

Creating an environmentally sustainable health and care system together

Bedfordshire, Luton and Milton Keynes
ICS Green Plan – refresh 2025

15 November 2024



Creating an
environmentally sustainable
health and care system,
together



Welcome!

#BLMKLeadingForSustainability

We're here today to
develop recommendations for the
refreshed ICS Green Plan (2025-2028)

#BLMKLeadingForSustainability



To what extent do you agree with the following? (pre-event)

I understand the impact climate change can have on someone's health

8.0

Environmental sustainability should be a fundamental part of what the health and care system does

9.0

I know some things I can do to improve environmental sustainability of the health and care system

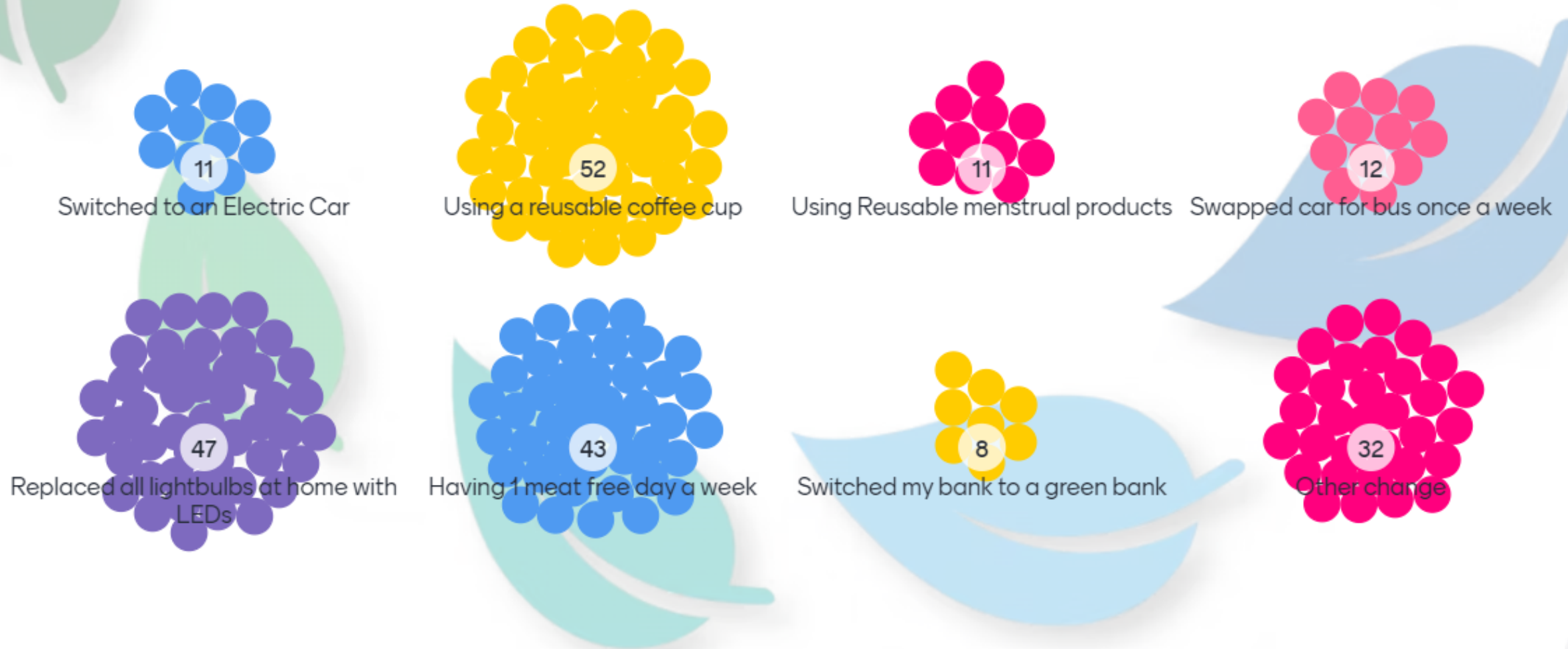
7.2

8.1

Not at all

Completely

Which of the following carbon-reducing actions have you already done in your personal life?



Housekeeping and Ground rules



There are no planned **fire alarms** today



Break ~10:40

Refreshments available



We are privileged to be joined by some of our **residents** and **youth councillors**



Lots to get through – please **listen** to instructions carefully and **stay on topic**



All listen and **all speak**

Get involved!

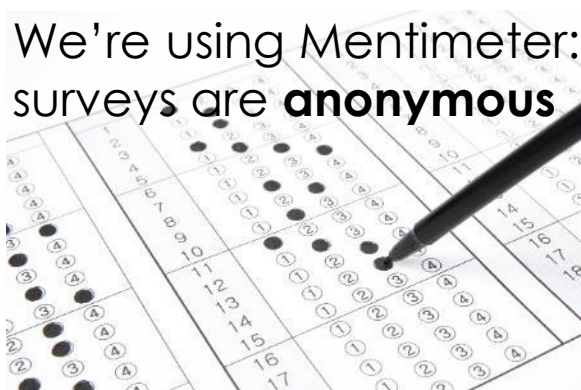


Phones on **silent**

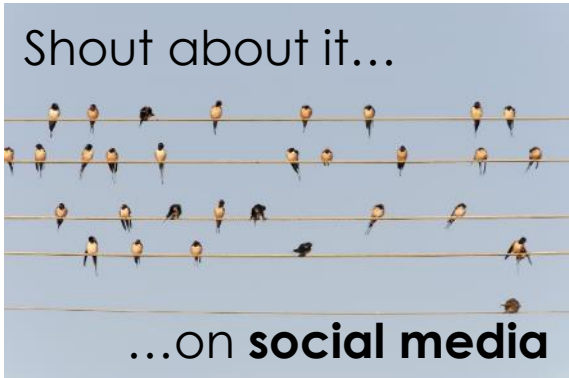
Take calls **outside**



Photos will be taken – let us know if you don't want to be in shot



We're using Mentimeter: surveys are **anonymous**



Shout about it...

