remaining 20% primarily in the manufacture and freight inherent in the supply chain.

'Delivering a 'Net Zero' National Health Service', published in October 2020, describes how the carbon footprint can be reduced in the supply chain, in addition to interventions that could reduce emissions caused by inhalers and anaesthetic gases:



It is vital that we take a collaborative approach across the LLR ICS to the Green strategy relating to medicines. Partners across LLR have already begun to work within their organisations, and collaboratively at system level, to drive forward green initiatives related to inhalers, anaesthetics, and the recycling of medical devices. The dedicated green medicines optimisation sub-group will be instrumental in identifying and sharing best practice and involving all stakeholders across LLR ICS.

It will provide a platform to achieve greater traction and will ensure that both the national and LLR ICS Green strategy relating to medicines are driven forward.

The LLR ICS Green Board will continue to keep abreast of national steer and guidance around medicines with environmental impacts.

LOW CARBON INHALERS

Key progress to date

- The LLR Respiratory Prescribing Group has updated and developed materials to support primary care clinicians to consider lower carbon alternatives when prescribing inhalers during patient-centred consultations. Primary Care is instrumental in effecting the change in the prescribing of green inhalers. This is also included as indicators of the PCN Investment and Impact Fund (IIF).
- A dedicated medicines optimisation team including comms and respiratory specialists are working together to plan a green inhaler campaign, focusing on education and training for healthcare professionals across the ICS and increasing awareness to the public.
- A collaboration between UHL, community pharmacy, Leicestershire and Rutland Local Pharmaceutical Committee (LPC), and Chiesi has enabled the successful roll-out of the Leicestershire Take AIR (Action for Inhaler Recycling) pilot. This proof-of-concept project encourages patients to easily recycle any brand of inhaler through the post, allowing safe disposal of the potent greenhouse gases contained within, in addition to the recycling of the plastic and aluminium components. Interim results of the pilot are being analysed and engagement is ongoing with NHSE&I regarding expansion as a national initiative when the pilot ends in Sept 2022.

Looking ahead

- Switch pressurised metered dose inhalers (pMDIs) to inhalers with a lower carbon footprint where clinically appropriate, such as dry powder inhalers (DPIs) and soft mist inhalers (SMIs) as per the NHS Long Term Plan (January 2019).
- Support PCNs to meet the respiratory and sustainable NHS IIF indicator targets going forward.
- Promote recycling of inhalers through the Leicestershire Take AIR scheme and/or safe disposal of inhalers by returning to a community pharmacy.
- Optimise inhaler technique through training and education of both healthcare professionals and patients across the ICS. This will in turn reduce inhaler prescribing.
- Improve medicines reconciliation on admission to hospitals across LLR to ensure prescribing of correct inhaler device and to include inhaler technique assessment.

ANAESTHETICS GASES

Key progress to date

- Anaesthetic gases are mainly used in the acute hospital Trust (UHL). We will undertake a review to determine anaesthetic gas use in other healthcare settings.
- An anaesthetist at UHL has been assigned to review inhaled anaesthetics. Work undertaken so far includes:
 - Evaluation of desflurane use at all three UHL sites to gain feedback from anaesthetists and identify barriers.
 - Reduction in number of desflurane vapourisers at all 3 UHL sites.
 - Encouraging the use of alternative surgical anaesthesia options to reduce the use of desflurane, such as switching to the lower carbon alternative sevoflurane or use of Total Intravenous Anaesthesia (TIVA).
 - Purchase of new TIVA equipment.
 - Exploring the use of vapour capture technologies.
 - Achieved the primary target of desflurane usage at UHL less than 10% of total anaesthetics by volume by April 2022. Further plans are being implemented to reduce desflurane use further and meet the 22-23 target.

