Health and Care Partnership

Date: 14 February 2025
Time: 10:00 to 12:00
Venue: Online via Teams

Agenda

No.	Agenda Item	Lead	Purpose	Time
	Opening Actions			
1.	Welcome, Introductions and Apologies	Chair	-	10.00
2.	Relevant Persons Disclosure of Interests • Register of Interests	Chair	Note changes and approve	
3.	Approval of Minutes and Matters Arising			
4.	Review of Action Tracker			
	Strategy			
5.	BLMK Health and Care Strategy. Progress in delivering our Integrated Health and Care Strategy in 2045/25 and plans for 2025/26, including plans for the next joint ICB/ICP Seminar to be held on 23 May 2025.	Dominic Woodward-Lebihan, Deputy Chief Strategy & Assurance Officer	To consider and discuss, and agree next steps	~30 minutes
6.	English Devolution White Paper – A BLMK Perspective	Robin Porter, Chief Executive, Luton Council	To consider and discuss	~30 minutes
7.	The BLMK ICB Green Plan A report on the joint ICB/ICP Summit held on 15 November 2024 and an update on the draft plan for approval	Tim Simmance, Associate Director of Sustainability and Growth	To consider and discuss	~30 minutes
8.	Health and Care Partnership Terms of Reference To consider proposed changes to the terms of reference of the Partnership to reduce quoracy requirements at meetings and vary VCSE representation.	Michelle Evans-Riches, Head of Governance.	To consider/ discuss/recommend to the Board of the ICB for approval	~10 minutes
	Governance			
9.	Communications from the meeting	Chair	Discuss	

No.	Agenda Item	Lead	Purpose	Time
10.	Review of meeting effectiveness	Chair	Note	
Closing Actions				
11.	Any Other Business	Chair	-	

Surname	Forename	Position within, or relationship with the Integrated Care Board	Interests to Declare	Financial Interest	Non-Financial Professional	Non-Financial Personal	Indirect	Details of Interest	Date From	Date To	Actions to be taken to mitigate risk	Date Declared
Barhey	Manraj ("Baz")	Primary Care Network Clinical Director, Luton	Yes		Y			Medics PCN Clinical Director	01/07/2019	Ongoing	Declare in line with conflicts of interest policy	13/03/2022
Barhey	Manraj ("Baz")	Primary Care Network Clinical Director, Luton	Yes	Y				GP Partner Woodland Avenue Practice	01/04/1995	Ongoing	Declare in line with conflicts of interest policy	23/08/2022
Barhey	Manraj ("Baz")	Primary Care Network Clinical Director, Luton	Yes		Y			Member of Evexia GP Federation	01/09/2021	Ongoing	Declare in line with conflicts of interest policy	23/08/2022
Barhey	Manraj ("Baz")	Primary Care Network Clinical Director, Luton	Yes		Y			GP with Interest in Dermatology and Skin Surgery	01/04/1995	Ongoing	Declare in line with conflicts of interest policy	23/08/2022
Basra	Sharn	Beds Police										
Blackmun	Diana	Chief Executive Officer, Healthwatch Central Bedfordshire	Yes		Y			Chief Executive Office of Healthwatch, Central Bedfordshire	April 2013	Ongoing	Declare in line with conflicts of interest policy	05/12/2022
Blackmun	Diana	Chief Executive Officer, Healthwatch Central Bedfordshire	Yes		Y			Chair of Bedfordshire Autism Voice Alliance	Nov 2022	Ongoing	Declare in line with conflicts of interest policy	05/12/2022
Carr	Jane (Cllr)	Cllr, Milton Keynes City Council	Yes		Y			Qualified social worker, registered with Social Work England	May-95	Ongoing	Declare in line with conflicts of interests policy	06/01/2025
Cartwright	Sally	Director of Public Health, Luton Council	No							left 31/12/24		22/06/2022
Chase	Simon	Chief Paramedic (Allied Health Professional) & Director of Quality	No									11/10/2024
Cox	Felicity	Chief Executive, Bedfordshire, Luton and Milton Keynes Integrated Care Board	Yes		Y			I am a registered pharmacist with the General Pharmaceutical Council (GPC) and a member of the Royal Pharmaceutical Society	17/08/1987	Ongoing	I will excuse myself should an interest arise	14/06/2022
Cox	Felicity	Chief Executive, Bedfordshire, Luton and Milton Keynes Integrated Care Board	Yes		Y			I am a trustee of a charity as a member (and secetary) of the parochial church council of the Ecclesiastical Parish of Bushey	01/07/2023	Ongoing	We supply no services to the ICB	13/10/2023
Elford	Mary	Cambridgeshire Community Services NHS Trust (Health and Care Partnership member)	Yes	Y				Chair, Cambridgeshire Community Services NHS Trust	01/04/2020	Ongoing	Declare in line with conflicts of interest policy	23/09/2022
Elford	Mary	Cambridgeshire Community Services NHS Trust (Health and Care Partnership member)	Yes			Y		Committee Member, Centre 404 Independent Living Committee	01/01/2023	Ongoing	Declare in line with conflicts of interest policy	26/10/2023
Elford	Mary	Cambridgeshire Community Services NHS Trust (Health and Care Partnership member)	Yes		Y			Trustee and NED of NHS Providers	01/07/2021	Ongoing	Exclusion from involvement in related meeting or decision making	07/12/2022
Elford	Mary	Cambridgeshire Community Services NHS Trust (Health and Care Partnership member)	Yes			Y		Member, East Anglia Productivity Forum	01/06/2023	Ongoing	Declare in line with conflicts of interest policy	26/10/2023
Freda	Emma	Chief Executive Officer, Healthwatch Bedford Borough	No	Y				Employed by Healthwatch Bedford Borough, 21-23 Gadsby Street, Bedford, Beds MK40 3HP	01/10/2023	Ongoing	I will declare in line with the COI policy. I will remove myself from any decision that we have a conflict or perceived conflict in, if in agreement, and declare our specific interest at all appropriate meetings given the impending agenda item(s)	11/10/2023
Fuller	Donna	Councillor, Milton Keynes Council	No									14/10/2024
Head	Vicky	Director of Public Health, Bedford Borough, Central Bedfordshire and Milton Keynes.	No									27/06/2022
Keech	Tracey	Deputy CEO, Healthwatch, Milton Keynes	No									02/11/2023

Surname	Forename	Position within, or relationship with the Integrated Care Board	Interests to Declare	Financial Interest	Non-Financial Professional	Non-Financial Personal	Indirect	Details of Interest	Date From	Date To	Actions to be taken to mitigate risk	Date Declared
Kellerman	Volker	Director of Partnerships and Strategic Development at South Central Ambulance Service NHS Trust	No									18/06/2024
Kibasi	Thomas	Chair, Central and North West London Trust	Yes		Y			Employed by Flagship Pioneering which conceives, creates and scales biotechnology companies, as Senior Vice President, Strategy	01/04/2021	Ongoing	Declare in line with conflicts of interest policy	20/09/2023
Kibasi	Thomas	Chair, Central and North West London Trust	Yes		Y			Director at UCL Health Alliance (linked to CNWL Chair role)	03/04/2023	Ongoing	Declare in line with conflicts of interest policy	20/09/2023
Kocen	Jane	Clinical Lead for BCA for Bedford Place	Yes			Y		My husband, Dr Rory Harvey, is a consultant at Bedford Hospital		Ongoing	Declare in line with conflicts of interest policy	09/12/2022
Kocen	Jane	Clinical Lead for BCA for Bedford Place	Yes	Y				GP at King Street Surgery	2001	Ongoing	Declare in line with conflicts of interest policy	16/11/2023
Kocen	Jane	Clinical Lead for BCA for Bedford Place	Yes	Y				Clinical Director for Caritas Medical PCN	2019	Ongoing	Declare in line with conflicts of interest policy	16/11/2023
Macpherson	Angela	Integrated Care Partnership Board member, Deputy Leader, Buckinghamshire Council	No									22/09/2022
Mahathmakanti	Shankari	GP Early Careers Strategic Lead and Deputy Chair of BLMK Integrated Care Board Primary Care Training Hub, Primary Care Strategic Clinical Lead for Children and Young People, Bedfordshire, Luton and Milton Keynes Integrated Care Board	Yes					Akeso coaching role may pose a direct financial COI, which can be address if and when required	01/03/2021	Ongoing	Declaration made and I will declare conflict at meetings where appropriate	15/03/2023
Mahathmakanti	Shankari	GP Early Careers Strategic Lead and Deputy Chair of BLMK Integrated Care Board Primary Care Training Hub, Primary Care Strategic Clinical Lead for Children and Young People, Bedfordshire, Luton and Milton Keynes Integrated Care Board	Yes					Independent Professional Coach service may pose a direct financial COI, which can be address if and when required	02/11/2021	Ongoing	Declaration made and I will declare conflict at meetings where appropriate	15/03/2023
Mahmood	Basit	Luton Councillor										
Makarem	Rima	Chair, Bedfordshire, Luton and Milton Keynes Integrated Care Board	Yes		Y			Chair of Sue Ryder (non remunerated)	01/05/2021	left role 31/12/24	Declare in line with conflicts of interest policy	17/06/2022
Makarem	Rima	Chair, Bedfordshire, Luton and Milton Keynes Integrated Care Board	Yes	Y				Chair of Queen Square Enterprises Ltd (remunerated)	01/11/2020	left role 31/12/24	Declare in line with conflicts of interest policy	17/06/2022
Makarem	Rima	Chair, Bedfordshire, Luton and Milton Keynes Integrated Care Board	Yes	Y				Lay Member of General Pharmaceutical Council	Apr-19	left role 31/12/24	Declare in line with conflicts of interest policy	17/06/2022
Makarem	Rima	Chair, Bedfordshire, Luton and Milton Keynes Integrated Care Board	Yes		Y			Trustee of LifeArc	June 2023	left role 31/12/24	Declare in line with conflicts of interest policy	26/04/2023
Malik	Khtija	Co-Chair and Councillor, Luton Borough Council	Yes		Y			Governor on East London NHS Foundation Trust	2019	Ongoing	Declare in line with conflicts of interes policy	12/09/2023
Marland	Peter	Leader, Milton Keynes City Council	Yes	N	N	N	N	Chair, Local Government Association Economy & Resources Board	01/12/2022	Ongoing	No conflict of interest	28/08/2024
Marland	Peter	Leader, Milton Keynes City Council	Yes	N	N	N	N	Board Member, Local Partnerships	01/09/2021	Ongoing	No conflict of interest	28/08/2024
Marland	Peter	Leader, Milton Keynes City Council	Yes	N	N	Y	N	Trustee, Helen & Douglas House Children's Hospice	01/02/2020	Ongoing	Will declare in meetings as appropriate	28/08/2024

Surname	Forename	Position within, or relationship with the Integrated Care Board	Interests to Declare	Financial Interest	Non-Financial Professional	Non-Financial Personal	Indirect	Details of Interest	Date From	Date To	Actions to be taken to mitigate risk	Date Declared
Mehta	Sonal	Voluntary, Community and Social Enterprise Partnership Lead	Yes		Y			Honorary Associate, The Open University. Delivering talks and writing articles to support the Ageing Well project.	Oct 23	Ongoing	Declare interest for any agenda items related to ageing.	07/12/2022
Mehta	Sonal	Voluntary, Community and Social Enterprise Partnership Lead	Yes	Y				Director, Catalyst Health Solutions CIC, 18 Station Terrace, Marsh Drive, Great Linford, Milton Keynes MK14 5AP The company offers training and consultancy services to organisations operating in th health, wellbeing and car sector	Feb-21	Ongoing	Remove myself from any decisions regarding commissioning of training or consultancy support	28/09/2022
Mehta	Sonal	Voluntary, Community and Social Enterprise Partnership Lead	Yes	Y				Associate, The Health Creation Alliance - engaged to support the delivery of health creation learning programmes	July 2022	Ongoing	Declare interest for any agenda items related to The Health Creation Alliance. Remove myself from any decisions regarding commissioning of THCA.	14/11/2023
Rammohan	Navaneetha	Clinical Director, Nexus Milton Keynes Primary Care Network/Integrated Care Partnership representative for Milton Keynes Primary Care Networks	Yes		Y			Oakridge Park Medical Centre, GP Partner	01/02/2018	Ongoing	To be excluded from meeting when discussing primary care issues	26/09/2022
Rammohan	Navaneetha	Clinical Director, Nexus Milton Keynes Primary Care Network/Integrated Care Partnership representative for Milton Keynes Primary Care Networks	Yes		Y			Nexus MK PCN - Clinical Director	01/07/2019	Ongoing	To be excluded from meeting when discussing primary care issues	26/09/2022
Rodenhurst	Trevor	Beds Police										
Sharp	Andy	Director, Social Care, Health & Housing, Central Bedfordshire Council	Yes	Y				Director, New Vista Homes	01/02/2023	Ongoing	Declare in line with conflicts of interest policy	12/09/2023
Sharp	Andy	Director, Social Care, Health & Housing, Central Bedfordshire Council	Yes	Y				Director, Care is Central	01/02/2023	Ongoing	Declare in line with conflicts of interest policy	12/09/2023
Sharp	Andy	Director, Social Care, Health & Housing, Central Bedfordshire Council	Yes	Y				Director, Central Bedfordshire Group	01/02/2023	Ongoing	Declare in line with conflicts of interest policy	12/09/2023
Simmons	Hazel	Leader of Luton Council	Yes			Y		Treasurer Lewsey Festival Committee	1995	Ongoing	Declare in line with conflicts of interest policy	20/11/2023
Simmons	Hazel	Leader of Luton Council	Yes			Y		Secretary Lewsey Community Garden	2019	Ongoing	Declare in line with conflicts of interest policy	20/11/2023
Smith	Mark	Adult Social Care & Health Executive Member for Central Bedfordshire Council	Yes		Y			Care is Central, co no 12641420, Unit 10 Bury Farm Mill Lane, Stotfold Beds	16/10/2023	Ongoing	No perceived interest	11/09/2024
Smith	Mark	Adult Social Care & Health Executive Member for Central Bedfordshire Council	Yes		Y			Care is Central Residential Ltd, co no 15188179, unit 10, Bury Farm Mill Lane, Stotfold, Beds	13/11/2023	Ongoing	No perceived interest	11/09/2024
Smith	Mark	Adult Social Care & Health Executive Member for Central Bedfordshire Council	Yes		Y			New Vista Homes co no 12641085	16/10/2023	Ongoing	No perceived interest	11/09/2024
Smith (was Chadwick)	Helen	Clinical Director for Pharmacy and Divisional Director for Core Clinical, Milton Keynes University Hospital NHS Trust	No									01/11/2023

Surname	Forename	Position within, or relationship with the Integrated Care Board	Interests to Declare	Financial Interest	Non-Financial Professional	Non-Financial Personal	Indirect	Details of Interest	Date From	Date To	Actions to be taken to mitigate risk	Date Declared
Sumray	Richard	Chair, Bedfordshire Hospitals NHS Foundation Trust	Yes	Y				Chair, Bedfordshire Hospitals NHS Foundation Trust	01/04/2023	Ongoing	Declare in line with conflicts of interest policy	27/10/2023
Taylor	Eileen	Chair East London NHS Foundation Trust	Yes		Y			Chair, East London NHS Foundation Trust, 9 Alie Street London E1 8DE	Chair 1/1/2023 (acting from 1/4/2022)	30/09/2025	As appropriate	08/12/2022
Taylor	Eileen	Chair East London NHS Foundation Trust	Yes		Y			Chair, North East London NHS Foundation Trust CEME Centre- West Wing Marsh Way Rainham Essex RM13 8GQ	01/01/2023	30/09/2025	As appropriate	08/12/2022
Taylor	Eileen	Chair East London NHS Foundation Trust	Yes		Y			Non Executive Director MUFG Securities EMEA PLC 25 Ropemaker Street London	01/04/2019	Ongoing	As appropriate	08/12/2022
Towler	Martin	Councillor, Bedford Borough Council - Portolio Holder for Health and Wellbeing at Bedford Borough Council	No									15/11/2023
Travis	Heidi	Interim Chair of Milton Keynes University Hospitals NHS Trust	No									11/09/2024
Turner	Philip	Chair, Healthwatch Luton	No									06/12/2022
Walker	Kate	Adult Services, Bedford Borough Council	No									11/01/2023
Wheeler	Deborah	Vice Chair, East London NHS Foundation Trust	Yes	Y				Non-Executive Director,North East London NH Foundation Trust	May 2024	Ongoing	Declare in line with conflicts of interest policy	17/05/2024
Wheeler	Deborah	Vice Chair, East London NHS Foundation Trust	Yes	Y				Member of the Test of Competence Assurance Advisory Group, Nursing & Midwifery Council	May 2024	Ongoing	Declare in line with conflicts of interest policy	17/05/2024
Wheeler	Deborah	Vice Chair, East London NHS Foundation Trust	Yes		Y			Trustee, Epilepsy Society	May 2024	Ongoing	Declare in line with conflicts of interest policy	17/05/2024
Wheeler	Deborah	Vice Chair, East London NHS Foundation Trust	Yes		Y			Trustee, Revitalise Respite Holidays (Chair of Quality & People Committee, Lead Trustee for Safeguarding)	May 2024	Ongoing	Declare in line with conflicts of interest policy	17/05/2024
Whittred	Jacqueline											
Wootton	Tom											

Date: 19 September 2024

Time: 10.00

Venue: MS Teams

Minutes of the: Informal meeting of the Health and Care Partnership

Members:		
Name	**Title**	**Initials**
Councillor Khtija Malik	Portfolio Holder for Public Health, Luton Council, (Co-Chair and Chair of meeting)	KM
Councillor Martin Towler	Chair, Health and Wellbeing Board, Bedford Borough Council (Co-Chair)	MT
Dr Manraj Barhey	Clinical Director, Primary Care Network, Luton	MB
Ian Brown	Chief Officer for Public Health, Bedford, Central Bedfordshire and MK (Deputising for Vicky Head)	IB
Sally Cartwright	Director of Public Health, Luton Borough Council	SC
Felicity Cox	Chief Executive, BLMK ICB	FC
Mary Elford	Chair, Cambridgeshire Community Services NHS Trust	ME
Tracy Keech	Deputy Chief Executive Officer, Healthwatch Milton Keynes	TK
Dr Jane Kocen	Clinical Director, Bedford Borough Primary Care Network	JK
Rima Makarem	Chair, BLMK ICB	RM
Sonal Mehta	VCSE Partnership Lead, BLMK ICB	SM
Mrunal Sisodia	Chair, East of England Ambulance Service NHS Trust	MS
Councillor Mark Smith	Executive Member for Adult Social Care and Health, Central Bedfordshire Council	MS
Richard Sumray	Chair, Bedfordshire Hospitals NHS Foundation Trust	RS
Heidi Travis	Chair, Milton Keynes University Hospital NHS Foundation Trust	HT

In attendance:		
Name	**Title**	**Initials**
Chris Bigland	Deputy Chief Fire Officer	CB
Anne Brierley	Chief Operating Officer, BLMK ICB	AB
Sanhita Chakrabarti	Deputy Chief Medical Officer, BLMK ICB	SC
Andrew Clayton	Partnership Governance Lead BLMK ICB	AC
Michelle Evans-Riches	Head of Governance, BLMK ICB	MER

In attendance:		
Name	**Title**	**Initials**
Catherine Lee	Project Manager, Medical Directorate, BLMK ICB	CL
Kathy Nelson	Head of Cancer Network, BLMK ICB	KN
Nicky Poulain	Chief Primary Care Officer, BLMK ICB	NP
Dr Ian Reckless	Chief Medical Officer, BLMK ICB	IR
Tim Simmance	Associate Director of Sustainability and Growth, BLMK ICB	TS
Dominic Woodward-Lebihan	Deputy Chief of Strategy and Assurance	DWL
Natasha Young	Senior Transformation Manager, BLMK ICB	NY

Apologies from members:		
Diana Blackmun	Chief Executive, Healthwatch Central Bedfordshire	
Simon Chase	Chief Paramedic (Allied Health Professional) & Director of Quality, East of England Ambulance Service	
Emma Freda	Chief Executive, Healthwatch Bedford Borough	
Vicky Head (Ian Brown deputising)	Director of Public Health, Bedford Borough Council	
Tom Kibasi	Chair, Central and North West London NHS Foundation Trust	
Councillor Angela Macpherson	Deputy Leader, Buckinghamshire Council	
Councillor Peter Marland	Chair, Health and Wellbeing Board, Leader, Milton Keynes City Council	
Dr Navaneetha Rammohan	Clinical Director, Primary Care Network, Milton Keynes	
Andy Sharp	Director of Social Care, Health and Housing, Central Bedfordshire Council	
Eileen Taylor	Chair, East London NHS Foundation Trust	
Phil Turner	Chair, Healthwatch Luton	
Kate Walker	Director of Adult Services, Bedford Borough Council	
Tom Wootton	Mayor, Bedford Borough	

Item No.	Agenda Item	Action
1.	**Welcome, Introductions and Apologies** The Chair welcomed everyone to the meeting. The Chair informed the meeting of the recent death of Councillor Robin Bradburn from Milton Keynes City Council. Councillor Bradburn had represented the residents of Milton Keynes as a Councillor for many years, serving as Deputy Leader of the Council, and as a member of the Health and Care Partnership. He would be sadly missed. The meeting held a minute's silence in his memory, and the Chair asked for the matter to be officially recorded in the minutes.	

