



**Bedfordshire, Luton
and Milton Keynes**
Health and Care Partnership

People, Places, Planet
BLMK CARES

**The ICS Green Plan
2025-2032**

Foreword

Our health is intimately linked to that of the environment – we are not separate from nature, and the impacts of climate change on our lives and our health will increase inexorably. The need for healthcare is increasing as our populations age, and our lives are increasingly energy-hungry. We are facing a rising demand for resources and, with it, an increasing burden on ecosystems and the knock-on impacts on our health. To break this cycle between climate change and health impacts, we must become a sustainable health and care system, preventing ill health, empowering people to look after themselves better, and moving towards effective, efficient, low-carbon care.

Since the first Bedfordshire, Luton and Milton Keynes (BLMK) Integrated Care System (ICS) Green Plan was published in 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 reduce emissions we can control by over 16% (equivalent to driving around the Earth 1,200 times).

This refreshed BLMK ICS Green Plan marks a shift in our previous approach. The strategy and delivery plan exist to set out an holistic vision to support **People**, **Places** and **Planet**, underpinned by a strong **Foundation**. Through coproduction with partner organisations and residents, we have put together a programme demonstrating that **BLMK CARES**: together we will create a **Culture** that supports action on climate change, help communities to **Adapt** to climate change, be more conscious of the **Resources** we use, and deliver **Environmentally Sustainable** health and care.

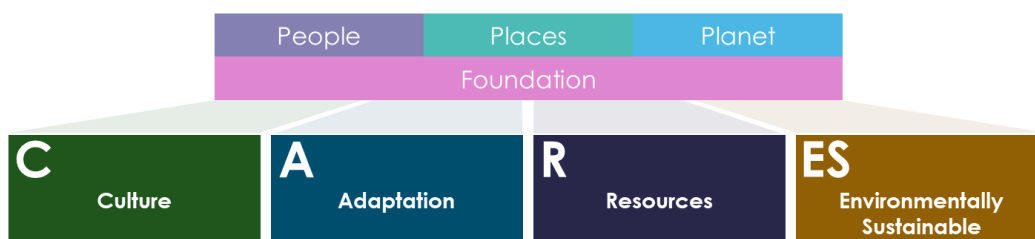


Figure 1: The ICS Green Plan vision and programme - People, Places Planet: BLMK CARES

We will increase awareness and reduce the barriers needed to act, embedding sustainability principles in all we do. We will help people prepare for climate change impacts, adapting our built environment to be more energy efficient and resilient, while supporting nature recovery. We will use fewer resources and create less waste by reusing more and recycling what we can. And we will reduce emissions to net zero by 2045 through shifting to preventative, digitally-enabled and lower-carbon care, closer to home.

With every single one of us working together to do more to reduce our shared environmental impacts, the effects on our health, our communities, the places we live, and our whole planet will be immense. Acting with the environment in mind, we will prevent environmental crises, as well as reinforce delivery of our core mission to improve the health and the lives of our patients, our families and our residents, supporting social and economic growth alongside our anchor partners.

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.

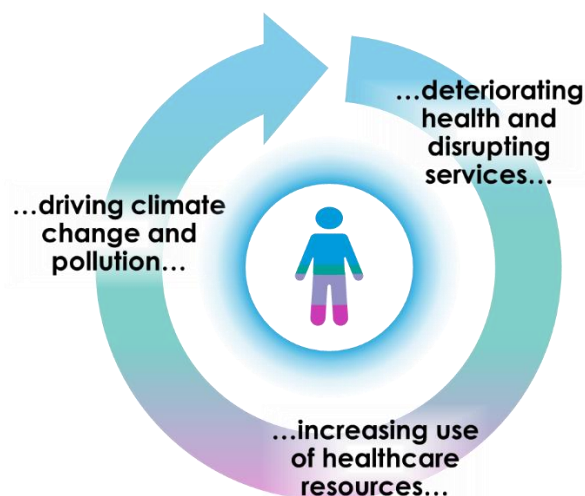
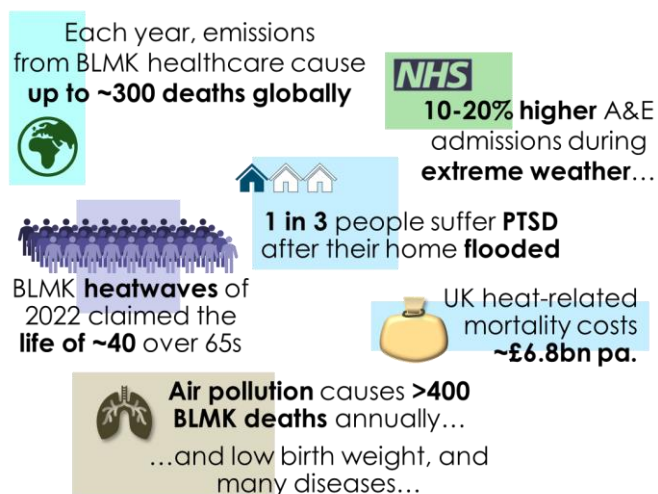
Dean Westcott
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Non-Executive Green Champion, BLMK ICB

The BLMK ICS Green Plan 2025-2032: One-Page Summary

“Climate change is the single biggest health threat facing humanity” [WHO, 2023](#)

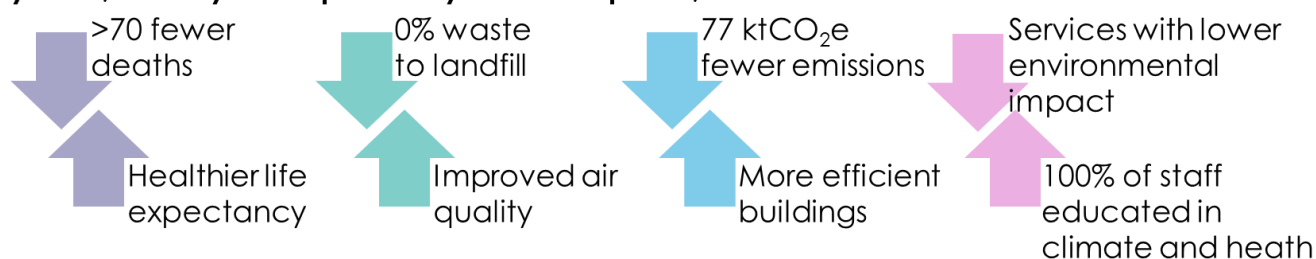
Healthcare services generate emissions and pollution, which drives climate change and environmental degradation. This impacts on our health and disrupts services, leading to greater use of healthcare resources:



What is our vision for the BLMK ICS Green Plan, and what impact will it have?

| People | Places | Planet |
|--|---|--|
| We will: Improve health and wellbeing Reduce health inequalities | We will: Reduce pollution Support nature regeneration | We will: Reduce emissions Save lives |
| Foundation: We will create the right conditions to for sustainable healthcare | | |

By 2028, healthy life expectancy should improve, while healthcare-related emissions reduce:



How will we deliver the vision? BLMK CARES

Our partners, residents and other stakeholders, and our learning from our first Green Plan (2022-2025) have led us to create a Delivery Plan with over 100 actions grouped under four themes:

| Culture | Adaptation | Resources | Environmental Sustainability |
|--|--|------------------------------|---|
| Inspire, inform, educate and celebrate | Building resilience and minimising climate risks | Reduce, Reuse, Recycle | Supporting healthier lifestyles |
| Environmentally aware leadership and decision-making | Climate-adapted Infrastructure | Influencing our supply chain | Sustainable service design and delivery |
| Removing barriers to change | Optimising transport | Minimising waste | Low carbon alternatives |

The BLMK ICS Green Plan 2025-2032

Introduction

“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 1: BLMK ICB Board Assurance Framework risk 7: Climate Change: Health Inequality and Healthcare Service Impacts from Climate Change and Environmental Degradation, and Risk of Not Achieving Net Zero

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.

What and Who is the Green Plan for?

This BLMK Integrated Care System (ICS) Green Plan is for all organisations and individuals involved in designing, delivering and accessing health and care services, and has many purposes:

- Sets the vision from 2025 onwards for our ICS for a sustainable health and care system, as part of the HCP “Growth” priority, to help support local social and economic development.
- Acts as the Green Plan for the BLMK Integrated Care Board (ICB) and its two hosted acute Trustsⁱ, recognising the legal commitment towards net zero under the Health and Care Act 2022, meeting the statutory requirement to have a refreshed board-approved Green Plan by July 2025, and regulatory requirements. While the ICS Green Plan is structured differently to the [Green Plan guidance](#), it meets the requirements of that document.
- Acts as the Carbon Reduction Plan (CRP) for primary care organisations in BLMK, as per [CRP guidance](#), setting out relevant activities for those organisations to undertake.
- Provides direction for other NHS healthcare organisations creating their own Green Plans.
- Details our best idea yet of the activities we need to undertake, including at a health and care system level, to address climate change and environmental degradation, and the measures on which to judge progress and success.
- Seeks 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 Delivery Plan ([Annex](#)), a set of initial activities covering the next 5 years (to be reviewed annually), by which the ICB and the two acute Trustsⁱ will be held to account and measured, working alongside other partner organisations to deliver.

The Green Plan has been developed by engagement with NHS (primary and secondary care), local authority, Voluntary, Community and Social Enterprise (VCSE), and residents, 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](#)).


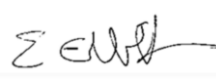
ⁱ Milton Keynes University Hospital and Bedfordshire Hospitals Foundation Trust (consisting of the Luton and Dunstable Hospital and Bedford Hospital).

Leading for a Sustainable Health and Care System

Over 170 people have been involved in the creation of the ICS Green Plan, over 12 months engagement with sustainability leads and other stakeholders in primary and secondary care. On [15 November 2024](#), 87 leaders in the climate conversation from across BLMK joined a seminar with local youth councillors, to discuss how climate change impacts health and the 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 ideas from outreach activities with schools and providing healthier food at hospital sites, to sharing resources and increasing Green Social Prescribing rates. It is these recommendations that have shaped the refreshed Green Plan.

Signatories to The BLMK ICS Green Plan 2025-2032

The BLMK Green Plan has been endorsed as a health system plan by the following partner organisation Senior Responsible Officers (SROs), who recognise and support the BLMK system vision, and commit to working together to achieve the aims for the health of the BLMK residents.

| | |
|--|--|
| BLMK ICB on behalf of all members of the ICS  Dean Westcott Chief Finance Officer and SRO for the ICS Green Plan | BLMK ICB Sustainability and Growth team  Dr Tim Simmance Associate Director of Sustainability and Growth, and Green Plan main author |
| Bedfordshire Hospitals NHS Foundation Trust  Matthew Gibbons Director of Finance and SRO for the Trust Green Plan | Milton Keynes University Hospitals NHS Foundation Trust  Joe Harrison Chief Executive Officer |
| Cambridgeshire Community Services NHS Trust  Mark Robbins Director of Finance and SRO for the Trust Green Plan | Central and North West London NHS Foundation Trust  Tom Shearer Chief Finance Officer and SRO for the Trust Green Plan |
| East of England Ambulance Service NHS trust  Neill Maloney Chief Executive Officer | East London Foundation Trust  Kevin Curnow Chief Finance Officer and SRO for the Trust Green Plan |
| South Central Ambulance Services NHS Trust Awaiting signature Chair / CEO and/or SRO for the Trust Green Plan | |
| Public Health Shared Service of Bedford Borough, Central Bedfordshire and Milton Keynes City Councils  Vicky Head Director of Public Health | Public Health Service Luton Borough Council  Elizabeth Elliott Acting Director of Public Health |

The BLMK ICS Green Plan has been created with input from representatives from all Health and Care Partnership members, including the four local authorities, Bedford Borough Council, Central Bedfordshire Council, Luton Borough Council and Milton Keynes City Council.