Looking ahead

- Transforming anaesthetic practices (Long Term Plan) and shifting towards use of lower carbon anaesthetic gases. Related target includes:
 - The Trust (UHL) to reduce its use of desflurane in surgery to less than 5% of its total volatile anaesthetic gas use by April 2023, by volume (as per the 2022/2023 NHS Standard Contract).
- UHL, and other stakeholders across LLR, to assess the potential to reduce unnecessary emissions of nitrous oxide into the atmosphere (Operational Planning and Contracting Guidance), which is likely to include:
 - Collecting data around nitrous oxide use across all 3 UHL sites and other organisations in LLR
 - Investigate options to optimise manifold management and cylinder use
 - Investigate nitrous oxide cracking systems

MEDICINE LOGISTICS, STORAGE AND WASTE

Key progress to date

- UHL Pharmacy Department has created a Sustainability Interest Group to discuss waste and carbon reduction opportunities and increase staff awareness.
- Novo Nordisk, in conjunction with community pharmacy and LLR LPC, have launched a pre-filled insulin/weight management pen recycling scheme named 'PenCycle'. Patients can return used pen devices via the post or participating community pharmacies to solve the end-of-life product waste challenge and close the resource loop.

- LLR ICS is also committed to sustainable prescribing through a dedicated Polypharmacy medicines optimisation team to implement the recommendations within the National Overprescribing Review 2021. Overprescribing can lead to more hospital visits and preventable admissions, even premature deaths which adds to the environmental impact of wasted medicines. Progress to date includes supporting primary care with tools and resources for undertaking SMRs including identification and prioritisation of patients with polypharmacy. The group is currently looking at improving the quality of discharge medication letters, patient information and involvement and also implementation of a multidisciplinary team to support review and de-prescribing in complex patients with polypharmacy in 2022-23.
- Already established is a Care Home Pharmacy Team who address medicine waste in this care setting through undertaking medication reviews of patients in care homes and streamlining processes. The enhanced primary care dietetic service reviews patients on oral nutritional supplements and other dietary products to reduce waste. The plan for 2022-23 is to increase the size of the Care Home Team.
- The Polypharmacy team work closely with the Medicines Value team who constantly review opportunities to reduce medicines wastage.

Looking ahead

- Take steps to increase staff awareness of medicines waste and carbon reduction opportunities and provide training to staff.
- Clinical plastics: explore alternative options for single-use plastic items, disposable, unused or expired equipment associated with medicines and medical devices.
- Identify alternative options for those medicines and medical devices with a high carbon footprint for use across the system.
- Improper storage and control of medicines may lead to waste or inefficacy of the medicines in use. Stakeholders across LLR to explore storage and logistics of medicines and medical devices in their organisations to identify where inefficiencies lie in order to further progress operational sustainability.

ACTIONS FOR MEDICINES (M)

Action #	Details of Action	Completion Date
M1	Promote and expand Leicestershire Take AIR pilot and safe recycling of inhalers	Q4 2022
M2	Support PCNs to meet the respiratory and sustainable NHS IIF indicator targets going forward, in order to contribute to greener inhaler prescribing – monitor inhaler prescribing and on-going performance against targets	Ongoing delivery of target or better
M3	Reduce use of desflurane in surgery to less than 5% of total volatile anaesthetic gas use, by volume (2022/2023 NHS Standard Contract)	Q2 2023
M4	Take steps to increase staff awareness of the green medicine strategy, and provide training to staff	Q4 2022
M5	Clinical plastics: explore alternative options for specific single-use items, disposable, unused or expired equipment associated with medicines or medical devices	Q2 2025
M6	Identify and explore inefficiencies in storage and logistics of specific medicines and medical devices	Q2 2025
M7	Implement key recommendations of the NHS Overprescribing Review	Q4 2023
M8	Support Care Homes to reduce wastage associated with medicines	Q4 2023

7.7 SUPPLY CHAIN AND PROCUREMENT

The NHS is responsible for around 4-5% of the UK's emissions, with over 60% of our total carbon footprint sitting within our supply chain. This includes emissions from freight, the manufacturing of goods, catering, business services and construction, among others.

The decarbonisation of the NHS supply chain is therefore crucial if we are to become net zero by 2045. To meet our commitment, we intend to engage with all our suppliers to align with this ambition by 2030.

Working collaboratively across LLR ICS strengthens our purchasing power - we need to work with our suppliers to embed the desired sustainability outcomes.