...on **social media**

Welcome

Rima Makarem
Integrated Care Board
Chair



Agenda

0930 Welcome

0935 Keynote: Alistair Strathern MP

1000 Climate Change and Health

1040 Break

1050 Shaping the Green Plan Together
(Breakout discussions)

1205 Speaking to the Next Generation
our Youth Councillor Panel

1250 Final reflections

1300 Close

Event Host

Vineeta Manchanda, ICB non-executive member and green champion



Alistair Strathern MP

All-Party Parliamentary Group for Environment
Chair





Climate Change

and Health

Martin Baxter

Institute of Environmental Management and Assessment (IEMA)
Deputy CEO



Visit <https://blmkhealthandcarepartnership.org/leading-for-a-sustainable-health-care-system/> to view the video from Martin Baxter at COP29 to the Leading for a Sustainable Health and Care System seminar



Meet A and O



Meet A and O – children in families of BLMK ICB staff
They are happy, young and loved.
They are lucky to have been born in a prosperous country, with lots of social and economic support, and very few physical dangers.
They have hopes and dreams for the future (albeit mostly involving sweet treats, games and cuddles).

In 2050, they'll be young adults.
Hopefully they'll have happy, comfortable lives, with meaningful things to do.
Hopefully they will have good health
Hopefully they will have good social circles
Hopefully they will have a nice, secure house, and good jobs
They might even have families of their own.



Meet A and O



What they almost certainly will have is a world that is more chaotic than today, with:

- Greater risks to their physical and mental health, through air, water and foodchain pollution, from higher temperatures, extreme weather, and floods, and from new diseases
- Higher costs of living, as food security drops, supply chains get disrupted, and climate migration increases
- A health system dealing with even greater pressures
- A higher chance of another pandemic

In 2050, many of us will be retired or passed. But what we do now will determine the degree to which those things become true.

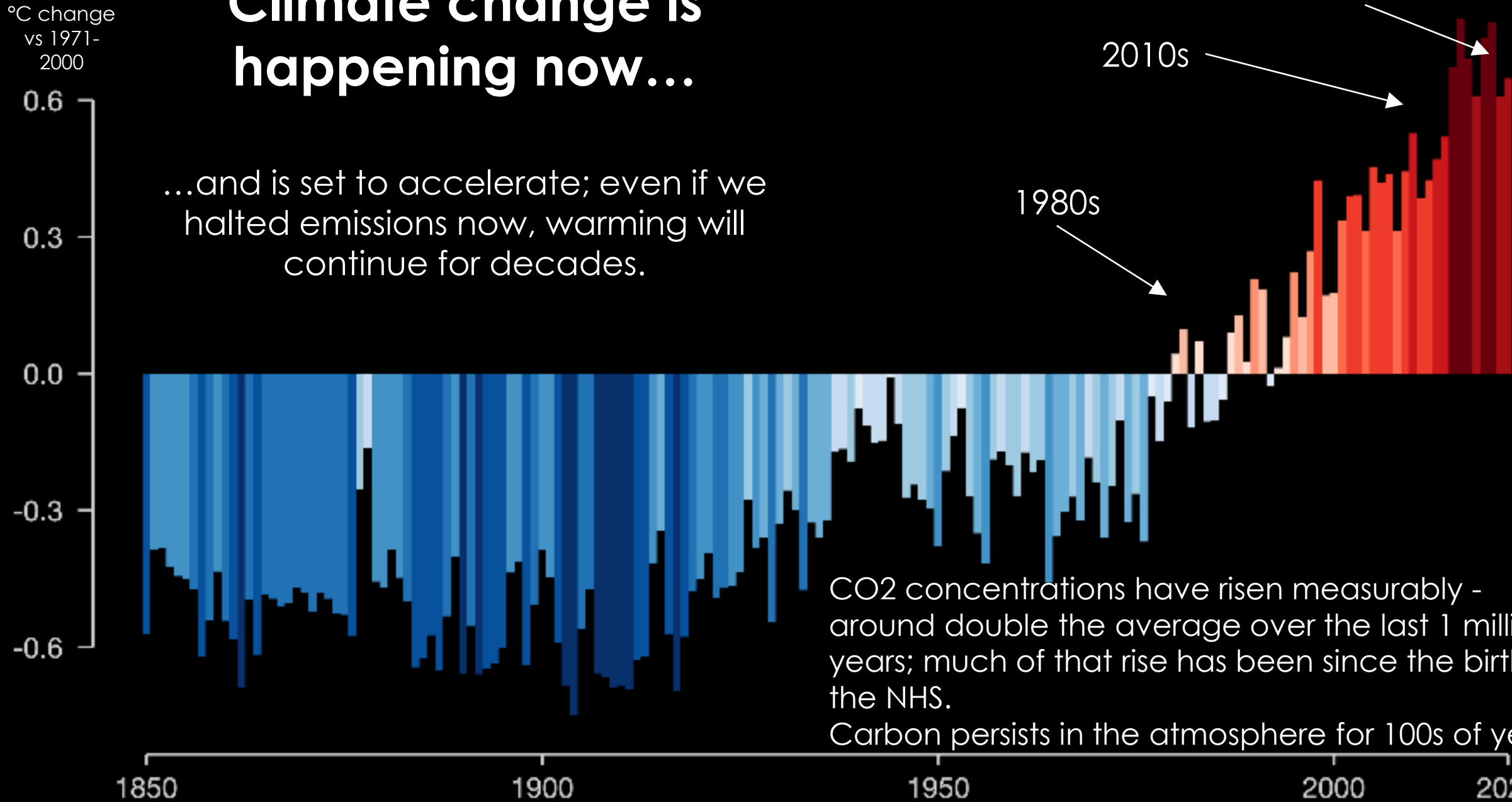
And what we do now isn't JUST for the benefit of our future selves, but for our communities now – a sustainable health and care system is one which is better quality, more efficient and effective, less wasteful, AND pollutes less.

We're asking you to commit to this process, to shaping the Green Plan not just to meet a target, but for the benefit of those around you, your families, your friends and neighbours, for the health and care system we strive to improve, and for A, O and all the others like them that only wish for a happy, healthy life, now and in the future.



Climate change is happening now...