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

Through the BLMK ICS Green Plan, we, the partners of the BLMK HCP will aim to **support improvements to healthy life expectancy while reducing waste and emissions**. We 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:

People: 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.

Places: We will care for our surroundings, improving the built environment, supporting the regeneration of the natural environment, and reduce pollution from health and care services.

Planet: We will reduce healthcare-associated greenhouse gas emissions, achieving “net zero” across the health and care system by 2045 or earlier, and reducing the contribution of healthcare to climate change.

Figure 2: The BLMK ICS Green Plan vision

The impact ICS partners hope to have:

| People (P ₁) | Places (P ₂) | Planet (P ₃) |
|--|--|---|
| <p>People will be living healthier lives, with fewer health inequalities, being more active, and adopting healthier food choices.</p> <p>Communities, organisations and services will be resilient to the impacts of a changed climate, adapting the way they live and work and using sustainable and nature-based solutions.</p> | <p>Our health and care buildings and other infrastructure will be more sustainable, supporting better wellbeing, and minimising environmental damage from delivering service.</p> <p>Health and care organisations will contribute to enhancing the natural world, recovery of nature and biodiversity net gain.</p> | <p>NHS organisations in BLMK will be net zero by 2040 or earlier, for emissions that can be controlled, influencing partners and suppliers to achieve net zero by 2045 for all other emissions.</p> <p>Care pathways will be shifted to more-preventative models, using digital methods and care closer to home within the community to reduce the need for higher-intensity healthcare services.</p> |
| A Strong Foundation (F) | | |
| <p>Environmental sustainability will be built into the way services are designed and delivered, so that we create the right conditions for sustainable healthcare to thrive. Everyone working in health and care will understand the impact of their work on the environment, and how to lead and make changes to be more environmentally sustainable.</p> | | |

Section 2: Environment, Climate, Health, and Healthcare

Our health is inextricably linked to the health of the environment and the planet. This is why the climate and nature crises are a health crisis: climate change and environmental degradation exacerbate existing health conditions, create new health challenges, worsen population health, drive health inequalities, and, through extreme weather events, result in harm and disruption to day-to-day healthcare provision, particularly for the most vulnerable (Figure 3).

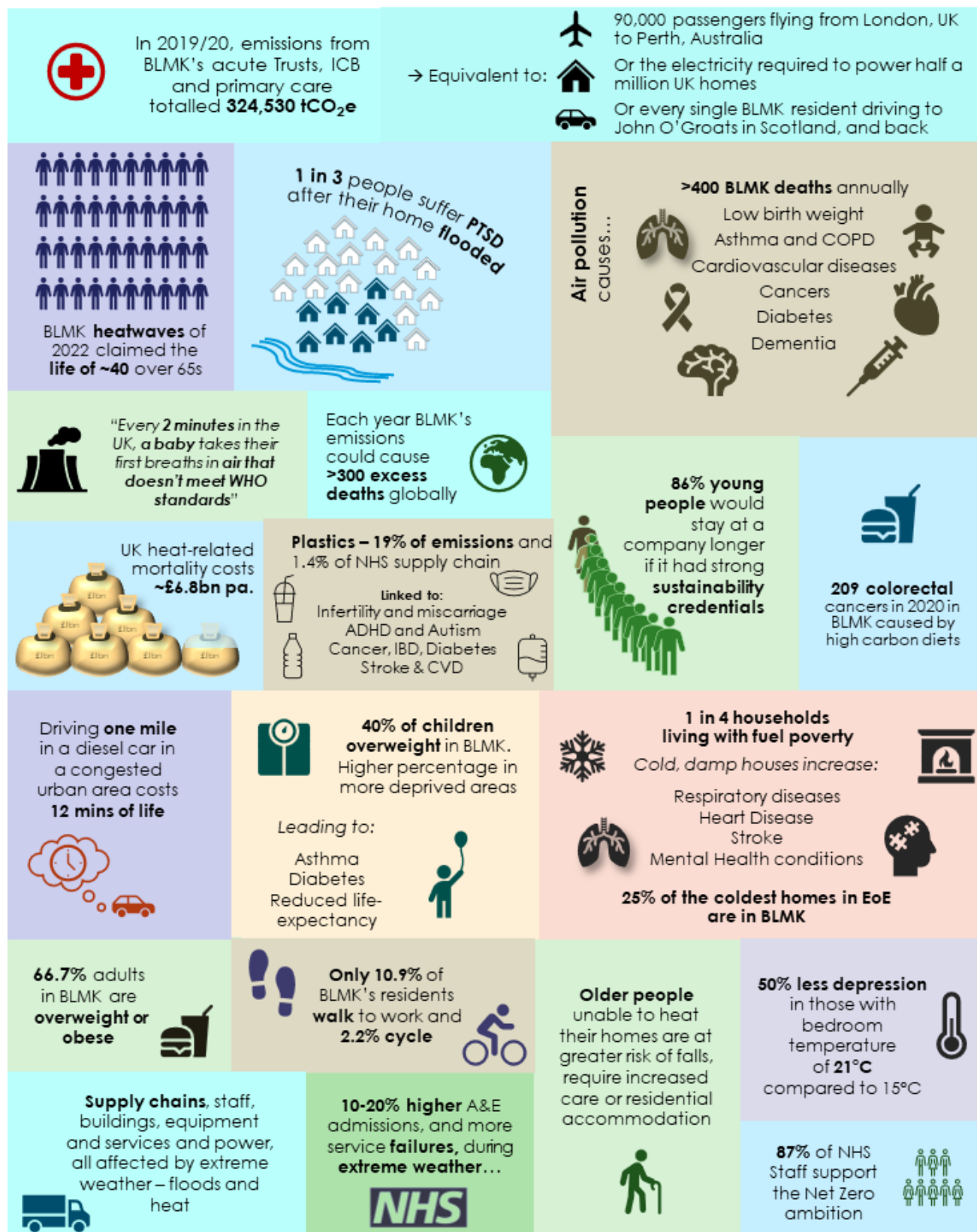


Figure 3: The impacts of climate change within BLMK and further afield (see [BLMK ICS Green Plan Health Impact Assessment](#) for references)

This is driving a higher use of health and care resources, resulting in greenhouse gas emissions (roughly 4% of the [UK's total emissions](#)), waste and pollution, leading to an accelerating deterioration of the ecosystems on which we depend. [Figure 4](#) demonstrates a simplified version of this “vicious cycle”; to break it, our society must reduce the impact on the environment, including through health and care services.

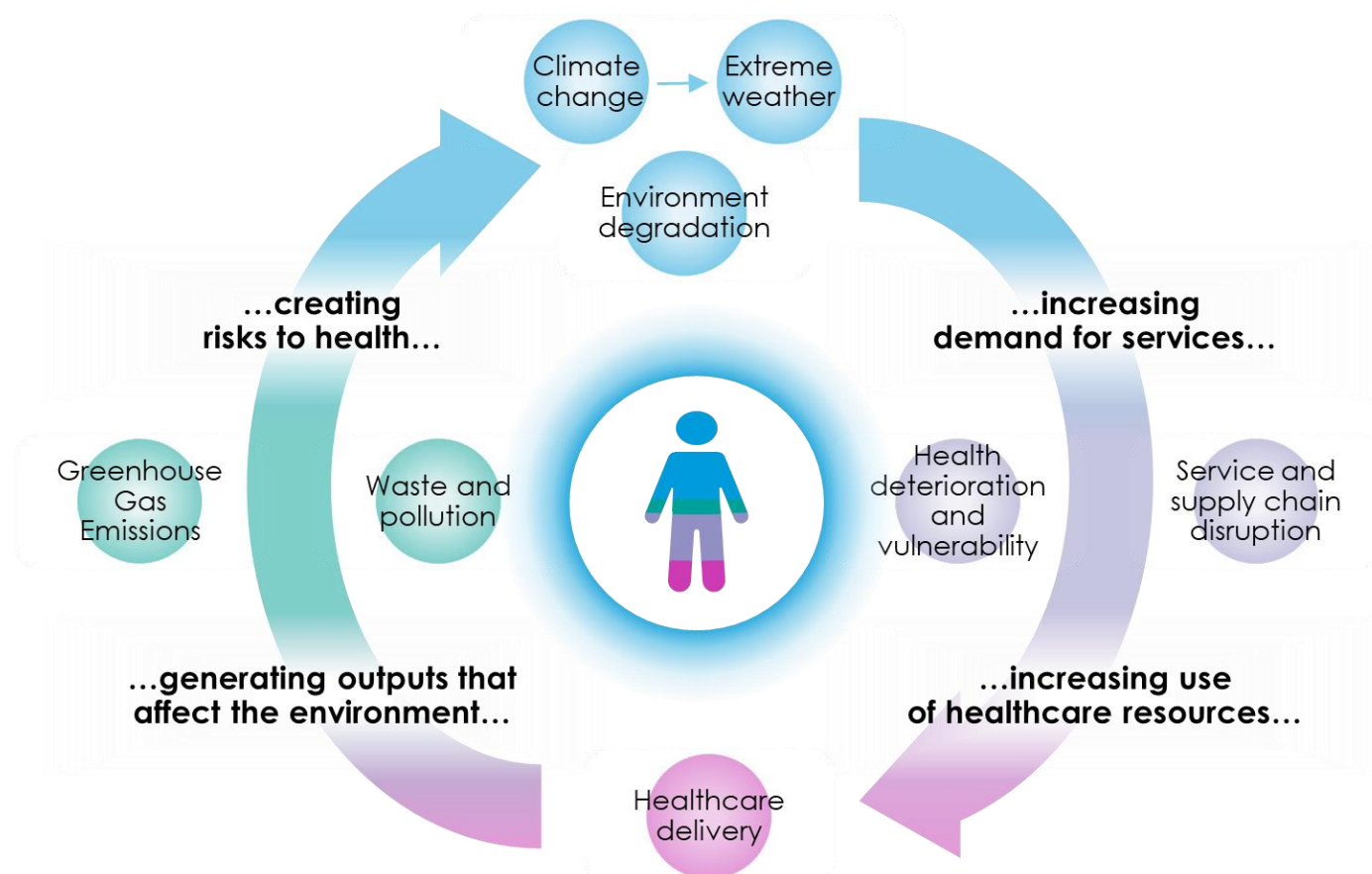


Figure 4: The link between environment and health

Due to its significant risks to health and health inequalities, the BLMK ICB has listed climate change as one of its key risks on its Board Assurance Framework ([Box 1](#)).

Great Healthcare is Sustainable Healthcare

A recent studyⁱⁱ has demonstrated that beyond a particular level (~400 kgCO₂e per head of population), more carbon emissions do not necessarily mean better health outcomes; even without the large changes required for net zero, it is possible to reduce emissions without compromising quality. In 2019/20, NHS in England had emissions of ~548 kgCO₂e per head of populationⁱⁱⁱ.