2.	**Quoracy** The Chair noted that the meeting was not quorate today, falling short of the requirement for seventeen members to be present. This would therefore be considered an informal meeting of the partnership, able to consider and discuss the issues before it and to make recommendations, but it did not have the ability to make official decisions.	
3.	**Relevant Persons Disclosure of Interests** Members were asked to declare any relevant interests relating to matters on the agenda and no further interests were declared than those shown on the circulated schedule.	
4.	**Approval of Minutes and Matters Arising** The minutes of the meeting held on 14 March 2024 were considered by the meeting and members agreed that they were correct. The minutes would return to the next meeting of the partnership for formal approval. RS said that there had been insufficient time following receipt of the meeting papers to engage with members of Bedfordshire Hospitals Trust Board to discuss, in particular, the Health Services Strategy (Item 5 on the agenda) as they had been emailed to an old email address. The Chair asked AC to check the email address held for RS and to correct any error. It was confirmed that meeting papers were sent to members one week in advance of the meeting.	
5.	**Review of Action Tracker** There were no outstanding items on the action tracker	
6.	**BLMK Health Services Strategy 2024 - 2040** IR introduced the item. The ICB had committed to producing a Health Services Strategy two years ago, to run concurrently with the Joint Forward Plan until 2040. The strategy had been developed with input from the ICB Board and many partner organisations, and would be returning to the Board on 27 September 2024 with a view to final approval. The Partnership was asked to consider the strategy and to provide feedback. In response to RS's concerns IR explained that an important part of the production of the strategy had been a board to board session with Bedfordshire Hospitals Trust (BHFT) earlier in the year. Further engagement with the BHFT Executive Board and the wider clinical team had taken place six to eight weeks ago, so the strategy was familiar to them. There was also a CEO's meeting taking place later today, which included the Chief Executive of BHFT. The strategy was, as its name suggested, focussed on health services as opposed to looking across health and care. It was intended to provide a view of the challenges and potential solutions facing health services providers working in the system that all could agree with and coalesce around. Health services faced many difficulties nationally and locally. However, BLMK faces a particularly challenging period with dramatic population growth and demographic changes within the geography. Over the past 20 years the population of BLMK had risen at around 15% per decade, which was twice the rate of growth seen across England on average, and this was expected to continue into the future. Alongside that, the proportion of elderly residents is increasing, with the number of residents aged over 79 expected to double by 2040, bringing with it a significant increase in demand for health services. The strategy sought to identify these challenges and to provide a framework within	

	which partners can work together to maximise their ability to manage this demand. The Strategy included a series of "We Will" statements, for example that we will embrace health technology, and increase our emphasis on primary care as a vehicle for promoting healthy lifestyle choices to reduce the burden on secondary and tertiary care. It also sets out a number of "Commitments", which specified the ways in which partners would agree to work together. Over the past couple of years partners had made great strides forward in collaborating to achieve common goals, but this collaboration will need to accelerate if the challenges are to be successfully managed. Finally, the strategy sets out six "Priority Work Programmes"; 1. Mental Health, Learning Disability and Autism Collaborative, 2. Children and Families, 3. BLMK Cancer Board, 4. Long Term Conditions, 5. Improving Urgent and Emergency Care and 6. Fragile Services, each of which will be developed by a work group. Some of these priority work programmes were already in train, and some will need to be developed, with the intention being for the work groups to take proposals to the Board of the ICB around six months after adoption, to be formally published as an appendix to the strategy. A new group, termed "Fragile Services", is predominantly aimed at acute providers, although primary care and community providers will be involved. Levels of collaboration between acute providers in BLMK is currently limited, and the intention of this was to examine areas where increased collaborative working could result in improvements to existing services. Many of the current challenges in acute care arise from workforce difficulties. IR believed that clinical engagement within the ICB needed improvement, both in terms of keeping clinical staff informed of developments within the ICB and engaging them in formulating future plans. The BLMK Clinical Senate has yet to fully develop its role, so the strategy envisaged that this body will develop into a Health and Care Professional Leadership Group, with a remit to act as a consultative forum on ICB issues generally, and specifically to monitor progress on the priority work programmes. IR was confident that this would improve the level of clinical engagement across the ICB. TK welcomed the strategy, it included operational targets and intentions, and helpfully brought together other ICB strategies and explained how they fitted together. TK asked IR to expand on the reference to problems caused by sovereign identities within the NHS, and IR explained that there was at times a conflict between the legal position of the ICB, which was required to deliver health services to the residents of BLMK, and the individual trusts whose primary duty was to a more local geography, i.e. Milton Keynes, Luton etc. This was not an insurmountable issue and clinicians welcome the opportunity to make a wider contribution beyond their immediate area, but this dichotomy needed to be borne in mind and managed. TK said that the strategy was committed to value for money, but asked how in these times of very tight budgets that value could be measured and weighed across different places with different demands. IR responded that prioritisation is always challenging, however the strategy was something that all partners would commit to, so all would be working to the same goals. The meeting heard that the strategy sought to increase diagnostic capacity within the system, which would clearly be needed to provide services to the growing and ageing population. With the exception of the Whitehouse Park Diagnostic Centre in Milton Keynes, these centres were in their infancy and their capacity would grow as they became more embedded. It was confirmed	

	that the Whitehouse Park Centre was benefitting from new money and able to provide additional capacity beyond that previously in place. RS expressed his concern that Bedfordshire Hospitals NHS FT (BHFT) would be unable to agree the strategy in the time available, prior to the ICB Board meeting on 27 September. BHFT Non-Executive Directors had not seen the strategy previously, and would require an opportunity to discuss the document. A number of key areas were absent or not sufficiently considered, for example Community Services and Ambulance Services, and greater consideration needed to be given to the estate required to deliver these services. A Health Services Strategy was clearly needed and would be required to manage the significant increases in population, which were particularly challenging due to the increase in over 79 year olds. IR said that that there had been wide engagement on the draft strategy but would consider these points raised and revert to RS following the meeting. IR also noted that the plan to take developed workplans back to the Integrated Care Board for publication as an appendix offered an opportunity for further work with provider Boards, and potentially for the strategy to further evolve in line with emerging national thinking.	
	ACTION 30: IR to discuss with RS outside of the meeting ME said that the executive team at Cambridgeshire Community Services NHSFT (CCS) would be feeding back with their comments in the near future. The Darzi report, published this week, and the next ten-year plan expected in the coming Spring would clearly be important reference documents and would need to be included in future consideration and iterations of the strategy. The strategy stated that children's health would be a priority, and it was undoubtedly true that the increased number of homes being built across BLMK would bring in more families and children, but it was unclear what this meant in practice. It was noted that the strategy proposed workstreams looking at children's physical and mental health, issues highlighted by the Darzi report, and it was important that the links between these two key aspects of children's health were identified and brought closer together as the strategy developed. The strategy did not attempt to cover everything that would clearly need to be covered to meet the challenges presented by these future demographic shifts and changes in demand. The detail would be managed and articulated with time as the individual workstreams grew and developed. There were ways in which children's health could be prioritised, for example by giving priority to reducing waiting times for mental health support for children and young people. At this early stage of the strategy the key objective was to bring partners together and agree the framework in which these challenges would be responded to in the future, and this would also be influenced by the growing use of health data to inform decision-making. FC confirmed to the meeting that the ICB had made additional monies available to support health services for children and young people in line with its commitments. Beginning in Luton and now being rolled out more widely, early intervention and referral schemes provided enhanced support for schools, and these were proving very successful. The health services estates strategy, prepared in collaboration with partners, would be considered by the ICB Board on 27 September. Members were invited to contact FC for further details. MS referred to priority 5, "Improving urgent and emergency care" (UEC) and reported to the meeting that East of England Ambulance Service (EEAS) were involved in several key pieces of collaborative work currently, including work to avoid unnecessary hospital admissions through the use of unscheduled care	**ACTION 30: IR**

	coordination hubs (UCCH) and directly with hospitals to manage and reduce handover delays. Other initiatives were being developed through EEAS's Operational Improvement Plan. It would be appropriate to include some of this work in future iterations of the strategy. IR welcomed the work that was being undertaken by EEAS, and the work being done in Milton Keynes with the South Central Ambulance Service (SCAS). Both system and place level initiatives would be needed to meet the future challenges. SC welcomed the strategy and referenced the "We will" statement to invest to reduce health inequalities, and suggested that this could be further emphasised and embedded through making it a core principle of the strategy. AB informed the meeting that the HSS was a key component of the Joint Forward Plan (JFP), produced in collaboration with partners. The ambitions of the ICS were wide and far-reaching, and partners had emphasised that the HSS should set out a number of clear, achievable ambitions and not seek to include all of the ambitions of the JFP at this early stage. AB welcomed the focus on a limited number of key areas at this stage, and that it provided a platform from which real progress could be made. It was important to bear in mind that the HSS did not seek to provide all of the answers to the many challenges that faced the ICB and partners, but instead sought to identify those areas where deep collaboration could make the greatest impact in the coming years. A good example of this was the children's audiology pathway, where the service faced real challenges, but where partnership working offered timelier assessments and better solutions. HT was supportive of the approach to identify and focus on some specific key objectives. Milton Keynes University Hospital (MKUH) was similarly strategising a limited number of performance improvement goals over a range of time frames. This allowed MKUH to focus effort and achieve goals on the most important issues, but it was important to ensure that the strategy had sufficient flexibility to allow change as circumstances dictated. There was a need to change organisational culture and this would only be successfully achieved by bringing the workforce along. The Chair added that this cultural shift also needed to be communicated and taken on board in communities. As an example, the local GP has often been seen as the first point of contact for the community, but alternative pathways, such as community pharmacists, were now available, and residents needed to understand the reasons for these changes. RS said that it would help readers of the strategy understand the nature of its ambitions, for example its focus on collaborative objectives, if this were laid out clearly at the beginning of the strategy. IR agreed that the foreword could be modified to reference 'what the strategy is not', and that this would be helpful. IB welcomed the strategy and said that the timescale to 2040 was realistic, bearing in mind the financial constraints faced by all partners. Over the coming years the Population Health Intelligence Unit (PHIU) would be developing its ability and capacity to analyse the data it was receiving. Population health economics would support decision-making and help bring these plans and strategies to fruition. The Chair said that the increasing use of data to support health and care was a welcome development, but professionals must bear in mind that there will remain sections of the population that would not have access to smart phones and other devices, and contingencies must be put in place to ensure that they retained equal access to health and care support in the future.	

7.	**Cancer Services across BLMK. An update on current and future planned provision** KN, Head of Cancer Network, presented the item. The BLMK Cancer Programme was a system-wide programme established in 2016/17 and based on the national cancer programme. The three key strands of the programme were earlier and faster diagnosis, access and availability of high-quality treatment, and the management and support of patients following cancer treatment. It was a fast moving area of health, with innovations and developments in diagnosis and treatment needing to be monitored and made available to BLMK patients. There were however inequalities in cancer outcomes, with one year survival rates being lower in Luton than elsewhere in BLMK for example. Similar variation was observed in the stage at which cancer was diagnosed. Oversight of performance in BLMK was provided by the Cancer Board, which was made up of clinicians, providers, community and primary care, Healthwatch, patients and others. The reduction of these variations was a key focus of the Cancer Board. One in every two of our residents will experience cancer in their lifetime, and this has grown from one in four over approximately the past ten years. This is due to many factors, significantly including the ageing population of BLMK, as the likelihood of developing cancer increases with age. This growth in the prevalence of cancer would be one of the key challenges outlined in the Health Services Strategy, with increasing pressure on acute providers and primary care, as well as on the voluntary sector and care providers more generally. Amongst the key metrics employed to gauge system performance was the percentage of patients identified with cancer at an early stage, with the longer term ambition being to identify 75% at stage one and two. The chance of patient survival increases with early diagnosis, with an additional benefit being that fewer treatments are generally required and it is therefore more cost-effective. Treatment consists of surgery, radiotherapy or chemotherapy at a tertiary centre. The position in BLMK is complicated by tertiary care arrangements with three different centres providing tertiary treatment across the patch, all located outside of BLMK. Following diagnosis at BHFT and MKUH, tertiary care is provided at Mount Vernon Cancer Centre in London, Addenbrookes in Cambridge and at Oxford University Hospitals. This is a unusual when compared with comparable ICBs, many of whom have their own tertiary centres, and creates a number of challenges. For example, patients have raised difficulties with travelling for treatment, and a number of transport schemes are in place to assist residents. However, patients are often willing to travel if they are confident that they are being treated at a centre of excellence. The ICB would like to see high quality treatment offered closer to home and within BLMK. Two key projects currently underway are the establishment of a satellite radiotherapy unit at MKUH, working in partnership with Oxford University Hospitals and scheduled to open in October 2024, and changes to the services currently provided from Mount Vernon Cancer Centre in London. The Mount Vernon Centre has longstanding problems, largely caused by the facilities from which it operates, and is unable to offer a full range of services to patients from Luton and some parts of Central Bedfordshire falling into its catchment area. These services will be relocated from Mount Vernon, with future plans currently	

	the subject of consultation with residents and patients. Members are asked to take part in that consultation and to encourage their residents to do the same. **ACTION 31: ALL – Communicate the Mount Vernon consultation to residents and encourage participation.** Plans are also underway to bring chemotherapy services closer to home, and some patients are now able to receive treatment in their home, rather than travelling to a hospital. The ten-year plan is included in the report and includes additional ambitions. Additional roles have been created, based in hospitals, to support timelier treatment and diagnosis. TK said that she found the patient story included within the report particularly moving, and clearly indicative of the challenges facing patients. Patients with busy lives and families faced difficulties in accessing services, with the patient in the story electing for palliative care due to the difficulties and delays in seeking treatment. There is a clear need for a host of wraparound services, including non-emergency transport and translation services, if inequalities within the system are to be reduced and all patients treated equally. Consultation with residents had demonstrated a real need to engage with the wider determinants of health outcomes, including language and cultural factors, which also impacted equality of access to cancer diagnosis and treatment. A holistic approach with partners was required. RS said that the patient's story was also indicative of the important role that primary care had to play in early diagnosis. In respect of the Mount Vernon Cancer Centre changes uncertainties remained. It is believed that that the cancer hub would be located in Watford Hospital, but the location of the spoke centre remained undecided between North Hertfordshire and the Luton and Dunstable Hospital, and he believed strongly that Luton and Dunstable Hospital would be the most appropriate location. Whilst it would create some operational challenges for the hospital, it would nevertheless be hugely beneficial for local residents. The collaborative approach adopted in BLMK should have a strong impact on the final decision making, and partners should also be pressing for the capital resources to be made available in this difficult financial climate. KN said that a satellite radiotherapy centre based in Luton would offer benefits including the opportunity to enhance chemotherapy provision, including that provided by community based services. The Chair added her support to Luton and Dunstable Hospital as a location for the satellite centre. As a Councillor she regularly met with cancer patients and knew that it would make a huge difference to residents. The Chair encouraged members to respond to the consultation and provide their support.	**ACTION 31: ALL**
8.	**BLMK Advancing Health Equality Event 17 May 2024, report and next steps** Natasha Young, Senior Transformation Manager presented the item. The Advancing Health Equality Event on 17 May, highlighted projects being undertaken across BLMK to reduce inequalities that had been reported in the Denny Review. The event had opened with a performance from "Born to Perform", an inclusive performing arts school for children and adults with disabilities based in Bedford. Keynote speakers and a lived experience panel led the event, which included break-out sessions on key BLMK projects. The partnership working with the Institute of Health Care Improvement (IHI), and the launch of the Learning	

	Action Network (LAN) also featured. It was planned to make this an annual event. The outcomes of the day will be used to inform future actions to reduce health inequalities, many of which are already in train such as the lived experience webinars created with the gypsy and traveller community, and the Black and South Asian leadership webinars. These would be expanded to create a library of webinars on a range of related topics focussed on the different communities that experience inequalities in accessing health and care. The ICB was working closely with colleagues in Healthwatch undertaking observational studies to evaluate how the workforce is engaging with residents to support access and translation needs, and this is expected to report in Q4 next year. The overarching aim being to provide a standardised service ensuring that the needs of all of our residents are met, rather than relying on sometimes ad-hoc methods of communication and translation. Workshops are being delivered at each place to gather the views of residents and help decide those priority populations that will form the focus of the LAN teams, planned to launch in November of this year. The LANs will have a hypertension focus in view of the relatively poor performance of BLMK in managing this area of health. These programmes would not address all of the health inequalities experienced by our residents, but would help to cement the importance of health inequality within all of the work undertaken by the ICB and partners.	
9.	**Leading for a Sustainable BLMK Health and Care System seminar – 15 November 2024** TS, Associate Director Sustainability and Growth presented the item. The next joint ICB/ICP seminar would consider the sustainability of our health and care system. Climate change is happening and it is affecting our health and impacting the operation of our health services, with causes including extreme weather events, air quality, and supply chain disruption amongst many other things. Coupled with the growing population discussed earlier in the meeting these had the potential to severely impact our ability to provide services. The ICB has a statutory duty to reduce its carbon emissions and these are detailed in the "Green Plan", which aligns with other key plans and strategies, and key aims such as improving the number of healthy years lived by our population, and the reduction of inequalities. Many "green" initiatives could also contribute to health improvement, such as use of green spaces and encouraging active transport. Improvements were already being made by the system, including for example in energy use and the use of more sustainable inhalers and anaesthetic gases. However, much more remained to be done if our 2045 net zero goal is to be achieved. The current Green Plan looks forward to 2025 and is largely transactional, i.e. based on adopting lower carbon alternatives. The next stage was to seek to embed sustainability in planning and decision-making across the system, and the 15 November seminar was intended to contribute towards the refresh of the Green Plan to include these ambitions. The seminar would include keynote speakers, content around the green plan, climate and health and numerous break-out sessions to focus on different aspects of the plan. Alistair Strathern MP had agreed to speak at the seminar,	

	along with other key local and national figures. It was also planned to involve youth councillors from across BLMK. Members were asked to confirm their attendance at the event, and to provide any suggestions of topics or items they would like to see discussed. If members have any colleagues they would like to see involved they are asked to contact TS to discuss.	
10.	**Communications from the meeting** The Chair informed the meeting that a verbal report of the meeting would be delivered to the Board of the ICB at its next meeting on 27 September. Members were asked to contact KM or AC if they wished to see any particular matters raised.	
11.	**Review of meeting effectiveness** The Chair asked for any comments on the effectiveness of the meeting or the content of the papers and invited members to send them directly to AC. RS said that it would be helpful to have more advanced notice of the items that would be considered by the meeting, to enable members to consult with colleagues in advance of the meeting. MER said that the agenda was set by an agenda setting meeting several weeks in advance of the meeting, and a draft agenda would be sent in future to advise topics for discussion and give time for consultation. **ACTION 32: AC to distribute draft agenda to members following agenda setting meeting**	**ACTION 32: AC**
12.	**Any other business** MER advised that members should have the 14 February 2025 in their diaries as it had been considered as a date for a joint ICB/ICP seminar, and this was under consideration therefore as a date for the next meeting. It was also noted that quoracy was an ongoing problem for the Partnership and suggested that a suitable item for the next meeting would be a consideration of the current membership and/or the quoracy requirements. A proposal would be brought to the agenda setting group for consideration. **ACTION 33: MER to bring consideration of membership and quoracy to agenda setting group**	**ACTION 33: MER**

Approval of Draft Minutes by Chair only:		
Name	**Role**	**Date**
Cllr Khtija Malik	Chair	13/01/2025

Meeting of the
***Health and Care Partnership* -**

Key

Escalated	**Escalated** - items flagged RED for 3 subsequent meetings - BLACK
Outstanding	**Outstanding** - no actions made to progress OR actions made but not on track to deliver due
In Progress	**In Progress.** Outstanding - actions made to progress & on track to deliver due date - AMBER
Not Yet Due	Not Yet Due
COMPLETE: Propose closure at next meeting	**COMPLETE** - GREEN
CLOSED (dd/mm/yyyy)	CLOSED

Items to be moved to "closed actions" once closed

Action No.	Meeting Date	Item Title	Action	Responsible Manager (Enter full name)	Past deadlines (Since Revised)	Current Deadline	Current Position	RAG (Add date action is agreed closed)
30	19 September 2024	BLMK Health Services Strategy 2024 - 2040	Ian Reckless and Richard Sumray to discuss consultation with Bedfordshire Hospitals NHSFT	Ian Reckless		ASAP	The matter was discussed, and Non-Executive Directors of the Trust considered the document at a meeting on 28 September 2024	**COMPLETE: Propose closure 14 Feb 2025**
31	19 September 2024	Cancer services across BLMK - An update on current and future plans	Members to communicate the Mount Vernon Cancer Centre consultation to residents	All		As developments occur	The consultation exercise is due to begin in May 2025, members will be advised of developments	**In Progress**
32	19 September 2024	Review of Meeting Effectiveness	Andrew Clayton to distribute draft agenda to members following the agenda setting meeting	Andrew Clayton		Following agenda setting meeting	Draft agenda was distributed on 7 January 2025 and subsequently, and this will be repeated for future meetings	**COMPLETE: Propose closure 14 Feb 2025**
33	19 September 2024	Any Other Business	Michelle Evans-Riches to bring consideration of membership and quoracy to the agenda setting group	Michelle Evans-Riches		Agenda Setting Group Meeting	Paper to be considered at 14 February Meeting	**COMPLETE: Propose closure 14 Feb 2025**

Date of the meeting: 14 February 2025

Executive Lead: Maria Wogan, Chief Strategy & Assurance Officer

Report Author: Dominic Woodward-Lebihan, Deputy Chief Strategy & Assurance Officer, BLMK ICB, and Philippa Dent, BLMK Population Health Intelligence Unit.

Report to the: BLMK Health and Care Partnership (HCP)

Item: 5. BLMK Health & Care Strategy

Reason for report to the Committee
The HCP sets the overall health and care strategy for the BLMK Integrated Care System.

1.0 Executive Summary

1.1 This paper sets out:

- a summary of the progress made by system partners in 2024/25 in delivering the five strategic priorities presented in the BLMK Health & Care Strategy;
- the BLMK approach to the 2025/26 NHS Operational Planning process, including our three priority system transformation programmes; and,
- the next steps for strategy development in BLMK, presented today for the HCP's approval.

2.0 Recommendations

2.1 The Health and Care Partnership is asked to:

- **note** the headline progress made by system partners in delivering BLMK's five strategic priorities and seven enablers during 2024/25;
- **note** the system's approach the 2025/26 Operational Planning process as agreed by the ICB Board in January 2025; and,
- **agree** the next steps for refreshing both the BLMK Health & Care Strategy and the system's Joint Forward Plan during 2025/26, reflecting i) the Government's 10 Year Plan for Health & Care, due in the Spring 2025, ii) the proposed joint ICB/HCP strategy-setting Seminar in May 2025 and iii) the system's new outcome-focussed approach to measuring impact – the "Data Pyramid" - as set out in Paragraph 4.3.4.

3.0 Key Implications

Resourcing	✓
Equality / Health Inequalities	✓
Engagement	✓
Green Plan Commitments	✓
BAF Risk	✓

3.1 Our System Strategy, our Joint Forward Plan, and 2025/26 Operational Plan all have far-reaching implications for how we tackle inequalities, how we reflect the views and concerns of our residents, and how we deliver our Green Plan. Risks identified through the 2025/26 Operational Planning Round will be reflected in our updated System Strategy.

4.0 Report

4.1 Our Progress in 2024/25 in delivering our five Strategic Priorities

BLMK's Health and Care Strategy (January 2023), agreed by the Health and Care Partnership, established five strategic priorities for the BLMK system. These are set out in the table below, alongside the headline progress made against each in 2024/25. Also set out are the seven 'enablers' presented in the same Strategy, and the work done to advance each. This table, subject to further additions from Partners, will be incorporated in the system's Joint Forward Plan when an updated version is published in March 2025.

We have selected three highlights per priority and enabler; the list is not exhaustive. Many more interventions across the BLMK system contribute to the performance changes identified than just those presented here.

<table>
<tr><th>Strategic Priority</th><th>Lead Outcome Measure and Performance</th><th>Headline initiatives in 2024/25</th></tr>
<tr><td>

</td><td>

Increasing the % of children who reach a Good Level of Development (GLD) at the end of the Early Years Foundation Stage.

The percentage of children achieving GLD has increased in all four Places since 2021/22. The percentage in Luton remains lower than the national average, though shows the greatest increase since 2021/22.

<table>
<tr><th>Area</th><th>Baseline (2021/22)</th><th>2023/24</th><th>% point change</th></tr>
<tr><td>Bedford</td><td>63.8</td><td>66.2</td><td>2.4</td></tr>
<tr><td>Central Beds</td><td>65.5</td><td>68.9</td><td>3.4</td></tr>
<tr><td>Luton</td><td>56.6</td><td>62.0</td><td>5.4</td></tr>
<tr><td>Milton Keynes</td><td>66.7</td><td>68.4</td><td>1.7</td></tr>
<tr><td>England</td><td>65.2</td><td>67.7</td><td>2.5</td></tr>
</table>

School readiness: percentage of children achieving a good level of development at the end of Reception.

</td><td>

1. Each Place now has a robust multi-agency Local Area Partnership focussed on improving outcomes for Children & Young People with Special Education Needs and Disabilities. This means that more children have access to some health services more quickly. A good example is new self-referral pathway to Speech and Language Therapy advice for under 5s.
2. We have launched a refreshed Transforming Care Pathway for children with Learning Disabilities & Autism at risk of admission to an inpatient CAMHS provision. The pathway was coproduced with young people and now includes easy to access self-referral, enabling more young people to manage their own long-term needs.
3. Two new Mental Health Support Teams are in place in schools in Luton and MK, meaning that school-age children have more access to mental health support in their school.