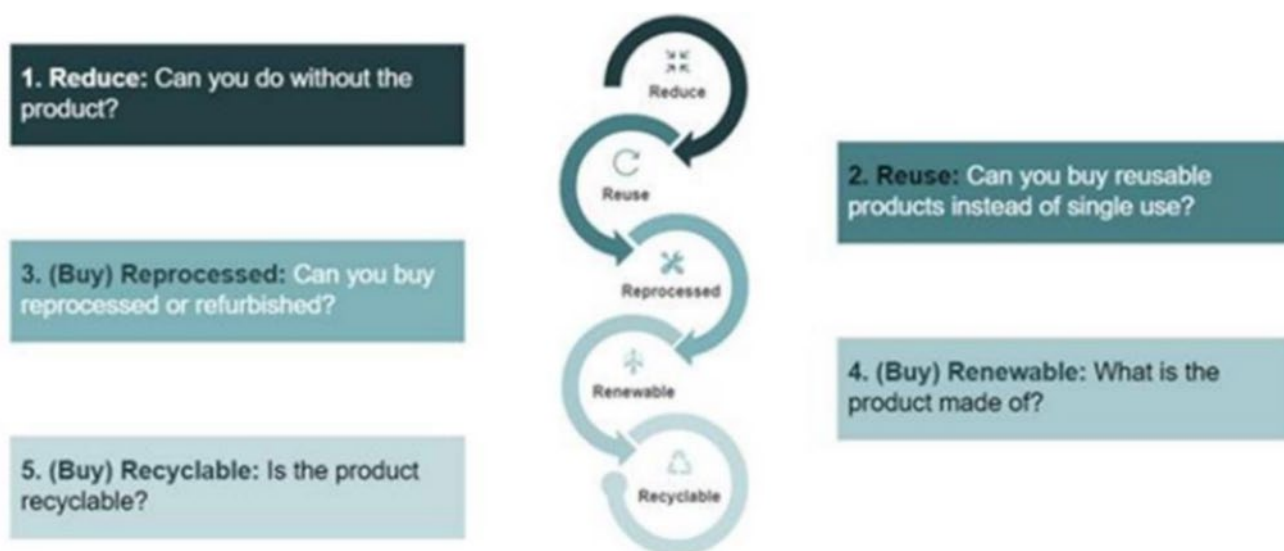
We will align with the National Procurement Policy Note released in June 2021 (PPN 06/21), for which all contracting authorities should consider the following national priority outcomes alongside any additional local priorities in their procurement activities:

- Creating new businesses, new jobs and new skills
- Tackling climate change and reducing waste, and
- Improving supplier diversity, innovation and resilience

Sustainable resource use can include:

- Using a product with a smaller carbon footprint (e.g. less waste generated, energy/water used, fewer transport emissions, less packaging etc.)
- Using less of a product
- Choosing products with fewer or no hazardous chemicals
- Using locally sourced, fresh, organic and Fairtrade ingredients
- Reducing waste
- Maximising repair and reuse
- Influencing our supply chains and partners to play their part

The ICS will work to achieve this change by embedding the 5 principals of sustainable procurement as detailed below:



1. Looking at ways we can redirect our procurement function and purchasing behaviours to fit a circular economy rather than a linear one.

2. Looking at ways we can encourage purchasers to select greener options.

Tactics might include:

- Resetting the default position e.g. recycle paper; renewable energy;
- Gathering data on savings made or could be made;
- Better utilising collective purchasing to engage and steer providers to be greener (whilst making cash savings at the same time);
- Including carbon costs or some sort of 'Sustainability rating' to inform purchasers; and
- Including lifetime costs i.e, cost of waste and pricing products that allows true comparison of re-usable to single use items e.g. PPE.
- Review centralised procurement opportunities for waste supply chain partners by awarding contracts based on "zero waste to landfill" as this will provide a huge carbon saving, (Contracts should be awarded on commitments to net zero and their green credentials not on price)

The NHS England and Improvement Board (NHSE/I) set out in September 2021 its framework for working with the supplier market as below:

- From April 2022, the NHS will adopt the Government's 'Taking Account of Carbon Reduction Plans' (PPN 06/21), requiring all suppliers with new contracts for goods, services, and/or works with an anticipated contract value above £5 million per annum, to publish a carbon reduction plan for their direct emissions
- From April 2024, the NHS will expand this requirement for all new contracts, irrespective of value
- From April 2027, all suppliers with contracts for goods, services, and/or works for any value, will be expected to publish a carbon reduction plan that considers the suppliers' direct and indirect emissions
- From April 2028, new requirements will be introduced overseeing the provision of carbon foot-printing for individual products supplied to the NHS. The NHS will work with suppliers and regulators to determine the scope and methodology
- From 2030, suppliers will only be able to qualify for NHS contracts if they can demonstrate their progress through published progress reports and continued carbon emissions reporting through the supplier framework
- A supplier framework for benchmarking and reporting progress against these requirements will be available in 2022. We will continue to work closely with suppliers to refine the scope and methodology of our asks, ensure it aligns with international best practice, and to regularly assure the quality and accuracy of supplier responses

This approach builds on UK Government procurement policy. In addition to PPN 06/21, we will adopt the Government's Social Value Model (PPN 06/20), where all NHS tenders must include a minimum of 10% scoring criteria in all procurements to assess how suppliers will contribute.

The above sets out the national agenda, and to support this we require identified Sustainable Procurement Champions across the ICS to give this the attention that it both needs and deserves.

UHL Procurement is currently in conversation with large suppliers and looking to the opportunities to reduce carbon emissions and waste from the supply chain and procurement. UHL will put in place a plan which supports the national and local agenda over the next 3 years. However, there are things that UHL has already made progress on, and the ICS will work collaboratively with UHL to determine opportunities across the region.

Progress to date

- Annual Plastic return records
- Behavioural change
- Waste contracts under review
- More local suppliers
- Net Zero Carbon for white goods
- Value Based Procurement which includes a reduction of waste
- Enabling conversations on sustainability in our Best Value Groups

Looking ahead

- Identify Sustainable Procurement Champions across the system, to help deliver and champion the changes required in our net carbon zero journeys.
- By the first half of 2022, UHL to undertake 'NHS Carbon Footprint Plus' carbon footprint to quantify the emissions in relation to procurement and ensure that Net Zero 2045 road map is planned-ahead
- Develop a road map to embedding sustainability and carbon reduction in decision-making
- Conducting life cycle assessment and evaluation of high-volume products, most notably single-use products
- Pooling NHS purchasing power to enable sustainable procurement of goods and services

- Review the “Last mile” of deliveries to reduce traffic to sites and potential for off-site consolidation of supplies

These activities will help us understand the full extent of LLR ICS’s Carbon Footprint Plus, enabling a prioritisation for sustainable procurement activity which should include products with lower embodied carbon (product and transport), lower carbon emissions in use and with waste reduction potential.

We aim to embed sustainability into our decision-making processes and our contracts. By embedding sustainable and low carbon outcomes into long term contracts, and by monitoring progress, we will be able to ensure the transition towards net zero.

Key Actions at ICS System Level for the LLR for Supply Chain

Action #	Details of Action	Completion Date
P1	Procurement representation at the LLR ICS Green Board	Complete
P2	Adopt the Government’s Social Value Model (PPN 06/20)	Complete
P3	Identify Sustainable Procurement Champions across the system	Q3 2022/23
P4	Undertake ‘NHS Carbon Footprint Plus’ to understand the impact of carbon emissions within procurement and supply chain.	Q1 2023/24
P5	Develop a road map to embedding sustainability and carbon reduction in decision-making	Q1 2023/24
P6	Review the training and development requirements with regards to Sustainable Procurement awareness across the ICS	Q4 2022/23
P7	Support the development of a 2023/24 Annual Procurement Carbon Reduction Schemes plan (product and transport) arising from use, and waste reduction potential	Q1 2023/24
P8	Develop the Business case to review the carbon reduction of “last mile” deliveries to the ICS	Q4 2024/25
P9	Review progress against the 2023/24 Annual Procurement Carbon Reduction Schemes	Quarterly in 2023 / 24
P10	Finalise the 2024/25 Annual Procurement Carbon Reduction Schemes	Q4 2023/24
P11	Review progress against the 2024/45 Annual Procurement Carbon Reduction Schemes	Quarterly in 2024
P12	Plastics project – identifying top 200 items going through trusts and looking at ways to reduce, swap and adapt what we buy and how we process the waste. This will also highlight areas where we need innovation and technology to help us bridge the gap	Ongoing