Climate-resilient and environmentally sustainable health care systems are ones that anticipate, respond to and adapt to climate-related stresses, minimising negative impacts on people, and using opportunities to restore the environment ([WHO](#)), and follow [principles](#) for doing so:

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

ⁱⁱ Romanello et al. (2024) *The Lancet*, **404**(10465), 1847-1896

ⁱⁱⁱ From data in [Delivering a Net Zero NHS](#) and [official population figures](#). BLMK appears to be below 400 kgCO₂e per head, but is likely closer to the NHS England figure – the carbon emissions in [Figure 3](#) do not include those for community, mental health, ambulance or other care services; work is ongoing to understand the full footprint.

Each of these elements is reflected in the [longer-term aims of an ICS](#) (to improve outcomes, tackle inequalities, enhance productivity and value for money, and support social and economic development), and in the [three transformational shifts](#) (treatment to prevention, acute to community, analogue to digital) that will be fundamental to the [NHS 10-Year Health Plan](#). Thus, for BLMK ICS to deliver great healthcare, it must at its core be environmentally sustainable.

A Note on Greenhouse Gases in the NHS

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

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

GHGs are compared by their “global warming potential” (GWP) or emissions factor – the equivalent amount of carbon dioxide (gCO_{2e}) that has the same global warming effect. A kilogram of a GHG with a GWP of 100 has the same atmospheric heating effect as 100 kgCO_{2e}.

NHS England has defined the NHS Carbon Footprint (NHS CF) as Scopes 1 and 2, and a few Scope 3 categories items (inhalers and anaesthetic gases) – those that the NHS can directly control. The totality of NHS emissions is called the NHS Carbon Footprint Plus (NHS CF+) and include the remaining Scope 3 emissions that the NHS can only influence.

Carbon footprinting the NHS in BLMK takes into account the two acute Trusts, and an estimated contribution for the ICB and primary care ([Figure 5](#)), totalling nearly 325 ktCO_{2e} in 2019/20 (Figure 3). Elements of this have been re-measured since, and progress has been made (see [below](#)), but the proportions remain roughly equivalent. The ICB and the two acute Trusts will be held to account for delivery against the BLMK ICS Green Plan emissions reduction targets.

BLMK community, mental health and ambulance NHS Trusts are held to account for emissions reductions (even those generated in BLMK) through their “host” ICSs. Similarly, local authorities have their own net-zero goals monitored separately. These organisations are still important to the delivery of the BLMK ICS Green Plan, and will be involved in supporting various activities, where relevant (see [Section 4: Governance](#)).

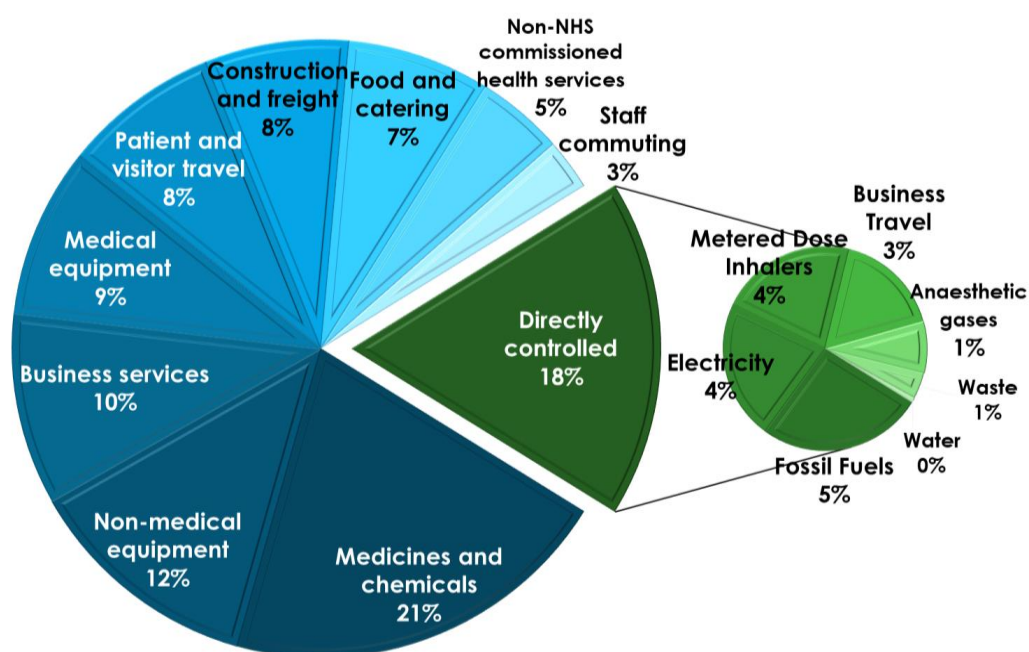


Figure 5: BLMK NHS Carbon Footprint 2019/20 (for the ICB, primary care and the two acute trusts)

The current state

Our System Challenges

BLMK is one of the fastest growing areas in the country, driving ever increasing demand for housing, employment, healthcare, and other infrastructure and services. The opportunities to the local economy from these developments 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 (addressed in other ICS strategies, such as the [BLMK Health Services Strategy](#)), growth in demand for healthcare will increase services' contribution to climate change, environmental degradation ([Figure 3](#)) and subsequent health and healthcare challenges ([Figure 4](#)).

We want to support a thriving population and a growing local economy; it is therefore necessary to counter-act the increase in emissions whilst looking to improve population health.

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% (>9.4 ktCO₂e) of our directly-controllable emissions.
2. **Anaesthetic gases:** Eliminating the use of the anaesthetic gas with the highest global warming potential and reducing nitrous oxide emissions by 25% (1.1 ktCO₂e).
3. **Inhalers:** Emissions from asthma inhalers have dropped by ~34% (5.3 ktCO₂e), 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](#) at MKUH has saved £2,500. More than 600 ICB office assets have been reused by 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, resulting in an improved patient experience, installation of energy efficiency measures, and a reduction in healthcare use.

More examples are available via the [BLMK ICB environmental sustainability webpages](#). The first BLMK ICS Green Plan did not set specific goals, focusing instead on creating the initial call to action – the refreshed Green Plan builds beyond this, setting “SMART^{iv}” ambitions.

BLMK partners' priorities

BLMK partners are already committed to improving their impact on the environment, through organisational actions such as declaring a climate emergency and setting net zero goals. The ICS Green Plan is complementary to this, setting out the way the system will operate together in the future, with environmental concerns addressed in all its work, and partnerships 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

^{iv} Specific, Measurable, Achievable, Relevant and Time-bound

organisations and responding to consultations on developments requiring planning consent. The ICB undertakes this duty considering all [four purposes of an ICS](#) and the views of all system partners. This might mean attempting to balance positive and negative impacts on all the direct impacts and wider determinants of health and health services, in order to obtain the highest possible benefit to the health and wellbeing of the residents within BLMK.

What BLMK partners and residents have said is important

At the Leading for a Sustainable Health and Care System [seminar](#) in November 2024, and through other engagement, 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 about the links between **climate change and health**, and being supported to be more sustainable in their own work, with environmental sustainability as a core value and part of every conversation in healthcare.

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.

Improve the use of **technology** to reduce the needs to use **resource-intensive** healthcare.

Bring partners 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** on the environment are well understood and **evidence-based**, to support decision-making, **targeting resources** to the areas of biggest opportunity.

What have we learned from our first Green Plan?

Despite our progress, the evidence and our own experience have highlighted:

- Increasing healthcare demand and activity is driving greater use of resources, counteracting efforts to reduce absolute emissions. For example, the emissions reduction from virtual outpatient appointments 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 by many staff as an “additional extra”, so effort is required to find ways to build it into existing work and ambitions.
- That said, some staff are pioneers, driving improvements in their own areas of work (for example food waste, e-bikes, medical equipment) without being mandated to do so – they and others should be celebrated and encouraged to do more.
- Data is not always readily available to measure an accurate carbon footprint, progress in health outcomes, or “triple-bottom-line” impacts (environmental, social and financial).
- There are many existing, proven case studies from within the system and elsewhere that could be easily spread across BLMK (for example reducing unnecessary cannula use).
- Whilst many activities will save money in the long term, money is not always available here and now to make “invest to save” choices, 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 via NHS Supply Chain.
- Similarly, there are some policy measures that will be required at a national level, outside the direct influence of the ICS, such as regulations requiring compliance from suppliers.
- 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 [NHS guidance](#) suggest the biggest opportunities are in medicines, [supply chain](#), and [travel](#) (Figure 5). However, the areas that are most easily addressed are direct emissions from anaesthetics, waste, inhalers, estates decarbonisation, energy and food (Appendix 2: Opportunity analysis).
- The [BLMK ICS Green Plan 2022-25 Health Impact Assessment](#) highlighted the main health benefits of sustainability actions to be in a) Air pollution, by reducing travel by private vehicle; b) Activity levels, by shifting to active modes of transport and more exercise; c) Food and nutrition, by encouraging uptake of lower-carbon, healthier diets; d) Adaptation and resilience to extreme weather, through artificial and natural solutions.
- Comparison with peers (Appendix 2: Opportunity analysis) suggests an opportunity of >30 ktCO₂e vs. the 2019/20 baseline, solely by moving to median, top quartile or top decile performance (depending on the emissions source) – whilst 9 ktCO₂e has already been achieved, national policy and action (e.g. grid decarbonisation) will enhance this.

Section 3: BLMK CARES: The Green Plan

Our progress so far, what BLMK partners and residents say is important, and the remaining challenges tell us that, for our ICS Green Plan refresh in 2025, we need to go further than before.

More than delivering net zero services

“People, Places and Planet” is about a different mind-set, that the best possible health for all, and the highest value healthcare, can **only** be achieved by living in harmony with our environment. In developing this ICS Green Plan, colleagues, partners, VCSEs and members of the public [identified a number of recommendations](#). Mapping these to the [principles](#) of a sustainable health and care system, we have developed a broad programme to support this Green Plan. These “SMART^{iv}” activities address one or more of the vision statements, [People](#), [Places](#) and [Planet](#), and the [Foundation](#). So, they have been grouped into four main programme areas that are most likely to be delivered together: BLMK CARES (Figure 6), mapped to the vision (Figure 7).