</td></tr>
<tr><td>

</td><td>

Reducing preventable premature mortality.
Change over time in preventable premature mortality for our four places and England is shown below, starting from the 2019 baseline. All areas saw a large rise over 2020 and 2021 due to COVID-19 with rates then falling in 2022; however in Bedford and in Luton that fall

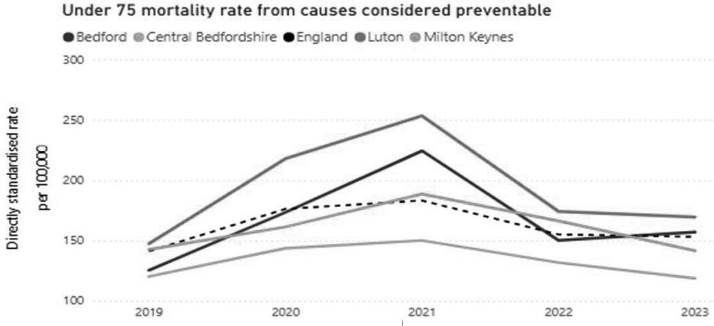
</td><td>

1. Major MSK procurement launched with patient co-production embedded, contract expected to be awarded in April 2025 and go live in November 2025; everyone in BLMK can self-refer for MSK support.
2. Tobacco dependency treatment established across BLMK.

</td></tr>
</table>

has not continued into 2023 and these areas are still above their 2019 baseline.
Under 75 mortality rate from causes considered preventable: directly standardised rate per 100,000

3. Diabetes pre-warning dashboard in primary care using latest to get ahead with preventative diabetes advice and support.



Reducing emergency admissions for falls.
The rate of admissions for falls in people aged 65+ is significantly lower in 2022/23 than 2019/20 in all four Places.

Area	Baseline (2019/20)	2022/23	% Change
Bedford	2100	1725	-17.9
Central Beds	2339	1842	-21.3
Luton	2488	1639	-34.1
Milton Keynes	2520	1999	-20.7
England	2256	1933	-14.3

Emergency hospital admissions due to falls in people aged 65 and over. Directly standardised rate per 100,000 population.

1. BLMK has the highest dementia diagnosis rate in the East of England at 69.8% which is 3.1% above the national ambition and 4% above the England average
2. BLMK has exceeded the 80% target for Digital Social Care Record (DSCR) and met a further stretch target with 85% of care providers now having a DSCR
3. Nearly 2,000 vulnerable patients supported through the Warm Homes project in Bedford Borough. Rural Communities Charity (Bedfordshire) & Age UK (MK) commissioned to provide enhanced discharge and follow-up support to prevent readmission.

Reducing economic inactivity due to long-term sickness.

The percentage of economically inactive people aged 16-64 who are inactive due to long-term sickness has increased in all Places except Bedford since 2019/20. The greatest increases were seen in Central Bedfordshire and Luton

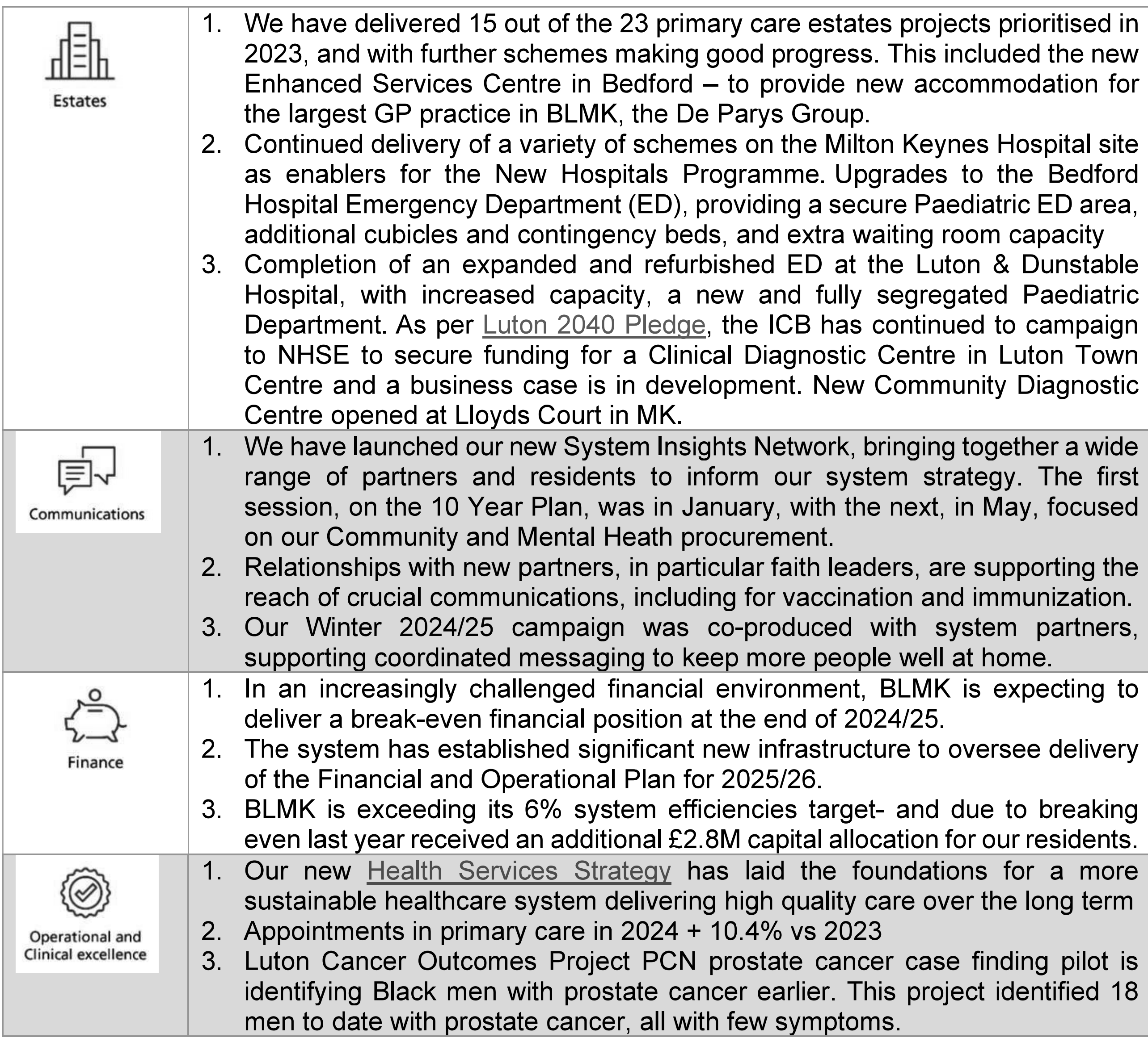
Area	Baseline 2019/20	2023/24	% point change
Bedford	31.7	14.1	-17.6
Central Beds	21.9	31.8	9.9
Luton	17.5	28.9	11.4
Milton Keynes	20.8	22.4	1.6
England	23.3	26.3	3.0

Percentage of economically inactive people aged 16-64 who are inactive due to long-term sickness. Bedford estimates in

1. Launched “Passport to NHSE Careers” across BLMK – a supported employment pathway for residents with lived experience of the care system, unpaid carers and those with neurodiversity.
2. Continued development of the BLMK ICS and University of Bedfordshire Research and Innovation hub. First BLMK ICS research and innovation awards created and funded by the hub in May 2024.
3. 21% reduction (since 2022) in emissions per inhaler prescribed, introduction of recycling and re-use schemes for walking aids, and a reduction in food waste at hospital sites

	2023-24 are calculated from small group sample sizes and may be unreliable.	
Reducing Inequalities	**Reducing** Inequality in average age of onset of first Long Term Condition – *Methodology subject to continued development from BLMK Population Health Intelligence Unit*	1. Launch of new Learning and Action Networks across BLMK, in Partnership with the Institute for Healthcare Improvement, aimed at reducing cardiovascular disease in equal partnership with residents. 2. Review of existing Translation and Interpretation services underway across the system with a view to present an options appraisal in Q1 25/26. Wide-ranging response of all system partners to the Denny Review presented to ICB Board in December 2025. 3. Inaugural BLMK Inequalities Seminar as part of major BLMK inequalities week brought partners to together to listen to residents, share progress and agree next steps

Enabler	Headline Initiatives in 2024/25
Data and digital	1. Share for Care use increased, with over 110,000 individual records viewed per month 2. NHS App Launch days across BLMK have brought together primary care leaders, VCSE organisations and elective representatives to promote the app to residents. 3. Population Health Information Unit (PHIU) established and delivering system-level analytical outputs using healthcare activity and outcome data, outcome measures agreed for system strategic priorities
Workforce	1. BLMK is one of two ICSs piloting implementing people-digital transformation – the efficiency and automation of HR process to improve employee experience at work 2. BLMK is the highest performing system in the East of England for completion of the Oliver McGowan training. 3. Launched expanded Health and Care Academy across the full ICS to encourage 14-18yos to pursue careers in health & care.
Ways of working	1. Our unscheduled care hub in Bedfordshire brings together ambulance, community and acute colleagues, meaning more people can get the most appropriate help more quickly, and reduce pressure on A&E. Over 1800 hospital admissions avoided Jan 2024 – Jan 2025. 2. Integrated Neighbourhood Working – we are taking an asset-based approach to the development of our 19 neighbourhoods in BLMK. The four places are facilitating organic development of neighbourhoods in the way that works for them, with several leading examples of progress, including the Bletchley Pathfinder in MK, and the Bedford Queens Park 'Be Active' programme supporting families at risk of diabetes. 3. Launched i) our new Mental Health Learning Disability and Autism Collaborative Committee, and ii) our Portfolio Report providing a transparent and holistic view of transformation activity across the BLMK system



Estates	1. We have delivered 15 out of the 23 primary care estates projects prioritised in 2023, and with further schemes making good progress. This included the new Enhanced Services Centre in Bedford – to provide new accommodation for the largest GP practice in BLMK, the De Parys Group. 2. Continued delivery of a variety of schemes on the Milton Keynes Hospital site as enablers for the New Hospitals Programme. Upgrades to the Bedford Hospital Emergency Department (ED), providing a secure Paediatric ED area, additional cubicles and contingency beds, and extra waiting room capacity 3. Completion of an expanded and refurbished ED at the Luton & Dunstable Hospital, with increased capacity, a new and fully segregated Paediatric Department. As per Luton 2040 Pledge, the ICB has continued to campaign to NHSE to secure funding for a Clinical Diagnostic Centre in Luton Town Centre and a business case is in development. New Community Diagnostic Centre opened at Lloyds Court in MK.
Communications	1. We have launched our new System Insights Network, bringing together a wide range of partners and residents to inform our system strategy. The first session, on the 10 Year Plan, was in January, with the next, in May, focused on our Community and Mental Heath procurement. 2. Relationships with new partners, in particular faith leaders, are supporting the reach of crucial communications, including for vaccination and immunization. 3. Our Winter 2024/25 campaign was co-produced with system partners, supporting coordinated messaging to keep more people well at home.
Finance	1. In an increasingly challenged financial environment, BLMK is expecting to deliver a break-even financial position at the end of 2024/25. 2. The system has established significant new infrastructure to oversee delivery of the Financial and Operational Plan for 2025/26. 3. BLMK is exceeding its 6% system efficiencies target- and due to breaking even last year received an additional £2.8M capital allocation for our residents.
Operational and Clinical excellence	1. Our new Health Services Strategy has laid the foundations for a more sustainable healthcare system delivering high quality care over the long term 2. Appointments in primary care in 2024 + 10.4% vs 2023 3. Luton Cancer Outcomes Project PCN prostate cancer case finding pilot is identifying Black men with prostate cancer earlier. This project identified 18 men to date with prostate cancer, all with few symptoms.

The Partnership is asked to note the headline progress made by system partners in delivering BLMK's five strategic priorities and seven system enablers.

4.2 BLMK approach to the NHS Operational Planning Round: 2025/26

The NHSE Operational Planning Guidance, which confirms the finance, performance and workforce targets that NHS organisations in ICSs are expected to meet in 2025/26, was published on 30 January 2025. It confirms a focus on:

- delivering a breakeven revenue finance position as a system;
- continued reductions in bank and agency staff costs, with all systems expected to deliver minimum 10% reduction in bank usage and 30% reduction in agency usage;
- meeting performance targets, including improvements by March 2026 for: 18 week elective waits to 60%, 52 week waits reduced to 1% of the total waiting list, and cancer 62d waits to 75%. A&E 4Hours set at 78% alongside improvements in dental activity and CAMHS access

The deadline for submission of our final plan is noon on 27 March. System Leaders in BLMK are keen to be open with NHSE at an early stage about the likely performance impacts of reaching a breakeven financial position and are working through the detail of this position.

Our approach to how we allocate resources as a system will be guided by the strategic priorities presented above, the commitments in the Health Services Strategy, and the three shifts at the centre of the 10 Year Plan for Health & Care: Hospital to Community; Analogue to Digital; Sickness to Prevention. There are three levers the BLMK system will deploy to reach a balanced position, beyond the traditional cost improvement programmes which all organisations have:

a) Improving Our Productivity – supported by our own internal analysis, and by "Productivity Packs" provided to all ICBs, NHS system partners are together working through a wide range of evidence-based opportunities for improvement.

b) **Transforming Services –** the system's Medium Term Financial Plan forecasts an unmitigated gap of £140m in 2025/26. Productivity improvements alone will not close this. The ICB Board has agreed three priority areas of transformation which, whilst they will span multiple years, all expect to realise benefits in 2025/26. These are i) Improving Admission and Discharge Care Pathways (including those funded by Better Care Fund investments), ii) Improving End of Life Care; iii) Transforming Complex Care.

c) These are all supported by clear evidence bases on the scale of the opportunity – for instance the recent End of Life Review presented to the ICB Board in December, and the PA Consulting Report on the Better Care Fund. They are system-wide programmes, noting that complex care for instance is driving significant costs for LAs (+ 63% over five years). We are now agreeing system-wide leadership, quantifying the scale of the opportunity in 2025/26, and co-developing credible delivery plans with system partners. We acknowledge that how benefits accrue to partners will be different and will work this through transparently.

d) There is the potential for the BLMK NHS system to need to make **difficult financial decisions** about what it can continue to afford to provide. Any proposed changes to clinical services, such as commissioning a new service, decommissioning an existing service, or changing parts of an existing service such as eligibility, will need an impact assessment. They may also require local authority scrutiny or consultation and will therefore require a co-ordinated approach. The ICB has developed a Service Change Policy to guide this work. The Clinical Advisory Group, led by the ICB's Chief Nurse, will provide clinical advice as part of this process. All impact assessments must be signed off by the ICB and relevant providers.

The Partnership is asked to note the system's approach the 2025/26 Operational Planning process as agreed by the ICB Board in January 2025, including the need to deliver a balanced budget and the difficult decisions this may give rise to.

4.3 Next Steps for Strategy Development in BLMK

There are currently 7 system strategies in BLMK, summarised in **Annex A**. At the end of 2025, our Integrated Health and Care Strategy, set for a period of three years from January 2023, will expire. We are committed to refreshing this system strategy, working together with partners, to provide the BLMK system with the clear strategic direction any high-performing ICS requires.

Given the changing landscape in BLMK as regards major infrastructure, potential devolution and rapid population growth, 2025 is the right time to ensure our system strategy reflects the latest challenges and opportunities we face. The following actions are proposed to guide the refresh of our system Health & Care Strategy (2026-29), and, accordingly, our Joint Forward (Delivery) Plan.

1. **Ensuring broad involvement –** The table at **Annex B** presents a broad and wide-ranging timeline of engagement as part of the Strategy refresh, with a central role for the Health and Care Partnership. We intend to lead a collaborative, interactive and transparent strategy development process. A Joint ICB/ICP Seminar on 23 May is proposed to support this, whilst other forums, for instance the new BLMK Insights Network, will provide the resident and user insight required. The updated Strategy must be resourced to be delivered, and this will only be possible if system partners feel committed to it.

2. **Reflecting the Government's 10 Year Plan –** the Government's 10 Year Plan for Health and Care, due Spring 25, will establish HMG's approach to NHS stewardship and incentive structures for at least for this duration of the current Parliament[1]. BLMK strategic objectives should reflect these, including the "three shifts" presented by the Secretary of State. NHSE have advised all systems that they should only conduct a limited refresh of their existing Joint Forward Plans before the start of the new financial year given the anticipated publication of the 10 Year Plan and a multi-year financial settlement for the public sector as part of the 2025 Spending Review. BLMK is adopting this approach and will deliver a more comprehensive update in 2026 to align with our updated 2026-29 Health & Care strategy.

3. **Embedding our "Golden Threads" –** the ICB Board has indicated that three "Golden Threads" should run through everything the system does. These are reducing inequalities, supporting our neighbourhoods; and embracing digital. Our refreshed Strategy reflect these, and what this means for all BLMK system partners.

4. **Improving Measurement of Impact –** Supported by our Partnership with the Institute for Healthcare Improvement, we are committed to learning from national and international best practice in understanding and demonstrating the impact of our interventions. The BLMK Data Pyramid – presented below, and agreed by the ICB Board – is our model for doing this.

Our **Missions** sit at the top of the Pyramid:
- **Increase** the number of years people spend in good health; and,
- **Reduce** the gap between the healthiest and least healthy in our community.

In the first layer sits **lead indicators or outcomes for each of our five Strategic Priorities** at system level (as presented above)

In the middle layer sits **agreed outcome measures for specific, priority programmes of work**, like Children and Young People, and Cancer.

At the bottom **sits performance data from across the NHS and our partners** helping us all to understand what's working and what's not

Measuring progress in our Missions

<table>
<tr><th>Mission</th><th>Headline Measure</th><th>Current BLMK Baseline</th></tr>
<tr><td>Increase the number of years people spend in good health;</td><td>Healthy life expectancy at birth. This is the latest available data. HLE is getting poorer in all our places</td><td>
<table>
<tr><th>Area 2021/23</th><th>Female</th><th>Male</th></tr>
<tr><td>Bedford</td><td>62.0</td><td>61.3</td></tr>
<tr><td>Central Bedfordshire</td><td>64.7</td><td>64.2</td></tr>
<tr><td>Luton</td><td>59.3</td><td>59.1</td></tr>
<tr><td>Milton Keynes</td><td>61.9</td><td>61.7</td></tr>
<tr><td>England</td><td>61.9</td><td>61.5</td></tr>
</table>
</td></tr>
<tr><td>Reduce the gap between the healthiest and</td><td>Inequality in life expectancy at birth (Slope Index of Inequality – high values</td><td>
<table>
<tr><th>Area 2018/20</th><th>Female</th><th>Male</th></tr>
<tr><td>Bedford</td><td>7.8</td><td>8.9</td></tr>
<tr><td>Central Bedfordshire</td><td>5.9</td><td>5.0</td></tr>
<tr><td>Luton</td><td>6.5</td><td>8.7</td></tr>
</table>
</td></tr>
</table>

[1] BLMK has delivered an extensive engagement programme in support of 10 Year Plan development

least healthy in our community	*indicate greater inequality*). This is the latest available data.	Milton Keynes	7.2	8.4
		England	**7.9**	**9.7**

5. **Communicating Clearly –** We must be clear what we stand for as a system. Our updated Strategy will not exceed 25 pages. It will be accompanied by a clear one-page summary which must be written in such a way as to be easily understandable to residents, supported by accessible communications material. This will include the measures on which success will be judged, and a commitment to report annually on progress.

The Partnership is asked to agree the next steps for refreshing both the BLMK Health & Care Strategy and the system's Joint Forward Plan in 2025/26, reflecting i) the Government's 10 Year Plan for Health & Care due in the Spring, ii) the outcome of the expected Health and Care Partnership's strategy-setting Seminar in May 2025 and iii) the system's new outcome-focussed approach to measuring impact – the "Data Pyramid" - as set out in Para 4.3.4.

.

List of appendices

Appendix A – BLMK System Strategies as at Jan 2025

Strategy	Published?	Agreed by ICB?	Timeframe	Summary	Primary Governance
Data Strategy	Here	No, approved by ICS Partners Board, 2021	2021-2025	• Presents four priorities for data: i) Shared Health and Care Record to support direct care, ii) better use of shared data to identify high risk individuals, iii) data to support self care and iv) shared information to support system redesign	Digital Transformation Board
Digital Strategy	Here	Yes, Sep 2022	2022-2025	• Establishes five key themes: i) a resident first approach, ii) digital as an enabler, iii) putting data at the heart of decision making, iv) Personalised Care and v) supporting Collaboration and Innovation.	Digital Transformation Board
Health and Care Strategy	Here	Yes, Jan 2023	2023-2025	• **Overarching system strategy**. Presents our vision: for everyone in our towns, villages and communities to live a longer, healthier life. • Sets out our five strategic priorities: Start Well, Live Well, Age Well, Growth & Reducing Inequalities, supported by seven ‘enablers.	Board of the ICB
People Strategy	Here	Yes, Jan 2023	2023-2028	• Establishes our People vision: BLMK to be an excellent place in which to work, volunteer, learn and live. • Presents six People Strategy workstreams: Primary Care Training Hub, Neighbourhoods, Supply & Retention, Innovation & Education, EDIB & Wellbeing, and Leadership, Talent Management and OD.	People Board
Working with People & Communities Strategy	Here	Yes, July 2024	2024-2027	• Presents our vision: to work with residents & partners to help people live longer, healthier lives – and create a fairer BLMK • Three areas of focus, agreed by ICB in July 2024: i) Learning from Denny, Embedding co-production, and iii) Learning from Insights.	BLMK Insights Network, feeding into ICB Quality Committee
Learning Disability & Autism Strategy	Here	No	2023-2026	• Establishes five areas of action, with commitments in each (p31/37). These are i) communicate compassionately, ii) offer reasonable adjustments, iii) break down barriers, iv) put people at the centre of their own care & support, and v) keep people well.	Learning Disability & Autism Transformation Board
Health Services Strategy	Here	September 24	2024 – 2040	• Describes how leaders in the provision of health services in BLMK commit to working together over the years ahead: the direction of travel services need to take; the expectations of one another; and the programmes of work which must be undertaken	Board of the ICB

Annex B – Headline BLMK Health and Care Strategy refresh Timeline (not exhaustive)

Health and Care Strategy 2026 – 2029 Timeline and Milestones			
Timeline	Board/Committee	Purpose	Notes and Key Stages
14 February 2025	BLMK ICB Health and Care Partnership	Discussion on approach to refreshed Health and Care Strategy	
March – June 2025	Publication of NHS Ten Year Plan		
May 2025	Proposed joint ICP/ICB Seminar focused on 2026-2029 strategy refresh		
June 2025	First Draft of Headline Health and Care Strategy following Seminar		
June - Aug 2025	NHS Trust Boards	Provide Progress Report on 2022 – 2025 Strategy. Consult and feedback on draft strategy 2026 - 2029.	Covers all members Trust Boards.
June - Aug 2025	Place Boards	Provide Progress Report on 2022 – 2025 Strategy. Consult and feedback on draft strategy 2026 - 2029.	Covers local authority executive officers and representatives of all place-based service providers and commissioners.
July - August 2025	BLMK Insights Network providing resident & partner view / Update Draft of Health and Care Strategy		
September - December 2025	Local Authority Health and Wellbeing Boards	Provide Progress Report on 2022 – 2025 Strategy. To engage and feedback on draft strategy 2026 - 2029.	Covers (some) elected members of local authorities and other local partners
October 2025	BLMK ICB Health and Care Partnership	Present, discuss and feedback on draft strategy 2026 - 2029.	
November 2025 – January 2026	NHS Trust Boards/Local Authority Place Boards optional revisit	To consider second draft	
November 2025 – February 2026	Local Authority Scrutiny Committees	Provide progress report on current strategy, opportunity to consider and provide input to the 2026 – 2029 Strategy	Elected members, opportunity to input
March 2026	BLMK ICB Health and Care Partnership	**Approval of final draft.**	Final version agreed
March 2026	ICB Board	Discussion of final draft and approval of BLMK Joint Forward Plan.	