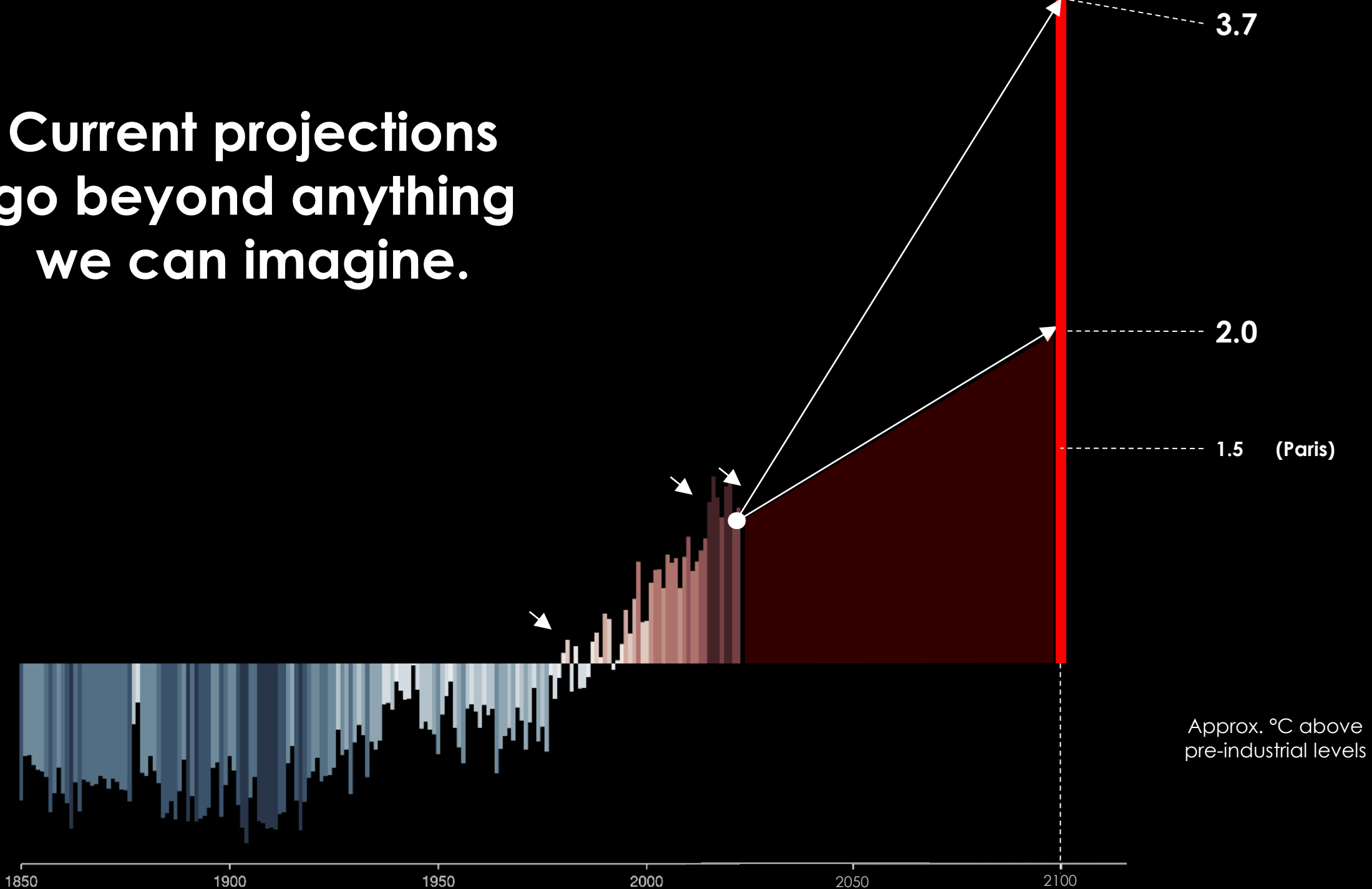
...and is set to accelerate; even if we halted emissions now, warming will continue for decades.



CO2 concentrations have risen measurably - around double the average over the last 1 million years; much of that rise has been since the birth of the NHS.

Carbon persists in the atmosphere for 100s of years.

**Current projections
go beyond anything
we can imagine.**





Flooding to cost NHS in Cumbria 'millions'

Peak of 2022 heatwave forced fifth of UK hospitals to cancel operations - research

Heatwave last summer killed 61,000 people in Europe, research finds



Flooded London hospitals ask patients to stay away

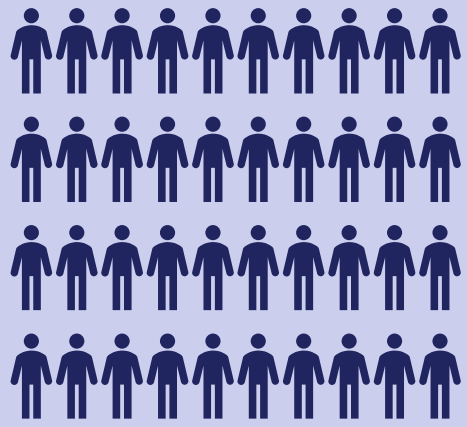
National Highways admits A421 will be closed for "several days" to clear 60 million litres of flood water



Hospitals face critical shortage of IV bags due to Puerto Rico hurricane

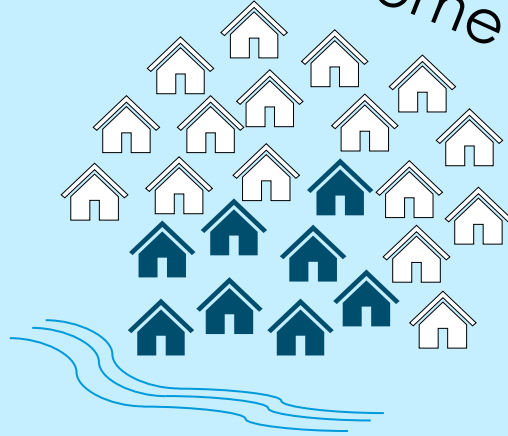
Ella Adoo-Kissi-Debrah: Air pollution a factor in girl's death, inquest finds





BLMK **heatwaves** of 2022 claimed the **life of ~40** over 65s

1 in 3 people suffer **PTSD** after their home **flooded**



Air pollution causes...