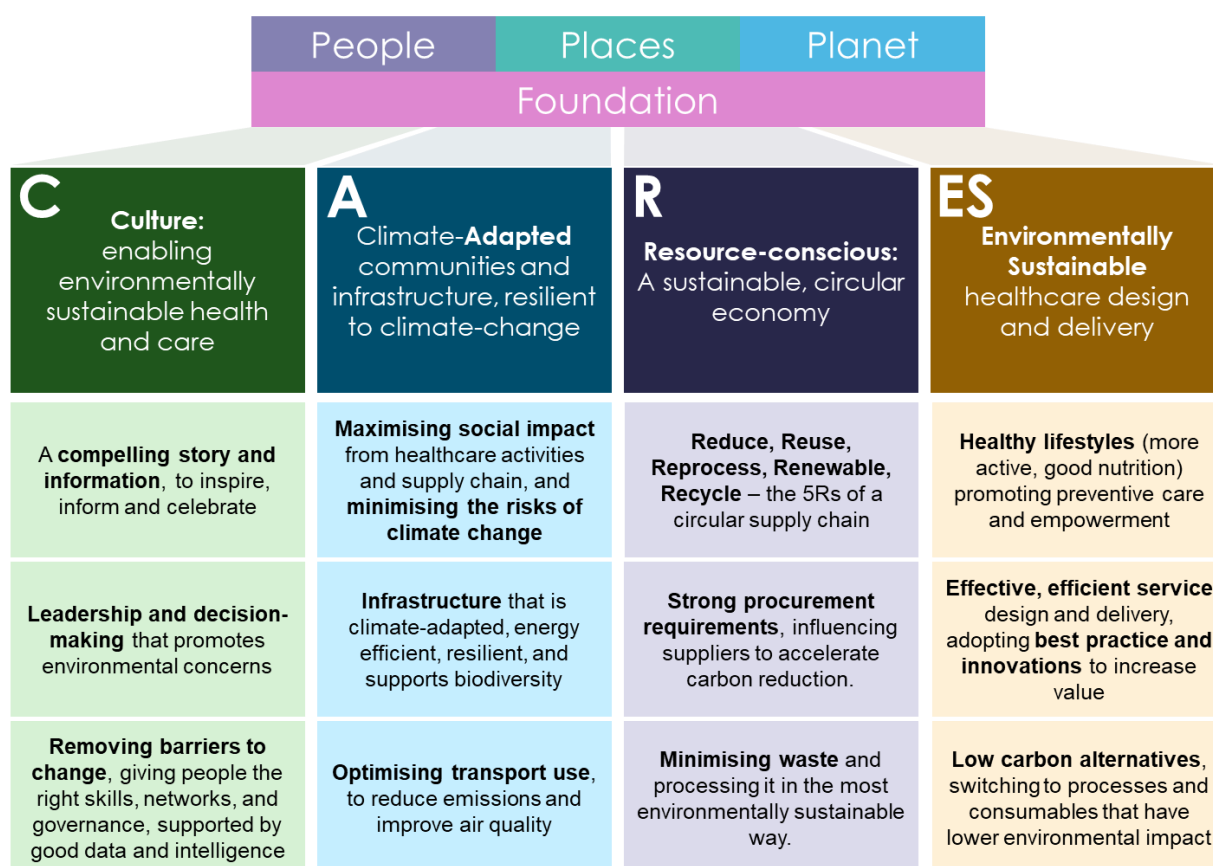


Figure 6: People, Places, Planet: BLMK CARES – The ICS Green Plan

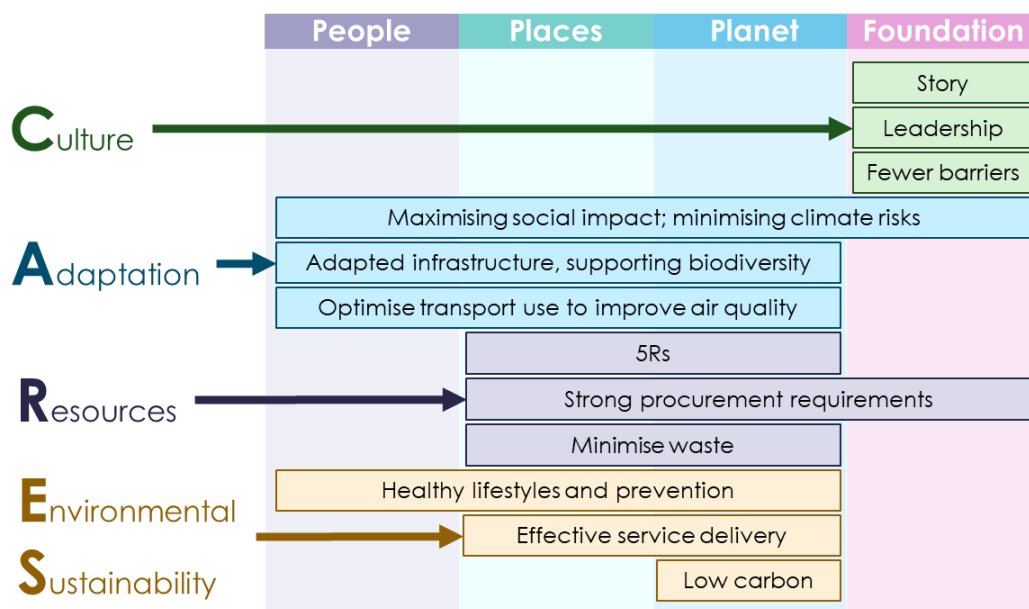


Figure 7: BLMK CARES: mapping the Green Plan activities to the vision.

Reducing NHS emissions faster than ever, to meet the national targets

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 an 80% reduction in emissions^v by 2032 (with an aspiration to do so by 2028^{vi}).
- CF emissions will need to reduce by >7.5% of our current emissions in each year to 2032^{vii}.

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, requiring:

- an 80% reduction in emissions^v by 2039 (with an aspiration to do so by 2036^{vi}).
- CF+ emissions to reduce by ~6% of our current emissions in each year to 2039^{vii}.
- All organisations delivering NHS services in BLMK to reach net zero by 2045.

Addressing Population Health

As with all system strategies, the ultimate purpose of the ICS Green Plan is to address population health outcomes to improve healthy life expectancy, and reduce inequalities in life expectancy, particularly by **reducing preventable premature mortality, whilst reducing waste and carbon emissions from healthcare services**. Figure 8 demonstrates schematically how the main activities described in the Green Plan map against the wider determinants of health (socio-economic, health behaviours, physical environment, and health and care delivery), 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.

Implementing the BLMK ICS Green Plan should avoid the deaths of at least 30 people internationally every year by reducing emissions over the next three years, 60 or more by meeting the 2032 national emissions targets, and 300 or more by reaching net zero. It is difficult to attribute morbidity and mortality directly. However, according to the [Health Impact Assessment](#) of the 2022 BLMK Green Plan, actions in the Delivery Plan should further reduce illness and deaths through reduced air pollution, more physical activity and better diets, and less waste entering biosystems.

^v relative to the 1990 baseline

^{vi} Equivalent to a ~47% reduction against the 2019/20 NHS CF and ~73% against NHS CF+

^{vii} Assumes a ~5% reduction for CF, and no reduction for CF+ during 19/20 - 24/25, and 2% annual growth in activity.

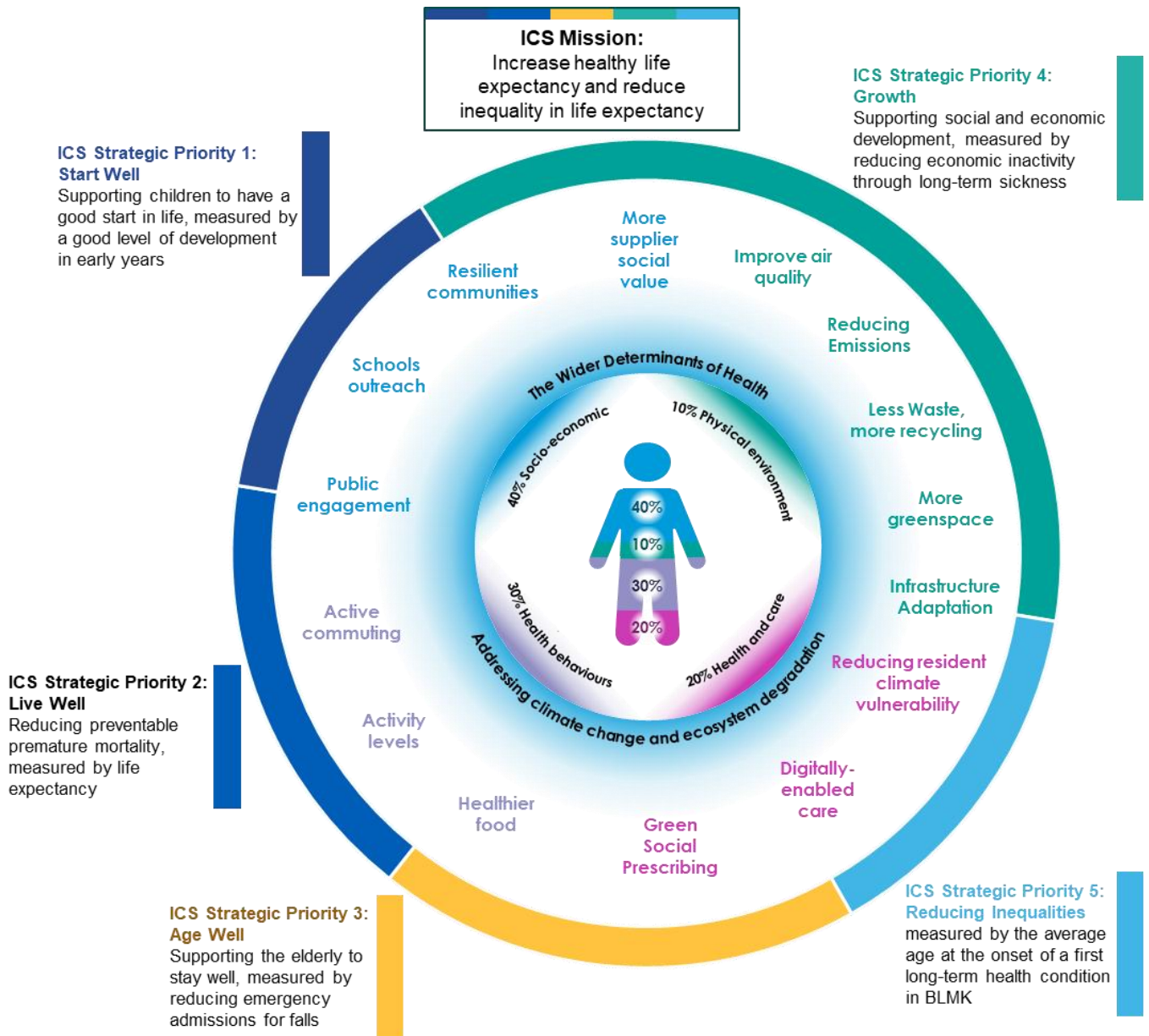


Figure 8: Mapping ICS Green Plan activities to ICS Priorities and Population Health Outcomes

Delivering the ICS Green Plan

The programme of activities for delivering the ICS Green Plan is set out in the following pages.

Further detail is contained in a “Delivery Plan” in the [Annex](#), including how activities align to the [Green Plan guidance](#). Some activities have quantifiable targets, others will need further work and the calculation of baselines. The partners of the ICS will work together to implement the Delivery Plan, continuously learning about what works and what we have not previously considered. This continuous improvement approach means we are always learning and changing our approach to become even more environmentally sustainable.

The ICS Green Plan itself will become the standard for BLMK, not just for 2025-2032, but beyond. The intent is not to fundamentally re-write the entire Green Plan after 2032, but to refresh the activities in the Delivery Plan underpinning it, at least every 3 years, based on new evidence that comes to light.

The acute Trusts will use this Green Plan as their own, adopting and supporting activities and creating additional local actions aligned to the plan as required.