Devolution White Paper

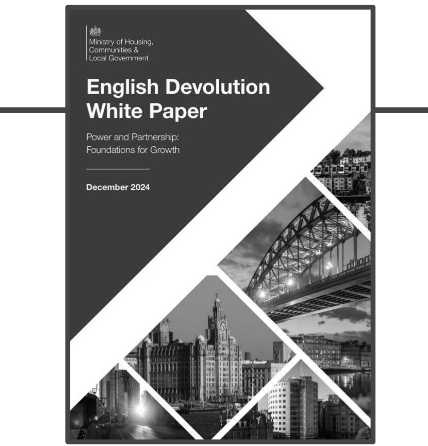
Strategic Authorities

- Devolved layer of government – Strategic Authorities
- Preferred model with elected mayor
- Not deals but a single framework
- Local consultation to be undertaken by Government
- Integrated settlements for Strategic Authorities from Government (MHCLG, DfE, DfT)
- Requirement for Strategic Authorities to create Spatial Development Strategies (Regional Plans
- A role for an elected Mayor chairing Integrated Care Systems

Local government

- Unitarisation – 500,000 population seem as optimum – big impact for districts and counties
- Potential for re-alignment of public service boundaries
- New councillor standards regime

Devolution White Paper

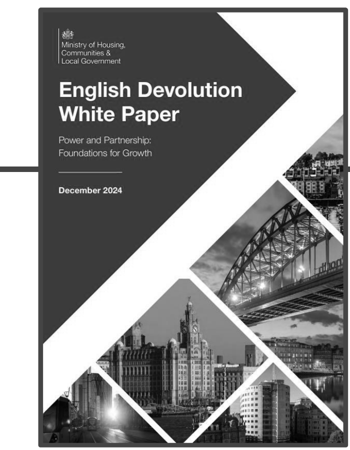


What might this mean for our area?

- A new Strategic Authority formed (100-150 people when established)
- A new, high profile elected mayor
- A new Strategic Authority board of councillors (Leaders most likely) from each council
- Greater potential for integration of services between councils and between organisations
- An opportunity to look at the emergency services boundaries in our area
- Improved aspirations for spatial planning across the wider area
- A stronger voice to lobby for investment into the area
- A new voice in the health and care conversation

- Some movement of senior leaders and middle tier professionals into the Strategic Authority

Devolution White Paper

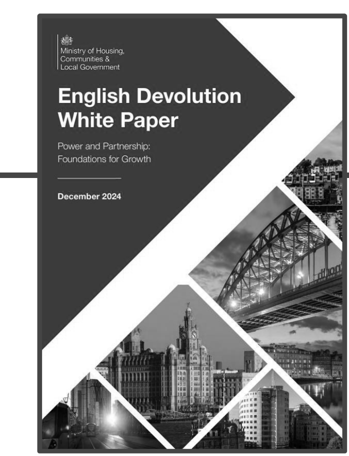


Current Position

- A Strategic Authority Bid submitted and signed on behalf of Bedford Borough, Luton, Milton Keynes, including Central Bedfordshire (not signed).
- An alternative South Midlands SA Bid submitted and signed by West Northamptonshire and North Northamptonshire only for a SA also including Bedford Borough, Luton, Milton Keynes, and Central Bedfordshire.
- Central Bedfordshire submitted a letter indicating they were prepared to work regionally with either BLMK or South Midlands, or wider.

- Rationale for a separate bid for BLMK- the opportunity to have a greater positive impact for our residents through closer working across the public sector; the devolution of powers from central government; and working geographically to drive our collective economy

Devolution White Paper



Next Steps

- Expecting a response from Government by end of January 2025.
- Initial SA areas consultation through the spring- led by Central Government
- Formal decision by Councils in the summer
- Elections for a SA Mayor May 26

Date of the meeting: 14 February 2025

Executive Lead: Dean Westcott, Chief Finance Officer, BLMK ICB; ICS Green Plan SRO

Report Author: Tim Simmance, Associate Director of Sustainability and Growth, BLMK ICB

Report to the: BLMK Health and Care Partnership

Item: 6. Draft BLMK ICS Green Plan 2025

Reason for report to the Committee

(a) report is for Committee consideration before reporting to the Board of the ICB

1.0 Executive Summary

1.1 The BLMK ICS Green Plan is being refreshed. The previous version of the Green Plan ran from 2022 to 2025.

1.2 Over the past 3 years, the ICS partners have all progressed work on reducing greenhouse gas emissions, aiming towards net zero. An outline of this progress is presented.

1.3 The new Green Plan builds on the progress to date, and incorporates good practice and learning we have developed.

1.4 The key components of the refreshed Green Plan will be:

- A bold new vision to create a sustainable health and care system, going beyond the net zero ambition, to meet the core HCP goal to improve health and reduce inequalities whilst improving nature.
- A stark summary of the current state of the local environment, its impact on health and progress towards net zero.
- Clarity about the scope of the Green Plan, and how different organisations will interact with it. This will include providing an umbrella Green Plan for the Health and Care Partnership's two hosted NHS Trusts (MKUH and BHFT), so they can use the context, priorities and shared opportunities to set their own local activities.
- A more-comprehensive set of themes and a more-detailed underpinning set of commitments and activities to drive progress.

1.5 The refreshed Green Plan is currently in draft, with a full version due to be presented to the ICB Board for approval in March 2025. The HCP will receive the final version in September 2025.

1.6 The Health and Care Partnership (HCP) are asked to discuss the report, in particular:

- Note the progress made since publication of the initial Green Plan (2022-2025)
- Endorse the Vision and the "We Will" statements on behalf of the HCP
- Recognise and support the breadth of activities set out
- Provide comment and suggestion for further strengthening the Green Plan ahead of ICB approval.

2.0 Recommendations

2.1 *The Committee is asked to **consider and discuss** the draft plan following the joint seminar*

3.0 Key Implications

Resourcing	✓
Equality / Health Inequalities	✓
Engagement	✓
Green Plan Commitments	✓
BAF Risk	✓

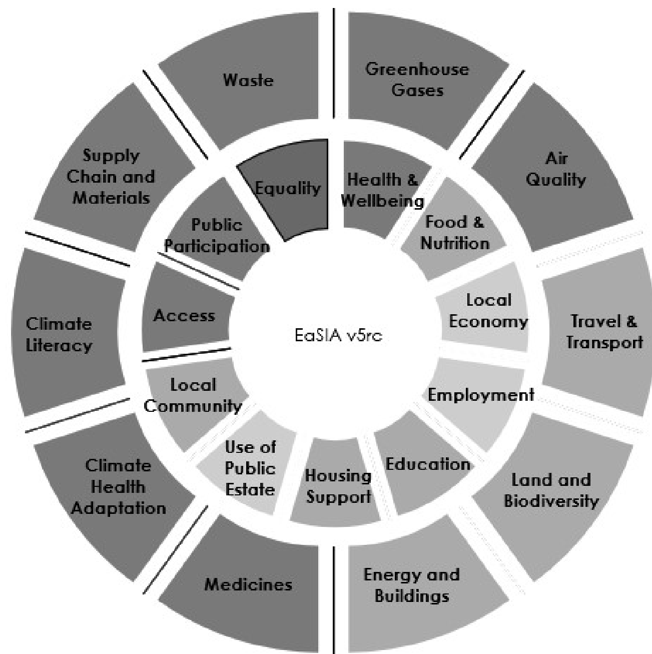
3.1 **Resourcing:** The refreshed Green Plan sets out commitments for organisations within the Health and Care Partnership. There are no direct resource implications outlined, as achieving net zero and environmental improvement will require a broad range of activities over many years. Organisations approving and committing to the Green Plan do so in the knowledge that some activities may require additional resource, both financially and in terms of people-time. The ICB and the two acute Trusts who are considered by NHS England to be held accountable for delivery of the ICS Green Plan are required to commit to supporting delivery of the outputs and outcomes by providing coordinating resource in the form of an identified Senior Responsible Officer (already in place at both acute Trusts), and appropriate resource for sustainability activities.

3.2 **Equality:** The Green Plan recognises that climate change and environmental degradation impact on health and health inequalities. The Green Plan supports the need for a shift from treatment to prevention, to ensure service accessibility and early intervention, and to explore and introduce lower-carbon care pathways.

3.3 **Engagement:** Development of the new Green Plan has involved input from residents (including youth councillors), VCSE, local authority sustainability leads and public health, and NHS sustainability leads and clinicians (primary and secondary care). The refreshed Green Plan will do more to engage staff and members of the public to take individual and collective action to improve the environment.

3.4 **BAF Risk:** The refreshed Green Plan forms the ICS's response to BAF risk 7: "Health, inequality and healthcare service impacts from Climate Change and environmental degradation".

3.5 **Impact assessment:** A new Environmental and Social Impact Assessment (EaSIA) has been developed internally by the ICB. This tool and process will be used for large service changes to qualitatively assess the likely impact on a range of factors, and displayed as a wheel. The Green Plan has been assessed using this tool, giving the following output:



Key	Impact
Very Positive	Significant and/or long-term positive impact identified.
Somewhat positive	Slight or short-term positive impact identified.
Neutral	No net change or not applicable.
Somewhat negative	Slight or short-term negative impact identified.
Very Negative	Significant and/or long-term negative impact identified.
	Equality Impact is not currently assessed using this tool

4.0 Report

Context

4.1 The fourth purpose of an Integrated Care System (ICS) is to help the NHS support broader social and economic development. This means addressing the wider determinants of health (socio-economic, lifestyle, and environmental) in support of the ICS's core objectives of improving health and wellbeing and reducing inequalities.

4.2 Under this pillar of an ICS, the ICB has developed governance arrangements, with a system-wide health environmental sustainability leadership group, and allocated some resource, to oversee work to reduce the healthcare system's impact on the environment and towards climate change.

4.3 The ICB recognises that some developments may have a negative impact on one health determinant whilst simultaneously benefiting another – the ICB's stance in this regard is to try to balance the different impacts for the largest possible health benefit to the population.

4.4 The ICB also acts as partner and statutory consultee in relation to other local developments that have a bearing on the health and wellbeing of the population; the ICB applies the same approach, aiming to balance the different impacts. The ICB is involved in planning for many local large-scale developments, such as Luton airport expansion, Universal Studios, and East-West Rail. These will impact on the many wider determinants in different ways, and achieving the biggest health and wellbeing benefit for the best value remains the ICB's core purpose.

Previous ICS Green Plan (2022-2025)

4.5 In 2022 the ICS published its first Green Plan, setting out activities it would undertake to move towards a fully "net zero" health and care system by 2045. The ICS and partners have made progress in a number of areas during the previous Green Plan (2022-2025). Highlights include:

- Reductions of at least 16.5 ktCO_2e (about 5% of our baseline emissions). This is likely an underestimate of the gains made, as it only relates to hosted NHS organisations and a limited set of metrics (rather than a full carbon footprint).
- Desflurane, the anaesthetic gas with the highest global warming potential, has been eliminated from use in BLMK (except in exceptional, clinically-required circumstances).
- Nitrous oxide emissions have reduced by 27%, with further work planned at both acute hospitals to reduce waste.
- Emissions from asthma inhalers have dropped by ~42%. BLMK has improved from the 95th percentile to the 3rd quartile in the two key Green Plan inhaler metrics, and is improving quicker than the national average.
- Waste at acute sites has reduced by 10% overall, through reductions in clinical, confidential and food waste, however domestic landfill rates have increased significantly (which will be explored further)
- A walking aid return and reuse scheme at MKUH has saved 6 ktCO_2e and £2,500.
- More than 60 staff members from the ICB, Trusts, public health teams, and primary care have undertaken forms of enhanced sustainability training, and many others are forming a wider network across sectors (including local authority, and VCSE).

4.6 We have also identified some key risks and areas that are proving more intractable during the last three years, including:

- Demand and activity growth is driving a greater use of resources, which will have a counteracting effect on our efforts to reduce absolute emissions, even if emissions per activity unit are reduced.
- As intimated above, attempting to achieve the best health benefits may result in a negative step for the environment. This means progress is not always linear, and may

mean the ICB supports some initiatives and developments on the basis of their contribution to other wider determinants, despite the environmental impact.
- Environmental sustainability is still currently seen as an "additional extra", so effort is either required to find ways to build it into existing work, or to convince staff members that it is a fundamental part of the role of the NHS in addressing health and wellbeing.
- Capital availability for decarbonising physical infrastructure is limited. Our system and Trusts' current allocations are insufficient to undertake all required estates activities, such as backlog maintenance, refurbishments, reprovisioning, and new builds) as well as to complete decarbonisation work (LEDs, insulation, energy system replacements etc.). This will limit the pace of change from an estate perspective.
- Virtual outpatient appointments are gradually declining in proportional terms, currently at 13.7% of all outpatient appointments. The increase in outpatient activity would far outweigh the reduction in emissions from virtual appointments, even if the Trusts were to reach 25%. Thus removing the need for outpatient appointments, and shifts in transport mode (to public, active or electrified travel) are likely to have a bigger impact on emissions.
- Over time it has become clear that more clarity is needed about who the ICS Green Plan is for, and what is expected of different cohorts of partner organisations.

Refreshed Green Plan (2025-2028)

4.7 "Health, Naturally", the draft refreshed ICS Green Plan is attached, and this paper is supported by a slide deck setting out the structure and key commitments.

4.8 The refresh of the ICS Green Plan has involved several engagement activities, as noted in section 3, above. The November system-wide seminar on health and the environment was attended by 87 people, generating 71 recommendations for inclusion in the Green Plan. These recommendations have been used to create a set of more than 70 specific activities, on which, and alongside best practice guidance, the Green Plan has been built. A summary of these recommendations, and the way they have been incorporated into the activities, is available to view here.

4.9 The refreshed Green Plan has a new vision statement (Section 1 of the Green Plan): "Improving health and wellbeing in harmony with the environment". This vision is underpinned by three core "we will" statements (with further detail in Section 3 of the Green Plan):

- **Health improvement and protection:** We will improve health and wellbeing, reduce health inequalities, and work to help our communities adapt to climate change and protect themselves from the health impacts of environmental degradation.
- **Caring for our Surroundings:** We will improve the built environment, support the regeneration of the natural environment, and reduce pollution from health and care services.
- **Reducing healthcare-associated greenhouse gas emissions:** We will achieve "net zero" emissions across the health and care system by 2045, reducing the contribution of healthcare to climate change.

4.10 The HCP is asked to endorse and adopt these three We Will statements.

4.11 To achieve the vision and its core statements, an associated Naturally Healthy Action Plan has been created, structured around four primary drivers (Section 4 of the draft Green Plan):

1. Creating a sustainable healthcare culture
2. Building resilient, climate-adapted communities and infrastructure
3. Supporting a circular economy
4. Sustainable health and care design and delivery

4.12 Each of these drivers has a set of secondary drivers, and supporting commitments, ranging from leadership and storytelling and working in partnership to support VCSEs, to influencing suppliers and shifting to low-carbon care models.

4.13 A set of specific activities (currently numbering more than 70) has been created, which act as an initial action plan to achieve the commitments. These are currently being prioritised and consolidated to create meaningful, SMART activities, with expected health, environment and carbon emissions benefits. A first draft of this consolidated list is within the Green Plan (section 4). These may change over time as new evidence and learning comes to light, and stakeholders are currently being asked to provide feedback.

4.14 Outcome measures are proposed for each vision "we will statement" (Section 3) and each driver (Section 4). Process metrics are being developed for each commitment (Section 4), though this is currently work in progress.

4.15 The Green Plan will require different organisations to commit to action in different ways (Section 5). Hosted NHS acute trusts will be expected to meet the net zero targets and other ambitions. Other cohorts of organisations will take different roles, each supporting in a different way, from taking the Green Plan as a set of structure ambitions to mirror in their own work, to supporting with collaborative projects to aid achievement of the Green Plan goals. Similarly, the ICB and ICS partners will provide differing but appropriate levels of support to each cohort.

4.16 It is hoped that this Green Plan is sufficiently all-encompassing that it will form the foundation for future, regular updates, removing the need for significant re-writes in future.

5.0 Next Steps

5.1 Incorporate feedback from final engagement activities (including the Health and Care Partnership), and circulation of final version of the Green Plan (early March 2025).

5.2 ICB Board approval (mid-March 2025).

5.3 Trust Board approval (Spring 2025), with any major challenges requiring further ICB Board approval.

5.4 Socialisation (Spring / Summer 2025), including further engagement with Trusts, VCSE, and Youth Councils.

5.5 Final version brought to Health and Care Partnership (September 2025).

List of appendices

Appendix A – "Health, Naturally" The Draft ICS Green Plan 2025-2028

Background reading

Draft The Naturally Healthy Action Plan 2025-2028

Cover Note for Readers of the DRAFT BLMK ICS Green Plan:

This is a DRAFT version of the refreshed ICS Green Plan for 2025-2028.

It has been developed through engagement during 2024 with a large group of stakeholders, including NHS, local authority, VCSE and members of the public, culminating in a seminar in November 2024 at which 71 distinct recommendations for inclusion were made.

It will change before it is finalised and published, based on any comments we receive, so readers should not assume that any of the commitments are set in stone.

There is a second, accompanying document called the Naturally Healthy Action plan – the programme of work that underpins the Green Plan.

Readers are asked to comment on the draft by 14 February 2025, providing queries, comments and suggestions to blmkicb.sustainability@nhs.net. We're particularly looking for feedback on the following:

a) **The breadth and depth of ambitions –** are they sufficiently all-encompassing, while remaining achievable?
b) **Do you think the Green Plan will work –** will it deliver the reduction in emissions we need? What needs to be stronger? What barriers that are within our control do we need to overcome?
c) **Clarity –** are the commitments clear and sufficiently specific? Is the language easily understandable?
d) **Call to action –** is it clear what you need to do to support delivery of the plan? Should there be more direction for any particular group?
e) **Should the Action Plan be combined with the Green Plan**? Or is it helpful to maintain them as separate documents for clarity, with the Green Plan as the single public-facing document, and the action plan used internally?

The ICB sustainability team will use your comments to update The Green Plan draft to its final version ahead of submission to the ICB Board, aiming for approval in March 2025.

The final published version, likely to be released in later Spring 2025, may see some design changes, including some of the colours, imagery, iconography and diagrams.

DRAFT for comment

"Health, Naturally"

The BLMK ICS Green Plan

2025 – 2028

DRAFT for

Draft Foreword

[PLACEHOLDER – foreword to be adapted, and co-signed by ICB Green Plan SRO, Acute Trust Green Plan SROs, and other relevant signatories.]

Since the first Bedfordshire, Luton and Milton Keynes (BLMK) Integrated Care System (ICS) Green Plan was published in April 2022, BLMK partners have made exciting progress towards net zero.

We have helped patients switch to inhalers that emit fewer greenhouse gas emissions, we have installed more-efficient heating and energy systems, we have reduced patient and staff travel, and we have started to create a "green" movement within healthcare. These changes will prevent at least 16.5 ktCO_2e of emissions every year (equivalent to 73 million miles driven in a small petrol car), with more changes happening all the time.

We cannot afford to see ourselves as separate from nature, to see the environment as an afterthought. Each year, day and minute that passes, we move closer to the point of no return – the tipping points where climate change and environmental degradation will be irrecoverable, and the impacts on our lives and our health will increase inexorably. For our own health is intimately linked to the that of the environment.

The need for healthcare is increasing as our populations age, and our lifestyles are increasingly energy-hungry – as described in the BLMK Health Services Strategy, we are fighting a rising demand for resources and, with it, an increasing burden on ecosystems. Without every single member of our community working together to reduce our shared environmental impact, the effects on our health, our communities, the places we live, and our whole planet will be immense.

In humans, prevention is better than treatment, and the same is true of our ecosystems. That is why we need to constantly challenge ourselves to do more, to do things differently, and to do it all better. We will need to overcome the challenges of limited resource and a long list of competing priorities to fully embrace a Sustainable Health and Care model, so that what we do is fundamentally sustainable for the environment and therefore in the best interests of our health.

This will also help us achieve our main aims: by acting with the environment in mind, we will not only help prevent environmental catastrophe, but we will have the opportunity to reinforce delivery of our core objective to improve the health and the lives of our patients, our populations, and our families, and support social and economic growth alongside our anchor partners.

This refreshed ICS Green Plan, approved by the ICB Board, marks a shift in our approach. Our first Green Plan set out some broad ambitions to switch what we were doing to lower carbon alternatives, complementing organisational plans in their own quests. Through broad engagement and coproduction with a wide range of partner organisations and residents, we have developed this refreshed Green Plan with the aim of embedding environmental sustainability in all our actions and decisions, across the system, in true partnership with others – because great healthcare *IS* sustainable healthcare.

We invite you to join us on this journey together, to see the world around us as another way to keep us healthy and happy, to see ourselves as part of the ecosystem, and to join the green movement to a brighter, more-hopeful future.

[To be co-signed by ICB and NHS Trust Green Plan SROs and others]

DRAFT for comment

“Health, Naturally”: The BLMK ICS Green Plan 2025-2028

Executive Summary

[PLACEHOLDER – Exec summary to be created once plan finalised. Exec summary to act as the content for future versions of the Health and Care Strategy and Joint Forward Plan.]

Introduction
Humans live within local and global ecosystems, and are dependent on the planet's resources to survive and thrive. The health of individuals and populations is in part determined by the health of the environment around them.

Our overarching ambition as the Bedfordshire, Luton and Milton Keynes (BLMK) Health and Care Partnership (HCP) is to **increase the number of years** people spend **in good health** and **reduce the gap** between the **healthiest and least healthy** in our community.

This means moving to a Sustainable Health and Care system – one which, by its nature, addresses all the wider determinants of health to improve population health outcomes, and support the ecosystems in which we all live to thrive. It is to address this goal that the refreshed Integrated Care System (ICS) Green Plan has been created.

What and Who is the Green Plan for?
This BLMK ICS Green Plan is for all organisations and individuals involved in designing, delivering and accessing health and care services within BLMK, and has many purposes:

- Sets the vision for our ICS for a sustainable health and care system, as part of the HCP strategic priority, "Growth", to help support local social and economic development.
- Meets the statutory requirement for the BLMK Integrated Care Board and two hosted acute Trusts (Bedfordshire Hospitals NHS Foundation Trust and Milton Keynes University Hospital) to have a board-approved organisational Green Plan.
- Provides direction for other healthcare organisations creating and delivering their own organisational Green Plans, to shape their own activities.
- Our best idea yet of the activities we need to undertake as a health and care system to address climate change and environmental degradation.
- To inspire the reader to find out more and take their own actions, whether they are a public sector employee, a supplier or contractor, someone that is accessing health and care services, or a member of our broader community of partner organisations and residents.

The Green Plan is also accompanied by a detailed "Naturally Healthy Action Plan", a set of initial activities by which the Integrated Care Board (ICB) and the two hosted, acute Trusts will be held to account and measured, working alongside other partner organisations to deliver.

[PLACEHOLDER – LINK to Action Plan].