>400 BLMK deaths annually

Low birth weight

Asthma and COPD

Cardiovascular diseases

Cancers

Diabetes

Dementia



*"Every **2 minutes** in the UK, a **baby** takes their first breaths in **air that doesn't meet W.H.O. standards**"*



Driving **one mile** in a diesel car in a congested urban area costs **12 mins of life**



Each year BLMK's emissions could cause **>300 excess deaths** globally



10-20% higher A&E admissions
Supply chain disruption
Service and equipment **failures...**



UK heat-related mortality costs **~£6.8bn pa.**



Plastics – 19% of emissions and 1.4% of NHS supply chain



Linked to:

Infertility and miscarriage
ADHD and Autism
Cancer, IBD, Diabetes
Stroke & CVD



86% young people would stay at a company longer if it had strong **sustainability credentials**



209 colorectal cancers in 2020 in BLMK caused by high carbon diets



Injury and mortality
from extreme
weather events



Respiratory
illness



Mental and
psychosocial
health



Noncommunicable
diseases (NCDs)



Impacts on
health care
facilities



Heat-related
illness

“Climate change is the single biggest health threat facing humanity”

(World Health Organisation)



Water-borne diseases
and other water-related
health impacts



Zoonoses



Vector-borne
diseases



Malnutrition
and food-borne
diseases



Effects on
health systems

Why bother?

The UK **only produces** <1% of the world's emissions

"We can't go back to **living in caves**"

"I already **recycle**"

"**We'll be ok** in the UK"

"we're already **doomed**"

higher summer temperatures will be **offset** by warmer winters

"net zero **isn't possible**"

"We can **offset** our emissions"

Good business sense:


Our staff want us to do more

It can give us leaner, more efficient and more effective services.

Statutory and regulatory requirement

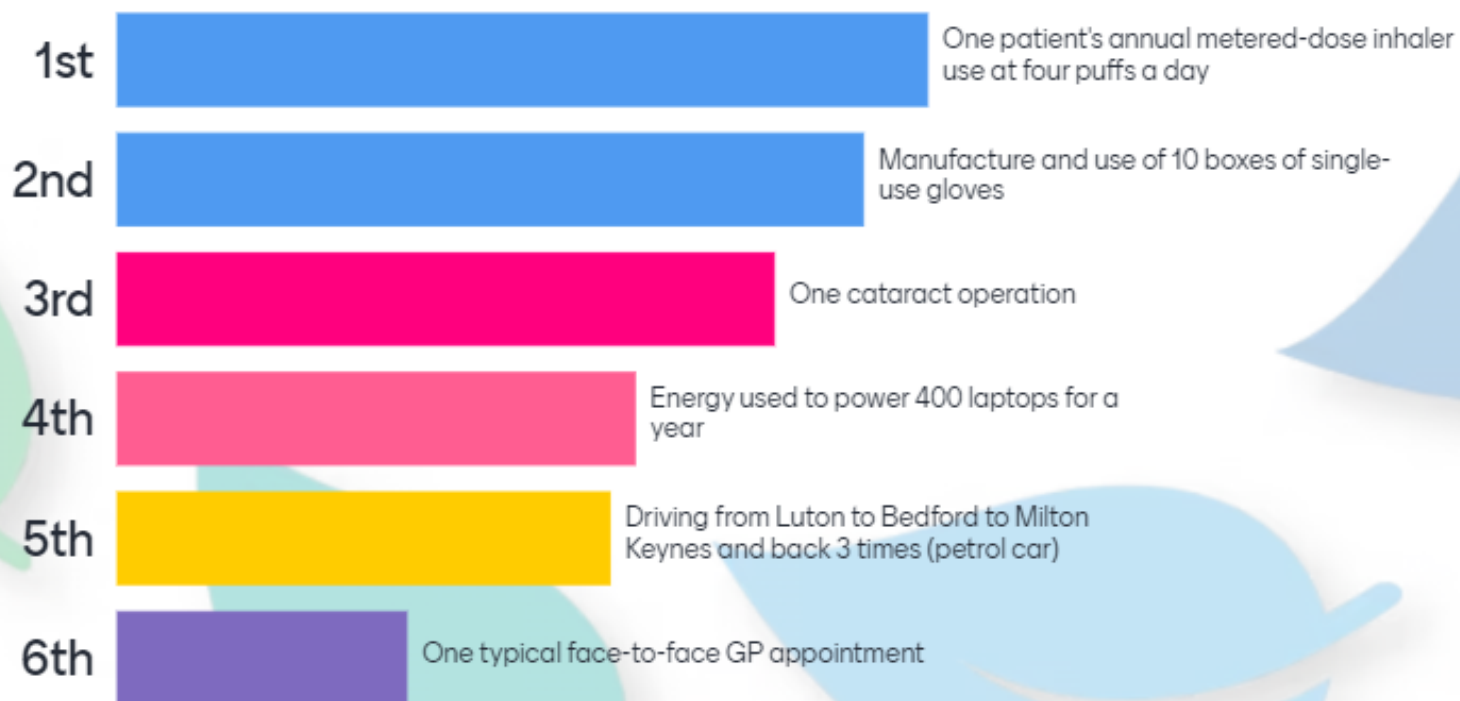
It's our duty:

Clinically, Socially, Morally

A wide-angle photograph of a solar farm. The foreground shows a dirt path and several rows of heliostats (mirrors) mounted on metal frames. The mirrors are tilted and reflect the bright blue sky. The background is a clear, unobstructed blue sky. The overall scene is bright and sunny.

Reflections from local clinicians

Rank the following in order of the highest carbon footprint?



These are the result of a poll in the room, asking participants to rank the activities in order of size of carbon footprint. See overleaf for answer.

Although these are rough figures, the take home is that clinical activities have huge footprints.

Preventing the need for this activity, or transforming them to reduce resource-use, would take us a big leap forward.

**Driving
300km
(0.36kg)**

Face-to-Face GP
appt
(~66kg)