C

Culture enabling environmentally sustainable health and care

A supportive culture encourages ownership and action from all, and can be nurtured with a compelling and motivating narrative, removing barriers to change (e.g. providing skills and data analysis), and leaders role-modelling and making decisions with sustainability in mind. During 2022-2025, partners created green champion networks, held seminars and celebrations with hundreds of people, communicated by newsletters and videos, supported awareness days, and trained more than 60 people in specialist sustainability knowledge and skills. The aim for 2025 onwards is to go further, embedding sustainability in more of the business and culture of health and care to create even more of movement.

| Activities to achieve the aim | | Led by | By when | Measured by... | Lowers CO ₂ e |
|--|---|----------------|--------------------|---|--------------------------|
| C1 | A compelling story and information | | | | |
| A | By 2028, 95% of staff polled will state they have an increased awareness and commitment to change (relative to 2025/26 baseline) | | | | |
| Communicate with staff monthly and residents at least quarterly , and outreach together to schools, VCSEs and SMEs at least quarterly , initially through existing channels managed by LAs, to increase knowledge of the links between health and climate, and promote action. | | ICB and Trusts | Sep 2025 (ongoing) | Awareness rating in surveys. # of outreach events. | |
| C2 | Leadership Planning and Decision-making | | | | |
| A | From Apr 2025, all major service changes within the NHS in BLMK will address environmental and social impacts | | | | |
| All ICS services changes, and all new and refreshed policies and strategies (e.g. Joint Forward Plan, Infrastructure Strategy, Digital Strategy, Primary Care Prevention Delivery Plan) will assess for environmental and social impact (initially qualitative, aiming to quantify impacts in carbon terms from Apr 2025 onwards). Trusts will do likewise from April 2026. | | ICB | Apr 2025 (ongoing) | # of service changes with a social and environmental impact assessment. | |
| Accountability for delivery of the ICS Green Plan will be embedded within ICB functions. This will include setting objectives with ICB directorates and workstreams, ensuring oversight forums (e.g. the Health and Care Professional Leadership Group) review environmental impacts, and training executive and non-executive members in sustainable healthcare principles. | | ICB | Sep 2025 (ongoing) | | |
| C3 | Removing barriers to change | | | | |
| A | We will collaborate to maximise the sustainability resource available to the ICS to increase the pace of change, supporting 100% of the workforce to become sufficiently sustainability-literate according to their role to deliver change locally. | | | | |
| Provide the right skills and knowledge for the right job, with: | | | | | |
| a) system sustainability teams working in a single matrix to co-deliver projects | | | Apr 2026 | | |

| Activities to achieve the aim | Led by | By when | Measured by... | Lowens CO ₂ e |
|--|----------------|--------------------|--|--------------------------|
| b) developing at least 2.5% (and aiming for >3%) of the workforce with enhanced sustainability knowledge (champions, local leaders, experts, green project team members and others ^{viii}). | ICB; Trusts | Mar 2028 | # of staff identified as champions, leaders or sustainability leads | |
| c) creating system clinical sustainability leadership of >1 wte (across various organisations). | | Apr 2027 | | |
| d) 100% of staff receiving a basic level of knowledge and skills appropriate to their role ^{ix} (through organisational values, at recruitment, induction, formal learning, and objective-setting). | | Apr 2026 (ongoing) | | |
| e) providing guidance and ideas to organisations to address regulatory requirements (e.g. CQC) | | Dec 2025 | | |
| Focusing on Green Plan initiatives that have a rapid and easily-delivered financial, productivity or quality return, supporting the “ three shifts ”, including: | ICB; Trusts | From now | Financial and carbon savings made through sustainability initiatives | |
| a) collaborating on identifying and bidding for external funding | | From now | | |
| b) considering the creation of a BLMK “Green Fund”, reinvesting a proportion of financial savings made through sustainability initiatives in further green projects | | Apr 2026 (ongoing) | | |
| Creating self-sustaining expertise through: | ICB and Trusts | | # of staff trained in sustainability. Attendance at network events. | |
| a) A “Green-Skills Faculty” – experts from ICS partners delivering sustainability training | | Jan 2026 | | |
| b) incorporating “ SusQI ” concepts into the BLMK “Quality Improvement” faculty and tools | | From now | | |
| c) BLMK-wide sustainability networks (including clinical) meeting at least quarterly | | From now | | |
| B Measure progress in “triple-bottom-line” (environmental, social, and financial) impacts, identifying gaps in achieving net zero ambitions. | | | | |
| Measure our direct carbon emissions at least annually ^x , projecting forward known reductions to identify the likely system gap to achieving net zero within the required timeframes . | ICB; Trusts | Mar 2026 | Delivery of milestones and products. | |
| Report annually on progress against BLMK emissions, and address any NHS reporting requirements (e.g. Task-Force on Climate-Related Financial Disclosures). This will support working towards full triple-bottom-line and health-impact reporting | ICB; Trusts | Apr 2026 (ongoing) | | |
| Support local authorities and public health functions in incorporating the impact of environmental impacts on health within Local Plan health needs assessments. | ICB | From now | | |

^{viii} This will include sustainability leads, green plan theme leads, managers and directors overseeing environmental sustainability objectives, teams working on implementing green pathway best practice (e.g. [GreenED](#)), those taking enhanced sustainability training, and green network attendees. See Delivery Plan for rationale.

^{ix} from simple awareness through to sustainability expert, depending on the role.

^x Emissions from controllable sources (“NHS Carbon Footprint”) are calculated annually by NHS England.

A

Adapted communities and infrastructure, resilient to climate change

Even if all countries were successful with their [net zero ambitions](#), average summer temperatures in BLMK [could be 5.5°C higher](#) by 2070. We cannot rely on climate change being halted so we must adapt our behaviours, processes and buildings to a different climate. During 2022-2025 BLMK partners began the process of creating adaptation plans, understanding the likely [health impact](#) of climate change and our ICS Green Plan, risk assessing and projecting future impacts of climate change, decarbonising buildings, and testing ways to reduce travel emissions. For 2025 onwards we will ensure these things are taken forward, working with emergency planning teams, public health, adaptation leads, commissioners and service transformation leads to embed aims in dedicated plans to meet national goals and make services more resilient.

| Activities to achieve the aim | | Led by | By when | Measured by... | Lowens CO _{2e} |
|--|--|-------------------------|----------|---|-------------------------|
| A1 Maximising social impact and minimising climate risks for communities and organisations | | | | | |
| A Improve the level of climate adaptation planning across organisations and communities | | | | | |
| Committing least 0.5% ^{xi} of their annual sustainability resource (expertise or volunteer time) to support communities and community groups/organisations to adapt to climate change, supporting at least one community/group by March 2028. | | ICB and Trusts | Mar 2028 | # of adaptation plans in place. | |
| All NHS Trusts will have Adaptation plans in place, separate from business continuity plans, linked to Emergency Planning functions, based on a local risk-assessment of climate risks to service delivery, monitored annually, and refreshed at least every 3 years. | | Trusts | Dec 2025 | Sustainability team time spent supporting local communities | |
| Identify local market capacity to provide goods and services for “addressable lines ^{xii} ”, then set a future aim to increase the amount spent in the local economy, and reduce transport emissions. | | ICB, LAs, Trusts | Mar 2027 | Amount of local spend. | |
| A2 Infrastructure: healthy and climate-adapted design, supporting biodiversity | | | | | |
| A Reduce emissions from built healthcare environment in line with net zero goals and building standards | | | | | |
| All NHS Trusts operating within BLMK will improve efficiency and reduce emissions, including: | | | | | |
| a) Creation and implementation of best practice decarbonisation plans, incorporating national guidance (including the NHS Estates Net Zero Carbon Delivery Plan, and Biodiversity Net Gain), ensuring all new refurbished buildings plan to meet Net Zero Building Standards . | | Trusts and NHSPS | Mar 2026 | Emissions from energy / heating by source. | ✓ |
| b) An assessment of the evidence base (e.g. studies by Greater South-East Net Zero Energy Hub) to identify opportunities to increase the use of heat networks, solar energy, heat pumps, | | ICB with Trusts | Mar 2026 | LED coverage. Water use | |

^{xi} Approximately 1 day per year for each full-time-equivalent post.

^{xii} Addressable spend is that where organisations could change to other suppliers; this will exclude consumables procured by centralised bodies such as NHS Supply Chain.

| Activities to achieve the aim | | Led by | By when | Measured by... | Lowers CO ₂ e |
|---|--|------------------|-------------------|--|--------------------------|
| insulation, passive heating and cooling, water saving devices, and building management, incorporating specific actions into the ICS Infrastructure Strategy. | | | | | |
| c) an increase in LED coverage by >10% per year, aiming for 100% coverage by 2028. | | Trusts | Dec 2028 | | ✓ |
| The ICB, with ICS healthcare partners, will map healthcare organisation greenspace, identifying opportunities to improve quality of the greenspace and tree cover. | | ICB | Mar 2026 | Healthcare greenspace area | |
| A3 Optimise transport use to reduce emissions and improve air quality | | | | | |
| A | NHS Trusts will aim to reduce commuting emissions by 50% by 2033 (as per the national Travel and Transport strategy) | | | | |
| The ICS partners will develop a sustainable (place-based) travel strategy for BLMK linked to, or covered by, local authority Local Transport Plans. | | ICB; LAs | Dec 2026 | Local and on-site air quality (where feasible). | |
| ICS partners will use the Clean Air Framework to work towards becoming a ‘Clean Air System’ | | ICB | Mar 2026 | | |
| Help 20% of staff currently commuting by sole-occupied internal combustion engine vehicles to shift to lower carbon forms of transport (e.g. public or active modes) through awareness of the Sustainable Travel Hierarchy, and promoting / incentivising alternatives (for example public transport discounts, car-sharing, salary-sacrifice). | | Trusts | From now | % of staff commuting by transport mode | ✓ |
| All vehicles on salary sacrifice schemes to be electric or zero-emission vehicles ^{xiii} . | | NHS | Dec 2026 | | ✓ |
| B | Reduce emissions from fleet and business travel (non-ambulance NHS fleet to be net zero by 2035, 50% of total ambulance fleet to be net zero by 2036, and all fleet to be net zero by 2040.) | | | | |
| All new fleet vehicles (owned or leased, excluding dual-crewed ambulances (DCAs)) to be zero-emission vehicles (ZEV) from 2030 and all new DCA fleet to be net zero from 2035. | | Ambulance Trusts | Dec 2030 and 2035 | % of fleet that is ZEV | ✓ |
| All Trusts will improve fleet management and use, including exploring opportunities to: | | Trusts; ICB | | Business / fleet travel distance and emissions by vehicle type | ✓ |
| a) improve efficiency of patient transport, collection and delivery services (pathology, supplies) | | | Mar 2028 | | |
| b) use e-bikes for community visits in urban areas, where feasible | | | Sep 2026 | | |

^{xiii} with agreement with staff side representatives, and in line with NHS England's Travel and Transport plan.