The ICS Green Plan has been developed by wide engagement with NHS, local authority, Voluntary, Community and Social Enterprise (VCSE), and members of the public, including:

- Three years' of progress against the previous ICS Green Plan (2022-2025)
- Learning, sharing and collaborating across partner organisations and other ICSs
- Dedicated sessions with sustainability leads in NHS and local authority organisations
- A Health and Care Partnership (HCP) seminar to shape the ICS Green Plan (see below).

Leading for a Sustainable Health and Care System seminar
On 15 November 2024, 87 leaders in the climate conversation from across BLMK joined a seminar with local youth councillors, to discuss how climate impacts health and why we have a burning platform to change the future for generations to come. After keynote speeches, delegates discussed five challenging topics to generate 71 distinct recommendations for inclusion in the ICS Green Plan (see Appendix),covering topics from outreach activities with schools and providing healthier food at hospital sites, to sharing resources and increasing Green Social Prescribing

DRAFT for comment

rates. For further details of how these recommendations have shaped the ICS Green Plan, please refer to Section 2: Environment, Climate and Health and the associated Action Plan

Signatories to "Health, Naturally": The BLMK ICS Green Plan

[PLACEHOLDER – to be updated as approvals are obtained].

This new BLMK ICS Green Plan has been approved by the following organisations, adopting it as their organisational Green Plan:

BLMK ICB on behalf of all members of the ICS
Chair:
CEO:
SRO for the ICS Green Plan:

Bedfordshire Hospitals NHS Foundation Trust
Chair:
CEO:
SRO for the Trust Green Plan:

Milton Keynes University Hospitals
Chair:
CEO:
SRO for the Trust Green Plan:

The Green Plan has also been signed by the following organisations, who recognise and endorse the BLMK system vision, and commit to supporting achievement of its aims:

[PLACEHOLDER – we invite all partner organisations to be added as a signatory. These will be added as they are obtained.]

DRAFT for comment

Section 1: Our Vision: Improving health and wellbeing in harmony with the environment

We, the partners of the BLMK HCP want to improve the health and wellbeing of our communities by living in harmony with the environment – reducing our impact on it and using sustainable ways to improve health. To do this, we have set out three "we will" statements to support our vision:

- ***Health Improvement and Protection:*** *We will improve health and wellbeing, reduce health inequalities, and work to help our communities adapt to climate change and protect themselves from the health impacts of environmental degradation.*
- ***Caring for our Surroundings:*** *We will improve the built environment, support the regeneration of the natural environment, and reduce pollution from health and care services.*
- ***Reducing healthcare-associated greenhouse gas emissions:*** *We will achieve "net zero" emissions across the health and care system by 2045 or earlier, reducing the contribution of healthcare to climate change.*

Section 2: Environment, Climate and Health

The Climate and Environmental Risks to Health

Health, inequality and healthcare services are impacted by Climate Change and environmental degradation. As a result of climate change and wider impacts on the environment and biodiversity, there is a risk that the health of the population, health inequality, and the ability to deliver services will be negatively affected due to:

- exacerbation of existing health conditions (e.g. heart, lung, mental health and others);
- new health challenges (e.g. emergence and spread of tropical diseases);
- extreme weather events resulting in harm (e.g. storms, floods, wildfires);
- disruption to day-to-day healthcare provision (e.g. supply chain, infrastructure damage);
- a deterioration in population health outcomes.

Due to its significant risks to health and health inequalities, the BLMK Integrated Care Board (ICB) has listed climate change as one of its key risks on its Board Assurance Framework.

The wider determinants of health – where we live, how we live, what we do for a living, and the opportunities for happiness and wellbeing we have – are as important to health, if not more so, than health and care treatment services. This includes the impact of climate change and environmental degradation.

The Role of Health and Care in Climate Change

Providing healthcare services, results in emission of gases that cause climate change, and pollutants that affect local environments. This has been described at length in other documents, in particular the *BLMK ICS Green Plan 2022-2025* [1], the *Health Impact Assessment of the BLMK ICS Green Plan* [2], and the statutory NHS England guidance *Delivering a Net Zero NHS* [3], and will not be repeated at length within this document. Suffice to say, that the total contribution of the NHS in England to climate change is equivalent to roughly half the UK emissions from the aviation industry (8%) [3, 4].

It is also necessary to pay attention to other environmental impacts, which can affect heart, lung, endocrine, neurodevelopmental, and mental health, including:

- **Air pollutants** that come predominantly from travel

DRAFT for comment

- **Water pollution**, which can result in algal blooms and an impact on biodiversity.
- **Water use**, which can create a strain on the water cycle and ecosystems reliant on water.
- **Land use**, which can affect the quality and availability of land and waterways.
- **Biodiversity and nature recovery**, which create resilience within nature and support health.
- **Waste**, as a result of a linear supply chain ("take-make-use-break-waste").
- **Supply chain ethics**, including pesticide use, deforestation, and exploitation.

A Note on Greenhouse Gases in the NHS

Emissions are categorised as being Scopes 1, 2 or 3, under the international Greenhouse Gas (GHG) Protocol [5], covering the seven GHGs in the Kyoto Protocol, and are described as:

- Scope 1: direct emissions resulting from owned or controlled sources.
- Scope 2: indirect emissions from the generation of purchased energy.
- Scope 3: all other indirect emissions that occur in the supply chain (upstream or downstream).

NHS England has grouped Scopes 1 and 2 and a few categories within Scope 3 (inhalers and anaesthetic gases) as the "NHS Carbon Footprint" (NHS CF). The remaining healthcare emissions, (all other Scope 3 emissions), is considered part of the NHS Carbon Footprint Plus (NHS CF+).

The NHS Carbon Footprinting in BLMK takes into account the two acute Trusts, and an estimated contribution for the ICB and primary care. The ICB and the two acute Trusts will be held to account for delivery against the ICS Green Plan emissions reduction targets. The breakdown of the NHS CF and CF+ for BLMK was calculated in 2019/20, as shown in Figure 1, totalling nearly 325 ktCO_2e (Box 1). Elements of this have been re-measured in the intervening years, and progress has been made (see below), but the proportions remain roughly equivalent and give an idea of the biggest emissions sources.

Emissions from BLMK's acute Trusts, ICB and primary care in 2019/20: **324,530 tCO_2e** Equivalent to **driving around the Earth nearly 60,000 times in a small petrol car**

Box 1: BLMK ICS's carbon footprint baseline 2019/20

Community, Mental Health and Ambulance NHS Trusts that deliver services in BLMK report all their emissions (even those generated in BLMK), and are held to account for emissions reductions, through their "host" ICSs in London, East of England or other parts of England. Similarly, local authorities have their own net zero goals monitored separately. These organisations are still important in the delivery of the BLMK ICS Green Plan, and will be involved in supporting various activities, where relevant, but will not be held to account under the carbon reduction targets in the BLMK ICS Green Plan (see Section 3: Creating a Sustainable Health and Care System).

Measuring GHGs

To make reporting easier, emissions of each GHG are typically equated to mass of carbon dioxide that would have the same effect on global warming. This allows all GHGs to be given a global warming potential (GWP), also known as an emissions factor, measured in the "equivalent mass of carbon dioxide" (gCO_2e). A kilogram of a GHG with an emissions factor of 100 would therefore have a GWP of 100 kgCO_2e.

DRAFT for comment

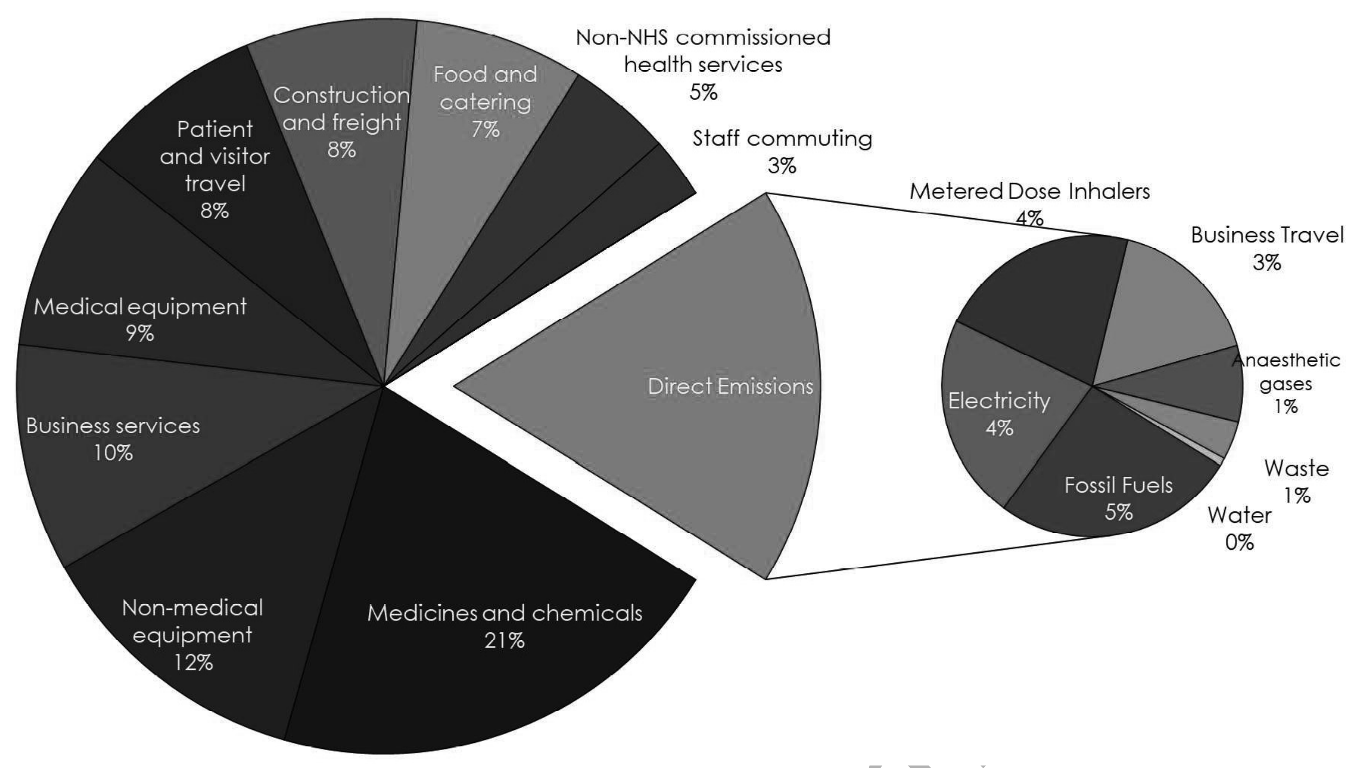


Figure 1: BLMK NHS Carbon Footprint 2019/20[1]

DRAFT for con

Great Healthcare *is* Sustainable Healthcare

A recent study [6] has demonstrated that beyond a particular level (~400 kgCO_2e per head of population), healthy life expectancy is not correlated to healthcare-related emissions – more carbon does not necessarily mean better health outcomes, and it is possible to reduce emissions without compromising quality of care.

The World Health Organisation, the Centre for Sustainable Healthcare and many other organisations describe climate-resilient and environmentally sustainable health care as ones that anticipate, respond to and adapt to climate-related stresses, minimising negative impacts on, and leveraging opportunities to restore, the environment, doing so by [7, 8, 9]:

- increasing preventative action to stop people getting ill.
- empowering those with health issues or disabilities to live the fullest life possible.
- delivering effective, efficient, and productive services, minimising waste.
- shifting to ways of doing things that reduce emissions.

Each of these elements is reflected in the longer-term aims of an ICS [10] (to improve outcomes, tackle inequalities, enhance productivity and value for money, and support social and economic development), and in the three key transformational shifts recently identified [11] (treatment to prevention, acute to community, analogue to digital).

Thus, for BLMK ICS to deliver a great healthcare system, it must at its core be environmentally sustainable.

[1] Includes emissions from two acute Trusts, the ICB and primary care activities in BLMK.

The current state

Our System Challenges

BLMK is one of the fastest growing areas in the country. Demand for housing growth, employment, healthcare, and other infrastructure and services is only going to increase further in the coming decades. The opportunities to the local economy from these developments are potentially large, which will likely have a beneficial impact on the health and wellbeing of local residents.

However, not only does this bring challenges to healthcare service delivery that will need to be addressed (as a whole are described in other key ICS strategies, such as the *BLMK Health Services Strategy* [12]), the growth in demand for healthcare will increase services' contribution to climate change and environmental degradation (Figure 2). If we did not act, this could create a "vicious cycle" where climate change and environmental degradation worsen health, driving healthcare resource use, which then drives further emissions and pollution.

We want to support a thriving population and a growing local economy, and to do so it is therefore necessary to counter-act the increase in emissions whilst looking to improve population health with a more preventative system.

Progress against our first ICS Green Plan (2022-2025)

Our first ICS Green Plan has driven some progress since 2022, most notably:

1. **Emissions:** reductions of at least 16.5 ktCO_2e (about 5% of our baseline emissions)
2. **Anaesthetic gases:** Eliminating the use of the anaesthetic gas with the highest global warming potential, and reducing nitrous oxide emissions by 27%.
3. **Inhalers:** Emissions from asthma inhalers have dropped by ~42%, and BLMK's performance is improving quicker than the national average.
4. **Waste**: at acute sites, waste has reduced by 10% overall, and food waste in some places has dropped to less than 2%.
5. **Energy efficiency:** installation of renewable and other energy systems at our main hospitals, including securing additional capital funding for various works.
6. **Circular economy:** A walking aid return and reuse scheme [13] at MKUH has saved 6 ktCO_2e and £2,500. More than 600 office assets were distributed for reuse by the ICB to a hospital, schools and VCSE.
7. **Travel and transport:** trialling of e-bikes for staff members and public transport subsidies encouraged 300 hospital staff to leave their cars at home.
8. **Workforce education:** More than 60 staff members from the ICB, Trusts, public health teams, and primary care have undertaken forms of enhanced sustainability training.
9. **Governance and decision-making:** As well as convening partners to collaborate and oversee progress, the ICB has introduced an Environmental and Social Impact Assessment (EaSIA) tool to understand the likely impact of service changes.
10. **Innovation:** Testing different approaches to support residents at risk of fuel poverty and cold homes [14], resulting in an improved patient experience, installation of energy efficiency measures, and a reduction in healthcare use.

DRAFT for comment

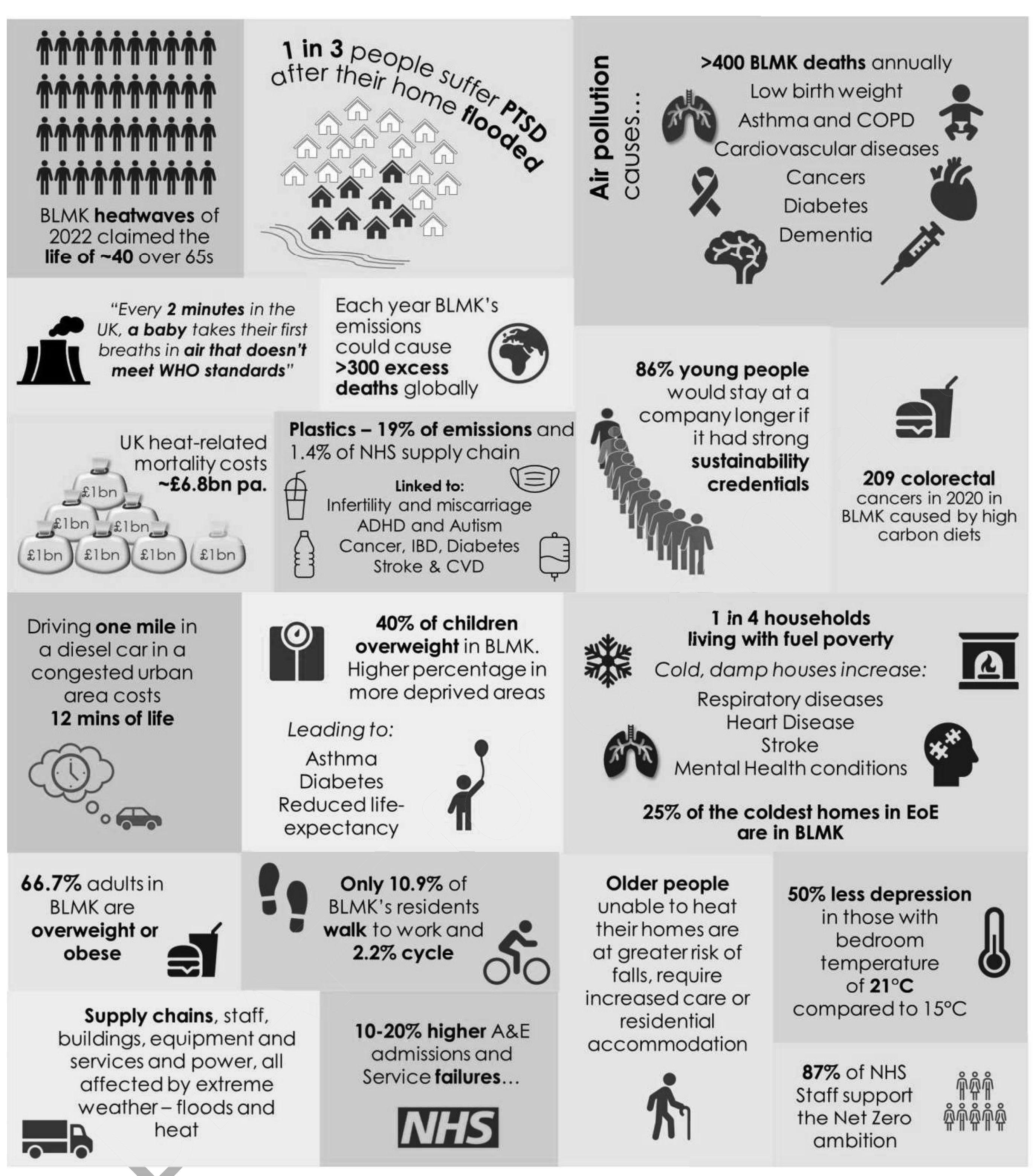


Figure 2: The impacts of climate change within BLMK and further afield

BLMK partners' priorities

Our BLMK partners are already committed to improving their impact on the environment and addressing the ICB Board Assurance Framework climate change risk (Box 2).

As described above, the ICS Green Plan 2025-2028 has multiple roles, including:

- the system's shared vision and priorities for reducing environmental impact of health and care activities, for all partners to draw from and use to focus attention on delivering the necessary changes.
- as an umbrella for the ICB and two acute Trusts, setting out carbon reduction targets and activities they will be held to account for.
- specific cross-organisational work with other ICS partners.

"As a result of climate change and wider impacts on the environment and biodiversity, there is a risk that the health of the population, health inequity, and the ability to deliver services will be negatively affected resulting in worsening health, inequalities, access to healthcare, and additional pressures on health services."

Box 2: BLMK ICB BAF risk 7: Climate Change and Health

The ICS Green Plan is complementary to the separate organisational priorities, considering the various goals across partners. It sets out the way the system will operate together in the future – where environmental concerns are addressed in all the work it does, and where partnerships are formed with all partners, public sector or otherwise, to support mass action on areas of commonality.

Supporting local authorities' priorities

Aside from working with other ICS partners on environmental improvement, the ICB and NHS Trusts are statutory partners for local developments. This means working with and advising other organisations and responding to consultations on developments requiring planning consent. Regarding the environmental impact of local developments, the ICB undertakes this consultee duty considering all four purposes of an ICS [10] and bearing in mind the views of all system partners. This might mean attempting to balance positive and negative impacts on all of the direct impacts on health and health services alongside the wider determinants of health (including environmental), in order to obtain the highest possible benefit to the health and wellbeing of the residents within BLMK.

What our partners and residents have told us is important

At the Leading for a Sustainable Health and Care System seminar in November 2024, people from NHS organisations, local authorities, VCSE, and residents including local youth council members, recommended that the refreshed ICS Green Plan should:

- Help staff to be "change agents", learning more about the links between climate change, environment and health, and being supported to take steps to be more sustainable in their own workplace, with environmental sustainability as a core value and as part of every conversation in healthcare.
- Bring NHS, local authorities, other anchors, and VCSE together, to collaborate, learn from each other and the private sector, and use pooled resources and purchasing power to drive down emissions.
- Ensure that the impacts of decisions on the environment are well understood and evidence-based, to support decision-making, targeting of efforts, resource and finances to the areas of biggest opportunity.
- Promote healthy lifestyles, and help residents, including young people, to understand the links between climate and health, supporting them to build resilience in their communities and take action.
- Improve the use of technology and innovations to reduce the need to travel and use resource-intensive healthcare.

DRAFT for comment

What are the key challenges and opportunities for the Green Plan?

Despite our progress, the evidence and our own experience have highlighted several opportunities and challenges still to address.

- Increasing healthcare demand and activity is driving a greater use of resources, counteracting efforts to reduce absolute emissions. An example of this is the introduction of virtual outpatient appointments, the environmental benefit of which has been dwarfed by the overall growth in outpatient activity. Attempting to achieve the best health outcomes may also have a similar effect. This means progress with emissions reduction is not always linear.
- Environmental sustainability is still often seen as an "additional extra", so effort is required to find ways to build it into existing work and ambitions.
- Data is not always readily available to calculate an accurate carbon footprint or measure progress in health, or the "triple-bottom-line" (environmental, social and financial).
- Whilst many activities will save money in the long term, the finance is not always available here and now to make "invest to save" decisions, or we may not have a full idea of the full impact on health, environment or social factors to demonstrate value for money.
- The influence of BLMK over the supply chain is variable, despite the large purchasing power of the NHS as a whole. This is due to there being small markets for some, high-value or novel items, and that the majority of consumables are procured centrally.
- Even if we implemented all known emissions-reduction measures, there is likely to be a gap to net-zero. This will require innovations that are still in development.
- The BLMK carbon footprint, and guidance from NHS England [3, 15, 16, 17] suggest the biggest opportunities are in medicines, supply chain, and travel. However, the areas that are most easily addressed are direct emissions from anaesthetic gases, waste, inhalers, energy and food.
- The *BLMK ICS Green Plan 2022-25 Health Impact Assessment* highlighted the main health benefits of sustainability actions to be in:
  - Air pollution, by reducing travel by private vehicle.
  - Activity levels, by shifting to active modes of transport and more exercise.
  - Food and nutrition, by encouraging uptake of lower-carbon, healthier diets.
  - Adaptation and resilience to extreme weather, through both artificial and natural solutions
- Comparison with peers suggests an opportunity of >30 ktCO_2e solely by moving to median, top quartile or top decile performance across estate, travel, consumables, inhalers, virtual outpatients and a range of other areas (note this analysis is an estimate and undergoing constant refinement).

DRAFT for comment

Section 3: Creating a Sustainable Health and Care System

Our progress so far, what our partners and residents tell us is important, and the remaining challenges tell us that, for our ICS Green Plan 2025-2028, we need to go further than before. To our system, our partners, and our communities, environmental sustainability is more than net zero. It's also more than delivering services with a lower impact on the environment. It's about a different mind-set that believes that the best possible health for all can only be achieved by living in harmony with our environment.

Our intention is therefore to work towards becoming a fully Sustainable Health and Care System, to support improvements in population health and a reduction in health inequality.

Our Overarching Commitments

This section sets out the main activities that will be undertaken to deliver the BLMK ICS Green Plan vision. A separate *Naturally Healthy Action Plan* outlines the detailed activities that support delivery of the Green Plan.

[PLACEHOLDER – LINK to Action Plan]

1. Health Improvement and Protection:

We will improve health and wellbeing, reduce health inequalities, and work to help our communities adapt to climate change and protect themselves from the health impacts of environmental degradation.