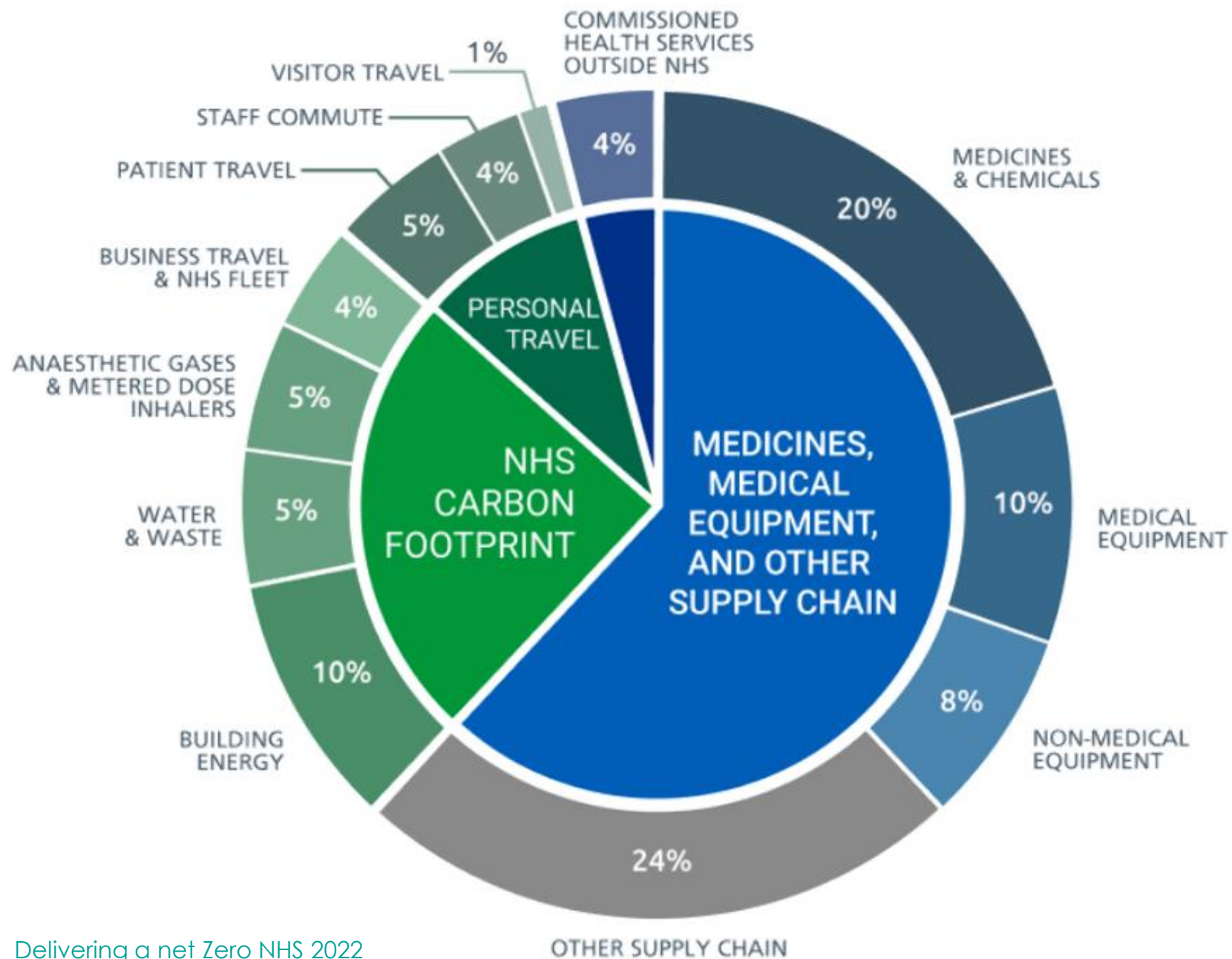
Inhaler use
(~100kg)

Single-use gloves
(~26kg)

Laptops
(~10kg)

Cataract Operation
(~182kg)





Two-thirds of our emissions are in the supply chain.

We should remove unnecessary carbon from processes we can control.

But our supply chain is influenceable:

- how can we remove the need for using resources?
- how do we eliminate waste from our processes?

>325,000 tCO₂e

BLMK ICS's NHS footprint in 2019/20*

= 92,000 passenger flights from London to Perth, Australia
= ~325 deaths worldwide



CO₂e is a short-hand way to measure and compare Greenhouse Gas emissions

* Note that this only takes into account primary care and the two acute hospital trusts – community, mental health and ambulance services are not included as those Trusts are “hosted” by other Integrated Care Systems.

Healthy planet means healthy people.

Clinical benefits

outcomes

Wider public health benefits



patients



populations



Sustainable value

=

Resource & carbon reduction



environmental



social



financial

impacts

Patients: **experience, convenience**
Staff: **well-being, time, satisfaction**

Cost vs savings

The TRIPLE BOTTOM LINE

It's about doing what we always do...

1. PREVENTION

Promoting health and preventing disease by tackling the causes of illnesses and inequalities

3. LEAN SERVICE DELIVERY

Streamlining care systems to minimise wasteful activities



2. PATIENT SELF-CARE

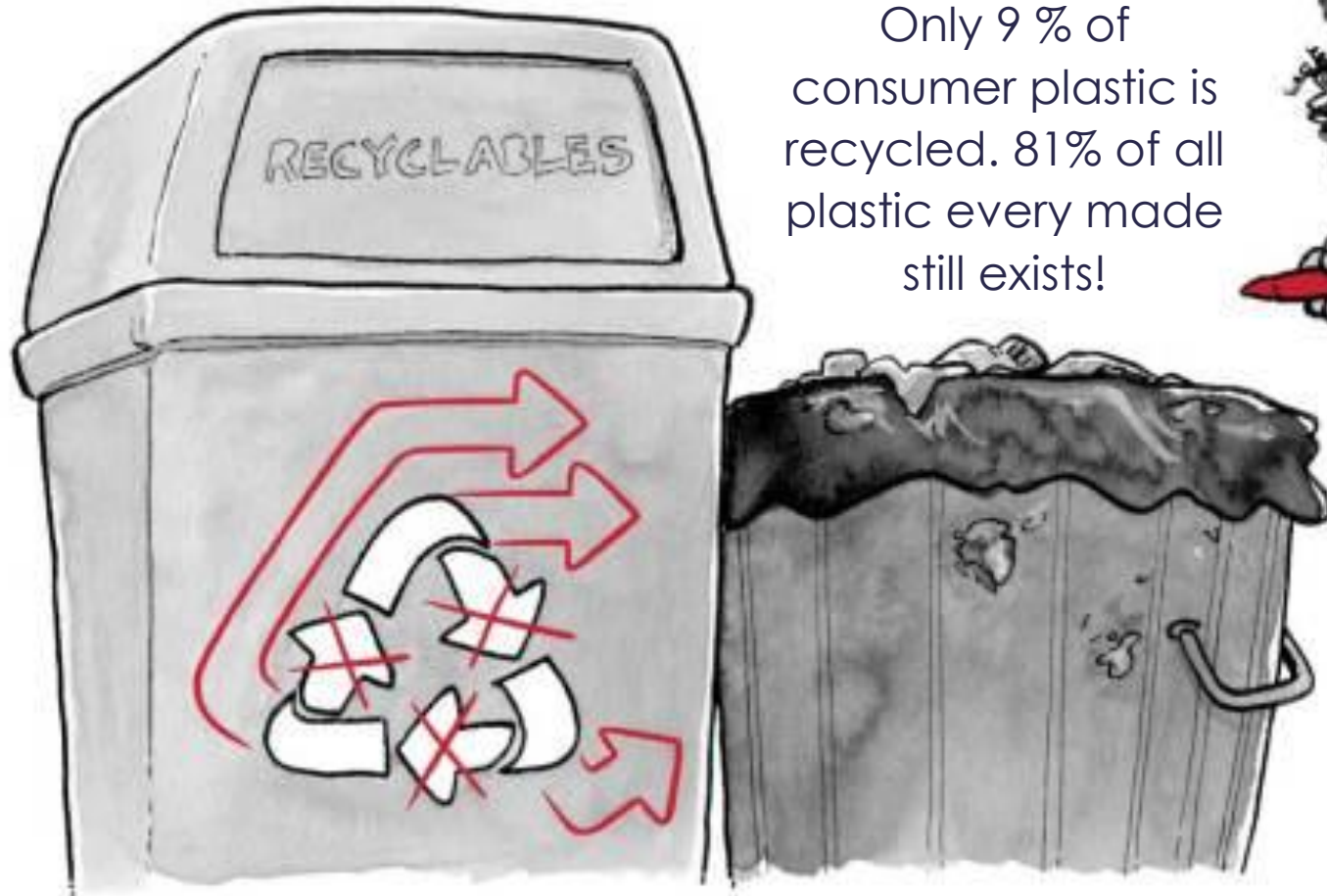
Empowering patients to take a greater role in managing their own health and healthcare