Resource-consciousness: a sustainable circular economy

At least 60% of healthcare carbon emissions come from the supply chain. Waste – the product of a process that is no longer valuable to society – is created during production, transport, and use of consumables, and its disposal pollutes our environment. This means we must be more resource-conscious, moving from a “linear economy” (where products are used and then thrown away) to a “circular economy” (where materials are used again and again, without throwing anything away) by using less, reusing and recycling more, and shifting to renewables. During 2022-2025, partners made many low-carbon switches, started dedicated programmes to appropriately reuse equipment, and reduced waste emissions. For 2025 onwards we will broaden this to include more product lines and accelerate the drives to improve value in the supply chain.

| Activities to achieve the aim | | Led by | By when | Measured by... | Lowens CO _{2e} |
|---|---|-----------------|--------------------|--|-------------------------|
| R1 | 5 Rs of procurement: Reduce, Reuse, Reprocess, Renewable, Recycle | | | | |
| A | Reduce use of consumables through process and behaviour change | | | | |
| Reducing nitrous oxide (N ₂ O) use (including N ₂ O / oxygen mix) by 50% using the N ₂ O toolkit. | | Trusts | Mar 2028 | N ₂ O volume. | ✓ |
| Initiating or accelerating clinically-appropriate personal protective equipment (gloves, masks, aprons, or other PPE)-reduction improvement projects in 2025/26, aiming to reduce glove usage from these tests by 10% by Sep 2026, scaling and spreading during 2026-2028 | | NHS | Mar 2026 | Reduction in PPE use (by project) | ✓ |
| B | Reduce use of consumables by increasing reuse of existing items | | | | |
| All NHS Trusts issuing walking aids will participate in a system-wide or trust-specific Walking Aid Return and Reuse scheme by March 2026, with a 60% return rate by 2028. | | Trusts | Mar 2028 | # of single-use items used (by project). | ✓ |
| Implementing a system-wide office asset reuse scheme. | | ICB | Sep 2025 | | ✓ |
| Implement best practice in consumable reuse and reusable alternatives (including bed linen, tourniquets, pulse oximeters, cool sticks, sharps bins, meal sets, theatre gowns and caps). | | Trusts | Mar 2027 | Carbon and cost savings. | ✓ |
| C | Reduce use of consumables by switching to re-processable alternatives | | | | |
| Scale and spread best practice in medical device reprocessing schemes | | Trusts | From now | Device # / cost | ✓ |
| D | Move to products made with renewables and recyclables | | | | |
| Through agreement <i>via</i> the BLMK Procurement Participation Group, review and test best-practice approaches to “choice-editing ^{xiv} ” to remove or deprioritise less-sustainable items. | | ICB with Trusts | Mar 2027 (ongoing) | # of items removed | ✓ |
| E | Reduce waste emissions by recycling more | | | | |

^{xiv} removing or deprioritising less-sustainable consumables from purchasing systems, where there is no additional clinical or significant financial value.

| Activities to achieve the aim | | Led by | By when | Measured by... | Lowers CO ₂ e |
|---|--|-------------------------|--------------------|---|--------------------------|
| Reduce valuable materials entering inappropriate waste streams, including through waste segregation at source, implementing the Simpler Recycling reforms for non-clinical waste and identifying ways to improve recycling rates (including inhalers and blister packs). | | All ICS partners | From now | Recycling rates, by waste type. | ✓ |
| R2 | Strong procurement requirements and influence | | | | |
| A | NHS organisations to increase the sustainability of the supply chain | | | | |
| Increase the value of supplier social value (SV) commitments supporting Sustainable Procurement Practices outcome in the UK Social Value Model (from a 2025/26 baseline) | | ICB and Trusts | Mar 2026 (ongoing) | Value of supplier SV | |
| Ensure all suppliers meet the NHS Net Zero supplier roaGPSTARp , including: | | | | # and % of suppliers completing Evergreen assessments, and average maturity level | |
| a) ensuring adherence to the Carbon Reduction Plan requirements | | All | From now | | ✓ |
| b) embed narrative within procurement processes and contracts (including non-scored questions about current level), to encourage progress against the Evergreen Assessment . | | ICB with Trusts | Sep 2025 (ongoing) | | |
| c) engage the top 10 suppliers with addressable spend ^{xii} and emissions, and a representative sample of smaller suppliers not currently using Evergreen, to understand the barriers and limitations of the Evergreen Assessment, and encourage progress. | | | Dec 2026 | | |
| R3 | Minimise waste | | | | |
| A | Reduce waste-related emissions to top-quartile amongst system peers | | | | |
| NHS Trusts will have 0% domestic waste to landfill | | Trusts | Mar 2028 | Waste volumes | ✓ |
| Reduce food waste from food provided to patients by 50% across providers (baseline required), aiming for <2% on acute healthcare sites, through digital meal ordering, awareness campaigns, and on-site composting where appropriate. | | Trusts | Mar 2027 | Waste quantities | ✓ |
| ICS partners will reduce medicines emissions by action on overprescribing, polypharmacy, disease control, education campaigns 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), and eliminating the use of medicines of low clinical value ^{xv} . The ICB will support developing baselines for programmes and projects to understand and maximise the environmental benefit. | | Trusts and Primary Care | Mar 2028 | Medicines volumes, waste and cost (by project) | ✓ |

^{xv} Activities relating to these have been captured in the 2025/26 Prescribing Incentive Scheme

Environmentally Sustainable health and care design and delivery

A system can [be more sustainable](#) if it: a) **prevents** illness or exacerbation of existing conditions, and **empowers people** to look after themselves, to improve care quality and reduce demand for high-resource services; b) 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) and c) Uses **low-carbon resources**, with lower emissions, from more-sustainable, more ethical, and less-polluting sources. During 2022-2025, BLMK partners reduced inhaler emissions, made low-carbon switches and started to impact-assess decisions. For 2025 onwards we will embed an understanding of the environmental impact in all our decisions, driving efficiency through implemented best practice and innovations and reach median or higher quartile performance relative to our peers.

| Activities to achieve the aim | | Led by | By when | Measured by... | Lowers CO ₂ e |
|--|--|----------------------------------|-----------------------------------|--|--------------------------|
| ES1 Healthy lifestyles, preventative healthcare, and self-empowerment | | | | | |
| A Supporting residents and patients to look after their own conditions | | | | | |
| Implement the Primary Care Prevention Delivery Plan and measure the environmental benefit. | | ICB; Public Health; Primary Care | From now | Reduction in emissions and healthcare use (by project). Patient wellbeing. | ✓ |
| Provide better health support for those vulnerable to impacts of climate change, using data and identifying best practice models to test out in BLMK. Milestones to include identifying priority cohorts (Sep 2026) and agreeing an approach (Apr 2027). | | | Mar 2028 | | ✓ |
| Increasing number of patients with a “patient-initiated follow-up” (PIFU) to 5% (top quartile), whilst maintaining or minimising activation rates. | | Trusts | Mar 2027 | | ✓ |
| B Increased uptake of low-carbon food at hospital sites | | | | | |
| Encourage staff and patients to choose more lower-carbon meals on-site, aiming for 10% increase in uptake (through best practice such as “Plants-First” , on-site campaigns on the health and environmental benefits, incentives, digital meal ordering and seasonal menus.) | | Trusts | Mar 2027 | Uptake of lower-carbon meals. Cost per meal. | ✓ |
| C Reduce use of higher carbon medications | | | | | |
| Develop a plan to increase Green Social Prescribing (GSP), based on understanding the baseline and a benefits analysis, setting a future aim to increase GSP rates. | | ICB with LAs | Mar 2027 | GSP rates. Medicines use. | ✓ |
| Primary care inhaler emissions per Short-Acting Beta Agonist (SABA) inhaler will reduce from 18 kgCO ₂ e in March 2025 across all inhaler prescribers, through: | | Trusts and Primary Care | Mar 2026 (15kgCO ₂ e); | Inhaler prescriptions and associated emissions. | ✓ |
| a) optimising respiratory care in line with NICE asthma and chronic obstructive pulmonary disease clinical guidance | | | | | |
| b) shifts to lower-carbon pressurised Metered-Dose Inhalers (pMDIs) and alternatives, exploring bulk switches of low-risk patients. | | | Mar 2028 (12kgCO ₂ e) | | ✓ |

| Activities to achieve the aim | | Led by | By when | Measured by... | Lowers CO ₂ e |
|--|---|------------------------------------|--------------------|--|--------------------------|
| c) better disease control, including the use of “MART” ^{xvi} inhalers | | | | | ✓ |
| ES2 Effective, efficient and financially sustainable health and care service delivery, adopting best practice to increase value | | | | | |
| A | Best Practice in Sustainable Health and Care to reduce emissions associated with operational service delivery | | | | |
| Best practice healthcare in BLMK, highlighting short- and long-term financial return on investment as well as environmental, social and health benefits, through: | | ICB (with Trusts and Primary Care) | | | |
| a) continuous review and adoption of best practice interventions from BLMK and outside, developing with Health Innovation East an innovations pipeline for trial in BLMK | | | From now | # of interventions adopted. | ✓ |
| b) adopting guidance for Infection Prevention and Control, outlining opportunities to reduce carbon while maintaining or improving infection control rates. | | | Mar 2026 | Cost. | |
| c) ensure energy and equipment is only used when required (including safely powering-down equipment overnight, such as Heating Ventilation and Air Control (HVAC) systems, anaesthetic scavenging, and PCs, and improving ventilation and indoor air purification). | | Trusts; Primary Care | From now | Reduction in energy use and emissions | ✓ |
| d) implementation of GIRFT Greener bladder cancer care , the Green Theatre Checklist , GreenED , Net zero mental health care and other similar guidance | | Trusts | From now | Emissions (by project) | ✓ |
| e) increasing clinically-appropriate virtual consultations (VCs), aiming for peer median rates. | | Trusts | Mar 2027 | VC rates. | ✓ |
| The ICB will work with primary care networks (PCNs) to identify local sustainability initiatives that will reduce emissions, save money, and improve patient and staff experience, incl. reducing consumables, energy use, building efficiency, medicines use and waste, and proactive care for patients vulnerable to climate change. ^{xvii} | | ICB with PCNs and NHSPS | From now | # GP practices engaged. Carbon and cost. | ✓ |
| B | Care pathway transformation | | | | |
| All pathways undergoing transformation will use sustainable healthcare principles and set targets to reduce environmental impact and greenhouse gases emissions as a core objective of the work (commencing with transformation priorities in the BLMK Health Services Strategy .) | | ICB | Sep 2025 (ongoing) | # projects with environmental objectives. | |
| The ICB will ensure the ICS Digital Strategy (which incorporates the What Good Looks Like framework) will deliver a carbon benefit, baselining the Information and Communications Technology footprint in line with Sustainable Technology Advice and Reporting guidance . | | ICB | Mar 2026 | Emissions and waste reduction (by project) | |
| Existing and future digital programmes will measure the carbon and water use and other environmental impacts of digital technologies as projects are enacted. | | ICB | From now | | ✓ |

^{xvi} Maintenance And Reliever Therapy; see <https://www.asthmaandlung.org.uk/symptoms-tests-treatments/treatments/mart> [Accessed 5 March 2025].

^{xvii} This will form a Primary Care Green Plan, a recommendation supported by the BLMK Primary Care Delivery Group in October 2024

| Activities to achieve the aim | | Led by | By when | Measured by... | Lowers CO ₂ e |
|--|---|----------------------------|------------|-------------------------|--------------------------|
| ES3 | Use low-carbon alternatives to reduce emissions | | | | |
| Many low-carbon alternatives are referenced in other sections. ICS partners will continually explore and assess other low-carbon alternatives for adoption within BLMK, including: | | Trusts; Primary Care | March 2026 | Carbon and cost savings | ✓ |
| a) Pre-operative paracetamol – shift from intravenous to oral | | | | | |
| b) Alcohol-based hand rubs in place of traditional scrub solutions | | | | | |
| c) On-site composting / food waste to energy | | | | | |

Phasing our activities

Given the current challenges facing the health and care sector in England, the UK and the world (socially, economically, and politically), and the increasing demand for healthcare, implementation of the Green Plan will not be linear. Initial focus will be on areas that have fewer barriers relative to the size of the opportunity, particularly those that contribute to addressing other risks to service delivery: quality, activity and finances.