The ICS partners will do this by:

- Using environmentally sustainable ideas to help people live healthier lives, becoming more active and adopting healthier food choices, linking in with and boosting the other work of the ICS.
- Working with our partners to help our different communities, services and infrastructure to adapt to climate change, becoming more resilient to impacts of a more-extreme climate that has in part already been hard-wired into the future global and local climate.
- Introducing more ways to prevent ill-health throughout all our clinical pathway transformation work, increasing environmentally sustainable and nature-based solutions, such as Green Social Prescribing, lower carbon foods on-site (whilst ensuring patients receive the nutrition they need), digital-first care and other approaches, to help people to look after themselves when unwell, and reduce their vulnerability to climate change.
- Working collaboratively with local transport authorities and public transport providers to improve air quality at our hospital sites, by reducing the need to travel for healthcare, and increasing shifts away from sole-occupier private vehicles through car-sharing, improvements to active travel and public transport infrastructure, incentives to change behaviours, and awareness-raising.

Our initial shared aims:

- 100% of NHS organisations will have a board-approved climate adaptation plan for their BLMK operations by the end of 2025.
- Public sector anchor organisations will dedicate 0.5% of sustainability resource by 2028 to support community groups/organisations and school outreach to increase awareness of the links between health and climate change and develop sustainability plans.
- BLMK partners will test and spread models to reduce healthcare usage for groups that are vulnerable to climate health risks, e.g. those with long-term conditions living in cold homes.
- Hospital sites will increase uptake of lower-carbon meals on hospital sites by 10% by 2027.
- NHS organisations will support 10% of those commuting by sole-occupier cars to move to more sustainable modes, to reduce emissions and air pollution at hospital sites.

2. Caring for our Surroundings

We will improve the built environment, support the regeneration of the natural environment, and reduce pollution from health and care services.

The ICS partners will do this by:

- Designing, building and maintaining the infrastructure associated with health and care services in a way that supports better wellbeing, increases resource efficiency, and minimises the damages to the environment as far as possible.
- Creating, improving and maintaining ways to enhance the natural world that our staff, patients and residents are exposed to, contributing to the recovery of nature and biodiversity, including looking to improve healthcare estate greenspace.

DRAFT for comment

- Reducing the pollution and waste produced through delivering health and care services, by applying best practice in clinical pathway design and processes, minimising the environmental and health impacts of delivering services, including food waste, landfill, and a reduction in the number of single-use items used through the “5Rs of procurement”[2].
- Work with local authority partners to increase recycling rates.

Our initial shared aims:

- Reduce waste to top quartile levels by 2027 and landfill as close to 0% as possible by 2028.
- By 2027, map and identify opportunities to improve healthcare site greenspace.
- All Trusts to have a walking aid return and reuse scheme in place by 2026, with a 60% return rate by 2028.
- Measure and increase the value of supplier social value commitments supporting the physical environment.

3. Reducing healthcare-associated greenhouse gas emissions:

We will achieve “net zero” emissions across the health and care system by 2045 or earlier, reducing the contribution of healthcare to climate change.

The BLMK Health and Care System will be net zero by 2040 for NHS Carbon Footprint (CF) emissions, with an aspiration to do so by 2035.

- Some NHS Trusts may achieve this earlier; **all will achieve** it by 2040, including achieving an 80% reduction in emissions[3] by 2032, with an aspiration to do so by 2028[4].
- This will require CF emissions to **reduce by about 7%** of our current emissions in each year to 2032[5].

The BLMK Health and Care System will be net zero by 2045, for NHS Carbon Footprint Plus (CF+) emissions that the NHS can only influence.

- This includes achieving an 80% reduction in emissions[3] by 2039, with an aspiration to do so by 2036[6].
- This will require CF+ emissions to **reduce by over 5%** of our current emissions in each year to 2039.
- All other organisations delivering NHS services in BLMK (including primary care) are expected to reach net zero by 2045.

The ICS partners will do this by:

- Reducing the need for high-intensity healthcare, by shifting to digital methods, delivering care closer to home within the community, and supporting the shift to preventative services.
- Using resources more efficiently, minimising wasteful processes, particularly through energy efficient estate.
- Working together to reduce duplication and unwarranted variation.
- Building lower carbon care models, with all pathway transformation setting environmental goals as part of their objectives, including reducing the need for patients to travel.
- Reducing the need for consumables (particularly single-use plastics).
- Switching to lower-carbon alternatives for consumables, medicines, and transport.
- Moving to reusable equipment where possible, including testing and implementing best practice in reusables, such as cool sticks, tourniquets, theatre scrubs, gowns and hats.

DRAFT for comment

[2] Reduce, Reuse, Reprocess, Renewable, Recycle
[3] relative to the 1990 baseline
[4] Equivalent to a ~47% reduction against the 2019/20 NHS Carbon Footprint
[5] Assumes a ~5% reduction for CF, and no reduction for CF+ during 19/20 - 24/25, and 2% annual growth in activity.
[6] Equivalent to a ~73% reduction against the 2019/20 NHS Carbon Footprint Plus

- Influencing our partners and suppliers to accelerate their path to net zero, including by using a social value framework and the Evergreen Assessment.
- Creation of a Green Plan for primary care, with a menu of activities that practices can adopt.

Our initial shared aims:

- 100% of system transformation programmes will have environmental objectives by 2026.
- Carbon-equivalent emissions from NHS organisations will reduce by an average of >7% of the current level each year to 2028 (measured by organisation and GHG Scope).
- Identified suppliers to start Evergreen Assessment or progress by one level by 2028.
- All organisations will assess and adopt best practice to deliver triple-bottom-line benefits (environmental, social, financial).

Enablers

Our programme of activities will require a number of enabling projects, which will include:

- Staff education, aiming for 100% of staff to have received an appropriate level of training or guidance by 2028, including creation of an internal green skills faculty.
- A process to identify and trial innovations in sustainable healthcare.
- Development of a dataset and dashboard to demonstrate progress, and internal expertise in the measurement of carbon footprints and sustainability projects.
- Use of environmental impact assessments for decision-making, leading to full "life-cycle assessments" and triple-bottom line reporting where appropriate.
- Sustainability networks to help empower staff to spread good practice.

Section 4: How "Health, Naturally" addresses our system Population Health Outcomes

As with all system strategies, the ultimate purpose of the ICS Green Plan is to address population health outcomes. specifically healthy life expectancy, and inequalities in life expectancy.

As set out in Section 2: Environment, Climate and Health, creating sustainable health and care system will also address the wider determinants of health: Socio-Economic, Health Behaviours, Physical Environment and Health and Care Quality [18]. Figure 3 demonstrates schematically how the main activities described in the commitments above map against these wider determinants, and then in turn how they link to each of the five ICS strategy priorities, Start Well, Live Well, Age Well, Growth and Reducing Inequalities.

DRAFT for comment

Figure 3: Mapping ICS Green Plan activities to ICS Priorities and Population Health Outcomes

DRAFT for comment

Section 5: The Naturally Healthy Action Plan

In developing this ICS Green Plan, our colleagues, partners, VCSE partners and members of the public identified a number of recommendations, which have been grouped into a set of attributes of a sustainable health and care system for BLMK. Using these, we have developed a broad programme of activities to support delivery of the vision contained in this Green Plan. This *Naturally Healthy Action Plan* is set out in a separate document.

[PLACEHOLDER – LINK to Action Plan]

The partners of the ICS will work to implement the Action Plan, continuously learning about what works, what does not, and what we have not previously considered. In particular, the ICB and the two acute Trusts will be held to account for delivery of the Action Plan, with wider partners supporting delivery where required. Annual reports will be produced outlining progress, challenges, and learning, and a response made to refine action for the following year.

The ICS Green Plan itself will become the standard for BLMK, not just for 2025-2028, but beyond. The intent is not to re-write the entire Green Plan after 2028, but to refresh the activities in the Action Plan underpinning it, based on new evidence that comes to light.

This continuous improvement approach means we are always learning and changing our approach to look for better ways to be more environmentally sustainable.

Section 6: How different organisations and structures interact with the Green Plan

The ICB will oversee delivery of the ICS Green Plan and:

- Provide direction to other organisations, leading delivery of some collaborative projects.
- Seek assurance from others delivering improvements.
- Coordinate some of the cross-system and cross-sector networking and collaboration.
- Continue to convene the Environmental Sustainability System Leadership Group (chaired by the ICB Non-Executive Green Champion) to oversee delivery of the ICS Green Plan.

The two acute Trusts hosted directly by the ICS (MKUH and BHFT) will:

- Use the ICS Green Plan and Naturally Healthy Action Plan to guide delivery of local actions, adapting to the local context where required.
- Ensure delivery of local Green Plan activities, overseen by the Trust's Green Plan SRO, meeting national targets and reporting to the ICB on progress twice annually.
- Actively engage with ICS Green Plan activities.

The other NHS Trusts that provide services within BLMK will:

- Develop and deliver their own Trust Green Plans, using the ICS Green Plan as a steer, overseen by the Trust's Green Plan SRO.
- Actively engage with system Green Plan activities.
- Share progress against their own Trust Green Plans to help with learning and collaboration.

Local authorities will:

- Undertake actions that support delivery of the ICS Green Plan, where required, and continue work to improve population health.
- Share expertise and knowledge and actively engage with collaborative work (such as air quality, green space, environmental awareness and community resilience).

DRAFT for comment

Primary Care (GPs, Pharmacy, Optometry and Dental) will:

- Collaborate on developing and progressing a local Primary Care Green Plan.
- Openly engage with the ICB to support achievement of system aims.

Supply Chain and Non-NHS healthcare VCSE and private providers will be encouraged to:

- Undertake the voluntary Evergreen Assessment, and provide and progress Carbon Reduction Plans as required.
- Openly engage with the ICB to support achievement of system aims.

Other VCSE will be encouraged to:

- Consider own impact on improving health and wellbeing in harmony with the environment.

ICS partners will work with Members of the Public to:

- Help the ICB and Trusts understand how to make the ICS Green Plan and linked local actions more impactful.
- Coproduce specific activities (e.g. climate-resilient communities).
- Support residents to reduce their own impact by living healthier lives across all wider determinants of health.

This will include regular engagement with our youth councillors.

Section 7: Further information

If you would like to find out more about the ICS Green Plan or have a suggestion for activities to help make BLMK a more-sustainable health and care system, please contact:

Email: blmkicb.sustainability@nhs.net

Website: https://blmkhealthandcarepartnership.org/about/our-priorities/growth/environmental-sustainability/

February 2025

DRAFT for comment.

Appendix

Recommendations from the Leading for a Sustainable Health and Care System seminar 15 November 2024		Link to commitment		
		1	2	3
Increase Carbon Literacy	Mandatory sustainability training for all staff	Enablers (p16)		
	Tailored learning sessions for teams and roles to deliver most impact			
	Use proactive language i.e. “What more can you do?”			
	Include sustainability in staff objective setting			
	Use Green plan as engagement tool to clarify connection of health, business & climate			
Staff as change agents	Staff promote & activate sustainable behaviours	Enablers (p16)		
	System Sustainability Champions group – incl. Primary Care			
	System staff Green Award			
	Utilise Cranfield University students for health and care projects			
	Clinical Fellows			
NHS and local authorities work together as change agents	Housing and prevention	✓	✓	
	Local areas/ neighbourhoods	✓	✓	
	Bring in expertise where required			✓
	Overarching plan with mix of small, medium and larger schemes	✓	✓	✓
Corporate Values	Ensure include Social Values			✓
	Values based recruitment – include sustainability	Enablers (p16)		
	Sustainability & Social Impact Assessment part of business case assessment process			
Investment	Long-term cost perspective – shift focus from short term “return on investment (ROI) to lifetime ROI	Enablers (p16)		
	Definition of value – including both monetary and social aspects			
	Grant officer role in ICB for funding opportunities			
	Funding for sustainability projects			
	Funding and Support for VCSEs for resilience	✓	✓	
	Funding for Social Prescribing services	✓	✓	✓
Improved use of technology	Reduce unnecessary activity – better planning for visits, upskilling staff to take on more duties			✓
Infrastructure	Infrastructure to enable modal shift – cycle lanes, bike racks. bus routes, bus stops, trains		✓	✓
	Infrastructure – Electric vehicle fleet, solar, LEDs, insulation – reduce energy use and make savings		✓	✓
	Work with large local organisations – use their ideas	Enablers (p16)		
Economies of scale – purchasing power, pooling resources for clinical leadership	Specific sustainability ambitions in tenders e.g. ownership of recycling of products			✓
	Use market force to encourage suppliers to be more sustainable			✓
	Environmental, Social and Governance (ESG) considerations in all tenders			✓
	Evergreen assessment for all procurements			✓

DRAFT for comment

<table>
<tr><th colspan="2" rowspan="2">Recommendations from the Leading for a Sustainable Health and Care System seminar 15 November 2024</th><th colspan="3">Link to commitment</th></tr>
<tr><th>1</th><th>2</th><th>3</th></tr>
<tr><td></td><td>Look at National Institute for Health Research (NIHR) Funding for system plan</td><td colspan="3">Enablers (p16)</td></tr>
<tr><td rowspan="5">Decision-making - Business cases to include</td><td>Carbon calculations</td><td colspan="3" rowspan="5">Enablers (p16)</td></tr>
<tr><td>Environment and Social Value impact assessment output</td></tr>
<tr><td>System wide approach. Tie in with cost improvement</td></tr>
<tr><td>Strengthen the environmental sustainability or green voice in our decision-making</td></tr>
<tr><td>Create Cost Improvements Programmes for BLMK</td></tr>
<tr><td rowspan="4">School Engagement</td><td>Tailor the message to different generations</td><td colspan="3" rowspan="4">Enablers (p16)</td></tr>
<tr><td>Change the message to promote the immediate positive benefits</td></tr>
<tr><td>Create more links with young people e.g. mental health links in schools and youth clubs</td></tr>
<tr><td>Raise the youth voice to influence politics</td></tr>
<tr><td rowspan="3">Business as Usual in all Health & Social Care conversations</td><td>Build the green message into general comms around promoting healthy living</td><td colspan="3" rowspan="3">Enablers (p16)</td></tr>
<tr><td>Ensure a strong comms plan</td></tr>
<tr><td>Green plan to provide a description of ambition but also a clear call to action</td></tr>
<tr><td rowspan="3">Promoting Healthy Lifestyles</td><td>Youth movement – help promote healthy foods, non-processed, veggie/vegan, plant/eat/grow schemes</td><td>✓</td><td></td><td>✓</td></tr>
<tr><td>Infrastructure changes e.g. Bike racks to promote active travel</td><td>✓</td><td>✓</td><td>✓</td></tr>
<tr><td>Provide public transport information when sending appointments</td><td>✓</td><td>✓</td><td>✓</td></tr>
<tr><td rowspan="6">Collaboration</td><td>GPs working with VCSEs to support “frequent attenders” and reduce health inequalities</td><td>✓</td><td></td><td>✓</td></tr>
<tr><td>GP collaboration with leisure centres</td><td>✓</td><td></td><td>✓</td></tr>
<tr><td>Family hubs linking with and signposting to other services</td><td>✓</td><td></td><td>✓</td></tr>
<tr><td>Community Toolkits – knowledge/skills/experience sharing</td><td colspan="3" rowspan="3">Enablers (p16)</td></tr>
<tr><td>Neighbourhood teams lead the collaboration for NHS and local authorities (LAs)</td></tr>
<tr><td>Use the skills of VCSEs and develop authentic and meaningful partnerships</td></tr>
<tr><td>Investment</td><td>Funding and support for VCSEs to increase resilience and ensure continuity of services</td><td colspan="3">Enablers (p16)</td></tr>
<tr><td rowspan="2">Governance</td><td>ICB/LAs provide support in VCSE governance</td><td colspan="3" rowspan="2">Enablers (p16)</td></tr>
<tr><td>Strong leadership emphasis and specific targeting to ensure action</td></tr>
<tr><td rowspan="2">Community Spaces</td><td>Increasing community spaces for interaction to reduce isolation</td><td>✓</td><td></td><td></td></tr>
<tr><td>Condition-led tailored art/ craft/ exercise/ social sessions</td><td>✓</td><td></td><td></td></tr>
<tr><td rowspan="7">Simple and Clear Green Plan</td><td>Unified plan – Trusts, ICB and communities</td><td colspan="3" rowspan="7">Enablers (p16)</td></tr>
<tr><td>Alignment of goals – financial & sustainability</td></tr>
<tr><td>Targeting the biggest impact areas</td></tr>
<tr><td>Powerful commitments</td></tr>
<tr><td>NHS greener guidance a priority</td></tr>
<tr><td>ICS to identify how to measure a baseline in each trust</td></tr>
<tr><td>Meet regularly to network</td></tr>
<tr><td rowspan="2">Economies of Scale</td><td>Purchasing and contracting power</td><td></td><td></td><td>✓</td></tr>
<tr><td>Pooling resources for clinical leadership</td><td colspan="3"></td></tr>
</table>

DRAFT for comment

Recommendations from the Leading for a Sustainable Health and Care System seminar 15 November 2024		Link to commitment		
		1	2	3
	Chamber of Commerce collaboration to inform and influence suppliers	Enablers (p16)		
	Support call for a Shelf-Life Extension Program (SLEP) for tablets/capsules		✓	✓
Action and Education for biggest impact areas	Assisting providers to calculate carbon footprints	Enablers (p16)		
	Community Engagement - schools, VCSEs, communities, councils - needs strong leadership emphasis and specific targeting			

References

[1] BLMK Health and Care Partnership, “BLMK ICS Green Plan,” 02 04 2022. [Online]. Available: https://blmkhealthandcarepartnership.org/~documents/route%3A/download/43/. [Accessed 15 October 2024].

[2] E. Loud, “Health impact assessment: estimating the health impacts of the BLMK ICS Green Plan (2022-2025),” January 2023. [Online]. Available: https://blmkhealthandcarepartnership.org/~documents/route%3A/download/251/. [Accessed 15 October 2024].

[3] NHS England, “Delivering a Net Zero NHS,” 07 2022. [Online]. Available: https://www.england.nhs.uk/greenernhs/wp-content/uploads/sites/51/2022/07/B1728-delivering-a-net-zero-nhs-july-2022.pdf.

[4] Environmental Audit Committee (UK Parliament), “Net Zero and the UK Aviation Sector,” 21 December 2023. [Online]. Available: https://publications.parliament.uk/pa/cm5804/cmselect/cmenvaud/404/report.html. [Accessed 15 October 2024].

[5] GHG Protocol, “Greenhouse Gas Protocol,” December 2022. [Online]. Available: https://ghgprotocol.org/sites/default/files/2022-12/FAQ.pdf. [Accessed 29 January 2025].

[6] M. Romanello, M. Walawender, S.-C. Hsu, A. Moskeland, Y. Palmeiro-Silva and D. Scamman, “The 2024 report of the Lancet Countdown on health and climate change: facing record-breaking threats from delayed action,” *The Lancet,* vol. 404, no. 10465, pp. 1847-1896, 2024.

[7] F. Mortimer, J. Isherwood, A. Wilkinson and E. Vaux, “Sustainability in quality improvement: redefining value,” *Future Healthcare Journal,* vol. 5, no. 2, pp. 88-93, June 2018.

[8] Centre for Sustainable Healthcare, “What We Do,” [Online]. Available: https://sustainablehealthcare.org.uk/what-we-do. [Accessed 15 October 2024].

[9] WHO, “WHO guidance for climate-resilient and environmentally sustainable health care facilities,” WHO, 2020.

[10] NHS England, “What are integrated care systems?,” [Online]. Available: https://www.england.nhs.uk/integratedcare/what-is-integrated-care/. [Accessed 30 January 2025].

[11] A. Darzi, “Independent Investigation of the National Health Service in England,” Department of Health and Social Care, UK Government, London, 2024.

[12] BLMK Health and Care Partnership, “BLMK Health Services Strategy 2024-2040,” 2024. [Online]. Available: https://blmkhealthandcarepartnership.org/wp-content/uploads/2024/10/BLMK-ICB-Health-Services-Strategy-2024-2040.pdf. [Accessed 30 January 2025].

[13] Milton Keynes University Hospital, “Walking Aid Recycling at Milton Keynes University Hospital,” November 2024. [Online]. Available: https://blmkhealthandcarepartnership.org/publications/sustainability/sustainable-health-care-system/case-studies/local/walking-aids-reuse-scheme-mkuh/. [Accessed 30 January 2025].

[14] BLMK ICB, “Bedford Warm Homes scheme improves health and reduces carbon emissions,” [Online]. Available: https://blmkhealthandcarepartnership.org/bedford-warm-homes-scheme-improves-health-and-reduces-carbon-emissions/. [Accessed 30 January 2025].

DRAFT for comment

[15] NHS England, "Net Zero Travel and Transport Strategy," [Online]. Available: https://www.england.nhs.uk/long-read/net-zero-travel-and-transport-strategy/. [Accessed 30 January 2025].

[16] NHS England, "Sustainable Procurement," [Online]. Available: https://www.england.nhs.uk/nhs-commercial/sustainability/. [Accessed 30 January 2025].

[17] NHS England, "How to produce a Green Plan," NHS England, London, UK, 2021.

[18] County Health Rankings, University of Wisconsin, "County Health Rankings," 2015. [Online]. Available: http://www.countyhealthrankings.org/.

[19] WHO, "Climate Change," 12 October 2023. [Online]. Available: https://www.who.int/news-room/fact-sheets/detail/climate-change-and-health. [Accessed 11 September 2024].

[20] C. M. Hood, K. P. Gennuso, G. R. Swain and B. B. Catlin, "County Health Rankings: Relationships Between Determinant Factors and Health Outcomes," *American Journal of Preventative Medicine,* vol. 50, no. 2, pp. 129-135, 2016.

[21] J. Semenza, C. Rubin, K. Falter, J. Selanikio, W. Flanders, H. Howe and J. Wilhelm, "Heat-related deaths during the July 1995 heat wave in Chicago," *New England Journal of Medicine,* vol. 335, no. 2, pp. 84-90, 1996.

[22] Plants First Healthcare, "Plants First Healthcare," [Online]. Available: https://plantsfirsthealthcare.com/. [Accessed 30 January 2025].

[23] IFRS Foundation, "ISSB and TCFD," [Online]. Available: https://www.ifrs.org/sustainability/tcfd/. [Accessed 2025 January 30].

[24] Global Action Plan, "Action for Clean Air: ICS Clean Air Framework," [Online]. Available: https://www.actionforcleanair.org.uk/health/ics-framework. [Accessed 30 January 2025].

DRAFT for comment

Bedfordshire, Luton
and Milton Keynes
Health and Care Partnership
The "Naturally Healthy"
Action Plan
Delivering
"Health, Naturally":
The BLMK ICS Green Plan
2025 – 2028

“The Naturally Healthy Action Plan”

Delivering “Health, Naturally”: The BLMK ICS Green Plan 2025-2028

This Action Plan sets out the main activities that will be undertaken to deliver the Bedfordshire, Luton and Milton Keynes (BLMK) vision of a sustainable health and care system (Figure 1). It complements and should be viewed alongside “Health, Naturally”: the BLMK Integrated Care System (ICS) Green Plan 2025-2028, and acts as a detailed record of proposed activities and goals. The actions are based on broad engagement, and build on the recommendations from a system-wide seminar held in November 2024. The Appendix sets out the link between the recommendations and the proposed actions.

It is also the set of activities against which the Integrated Care Board (ICB) and the two “hosted”, acute Trusts will be held to account.