4. LOW CARBON ALTERNATIVES

Prioritising treatments and technologies with a lower environmental impact

...but a bit greener

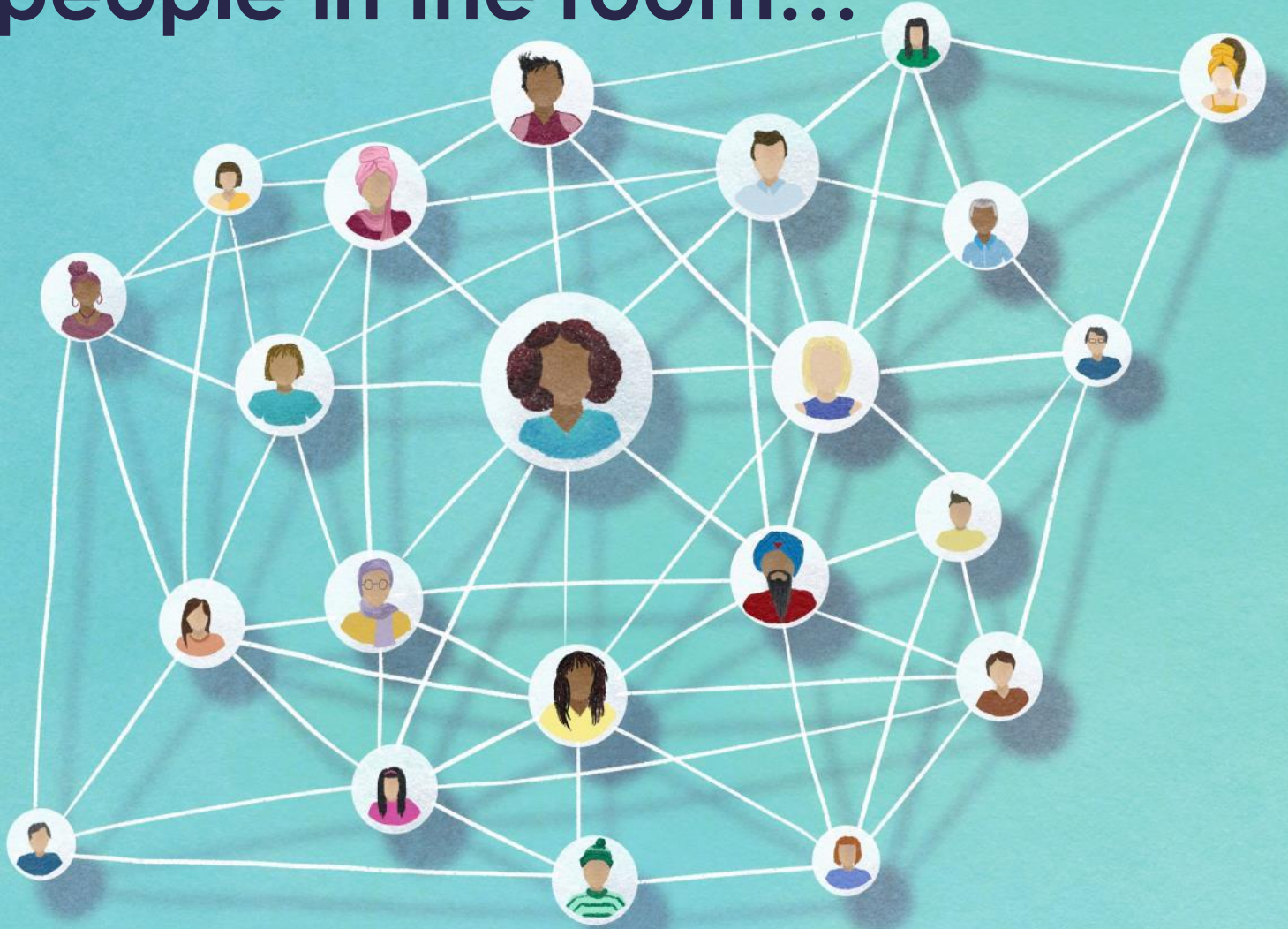
Recycling is not the final answer, only part of the solution. In the mantra, "reduce, reuse, recycle", reduce is far more important to focus on.





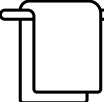




Only 9 % of consumer plastic is recycled. 81% of all plastic ever made still exists!

"I modified the symbol for accuracy."

Through personal action, the people in the room...



...have saved...
(the equivalent to growing ~1,575 trees.)