7.8 FOOD AND NUTRITION

At Trust level plans to address Food and Nutrition will be comprehensive taking into account sustainable procurement, avoidance of single use plastics, healthy food and nutritional choices, waste minimisation, and recycling of packaging.

At an LLR ICS level the focus on local supply chain and on waste management including the management of food waste will have a greater emphasis.

Better education around healthy food choices across the country will also play an important part in overall healthcare and the promotion of preventative care.

Key aspects that will be reviewed and integrated into the plan include:

- Single use plastics reduction
- Healthy meal choices
- Local procurement
- Low carbon menu selection
- Food and packaging waste reduction
- Enhanced food waste management
- Substitution of sustainable cutlery and disposable meal items (cutlery, plates, napkins, condiment packaging etc.

It will also be important to better understand the carbon footprint associated with Food and Nutrition to identify priority items and set targeted action plans.

Other opportunities include:

- Use of Reverse Vending Machines (RVM's) that offer a range of dynamic initiatives/incentives to encourage recycling
- Collaboration of food waste collection and processing
- Focus on healthy and low carbon/sustainable meal options and in this way, reduce embodied and transport carbon footprint

Key Actions at ICS System Level for the LLR for Food and Nutrition

Action #	Details of Action	Completion Date
FN1	Adopt the Government's Social Value Model (PPN 06/20)	Q2 2022
FN2	Work with Sustainable Procurement Lead (at Trust or ICS Level) to focus on catering and retail suppliers and low carbon goals.	Q2 2022
FN3	Sustainable Procurement Working Group established – focus stream on Food and Nutrition and Packaging.	Q2 2022
FN4	Deeper dive across ICS into the 'NHS Carbon Footprint Plus' to understand the impact of carbon emissions within procurement and supply chain related to Food and Nutrition	Q2 2022
FN 5	Improve waste segregation and recycling and part of new waste contracts – monitor progress annually. Look for opportunities across the LLR for food waste management including composting, food banks, donations to homeless shelters etc.	2022-2024
FN 6	Collaboration on healthy and sustainable food offerings and promotion of healthy diets – engagement with Council's Sustainable Food Partnership	On-going

7.9 ADAPTATION

Climate Change Risk and Adaption

The risks associated with climate change are broad. Furthermore, risk to health is identified as a high, current and future risk, in particular due to temperature increases and increase in the frequency and extent of extreme weather conditions.

Preparing and responding to these risks appropriately falls under two areas: Mitigation and Adaptation. The former is taking steps to reduce greenhouse gas emissions to minimise more severe climate impacts. The latter is the operational changes required to ensure resilience in the face of impacts brought about by anticipated climate change.

Recommendation from ICS Guide

LLR ICS will appoint an adaptation lead with the remit to consider 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.

By setting out a process for assessing and reviewing, LLR ICS will aim to ensure that its operations remain resilient for the long term and continue to provide quality of health care to the highest standards.

Climate change may shift the boundaries for action by increasing the frequency, duration or extent of impact. It may also lead to risks occurring in concert that may individually be low or moderate in consequence, but collectively lead to disruption of services or elevated consequence.

Increase in the extremity of weather events driven by ongoing climate change may lead to unexpected events at any time that test the resilience of existing systems. These can include both the Hospital Trusts and the wider healthcare infrastructure across the county and beyond.