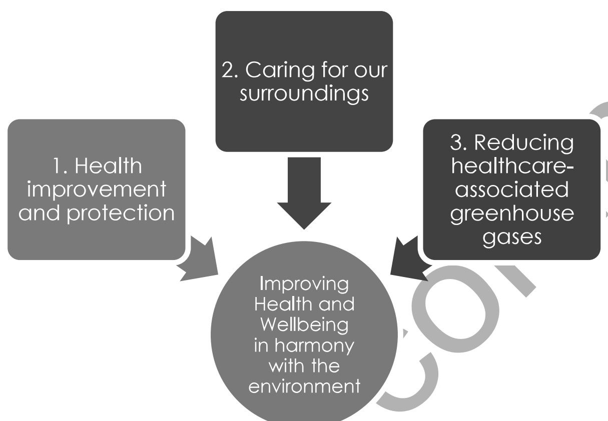


Figure 1: The BLMK ICS Green Plan vision

DRAFT for comment

1. Health Improvement and Protection:

We will improve health and wellbeing, reduce health inequalities, and work to help our communities adapt to climate change and protect themselves from the health impacts of environmental degradation.

2. Caring for our Surroundings

We will improve the built environment, support the regeneration of the natural environment, and reduce pollution from health and care services.

3. Reducing healthcare-associated greenhouse gas (GHG) emissions:

We will achieve “net zero” emissions across the health and care system by 2045, reducing the contribution of healthcare to climate change.

A plan for working in harmony with the environment

The Naturally Healthy Action Plan is based around The ICS Green Plan Driver Diagram (Figure 2). A “Driver Diagram” is our best idea of what needs to happen to achieve our vision and aims and is based on the latest research, data, evidence, best practice, guidance, and law, and the skills and knowledge of our colleagues, partners and residents. The partners of the ICS will work to implement these ideas, all the while learning about what works, what does not, and what we have not previously considered. In future iterations of the ICS Green Plan, we will revise these activities based on our learning and new evidence that comes to light.

This continuous improvement approach means we are always learning and changing our approach to look for better ways to be more environmentally sustainable.

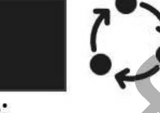


Figure 2: The ICS Green Plan Driver Diagram

A Sustainable Healthcare Culture

What it means and why is it important?

Doing the right thing, not just the easy thing, requires a supportive culture. Culture, while it cannot be imposed, can be nurtured with:

- a compelling narrative, to motivate colleagues and residents.
- removing barriers, including providing skills and data analysis, to help people make changes.
- the support of leaders, to role-model and make decisions with sustainability in mind.

Without these, any changes we wish to make could be perceived as imposed and are therefore less likely to succeed.

1. Health improvement
2. Our surroundings
3. Greenhouse gases
Naturally Healthy

Our commitments, ideas and planned activities

	Ideas we will test to achieve the aim	Supports vision statement…			Measured by…
		1	2	3	
A compelling story and information					
By 2028, 95% of staff polled will state they have an increased awareness and commitment to change (relative to 2025/26 baseline)	The ICB will create, by September 2025, a system-wide brand for BLMK Sustainable Health and Care system.	[enables]	[enables]	[enables]	% respondents to surveys on sustainability awareness
	The ICB will create, by December 2025, online resources to support staff, partners and residents to be more sustainable.		[enables]	[enables]	
	ICS partners will regularly communicate with staff and residents on the link between health and climate, emphasising the immediate positive benefits, and celebrate progress, including working with partners on outreach (e.g. schools)	[enables]	[enables]	[enables]	
Leadership Planning and Decision-making					
All major service changes within the NHS in BLMK will assess for environmental and social impact by 2028	ICS partners will use environmental impact assessment tools to aid decision-making from 2027 at the latest, ensuring the likely impacts of decisions on the environment are never unconsidered. Initially this will be qualitative, aiming to quantify impacts in carbon terms from 2028 onwards.	[enables]	[enables]	[enables]	# of service changes, as defined by the ICB service change policy, and equivalents within NHS Trusts, including a

= enables vision = Delivers against vision

	Ideas we will test to achieve the aim	Supports vision statement…			Measured by…
		1	2	3	
	All key ICS strategies and policies being refreshed from April 2025 onwards to reflect environmental impacts, particularly Health Services Strategy, and key programmes such as Integrated Neighbourhood Working, Primary Care Prevention Delivery Plan, and population health and inequalities work.		✓	✓	social and environmental impact assessment.
	The ICB will work with education providers, local authorities and Voluntary, Community and Social Enterprise (VCSE) to engage young people in the health and sustainability agenda, building knowledge with young people and feeding their views into policies and decisions.	✓			
	Train senior colleagues by March 2026 to understand environmental impacts of their decisions.	✓	✓	✓	
Removing barriers to change					
We will support >3.5% to become sustainability champions and leaders. NHS staff will progress local projects to improve sustainability	Collaborate, or sustainability teams, across NHS organisations to maximise the resource available. Consider creation of a BLMK “Green Fund”, if financially viable, taking a proportion of any financial savings made through sustainability initiatives to invest in additional green projects.	✓	✓	✓	# of staff identified as champions, leaders or sustainability leads
	All healthcare organisations will ensure 100% of their staff have received an appropriate level of education in environmental sustainability and health by March 2028, supported by a BLMK-side sustainability network, including: ○ Basic information for all staff (e.g. organisational values, at recruitment, e-learning, induction, role-specific actionable tips). ○ Developing 3.5% of our workforce as green champions. ○ Incorporating sustainability into the emerging BLMK “Quality Improvement” faculty. ○ Creation of clinical sustainability roles (e.g. clinical leads, clinical fellows)	✓	✓	✓	

= enables vision = Delivers against vision

	Ideas we will test to achieve the aim	Supports vision statement…			Measured by…
		1	2	3	
	○ A BLMK "Green-skills" faculty to ensure ongoing support				
	The ICB and primary care partners will co-develop a Green Plan for primary care by March 2026, identifying a menu of achievable actions for practices to select from to reduce their own environmental impacts. This will include working with other organisations to support patient empowerment (e.g. collaborating with leisure centres)		●	●	# of Primary Care practices / Primary Care Networks with a Green action plan.
Data and intelligence					
Measure progress in the "triple-bottom-line" and identify gaps in achieving net zero ambitions.	The ICB and NHS partners will measure our carbon footprints (Scopes[1] 1 and 2) by March 2026, to: ○ report on progress annually from April 2027. ○ identify further "hot-spots" in BLMK to prioritise action in 2025/26. ○ understand by March 2028 the likely gap between known impacts and our Scope 1 and 2 net zero targets, and develop a plan to achieve them. ○ address any NHS reporting requirements (e.g. Task-Force on Climate-Related Financial Disclosures (TCFD)) ○ work towards a "triple-bottom-line" annual reporting model by March 2028.			●	Delivery of milestones and products.
	Developing expertise and adopting tools in triple-bottom-line measurement: ○ Identify expertise within private and public sector to learn from. ○ generate local evidence of the current and projected impact of initiatives in the "triple-bottom-line" (environmental, social, and governance/financial impacts) as well as health terms.	●	●	●	

[1] The Greenhouse Gas protocol categorises emissions based on their source. These categories are called "Scopes". Scope 1 and 2 can be directly controlled. Scope 3 emissions are in the supply chain and can usually only be influenced.

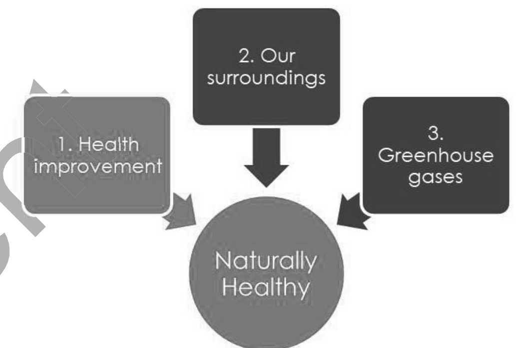
= enables vision = Delivers against vision

	Ideas we will test to achieve the aim	Supports vision statement…			Measured by…
		1	2	3	
	○ create a dashboard by 2026 to measure progress against sustainability initiatives in environmental and health impact terms (and the links between them). ○ support creation of business cases for sustainability initiatives ○ Understand by March 2026 the likely gap between known impacts and our Scope 3 net zero targets, and develop a plan to achieve them.				

DRAFT for con

Resilient, climate-adapted communities and infrastructure

What it means and why is it important?



Climate change is happening now: even if all countries were successful with their current commitments under the "Paris Agreement", the average annual temperature in Bedfordshire, Luton and Milton Keynes is expected to rise by ~3°C by 2070, and could be as much as 5.5°C higher in the summer. Similarly, both drought and flooding are expected to become more frequent and more extreme, with likely higher impacts on those with health conditions, those in deprived areas, and those in communities with less cohesion. We cannot rely on climate change to be halted so we must consider how to live with a different climate by adapting our behaviours, processes and buildings.

The size of public sector anchor organisations[2] mean that ICS partners can have a large influence on the outcomes and environmentl for local communities.

Our commitments, ideas and planned activities

	Ideas we will test to achieve the aim	Supports vision statement…			Measured by…
		1	2	3	
Coproduction of community adaptation plans:					
Creation of NHS adaptation plans. Support at least one community to create and test an approach to community adaptation	Local authority and NHS partners will work together to support communities and community groups/organisations to improve their resilience to climate change, identifying an approach by March 2027, and testing it by 2028.	Delivers against vision	Enables vision		# of adaptation plans in place.
	All NHS Trusts and the ICS will have Adaptation plans in place by December 2025, separate from business continuity plans, based on a local risk-assessment, monitored annually, and refreshed every 3 years as a minimum.	Enables vision	Enables vision		
Maximising social impact for communities					
Measure and increase local social impact of	ICS partners will, by March 2027, map and identify local market capacity to provide goods and services for "addressable lines" (for example food and	Enables vision		Delivers against vision	Amount of local spend.

[2] Organisations with a large influence and connection to the local community – usually for example NHS, local authority, universities, football teams, airports.

= enables vision = Delivers against vision

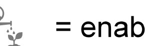
	Ideas we will test to achieve the aim	Supports vision statement…			Measured by…
		1	2	3	
public sector anchor organisations with respect to the environment	catering), aiming to increase the amount spent in the local economy and reduce transport emissions.				Amount of volunteering time/resource supporting local VCSEs.
	All ICS anchor organisations will commit at least 0.5%[3] of their annual sustainability resource to provide expertise and/or volunteer time to support VCSEs to consider their own environmental sustainability activities from April 2026.	Enables	Enables	Enables	
Infrastructure: healthy and climate-adapted design, improving nature					
Reduce emissions from built healthcare environment in line with NHS England goals	All NHS Trusts operating within BLMK will create best practice decarbonisation plans by March 2026 to achieve emissions reductions in line with the NHS England net zero target, incorporating: ○ National guidance from NHS England (including the NHS Estates Net Zero Strategy ("Making every kWh count"), Net Zero Building Standards and Biodiversity Net Gain). ○ a response to the evidence base (e.g. studies by Greater South-East Net Zero Energy Hub and the BLMK Green Plan Health Impact Assessment) to increase the use of heat networks, solar energy, heat pumps, insulation, passive heating and cooling, water saving devices, and building management. ○ plans to increase LED coverage by at least 10% per year, aiming for 100% coverage by 2030. ○ a commitment to test and adopt innovations (e.g. air purification, use of grey water, lighting through EtherNet).		Delivers	Delivers	Emissions from: • energy / heating by source • LED coverage • Water use
A higher quality natural environment on healthcare estate, contributing to nature recovery.	The ICB will map healthcare organisation greenspace by March 2026, identifying opportunities and an action plan to improve quality of the greenspace and tree cover, and to address (where feasible) the Local Nature Recovery Strategies covering Bedfordshire and Buckinghamshire.	Enables	Enables		Area of greenspace on healthcare estate.

[3] Roughly 1 day per year for each full time post.

= enables vision = Delivers against vision

	Ideas we will test to achieve the aim	Supports vision statement…			Measured by…
		1	2	3	
Optimise transport use to reduce emissions and improve air quality					
Reducing emissions and improving air quality	• The ICS partners will develop a sustainable (place-based) travel strategy for BLMK by 2026, including an assessment of infrastructure requirements (e.g. EV charging, active travel, public transport) for patients, staff and the public, based on an assessment of the main healthcare-related travel routes. This will link to or be covered by local authority Local Travel Plans. • ICS partners will use the ICS Clean Air Framework tool to ensure the system becomes a 'Clean Air Champion'.				Completion of respective plans and delivery of actions. On-site air quality
50% reduction in commuting emissions by 2033 (as per NHS England's national Travel and Transport strategy) Health benefits as set out in the BLMK Green Plan Health Impact Assessment	• NHS Trusts will aim to reduce commuting by sole-occupied internal combustion engine vehicles by 20% by 2028 (vs. a 2025/26 travel survey), through: o Building staff awareness of the Sustainable Travel Hierarchy o car-sharing schemes o promoting public transport discounts for NHS staff. o reviewing incentives for staff to use on-site parking. o all vehicles on salary sacrifice schemes being zero-emission vehicles from 2026[4]. o supporting "modal shift" to active travel and public transport, including mapping key healthcare commuter routes against transport infrastructure availability o best balance of working from home and on-site work o publication of annual travel survey data				Annual staff travel surveys: % of staff commuting by transport mode On-site air quality
Reduce emissions from fleet and business travel.	• NHS fleet emissions will be reduced by: o All new fleet vehicles (owned or leased, excluding dual-crewed ambulances) to be zero-emission vehicles (ZEV) from 2027. o All new dual-crewed ambulance fleet to be net zero from 2030, in accordance with the NHS England Travel & Transport Strategy 2023.				% of fleet that is ZEV by vehicle category.

[4] with agreement with staff side representatives.

 = enables vision = Delivers against vision

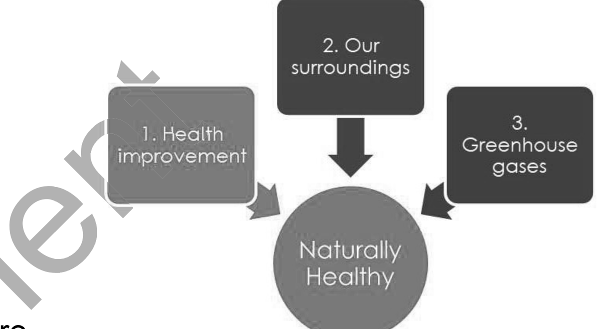
	Ideas we will test to achieve the aim	Supports vision statement…			Measured by…
		1	2	3	
All non-ambulance NHS fleet to be net zero by 2035, 50% of the total ambulance fleet to be net zero by 2036, and all fleet to be net zero by 2040.	○ better fleet management and use, including exploring opportunities to improve efficiency of collection and delivery services (pathology, supplies)				Business travel distance and emissions.
	BLMK ICB will work with primary care and community providers to explore opportunities for e-bike use for community visits, producing an opportunity analysis by March 2026.			●	e-bike usage data (metric to be determined)
	All ICS partner organisations will explore opportunities to improve efficiency of patient transport services, including Non-emergency Patient Transport Services (NEPTS) and volunteer services, to identify ways to achieve the goal of all NEPTS vehicles to be ZEV by 2035.			●	NEPTS miles travelled (metric to be determined)

DRAFT for C

= enables vision ● = Delivers against vision

A Circular Economy

What it means and why is it important?



At least 60% of healthcare carbon emissions come from the supply chain, and waste is produced during production, transport, use and disposal of consumables. Waste means the product of a process is no longer usable – the product or its components no longer have value to our society, and their disposal pollutes our environment via emissions or leaching of chemicals into ground, water and biological systems.

Planetary resources are not infinite if waste is produced. Therefore, we must find a way to move from a "linear economy" (where raw materials are taken from the planet, made into products that are used, and thrown away) to a "circular economy" (where products and the materials they are made from are used again and again, without throwing anything away).

This can be achieved by reusing products or materials, or by fully recycling the components into resources that can be used elsewhere. Most importantly it will require us all to use fewer resources, and to move to ones that are made with renewable energy and processes, and can be reprocessed without degrading the materials. By doing this, less waste will be produced, which means fewer emissions are released to the atmosphere, and fewer pollutants into ecosystems and the biosphere.

Large organisations like NHS and local authorities can have significant influence on these emissions through their purchasing power.

for comment

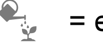
Our commitments, ideas and planned activities

	Ideas we will test to achieve the aim	Supports vision statement…			Measured by…
		1	2	3	
5 Rs of procurement: Reduce, Reuse, Reprocess, Renewable, Recycle					
Reduce use of consumables through process and behaviour change	Reduce: • The ICS (all NHS Trusts operating in BLMK) will aim to reduce nitrous oxide (N_2O) use and waste by 50%, (including reducing those from mixed nitrous oxide/oxygen use and waste by 10%) by 2028, using the updated NHS England N_2O toolkit. • The ICB will identify selected health and care organisations (NHS- and local authority-commissioned, including NHS Trusts, primary care organisations, and care homes) across BLMK to support with initiating				Nitrous Oxide volume and emissions Reduction in PPE use (by project)

= enables vision = Delivers against vision

	Ideas we will test to achieve the aim	Supports vision statement…			Measured by…
		1	2	3	
	clinically-appropriate personal protective equipment (PPE[5])-reduction improvement projects in 2025/26, aiming to reduce glove usage from the tests by 10% by March 2026, scaling and spreading during 2026/27, and determining the maximum opportunity by March 2028.				
Reduce use of consumables by increasing reuse of existing items	Reuse: - All NHS Trusts issuing walking aids will participate in a system-wide or trust-specific Walking Aid Return and Reuse scheme by March 2026, achieving a 40% return rate by March 2027 and 60% by March 2028. - The ICS will assess the benefit of a system-wide office asset reuse scheme by the end of quarter 2 2025/26, working to involve all public sector organisations by March 2028 if considered beneficial. - All NHS Trusts to review best practice in reusable alternatives to single-use consumables (including tourniquets, pulse oximeters, cool sticks, sharps bins, meal sets, theatre gowns and caps), and to scale and spread schemes across BLMK, commencing in 2025/26.				Walking aids returned and reused. Avoided purchase of new office assets Volume of single-use items used (by project) Calculated emissions equivalents, and cost savings.
Reduce use of consumables by switching to reprocessable alternatives	Reprocess: - All NHS Trusts to review best practice in medical device reprocessing schemes, and to scale and spread schemes across BLMK, commencing in 2025/26				Number of devices reprocessed and cost savings.
Reduce use of less-sustainable items	Renewable: - The ICS will review and adopt best practice in “choice-editing”, promoting sustainable options and removing or deprioritise less-sustainable consumables where there is no additional clinical or significant financial value.				Number of items removed from purchasing system

[5] Gloves, masks, aprons, or other PPE



	Ideas we will test to achieve the aim	Supports vision statement… 1	2	3	Measured by…
Reduce waste emissions by recycling more	Recycle: • The ICB will work with local authority partners and NHS organisations to identify ways to improve recycling rates and reduce valuable materials entering waste streams, including waste segregation at source, and initiatives to recycle inhalers and blister packs.	enables	delivers	delivers	Recycling rates, by waste type.
Strong procurement requirements and influence					
For NHS organisations to increase the supply chain social value linked to sustainability Reduce emissions from supply chain	• All NHS organisations will ensure suppliers are delivering and increasing real, contract-specific social value through: o a 10% minimum weighting for Social Value (SV) within all tenders, including a minimum 5% weighting for Fighting Climate Change (considering an increase to a standard 15% and 10% respectively by March 2028). o ensuring all suppliers meet NHS England's Carbon Reduction Plan guidance. o Measuring delivery of supplier social value commitments, reporting to their boards on impact from April 2027. o Embedding narrative within procurement processes and contracts (including asking non-scored questions about current maturity levels), to encourage completion of the voluntary Evergreen Assessment, and progress with efforts reported through Evergreen to move towards higher levels of maturity.	enables	enables	delivers	# of supplier Social Value commitments delivered. Value of supplier Social Value commitments delivered # of suppliers completing Evergreen assessments
	• BLMK ICS will create a Social Value priorities and measurement model by end of quarter 2 2025/6, linked to and sensitive to place priorities, for adoption by all Trusts from April 2026.	enables	enables	enables	
	• For the BLMK Procurement Partnership Group to: o ensure alignment to the NHS Net Zero supplier roadmap. o identify more-circular product alternatives using the NHS Central Commercial Functions How-to Guides and "Product		enables	delivers	# of products and emissions-opportunity identified.

= enables vision   = Delivers against vision

	Ideas we will test to achieve the aim	Supports vision statement…			Measured by…
		1	2	3	
	Opportunity Dashboard", measuring improvements assisted by the Net Zero Product Savings Calculator. ○ identify the top 10 suppliers with addressable spend and emissions, and engage them to reduce emissions, using Evergreen Assessments to promote best practice. ○ develop sustainable procurement expertise so that all NHS procurement teams to have at least one senior member with specialist environmental sustainability knowledge and skills by March 2027.				# suppliers engaging in discussions regarding emissions-reduction # of NHS procurement teams with an identified, and trained sustainability lead.
Minimise waste					
Reduce waste-related emissions to top-quartile amongst system peers (from bottom of second quartile)	The ICS will aim to reduce medicines emissions by 10% by March 2028 vs. the 2019/20 baseline, by acting on inappropriate use and waste, through action on: ○ overprescribing. ○ polypharmacy. ○ disease control. ○ education campaigns (either local, system-wide or national) for different audiences (e.g. patients, VCSE, doctors, nurses). ○ alternatives (e.g. social prescribing). ○ recycling schemes (e.g. inhalers, blister packs). ○ better adherence to medication regimes (including by working with VCSE). ○ eliminating the use of medicines of low clinical value.	●	●	●	Medicines prescribing / purchasing volumes (as a proxy for emissions). Medicines waste reductions (by project)
	NHS Trusts will have 0% domestic waste to landfill by March 2028 by reducing waste production (see 5Rs, above), separating waste at source, increasing recycling rates, and incinerating all other waste for energy.		●	●	Waste to landfill volumes / proportion Waste emissions
	NHS Trusts will reduce food waste provided to patients to <2% on all healthcare sites by March 2027, including through digital meal		●	●	Food waste quantities

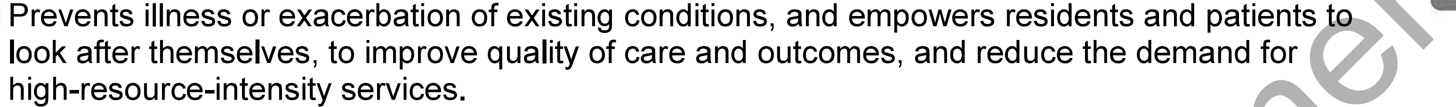
= enables vision = Delivers against vision

	Ideas we will test to achieve the aim	Supports vision statement…			Measured by…
		1	2	3	
	ordering, awareness campaigns, and on-site composting where appropriate.				

DRAFT for comment

Sustainable Healthcare Design and Delivery

What it means and why is it important?



The Centre for Sustainable Healthcare states that a system can be more sustainable if it moves to a model that:

- Prevents illness or exacerbation of existing conditions, and empowers residents and patients to look after themselves, to improve quality of care and outcomes, and reduce the demand for high-resource-intensity services.
- Is highly efficient and effective, with lean healthcare services, ensuring best value care is provided, with lower levels of waste (in all forms – time, resource, money, duplication, rectifying mistakes, and physical waste).
- Uses low-carbon resources, with lower emissions, from more-sustainable, more ethical, and less-polluting sources.

A sustainable health and care system embeds this way of thinking into its design and delivery.