[Appendix 2: Opportunity analysis](#) outlines the biggest opportunities and an estimation of the relative effort. Each initiative will require a detailed understanding of the costs of implementation (financial or otherwise) prior to commencing work. Opportunities outlined so far only achieve part of what is required (33% of emissions we can directly control, and only 9% of the total Carbon Footprint Plus) – further efforts will be required to calculate the impact of initiatives such as the move to reusable consumables, and to identify further opportunities.

“What can and should I do?”

Even if you are not directly involved in delivering **BLMK CARES**, you can help us achieve net zero, whether a patient or resident, a member of staff, or one of the broader system partners, by following the “Reduce, Reuse, Recycle” mantra. Here are some things you can try:

- Talk to your friends and your colleagues: ask yourselves if you really need to do an activity, or if there’s a more sustainable way to do it. What can you stop doing or do without; what could be switched off; and is the way you’ve always done something the only way?
- Ask your healthcare professional if there are environmentally sustainable treatment methods with the same clinical outcomes; talk to your doctor about your medication and any you have stored at home; ask about whether you can see your doctor virtually if appropriate. Your views and choices matter for your care, as well as the environment.
- Use medicines as directed; try not to stockpile (talk to your healthcare professional if you are worried about supply); take waste medicines to the pharmacy for safe disposal (some high-street pharmacies accept empty blister packs too).
- Try to be more sustainable and healthier with your choices – walk or cycle if only travelling a manageable distance; take public transport if you can; join a group that will increase your social connections and activity levels; consider plant-based foods more often.
- Finally, be proud of what you do achieve.

Section 4: Governance

Figure 9 outlines how Green Plan progress will be governed; the ICB Board has overall accountability for delivery, reporting to the BLMK Health and Care Partnership.

The ICS Green Plan Leadership Group^{xviii} is the main forum for oversight; chaired by the ICB Non-Executive Green Champion, it will consist of ICB executive and senior leads (including but not restricted to the Senior Responsible Officer for the ICS Green Plan, chief finance officer, chief medical officer, and accountable emergency officer), sustainability leads from Trusts and local authorities, and directors and theme-leads responsible for key workstreams^{xix}.

All boards and leadership functions are responsible for supporting delivery of the Green Plan goals alongside their other objectives; the Green Plan activities are expected to support delivery of healthcare's quality, inequality, financial and social objectives and thus will complement and contribute to the ICS priorities.

Additional oversight will be provided by embedding environmental sustainability impact within ICS and ICB functions, including the Health and Care Professional Leadership Group (previously Clinical Senate) and approval processes for healthcare policies, strategies and change projects.

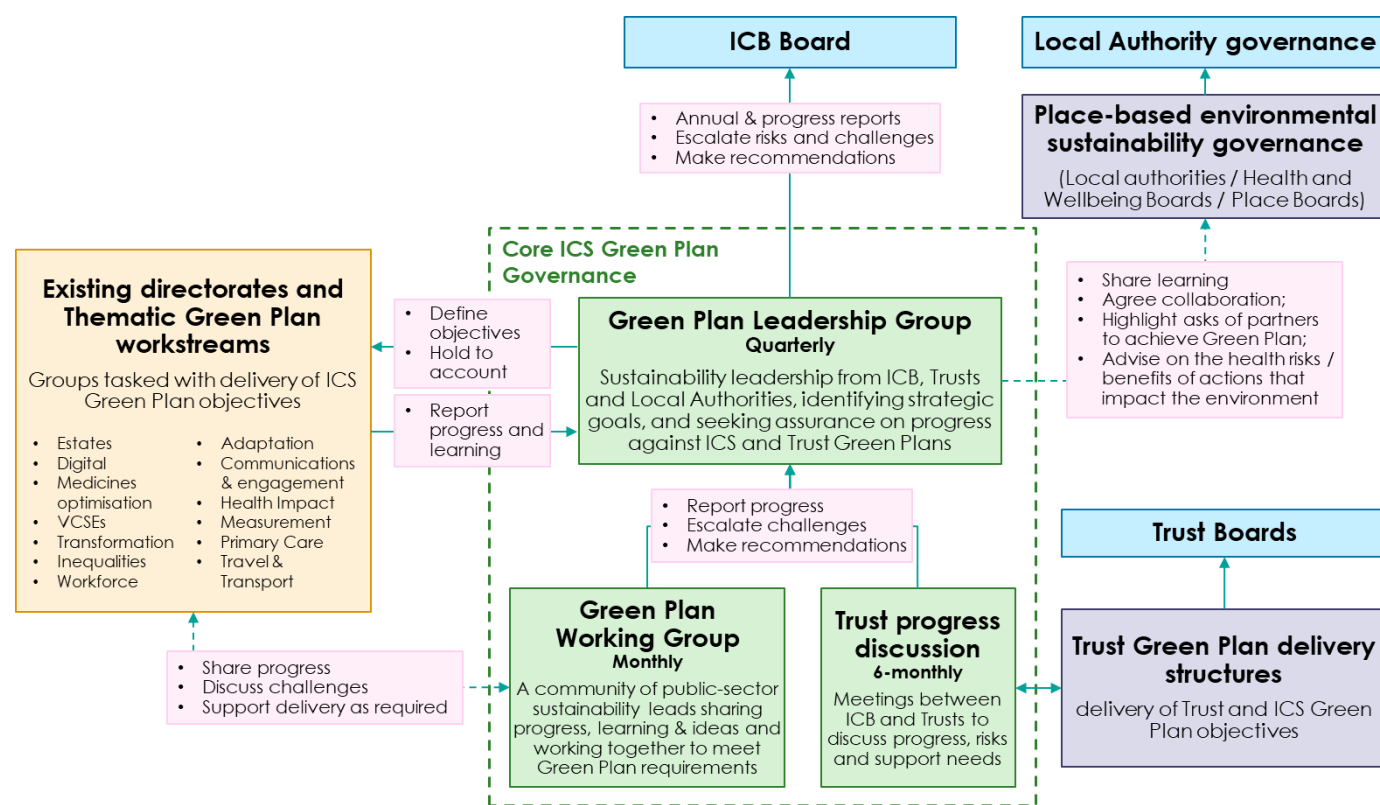


Figure 9: ICS Green Plan governance

How we will measure success of the Green Plan

Progress will be monitored by the ICB sustainability team, using metrics gathered from a variety of sources. Quarterly reports will be made to the Green Plan Leadership Group, and an Annual Report, in line with the requirements of the Taskforce for Climate-Related Financial Disclosures, to the ICB Board.

Each item in the Green Plan and supporting Delivery Plan (Annex) has an associated set of measures. Where possible, actions will be measured in terms of emissions, but proxy measures may be used where emissions are not impacted, where there is a direct correlation between metric

^{xviii} a refreshed version of the current Environmental Sustainability System Leadership Group

^{xix} including estates, supply chain and procurement, medicines optimisation, adaptation and business intelligence

and emissions, or where the data is difficult to obtain. [Table 1](#) outlines various Process measures (things counted to show action is being taken), Outcome measures (demonstrating the impact being achieved), and Balance measures (to monitor unintended consequences), along with an Aim for each metric.

Aims will evolve over time, overseen by the Green Plan Leadership Group, based on what is achieved and continuous learning. A formal review of the Green Plan will occur at least every three years, with the first in or before 2028.

| The Green Plan will be measured by: | | Type | Unit | Aim ^{xx} |
|--------------------------------------|---|-----------|---|--|
| Carbon footprint | Total (CF and CF+) | Outcome | ktCO ₂ e | ↓ by 22% ^{xxi} (77 ktCO ₂ e) by 2028 |
| | Per head of population | Outcome | CO ₂ e per person | ↓ below 400 tCO ₂ e ^{xxii} |
| Anaesthetic gases | Volume used by type | Process | litres | ↓ by 50% of N ₂ O use |
| | Emissions | Outcome | tCO ₂ e | |
| Inhalers (by inhaler type) | Items prescribed (by type) | Process | Number | n/a |
| | Emissions (also per inhaler, by type) | Outcome | kgCO ₂ e (total and per inhaler) | ↓ to 12 kgCO ₂ e per inhaler |
| Sustainable Procurement | Social Value | Committed | Process | ↑ ^{xxii} |
| | | Delivered | Outcome | ↑ ^{xxii} |
| | Walking aid returns | | Outcome | Number, and tCO ₂ e saved |
| Fleet Zero Emissions Vehicles (ZEVs) | Vehicle type | Process | Number of ZEVs | ↑ to 100% by 2030 |
| | Emissions | Outcome | kgCO ₂ e (also per mile) | ↓ to 0 by 2035 (non-DCA) |
| Energy | Energy efficient activities | | Process | e.g. LED coverage; heat pumps installed |
| | Energy used | | Outcome | kWh |
| | Emissions | | Outcome | tCO ₂ e |
| Waste | Disposal (by route) | | Process | n/a |
| | Food waste | | Process | tonnes |
| Water | Use | | Process or Outcome | litres per patient |
| Skills | Staff trained in sustainability | | Process | Number |
| Finance for sustainability | New funding attracted | | Process | ↑ ^{xxii} |
| | Funding spent on sustainability actions | | Balance | £ |
| | Return on investment | | Outcome | Positive |

Table 1: BLMK ICS Green Plan 2025-2032 metrics

^{xx} by 2028 unless stated; baseline 2019/20 unless stated otherwise.

^{xxi} based on national target as described [in the section on emissions-reductions, above](#), and relative to 2019/20 baseline, factoring in 16.3% reductions in directly-controllable emissions already achieved and annual growth of 2% year on year.

^{xxii} baseline / aim to be further developed.

^{xxiii} various initiatives

All ICS partners have differing roles to play in delivering this ICS Green Plan:

The ICB and the two acute Trusts will be held to account for delivery of the Green Plan and underpinning Delivery Plan actions, with wider partners supporting as set out below.

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

- Ensure there is always a board-level Senior Responsible Officer (SRO) (currently the Chief Finance Officer) to oversee the ICS Green Plan, and a clinical lead to oversee net zero clinical transformation.
- Provide system leadership and direction to other organisations, engaging system partners.
- Leading delivery of some collaborative projects, and support other partners, including primary care, to deliver against sustainability aims.
- Embed sustainability requirements within all system planning, commissioning and delivery functions, and seek assurance from others delivering improvements (monitoring through the provider contracts, including the NHS Standard Contract service condition 18).
- Coordinate some of the cross-system and cross-sector networking, sharing and collaboration, including through themed working groups.
- Oversee delivery via the existing ICS Green Plan Leadership Group (chaired by the ICB Non-Executive Green Champion).

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

- Use the ICS Green Plan and associated Delivery 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, identifying clinical leaders to oversee net zero clinical transformations.

The other NHS Trusts^{xxiv} 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, including a 6-monthly update to the Green Plan Leadership Group.

Public Health teams will:

- Provide expertise in population health improvement initiatives.
- Provide expertise in the latest evidence base.
- Collaborate on specific projects (for example reductions in inequalities and vulnerabilities).
- Support residents to become more climate-resilient through healthier lifestyles.