Our key actions and adaptation plan in relation to Climate Change Adaption (CCA) include

Action #	Details of Action	Completion Date
CCA 1	Appoint an Adaptation lead and initiate a review of climate change risk assessment, and adaptation preparedness across LLR ICS	Q1 2023
CCA 2	Integration of key risks into risks processes and emergency plans and communicate and collaborate with partners of resilience adaptation planning	Q1 2023 – then ongoing
CCA 3	Keep emerging risks and latest data in view and review key reports as expected to be published by the Government in June 2022 – Update Adaptation Plans as required	Q1 2023 then annually.
CCA4	Respond as required to UK HSA, DHSC, NHS England and the Local Government Association (LGA) who will develop a single adverse weather and health plan	Q1 2023

8 COMMUNICATING THE LLR ICS GREEN PLAN AND REPORTING PROGRESS

The LLR ICS Green Plan will be underpinned by a comprehensive communications and engagement plan. Wider understanding of the importance and prominence of the plan, by both staff and public, will be key to the delivery of outcomes. Objectives will include:

1. Promote the importance of taking action and what it means for the NHS: set the context and why the NHS has to do its bit for the national strategy
2. Promote awareness and understanding of the NHS and LLR ICS Green Plan; demonstrate the impact of the priorities as set out in the Green Plan
3. Encourage involvement of staff in delivering the Green Plan: what can each of us do to support/what difference can each of us make?
4. Create space to share initiatives taking place and progress against the plan

9 APPENDIX

Key Actions at ICS System Level for the LLR for Workforce and Leadership

Action #	Details of Action	Completion Date
WFL1	<p>Engagement</p> <ul style="list-style-type: none"> ▪ Review existing sustainability committees and groups across the ICS and partner organisations and agree communication plans and key areas for action and or collaboration. Streamline structure as best suited to new Integrated Care Board ▪ Carbon reduction and wider sustainability to feature as a regular agenda item at meetings once the Integrated Care Board is established ▪ Alignment of existing operational delivery programmes in relation to Digital, Elective and Urgent Care, Mental Health, New Models of Care and Primary Care with the Green Agenda 	<p>Q2-3 2022</p> <p>Q3 2022 on-going</p>
WFL2	<p>Training</p> <ul style="list-style-type: none"> ▪ Communicate ICS Green plan across the ICS membership (see also Section 7) Provide training to key individuals to create better understanding from board to ward e.g. <ol style="list-style-type: none"> a. https://carbonliteracy.com/ b. https://sustainablehealthcare.org.uk/ c. https://www.greenerpractice.co.uk/ 	<p>Q2-Q3</p> <p>Q4 on-going to 2025</p>
WFL3	<p>Leadership</p> <ul style="list-style-type: none"> ▪ All NHS Member organisations within our ICS to designate Board level Net Zero leads to ensure the progress / embedding of sustainability and NZC plans into business cases ▪ Have a dedicated PCN named Greener Lead Director and undertake Carbon Literacy and Sustainability Training 	<p>Q4</p>
WFL4	<p>Annual Performance Review</p> <ul style="list-style-type: none"> ▪ Integrated Care Board to review delivery of the actions according to schedule and ensure adequate resources are allocated to deliver target outcomes 	<p>Annually</p>

Key Actions at ICS System Level for the LLR for Sustainable Models of Care:

Action #	Details of Action	Completion Date
SMC1	Identify and report 2021/22 Virtual appointments and set targets for 2022/23 onwards - review progress annually and ensure capacity to deliver is adequate	By Q2 2023
SMC2	Review potential for provision of care closer to home and define strategy - establishment of hubs and recruitment of support staff complete	Q1 2024
SMC3	Identify priority areas for further action and set out a plan (working with other stakeholders) to fund research and develop best practice in areas of preventative care.	Q3 2023
SMC4	Engage with NHS centrally and other Trusts to identify opportunities to deliver lower carbon interventions. Share experience from within LLR nationally.	Ongoing up to 2025.