Our commitments, ideas and planned activities

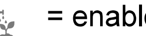
	Ideas we will test to achieve the aim	Supports vision statement…			Measured by…
		1	2	3	
Healthy lifestyles, preventative healthcare, and self-empowerment					
Reduction in use of urgent and emergency care services for cohorts vulnerable to extreme weather	ICS healthcare, public health and local authority partners will explore best practice and use data to identify patients at risk of climate- and environment-related impacts, and act proactively to reduce demand for healthcare, (e.g. through "warm homes programmes / prescribing"), including better health support for those living in social- and temporary housing, and frequent users of healthcare services.	Delivers against vision		Delivers against vision	# patients / cohorts identified. Reduction in emissions and healthcare use (by project)
Increased uptake of low-carbon food at hospital sites	NHS Trusts will encourage staff and patients to adopt healthier and more-sustainable diets, for example: ○ Adopting approaches such as "Plants-First" and other best practice in encouraging uptake. ○ On-site campaigns to show the health and environmental benefits. ○ Incentives to encourage uptake.	Delivers against vision		Delivers against vision	Update of lower-carbon and plant-based meals.

= enables vision = Delivers against vision

	Ideas we will test to achieve the aim	Supports vision statement…			Measured by…
		1	2	3	
	○ Reducing the availability of higher-carbon and less-healthy foods, including through seasonal menus.				
Increase Green Social Prescribing rates and reduce reliance on medication	- The ICB will co-develop a plan by March 2027 to increase Green Social Prescribing rates based on a demonstration of the expected short- and longer-term benefits, to reduce reliance on medical models of care where appropriate.	Delivers	Delivers	Delivers	Green Social Prescribing rates
Adopt best practice and innovation					
Increase the spread of best practice and testing of innovations within BLMK	Best Practice in Sustainable Health and Care: - The ICB will work with NHS England to create a list of best practice interventions from outside and within BLMK by September 2025, highlighting short- and long-term financial return on investment as well as environmental, social and health benefits. - All NHS partners will assess progress against the list of good practice guidance and case studies by March 2026, and commit to adapting/adopting new models as appropriate. - The ICB will work with NHS England and Trusts to produce a guide for Infection Prevention and Control teams, outlining opportunities to reduce carbon while maintaining or improving infection control rates.	Enables	Delivers	Delivers	Proportion of best practice interventions adopted by NHS organisation
	- The ICB to work with ICS partners to develop a strong pipeline and process, by March 2027, for demand-signalling, testing, and adoption of innovations. This may also include identification of a function and/or expertise in the ICB or wider system to horizon-scan and bid for funding opportunities, including grant and research sources. - NHS Trusts will assess opportunities for further clinically-appropriate reductions in the emission of gaseous general anaesthesia beyond eliminating use of desflurane.	Enables	Enables	Enables	Number of environmental sustainability innovation projects in progress, Emissions reduction (by project)
Effective, efficient and financially sustainable health and care service delivery					

= enables vision = Delivers against vision

	Ideas we will test to achieve the aim	Supports vision statement…			Measured by…
		1	2	3	
Reduce emissions associated with care pathways and service delivery.	All pathways undergoing transformation will set targets to reduce environmental impact and GHG emissions as a core objective of the work. This will commence with the programme of transformation work set out in the BLMK Health Services Strategy.	enables vision	Delivers against vision	Delivers against vision	Number of large-scale transformation projects with an agreed environmental objective.
	NHS organisations will ensure energy and equipment is only used when required, including (where applicable): ○ Switching off theatre Heating Ventilation and Air Control (HVAC) systems and anaesthetic scavenging systems overnight, where clinically appropriate. ○ Reducing the number of fridges required, and introducing enhanced cold-storage technology. ○ Auto-powering down PCs ○ Improving ventilation and air purification to avoid opening windows in winter. ○ Reduce unnecessary cannulation in emergency departments	enables vision	enables vision	Delivers against vision	Reduction in energy use and emissions (by project)
	Trusts will reduce the travel requirements for outpatients by: ○ Increasing number of patients with a "patient initiated follow-up" (PIFU) to 5% (top quartile), whilst maintaining or minimising activation rates, by March 2027 ○ Increasing virtual consultations (VCs), ensuring clinical quality, aiming for >20% of outpatient appointments (peer median) by March 2027.	Delivers against vision	Delivers against vision	Delivers against vision	PIFU and VC rates
	Trusts will adopt best practice such as the GIRFT Greener pathway for bladder cancer care, the Green Theatre Checklist, GreenED and other similar guidance, beginning work by March 2026 at the latest.	enables vision	Delivers against vision	Delivers against vision	Emissions and waste reduction (by project)
	The ICS will determine, by March 2026, the carbon impact of its Digital Strategy (which incorporates the What Good Looks Like framework), baselining Information and Communications Technology (ICT)	Delivers against vision	Delivers against vision	Delivers against vision	PIFU and VC rates.

 = enables vision = Delivers against vision

DRAFT for comment

	Ideas we will test to achieve the aim	Supports vision statement…			Measured by…
		1	2	3	
	footprint in line with Sustainable Technology Advice and Reporting (STAR) guidance, to identify opportunities to strengthen the environmental benefit.				Emissions and waste reduction (by project)
Targeted emissions reductions through low carbon alternatives					
Reduce emissions from primary care inhaler prescriptions	Inhalers • BLMK ICS inhaler prescribing will average 15 $kgCO_2e$ per inhaler by March 2026 (all inhaler prescribers), through shifts to lower-carbon pressurised Metered-Dose Inhalers (pMDIs) and low-carbon alternatives. This will include exploring bulk switches of low-risk patients. • Partners will agree a revised target for 2026/27 and 2027/28 by the end of the previous financial year, aiming for an average per inhaler below 12 $kgCO_2e$ by March 2028.	Delivers	Delivers	Delivers	Inhaler prescriptions and associated emissions.
Many low-carbon alternatives are referenced under other drivers above. The ICB and ICS partners will continually explore new low-carbon alternatives and methods for increasing adoption within BLMK.					

Section 6: Further information

If you would like to find out more about the Naturally Healthy Action Plan or the BLMK ICS Green Plan or have a suggestion for activities to help make BLMK a more-sustainable health and care system, please contact:

Email: blmkicb.sustainability@nhs.net **Website**: https://blmkhealthandcarepartnership.org/about/our-priorities/growth/environmental-sustainability/

DRAFT for comment

= enables vision = Delivers against vision

Appendix

Recommendations from the Leading for a Sustainable Health and Care System seminar 15 November 2024		Main link to the Action Plan
Increase Carbon Literacy	Mandatory sustainability training for all staff	Removing barriers to change
	Tailored learning sessions for teams and roles to deliver most impact	
	Use proactive language i.e. “What more can you do?”	
	Include sustainability in staff objective setting	
	Use Green plan as engagement tool to clarify connection of health, business & climate	
Staff as change agents	Staff promote & activate sustainable behaviours	
	System Sustainability Champions group – incl. Primary Care	
	System staff Green Award	
	Utilise Cranfield University students for health and care projects	
	Clinical Fellows	
NHS and local authorities work together as change agents	Housing and prevention	Healthy lifestyles, preventative healthcare
	Local areas/ neighbourhoods	
	Bring in expertise where required	Data and intelligence
	Overarching plan with mix of small, medium and larger schemes	Whole plan
Corporate Values	Ensure include Social Values	Strong procurement requirements
	Values based recruitment – include sustainability	Removing barriers to change
	Sustainability & Social Impact Assessment part of business case assessment process	Leadership and decision-making
Investment	Long-term cost perspective – shift from short term “return on investment” (RoI) to lifetime RoI	Data and intelligence
	Definition of value – including both monetary and social aspects	
	Grant officer role in ICB for funding opportunities	Adopt best practice and innovation
	Funding for sustainability projects	Data and intelligence
	Funding and Support for VCSEs for resilience	Maximising social impact
	Funding for Social Prescribing services	Healthy lifestyles, and self-empowerment
Improved use of technology	Reduce unnecessary activity – better planning for visits, upskilling staff to take on more duties	Optimise transport use
Infrastructure	Infrastructure to enable modal shift – cycle lanes, bike racks. bus routes, bus stops, trains	

DRAFT for comment

Recommendations from the Leading for a Sustainable Health and Care System seminar 15 November 2024		Main link to the Action Plan
	Infrastructure – Electric vehicle fleet, solar, LEDs, insulation – reduce energy use and make savings	
	Work with large local organisations – use their ideas	
Economies of scale – purchasing power, pooling resources for clinical leadership	Specific sustainability ambitions in tenders e.g. ownership of recycling of products	Circular Economy
	Use market force to encourage suppliers to be more sustainable	
	Environmental, Social and Governance (ESG) considerations in all tenders	
	Evergreen assessment for all procurements	
	Look at National Institute for Health Research (NIHR) Funding for system plan	Best practice and innovation
Decision-making - Business cases to include	Carbon calculations	Data and intelligence
	Environment and Social Value impact assessment output	Leadership and decision-making
	Strengthen the environmental sustainability or green voice in our decision-making	
	System wide approach. Tie in with cost improvement	Best practice and innovation
	Create Cost Improvements Programmes for BLMK	
School Engagement	Tailor the message to different generations	A compelling story
	Change the message to promote the immediate positive benefits	
	Create more links with young people e.g. mental health links in schools and youth clubs	Leadership
	Raise the youth voice to influence politics	
Business as Usual in all Health & Social Care conversations	Build the green message into general comms around promoting healthy living	A compelling story
	Ensure a strong comms plan	
	Green plan to provide a description of ambition but also a clear call to action	Whole plan
Promoting Healthy Lifestyles	Youth movement – help promote healthy foods, non-processed, veggie/vegan, plant/eat/grow schemes	Healthy lifestyles
	Infrastructure changes e.g. Bike racks to promote active travel	Optimise transport
	Provide public transport information when sending appointments	
Collaboration	GPs working with VCSEs to support “frequent attenders” and reduce health inequalities	Prevention and self-empowerment
	GP collaboration with leisure centres	Removing barriers
	Family hubs linking with and signposting to other services	Community adaptation
	Community Toolkits – knowledge/skills/experience sharing	
	Neighbourhood teams lead the collaboration for NHS and local authorities (LAs)	
	Use the skills of VCSEs and develop authentic and meaningful partnerships	

DRAFT for comment

Recommendations from the Leading for a Sustainable Health and Care System seminar 15 November 2024		Main link to the Action Plan
Investment	Funding and support for VCSEs to increase resilience and ensure continuity of services	Maximising social impact
Governance	ICB/LAs provide support in VCSE governance	
	Strong leadership emphasis and specific targeting to ensure action	Leadership and decision-making
Community Spaces	Increasing community spaces for interaction to reduce isolation	Community adaptation
	Condition-led tailored art/ craft/ exercise/ social sessions	Healthy lifestyles and self-empowerment
Simple and Clear Green Plan	Unified plan – Trusts, ICB and communities	Whole plan
	Alignment of goals – financial & sustainability	Data and intelligence
	Targeting the biggest impact areas	
	Powerful commitments	Whole plan
	NHS greener guidance a priority	Leadership and decision-making
	ICS to identify how to measure a baseline in each trust	Data and intelligence
	Meet regularly to network	Removing barriers
Economies of Scale	Purchasing and contracting power	Strong procurement requirements
	Pooling resources for clinical leadership	Removing barriers
	Chamber of Commerce collaboration to inform and influence suppliers	Strong procurement requirements
	Support call for a Shelf-Life Extension Program (SLEP) for tablets/capsules	Minimise waste
Action and Education for biggest impact areas	Assisting providers to calculate carbon footprints	Data and intelligence
	Community Engagement - schools, VCSEs, communities, councils - needs strong leadership emphasis and specific targeting	Community adaptation

DRAFT for comment

Date of the meeting: 14 February 2025

Executive Lead: Maria Wogan, Chief of Strategy and Assurance

Report Author: Andrew Clayton, Partnership Governance Lead

Report to the: BLMK Health and Care Partnership

Item: 8. BLMK HCP Revised ToR Report

Reason for report to the Committee

A proposal to amend the existing terms of reference of the Health and Care Partnership to improve partner representation and improve quoracy arrangements.

1.0 Executive Summary

1.1 The BLMK Health and Care Partnership (or Integrated Care Partnership (ICP)) is the statutory joint committee of local authorities and the Integrated Care Board. The ICP is defined thus; "The NHS organisations and upper-tier local authorities in each ICS run a joint committee called an integrated care partnership (ICP). This is a broad alliance of partners who all have a role in improving local health, care and wellbeing" NHS England » What are integrated care systems?

1.2 The following changes to the Health and Care Partnership Terms of Reference are proposed as detailed in Appendix A to this report:

1) Core membership. Deletion of "BLMK nominated representative" as the representative of Voluntary, Community and Social Enterprise partners, and replacement with "The Co-Chairs of the BLMK ICB VCSE Strategy Group"
2) Quoracy. A reduction from a requirement of one half of members being present to one third of members being present for a quorum to be established. The addition of a requirement for a member from a BLMK NHS Trust to be present for a quorum to be established.
3) Housekeeping. Some minor changes for the terms of reference to better reflect existing practice and to effect corrections.

2.0 Recommendations

2.1 The Partnership is asked to **recommend** the amended Terms of Reference to the Board of the ICB for **approval**.

3.0 Key Implications

Resourcing	✓
Equality / Health Inequalities	✓
Engagement	✓
Green Plan Commitments	
BAF Risk	

4.0 Report

4.1 The BLMK Health and Care Partnership was established on 1 July 2022 in accordance with the Health and Care Act 2022, as a joint Committee of local authorities and the ICB. At that time the ICB's VCSE Partnership Lead was the most appropriate person to represent the VCSE sector on the Partnership. Since then the relationship with the sector has continued to be developed and the BLMK ICB VCSE Strategy Group has been established. The inclusion of the co-chairs of this body on the Health and Care Partnership will improve representation of the sector in the setting and monitoring progress of the Health and Care Strategy in BLMK. It is proposed that the ICB's VCSE Partnership Lead will continue to attend meetings of the partnership to provide support and advice.

4.2 Recent meetings of the Health and Care Partnership have struggled to achieve quoracy which is currently 50% of members, and often meetings have been inquorate due to a shortfall of just one or two members. The Health and Care Partnership agenda setting group asked for a survey of other ICP's to be carried out to establish quoracy arrangements elsewhere, and ICPs across the East of England, the West Midlands and London were considered. The survey demonstrated that a wide range of quoracy arrangements apply across ICPs in these regions, but that the mean and median average across them is one third of members. The BLMK Health and Care Partnership has historically seen levels of attendance in excess of one third, so it is envisaged that this change will support the proper functioning of the Partnership.

5.0 Next Steps

5.1 The Partnership is asked to **recommend** the amended Terms of Reference to the Board for **Approval.**

List of appendices

Appendix A – Health and Care Partnership Terms of Reference, amended

Background reading

Health and Care Partnership (Joint Committee) Terms of Reference

1.0 Introduction

1.1 The Bedfordshire, Luton and Milton Keynes Health and Care Partnership is the name of the system's Integrated Care Partnership (ICP) in accordance with the Health and Care Act 2022 and is established in accordance with NHS Bedfordshire, Luton and Milton Keynes (BLMK) Integrated Care Board (ICB) Constitution, and the Constitutions of the five local authorities in the system, as a Joint Committee of the Integrated Care Board and the local authorities of Bedford Borough Council, Central Bedfordshire Council, Buckinghamshire Council, Luton Borough Council and Milton Keynes City Council.

2.0 Membership

2.1 The membership of the ICP shall include:

2.2 Core Members

Organisation	Role
NHS Bedfordshire, Luton and Milton Keynes Integrated Care Board	Chair Chief Executive Officer
Bedford Borough Council	Health and Wellbeing Board Chair One or two further people appointed by the Council (suggest one member is from children's and one member is from adult services)
Buckinghamshire Council	One person as nominated by the Council
Central Bedfordshire Council	Health and Wellbeing Board Chair One or two further people appointed by the Council (suggest one member is from children's and one member is from adult services)
Luton Borough Council	Health and Wellbeing Board Chair One or two further people appointed by the Council (suggest one member is from children's and one member is from adult services)
Milton Keynes City Council	Health and Wellbeing Board Chair One or two further people appointed by the Council (suggest one member is from children's and one member is from adult services)
Director of Public Health (2)	Bedford Borough, Central Bedfordshire, Luton ~~Borough~~ and Milton Keynes City Councils ~~Luton Borough Council~~
Bedfordshire Hospitals NHS Foundation Trust	Chair

Organisation	Role
Milton Keynes University Hospital NHS Foundation Trust	Chair
Cambridgeshire Community Services NHS Trust	Chair
East London NHS Foundation Trust	Chair
Central and North West London Foundation Trust	Chair
South Central Ambulance Service NHS Foundation Trust	Chair or nominated deputy
East of England Ambulance Service NHS Trust	Chair or nominated deputy
Primary Care Networks a Clinical Director from:	Bedford Luton Central Bedfordshire Milton Keynes
Healthwatch A local representative from:	Bedford Luton Central Bedfordshire Milton Keynes
NHS Bedfordshire, Luton and Milton Keynes Integrated Care Board's Health and Care Senate	A representative
Voluntary, Community and Social Enterprise	~~BLMK nominated representative~~The Co-Chairs of the BLMK ICB VCSE Strategy Group

2.3 Regular Participants

2.3.1 The Joint Committee may invite specified individuals to be Participants at its meetings to inform decision-making and the discharge of its functions as it sees fit. Participants will receive advanced copies of the notice, agenda and papers for meetings. They may be invited to attend any or all the meetings, or part(s) of a meeting by the Chair. Any such person may be invited, at the discretion of the Chair to ask questions and address the meeting but may not vote.

2.3.2 The following individuals will be regular participants:

Organisation	Role
NHS Bedfordshire, Luton and Milton Keynes Integrated Care Board	Non-executives, executives, primary care partner members – as relevant to agenda items
Local Authorities in BLMK	As requested by local authorities and as relevant to agenda items
NHS Trusts in BLMK	CEOs and others as relevant to agenda items
Bedfordshire Fire and Rescue Service	Nomination from Fire and Rescue Service

Organisation	Role
Buckinghamshire Fire and Rescue Service	Nomination from Fire and Rescue Service
Thames Valley Police	Nomination from Police
Bedfordshire Police	Nomination from Police
Housing	Relevant to agenda items
Education	Relevant to agenda items
Criminal Justice	Relevant to agenda items
Voluntary, Community and Social Enterprise leads	Relevant to agenda items
Community Groups	Relevant to agenda items
Carers Representative	Relevant to agenda items

2.3.3 The Joint Committee may invite any individuals, groups or subject matter experts for specific items on the agenda for the meeting.

3.0 Joint Committee Chair

3.1 The Joint Committee Chair will be nominated by the Councils in BLMK and will be appointed by the ICP at its first meeting and serve for a two-year period.

3.2 The Councils in BLMK will nominate a deputy Chair who will be appointed by the Joint Committee at its first meeting and will Chair the Joint Committee meeting in the absence of the Joint Committee Chair. This appointment will also be for a two-year period.

4.0 Quorum

4.1 At least ~~half~~ one third of the members of the Joint Committee must be present for a quorum to be established including at least one member from the ICB, one member from a BLMK NHS Trust and one member from two of the local authorities.

4.2 No formal business shall be transacted where a quorum is not reached.

5.0 Frequency of meetings and attendance

5.1 A minimum of two scheduled meetings shall be held per year and if the meetings are face to face will be held in each of the four Places in rotation and will be scheduled at different times and days of the week.

5.2 Members of the Joint Committee should make every effort to attend all meetings of the Committee and it is expected that core members attend at least 75% of Joint Committee meetings. The Secretary to the Joint Committee will monitor attendance and will report on this annually. Attendance figures will be published in the Annual Report.

6.0 Meetings to be held in public

6.1 The meetings of the Joint Committee will be held in public in accordance with the Public Bodies Admission to Meetings Act 1960. The Joint Committee may resolve to hold part of its meeting in private if it would be prejudicial to the public interest to meet in public.

6.2 The Joint Committee may hold regular workshops which will not be formal meetings of the Joint Committee, will not be taking decisions and will not be held in public. These workshops will be open to a wider group of participants than Joint Committee members and participants and will be forums for discussion to develop proposals for later consideration by the Joint Committee at a formal meeting.

7.0 Agenda setting

7.1 The agenda for Joint Committee meetings and workshops will be set by the Joint Committee's agenda setting group comprising of:

- Joint Committee Chair.
- ICB Chair.
- Health and Wellbeing Board Chairs (or nominated deputies) of Bedford Borough Council, Buckinghamshire Council, Central Bedfordshire Council, Luton Council and Milton Keynes City Council.

7.2 A forward plan of items for consideration will be included in the agenda papers for each Joint Committee meeting.

8.0 Duties

8.1 It is the duty of the Joint Committee to develop, agree and monitor the implementation of the Integrated Population Health Strategy for Bedfordshire, Luton and Milton Keynes based on the Joint Strategic Needs Assessments, Health and Wellbeing strategies, Place plans, and the voice of people with lived experience.

8.2 In fulfilling its statutory duty, the Joint Committee's role is to:

- Facilitate joint action to improve health and care outcomes and experiences.
- Influence the wider determinants of health, including creating healthier environments and inclusive and sustainable economies.
- Create a dedicated forum to enhance relationships between the leaders across the health and social care system.
- Build a culture of partnership and broad collaborations to promote and support holistic care.
- Highlight where coordination is needed on health and care issues and challenges partners to deliver the actions required.

9.0 Emergency powers

9.1 Where an urgent decision needs to be made in between scheduled meetings, members of the Joint Committee can convene an extra-ordinary meeting to discuss a particular issue. Quorum rules in paragraph 4 still apply.

9.2 If it is not practicable to meet in person, matters can be dealt with through telephone or the exchange of emails. The exercise of such powers shall be reported, and a minute taken at the next Joint Committee meeting.

10.0 Reporting arrangements to the Board

10.1 The Joint Committee will report to the ICB and the Health and Wellbeing Boards of Bedford Borough Council, Buckinghamshire Council, Central Bedfordshire Council, Luton ~~Borough~~ Council and Milton Keynes City Council on a ~~quarterly~~ regular basis.

11.0 ~~Reporting~~Reporting arrangements of other Committees and Groups

11.1 The Joint Committee has authority to establish committees and groups (below) which will report into the ICP and provide minutes of their meetings:

12.0 Annual review of the Committee

12.1 The Joint Committee will undertake an annual self-assessment ~~within six months of operating and annually thereafter~~ to:

- Review that these Terms of Reference have been complied with and whether they remain fit for purpose.
- Determine whether its planned activities and responsibilities for the previous year have been sufficiently discharged; and,
- Recommend any changes and / or actions it considers necessary, in respect of the above.
- Provide the ICB, and Health and Wellbeing Boards of Bedford Borough Council, Buckinghamshire Council, Central Bedfordshire Council, Luton Council and Milton Keynes City Council with an annual report, which details the outcome of the annual review.

13.0 Committee servicing

13.1 The Joint Committee shall be supported administratively by the Integrated Care Board's Governance team (or other nominated representative), who's duties in this respect will include:

- Agreement of the agenda with the Joint Committee's agenda setting group and collation of papers in-line with the Committee's Annual Cycle of Business.
- Providing written notice of meetings to Joint Committee's members, and the papers, not less than five working days before the meeting.
- Taking the minutes and keeping a record of matters arising and issues to be carried forward.

- Producing a single document to track the Joint Committee's agreed actions and report progress to the Joint Committee.
- Producing draft minutes for approval within five working days of the meeting.