EVs		14,400kg
Reusable cups		1,800kg
Reusable menstrual products		40kg
Bus travel		150kg
LEDs		3,000kg
Meat-free days		4,300kg
Green banking		7,800kg

(plus many other actions)

>31.5

**tonnes CO₂e
per year**

BLMK ICS has a Green Plan to help us in our work.

It contains high level ambitions to reduce our emissions, against a number of thematic areas.

Quickly turned around in Jan 2022, in response to a GreenerNHS ambition, it became a statutory requirement in the Health and Social Care Act.

It runs to 2025, hence the need for a refresh



Our current Green Plan themes

Medicine



Food, catering
and nutrition



Leadership,
workforce and
culture



Adaptation



Estate



Supply chain



Models of care



Digital



Measurement



Progress
monitoring



Green and
Blue space



Travel and
Transport



Progress

GP inhaler switches:
>4,900 tCO₂e annually

Walking aid reuse: ~700 items
>12 tCO₂e, and **>£2,800**



Acute trusts anaesthetic gases:
>1,800 tCO₂e annually

ICB office decant: **185** items shared;
>8 tCO₂e and **£1,000s avoided**



Warm homes programme: **>680 tCO₂e**
(plus potentially better health)

Fleet emissions: **estimated >15 tCO₂e**

Food waste: **>60%** reduction at two hospital sites

Plus many others, including Solar panels and Energy centres, Hybrid working, LEDs, Energy assessments, Virtual wards, Patient transport, E-bikes, Shared transport, Glove reduction campaigns and Reusable equipment, Digital twins, Specialist sustainability training, webinars, Impact assessments...

Consider the **environmental impact in everything we do**
(policies, strategies, plans, actions and decisions)

A culture where environmental sustainability is **part of everyone's job**

Eliminate **unnecessary carbon emissions** by transforming pathways

Supporting communities to be **more resilient to climate change**
(prevention, shift to community, digital first, process and estate adaptation)

A more **"circular economy"**
(no waste, **reducing** the need for new natural resources, **reusing** materials where possible, **recycling** when not possible)

Re-growing our
Green Plan
commitments

- What else could we do?
- Where could we be more ambitious?

What we could we do together?

**Comms,
engagement,
and skills**

**Measurement
and impact
analysis**

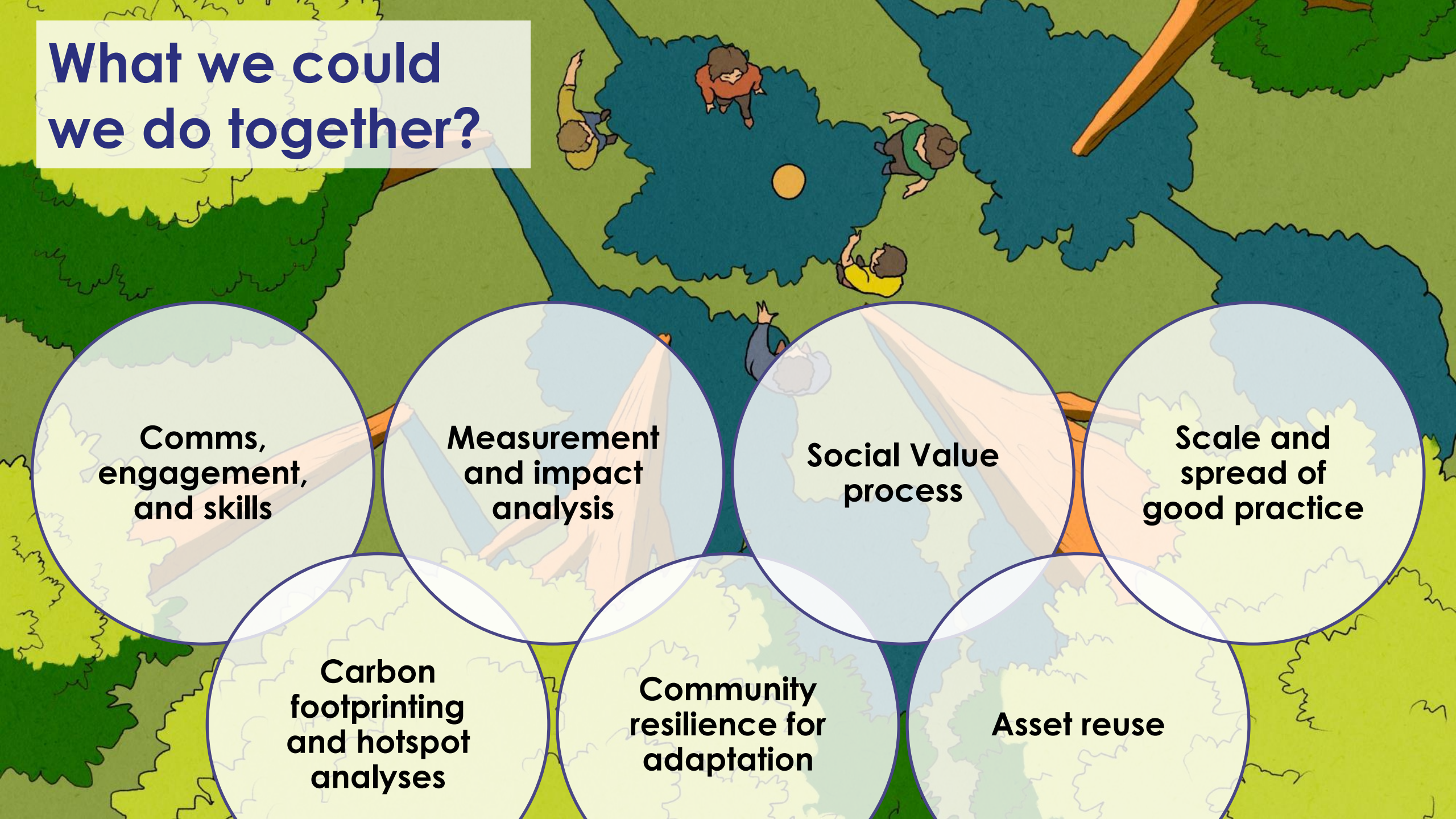
**Social Value
process**

**Scale and
spread of
good practice**

**Carbon
footprinting
and hotspot
analyses**

**Community
resilience for
adaptation**

Asset reuse



Dr Philip Tamuno

IEMA fellow and Head of Sustainability



Visit <https://blmkhealthandcarepartnership.org/leading-for-a-sustainable-health-care-system/> view Dr Philip Tamuno's presentation slides from the seminar



Leadership
and culture

Climate
resilient
communities

Economics
and
finances

Alternative
care models

Partnerships
and
Suppliers

The big
challenges

What are your recommendations?