Key Actions at ICS System Level for the LLR for Digital Transformation:

Action #	Details of Action	Completion Date
DT1	Review systems across LLR and define an integrated pathway for digital transformation, building on the plans in UHL and LPT	Q4 2022
DT2	Full use of Single Patient Record, including video, remote patient monitoring and telemedicine to be explored.	Q4 2022
DT3	Improving digital literacy among patients across LLR and ensuring digital transformation does not exacerbate health inequalities.	Q4 2023
DT4	Reviewing the carbon footprint of digital systems and associated waste – defining a plan to reduce the impact of digital systems to support NZC targets.	Q4 2024

Key Actions at ICS System Level for the LLR for Travel and Transport:

Action #	Details of Action	Completion Date
TT1	Each member of the ICS to determine its carbon emissions related to travel and transport and set an action plan – sign up for a free green fleet review where possible	Q1 2024
TT2	Reduce carbon emissions associated with business mileage by 20% by Jan 2025 against individual baseline (per own target if greater).	Q1 2025
TT3	Santander Cycles Leicester e-bike dock at GH, Park & Ride from Beaumont Centre, short-term transport facility bridging ICU move and start of Park & Ride in early 2022; (subject to Local Authority sign off)	Q2 2022
TT4	UHL will establish an online travel portal for staff and public – review/consider if this can be extended across the LLR ICS	Q1 2022 – Q1 2025
TT5	Ensure that any car leasing schemes restrict the availability of high-emission vehicles	Q3 2025
TT6	Review salary sacrifice policy for Electric Vehicles where company car policy applies (City and County Councils already have in place a scheme for ULEVs).	Q1 2025
TT7	Support for Zero Emission Bus Regional Areas (ZEBRA) scheme to support local transport authorities to support the introduction of zero-emission buses;	Q1 2025
TT8	Bus Back Better; Formal partnership with Leicester City Council for additional funding and acceleration	Q1 2025
TT9	Personalised travel planning for employees	Q4 2025
TT10	Active Travel Plan <ul style="list-style-type: none"> Undertake a travel survey and post code analysis to support development of an active travel plan Infrastructure for cycle to work, e.g., cycle racks and showers Better data to support travel plan development Improved infrastructure to enable travel choice Promote: https://www.choosehowyoumove.co.uk	Q4 2025
TT11	Car parking and Traffic Management – Engage with LCC and LsCC on holistic review of options to improve	Q4 2025

TT12	Links to digital transformation and Sustainable Models of Car to reduce travel – measure change/benefits – Links to Sustainable Procurement and Supply Chain to ensure travel and logistics considers carbon emissions and wider travel impacts.	Q4 2025
TT13	Introduce an Electric Hospital Hopper for staff and patients	Q4 2022

Key Actions at ICS System Level for the LLR for Estates and Facilities:

Action #	Details of Action	Completion Date
EF1	Where possible switch to a green electricity supply	Q3 2025
EF2	New developments and refurbishments to achieve BREEAM standards Very Good and Good respectively	Q3 2025
EF3	Ensure where it is practical and affordable to do so, all new builds and retrofits over £15m are compliant with the Net Zero Hospital Building Standards	Q3 2025
EF4	Engagement between partners to look at power supply issues, potential synergies e.g., means to decarbonise heat and/or other collaborative site use	Q3 2025
EF5	Prioritise biodiversity net gain in all new developments incl. relaxing mower regimes and cut carbon emissions by reducing the use of machinery	Q3 2025
EF6	Work collaboratively to identify opportunities for site greening and the creation of green corridors linking to adjacent sites	Q3 2025
EF7	Car parking and Traffic Management – Engage with LCC and LsCC on holistic review of options to improve – look for on and offsite opportunities to help alleviate traffic congestion and air pollution and increase modes of transport into the city to reduce cars	Q3 2025
EF8	Implement waste reduction programmes incl. behavioural change framework following the waste hierarchy, undertake waste analysis where required and follow the reduce, reuse, recycling approach and look for circular economy opportunities. Engage with LLR partners for potential waste exchange and work towards the goal of zero waste to landfill – consider the lifecycle of key waste streams first	Q3 2025

Key Actions at ICS System Level for the LLR for Medicine

Action #	Details of Action	Completion Date
M1	Promote and expand Leicestershire Take AIR pilot and safe recycling of inhalers	Q4 2022
M2	Support PCNs to meet the respiratory and sustainable NHS IIF indicator targets going forward, in order to contribute to greener inhaler prescribing – monitor inhaler prescribing and on-going performance against targets	Ongoing delivery of target or better
M3	Reduce use of desflurane in surgery to less than 5% of total volatile anaesthetic gas use, by volume (2022/2023 NHS Standard Contract)	Q2 2023
M4	Take steps to increase staff awareness of the green medicine strategy, and provide training to staff	Q4 2022
M5	Clinical plastics: explore alternative options for specific single-use items, disposable, unused or expired equipment associated with medicines or medical devices	Q2 2025
M6	Identify and explore inefficiencies in storage and logistics of specific medicines and medical devices	Q2 2025
M7	Implement key recommendations of the NHS Overprescribing Review	Q4 2023
M8	Support Care Homes to reduce wastage associated with medicines	Q4 2023

Key Actions at ICS System Level for the LLR for Supply Chain

Action #	Details of Action	Completion Date
P1	Procurement representation at the LLR ICS Green Board	Complete
P2	Adopt the Government's Social Value Model (PPN 06/20)	Complete
P3	Identify Sustainable Procurement Champions across the system	Q3 2022/23
P4	Undertake 'NHS Carbon Footprint Plus' to understand the impact of carbon emissions within procurement and supply chain.	Q1 2023/24
P5	Develop a road map to embedding sustainability and carbon reduction in decision-making	Q1 2023/24
P6	Review the training and development requirements with regards to Sustainable Procurement awareness across the ICS	Q4 2022/23
P7	Support the development of a 2023/24 Annual Procurement Carbon Reduction Schemes plan (product and transport) arising from use, and waste reduction potential	Q1 2023/24
P8	Develop the Business case to review the carbon reduction of "last mile" deliveries to the ICS	Q4 2024/25
P9	Review progress against the 2023/24 Annual Procurement Carbon Reduction Schemes	Quarterly in 2023 / 24
P10	Finalise the 2024/25 Annual Procurement Carbon Reduction Schemes	Q4 2023/24
P11	Review progress against the 2024/45 Annual Procurement Carbon Reduction Schemes	Quarterly in 2024
P12	Plastics project – identifying top 200 items going through trusts and looking at ways to reduce, swap and adapt what we buy and how we process the waste. This will also highlight areas where we need innovation and technology to help us bridge the gap	Ongoing

Key Actions at ICS System Level for the LLR for Food and Nutrition

Action #	Details of Action	Completion Date
FN1	Adopt the Government's Social Value Model (PPN 06/20)	Q2 2022
FN2	Work with Sustainable Procurement Lead (at Trust or ICS Level) to focus on catering and retail suppliers and low carbon goals.	Q2 2022
FN3	Sustainable Procurement Working Group established – focus stream on Food and Nutrition and Packaging.	Q2 2022
FN4	Deeper dive across ICS into the 'NHS Carbon Footprint Plus' to understand the impact of carbon emissions within procurement and supply chain related to Food and Nutrition	Q2 2022
FN 5	Improve waste segregation and recycling and part of new waste contracts – monitor progress annually. Look for opportunities across the LLR for food waste management including composting, food banks, donations to homeless shelters etc.	2022-2024
FN 6	Collaboration on healthy and sustainable food offerings and promotion of healthy diets – engagement with Council's Sustainable Food Partnership	On-going

Key actions and adaptation plan in relation to Climate Change Adaption (CCA) include

Action #	Details of Action	Completion Date
CCA 1	Appoint an Adaptation lead and initiate a review of climate change risk assessment, and adaptation preparedness across LLR ICS	Q1 2023
CCA 2	Integration of key risks into risks processes and emergency plans and communicate and collaborate with partners of resilience adaptation planning	Q1 2023 – then ongoing
CCA 3	Keep emerging risks and latest data in view and review key reports as expected to be published by the Government in June 2022 – Update Adaptation Plans as required	Q1 2023 then annually.
CCA4	Respond as required to UK HSA, DHSC, NHS England and the Local Government Association (LGA) who will develop a single adverse weather and health plan	Q1 2023