Breakout discussions



- ✓ **DO** Get **inspiration** from the local case study
- ✓ **DO** Think what a **good future state** would look like
- ✓ **DO** Come up with some **bold, specific** recommendations
- ✓ **DO** Select **ONE** recommendation to share with the Youth Councillor Panel

Leadership and culture - Giving sufficient weight to environment in decision-making and delivery

- How do we make sure environment is given sufficient weight in decision-making?
- How do we develop a climate-educated workforce (now and in future)?
- How do we create a culture of staff empowerment to drive change at the ground level?
- What partnerships do we need to make at a strategic / corporate level to help us progress?

Climate resilient communities - Social cohesion and community support to reduce vulnerability

- How do we create more of a social movement to improve the environment and health?
- What can we do to protect vulnerable individuals and populations from the impacts of climate change (health, socio-economic situation etc.)?
- How can we encourage communities to support each other more?
- How can we make sure health and care organisations can still deliver care in a different climate?

Economics and finances - Delivering emissions reductions in the face of limited funding

- What's within our control?
- How do we make sure initiatives with a longer-term return on investment still get implemented?
- How can we deliver reductions in carbon without additional funding?
- How do we make sure that carbon is treated equally to finance and health quality in business cases?
- Do we need to consider metrics and/or monetisation of carbon to drive delivery and accountability?

Alternative care models - Preventative care and alternative models to reduce use of resources

- How can we drive primary and secondary prevention, and better general health?
- How do we improve the use of local natural solutions and green prescribing?
- How can we reduce use of health services and reduce waste?

Partnerships and Suppliers - Close working with VCSEs, anchors and suppliers to be more environmentally sustainable

- What opportunities are there to work with our VCSEs and wider partners to create a more environmentally sustainable health and care system? *(e.g. ensuring meds compliance, patient transport, prevention and alternatives)*
- What are we going to do to work with and influence our supply chain?
- How do we support VCSEs and smaller suppliers to be more environmentally sustainable?

What you recommended

(one key recommendation from each breakout group)

Positive conversations
School engagements
Embed as BAU in all health and social care conversations
Promote health lifestyles

Offering a safe space in our local areas which are open for children and young people with their parents to interact and options are given to them as to what they want to do; grow/make things, yoga..

Green Plan to harness power of Anchor Institutions – including health, care, care, VCSE, businesses and beyond – to create call to action for our communities, & to educate on what makes a difference

Recognition of the knowledge gap, designing and adapting bespoke learning to make it meaningful to our teams and roles

Living Champions for change - food, exercise, green spaces-, supporting nature - driven by policy and collaboration within the neighbourhood and ICS relevant to all the population

Greater focus on triple bottom line (investment, procurement, business cases, decision-making, investment in clinical leadership)

Strengthening our voluntary and community sector. Have a role in the governance of it. Involvement in neighbourhood teams.

Visit <https://blmkhealthandcarepartnership.org/leading-for-a-sustainable-health-care-system/> where all the recommendations will be uploaded as they are analysed.

Speaking to the next generation: Our youth councillor panel

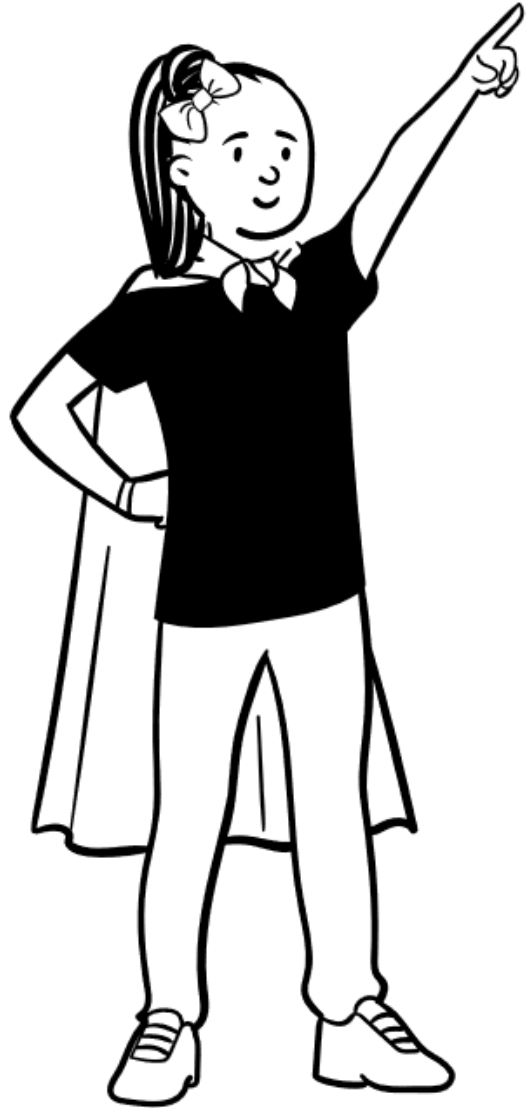


chaired by
Jeremy Williams

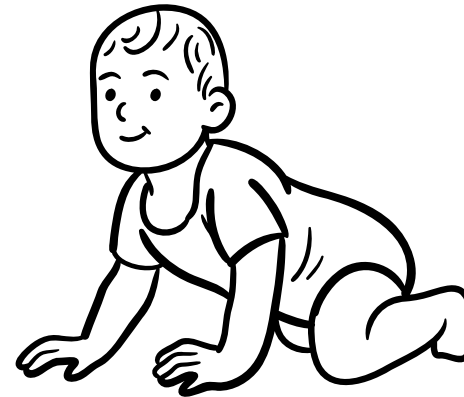
Closing remarks

Vineeta Manchanda, ICB non-executive member and green champion





An investment in
sustainability
is an investment in
everyone



What will you do?

Please complete the post-event evaluation on Mentimeter:

- 🍃 Please **use the QR** code (right)
- 🍃 Or go to **menti.com** and **enter code: 5662 3209**
- 🍃 Or use the link
<https://www.menti.com/ali4akf5oj22>