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).

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

- Continue to collaborate on developing and progressing a local Primary Care Green Plan.

^{xxiv} includes Cambridgeshire Community Services, Central and North West London Foundation Trust, East London Foundation Trust, East of England Ambulance Service Trust, and South Central Ambulance Service.

- Openly engage with the ICB to support achievement of system aims.

Supply Chain and private providers (incl. VCSE providers) will be expected to:

- Consider undertaking the voluntary Evergreen Assessment.
- Provide and progress Carbon Reduction Plans as required.
- Openly engage with the ICB to support achievement of system aims.

VCSE will be encouraged to:

- Consider their own role in improving health and wellbeing in harmony with the environment.
- Contribute to system decision-making supporting the environmental sustainability vision, through the BLMK VCSE Strategy Group

ICS partners will work with Members of the Public to:

- Help the ICB and Trusts understand how to make the ICS Green Plan more impactful.
- Coproduce specific activities (e.g. climate-resilient communities).
- Support residents to reduce their own impact across all wider determinants of health.
- Support the ICB to regularly engage with local resident groups and representatives, including our youth councillors.

Section 5: Further information

If you would like to find out more about the ICS Green Plan, including a glossary of the terms used in this document, or you have a suggestion for activities to help make BLMK a more-sustainable health and care system, please visit [the BLMK HCP environmental sustainability webpages](#) or email blmkicb.sustainability@nhs.net.



June 2025

Annex

Delivering The BLMK ICS Green Plan 2025-2032










This Delivery Plan sets out the detailed activities that will be undertaken to deliver the Bedfordshire, Luton and Milton Keynes (BLMK) vision of a sustainable health and care system (Figure 6). It complements and should be viewed alongside the main BLMK Integrated Care System (ICS) Green Plan 2025-2032. Actions are based on broad engagement and build on the recommendations from a system-wide seminar held in November 2024. 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, *via* their Green Plan Senior Responsible Officers (SROs^{xxv}), and incorporates all items from the [Green Plan Guidance](#). A large print version can be made available on request.

In this section, a key is used to indicate which vision statement is supported by the action:

Supporting the Vision statements: **P₁** = People | **P₂** = Places | **P₃** = Planet |  = enables vision |  = delivers against vision

Organisation (RASCI): **R** = Responsible (does the doing) | **A** = Accountable (Held to account for delivery) | **S** = Supporting (Helps Responsible or Accountable organisation) | **C** = Consulted (Provides advice / expert input) | **I** = Informed (notified of changes)





















Other: Primary care = 1° care, and refers to General Practice, Pharmacy, Optometry, and Dentistry.

| Activities to achieve the aim | | | | | | | | ICB | Acutes | Other Trusts | LAs | Primary care | Date | Supports vision | | | Measured by... | Greener NHS Theme | Main emissions category | Likely financial impact | Accountable lead (role) |
|--|---|----------------|---|---|---|---|--------|---|---|---|---|-----------------------------|-------------|-----------------|---|--|----------------|-------------------|-------------------------|-------------------------|-------------------------|
| P ₁ | P ₂ | P ₃ | | | | | | | | | | | | | | | | | | | |
| Culture enabling environmentally sustainable health and care | | | | | | | | | | | | | | | | | | | | | |
| C1 | A compelling story and information | | | | | | | | | | | | | | | | | | | | |
| A | By 2028, 95% of staff polled will state they have an increased awareness and commitment to change (relative to 2025/26 baseline) | | | | | | | | | | | | | | | | | | | | |
| /i | Refresh the communications and engagement plan and commence delivery, mutually amplifying messages across partner communications teams. | A | S | S | S | C | Sep-25 |  |  |  | % rating on sustainability awareness on staff surveys | 1. Workforce and Leadership | None direct | None | Sustainability and Growth (ICB CFO) | | | | | | |
| /ii | Create online resources to support staff, partners and residents to be more sustainable. | A | R | R | S | S | Dec-25 |  |  |  | % rating on sustainability awareness on staff surveys | 1. Workforce and Leadership | None direct | None | Sustainability and Growth (ICB CFO) | | | | | | |
| /iii | Communicate with staff monthly and residents quarterly on the link between health and environmental sustainability, emphasising the immediate positive benefits and celebrate progress. | A | R | R | S | C | Sep-25 |  |  |  | % rating on sustainability awareness on staff surveys | 1. Workforce and Leadership | None direct | None | Comms and Engagement (ICB Chief of Strategy and Transformation) | | | | | | |



^{xxv} In the case of the ICB and two acute hospitals, these are currently the Chief Finance Officers (CFOs).

| Activities to achieve the aim | | ICB | Acutes | Other Trusts | LAs | Primary care | Date | Supports vision | | | Measured by... | Greener NHS Theme | Main emissions category | Likely financial impact | Accountable lead (role) |
|---|---|-----|--------|--------------|-----|--------------|--------|-----------------|----------------|----------------|--|-----------------------------|-------------------------|-------------------------|--|
| | | | | | | | | P ₁ | P ₂ | P ₃ | | | | | |
| /iv | Work collaboratively with local authorities (LAs) and Voluntary, Community and Social Enterprise (VCSE) to outreach together to other organisations (schools, VCSEs, SMEs) at least quarterly, initially through existing channels managed by LAs, to: a) increase knowledge of the links between health and climate, and support a higher level of activation, so that individuals take more action on climate and health. b) seek views on how environmental sustainability should be incorporated into policies and decisions. | A | S | S | C | | Sep-25 | | | | # of people / organisations reached | 1. Workforce and Leadership | None direct | None | Sustainability and Growth (ICB CFO) |
| C2 Leadership Planning and Decision-making | | | | | | | | | | | | | | | |
| A | From Apr 2026, all major service changes within the NHS in BLMK will assess for environmental and social impact | | | | | | | | | | | | | | |
| /i | Use environmental impact assessment tools to aid decision-making, ensuring the likely impacts of decisions on the environment are always considered (initially qualitative, aiming to quantify impacts in carbon terms from Apr 2027 onwards), including within other evaluative and oversight forums such as the BLMK Health and Care Professional Leadership Group. | A | A | A | C | | Apr-26 | | | | # of documents including a social and environmental impact assessment. | 10. Governance | None direct | None | PMO (ICB Chief of Strategy and Transformation) |
| /ii | All key ICS strategies, policies and priority programmes being refreshed to reflect environmental impacts, receiving approval from the ICS Green Plan System Leadership Group, particularly Health Services Strategy, Joint Forward Plan, Infrastructure Strategy, Integrated Neighbourhood Working, Digital, Primary Care Prevention Delivery Plan, and population health and inequalities work. | A | | | | | Apr-25 | | | | # documents including a social and environmental impact assessment | 10. Governance | None direct | None | ICB Chief of Strategy and Transformation |
| /iii | Train all senior NHS executives and non-executives to understand the environmental impacts of their decisions. | A | A | A | | | Mar-26 | | | | # execs and non-execs trained | 1. Workforce and Leadership | None direct | None | Sustainability and Growth (ICB CFO) |
| /iv | To ensure accountability for delivery, set ICS Green Plan objectives with ICB directorates and workstreams, refreshing annually, specifically estates, procurement/supply chain/contracting, medicines optimisation, adaptation/emergency planning, workforce, digital, and transformation, with quarterly updates provided to the ICS Green Plan Leadership Group | A | | | | | Sep-25 | | | | activity delivered | 1. Workforce and Leadership | None direct | None | Sustainability and Growth (ICB CFO) |
| C3 Removing barriers to change | | | | | | | | | | | | | | | |
| A | We will collaborate to maximise the sustainability resource available to the ICS to increase the pace of change, supporting the workforce to become sustainability literate, with sustainability champions and leaders, creating a movement of skilled and enthusiastic staff delivering projects locally | | | | | | | | | | | | | | |
| /i | Link sustainability teams in a matrix, across NHS organisations as a minimum, to maximise the resource available, sharing activities such as horizon scanning for funding opportunities, | A | A | R | S | | Apr-26 | | | | activity delivered | 1. Workforce and Leadership | None direct | None | ICB and Trust Green Plan SROs |



















Key: = enables vision = delivers against vision. R = Responsible A = Accountable S = Supporting C = Consulted I = Informed



| Activities to achieve the aim | | ICB | Acutes | Other Trusts | LAs | Primary care | Date | Supports vision | | | Measured by... | Greener NHS Theme | Main emissions category | Likely financial impact | Accountable lead (role) |
|-------------------------------|--|-----|--------|--------------|-----|--------------|--------|---|---|---|---|-------------------------------------|-------------------------|-------------------------|---|
| | | | | | | | | P ₁ | P ₂ | P ₃ | | | | | |
| | supporting each other to apply for external funding (e.g. PSDS), and moving towards co-delivering similar projects. | | | | | | | | | | | | | | |
| /ii | Consider creation of a BLMK "Green Fund", if financially viable, taking at least 10% of any financial savings made through sustainability initiatives to invest in additional green projects that are likely to generate further savings. | A | A | C | | | Apr-26 |  |  |  | Savings reinvested | 10. Governance | None direct | None | ICB and Trust CFOs |
| /iii | The ICB and primary care partners (including NHS Property Services) will co-develop a Green Plan for primary care, providing a menu of achievable actions and projects for practices to select from to reduce their own environmental impacts, and supporting them to identify external funding opportunities. This will also include working with other organisations to support patient empowerment (e.g. collaborating with leisure centres). | A | | | | R | Dec-25 |  |  |  | activity delivered | 10. Governance | None direct | None | Primary Care (ICB Chief Medical Officer) |
| /iv | Inclusion of sustainability principles and ideas in support for organisations to address regulatory requirements (e.g. CQC) | A | | | I | I | Dec-25 |  | |  | activity delivered | 10. Governance | None direct | None | Governance (ICB Chief of Strategy and Transformation) |
| /v | All healthcare organisations will ensure 100% of their staff have received an appropriate level of knowledge and skills in environmental sustainability and health, including basic information for all staff (for example, inclusion within organisational values, at recruitment, induction, formal training where appropriate, and role-specific actionable tips). | A | A | A | | R | Mar-28 |  |  |  | # staff reached | 1. Workforce and Leadership | None direct | None | Sustainability and Growth (ICB CFO) |
| /vi | Creation of system clinical sustainability roles (e.g. clinical leads, clinical fellows, hybrid roles), aiming for at least 1 full-time equivalent system clinical expertise in sustainability (likely spread across organisations and roles) | A | R | R | | | Apr-26 |  |  |  | clinical wte with sustainability as specific responsibility | 2. Net zero clinical transformation | None direct | None | ICB Chief Medical Officer |
| /vii | Create clinical and multi-disciplinary sustainability working group(s), or ensure sufficient clinical sustainability oversight, for pathway reconfiguration. | A | A | A | | S | Mar-27 |  |  |  | clinical wte with sustainability as specific responsibility | 2. Net zero clinical transformation | None direct | None | ICB Chief Medical Officer |
| /viii | Develop at least 2.5% ^{xxvi} (aiming for >3%) of the health and care workforce with enhanced sustainability knowledge, including green champions, theme leads, sustainability experts, those working on implementing green projects, those responsible for green objectives, green network attendees, and others with an enhanced sustainability skillset, including, for | A | R | R | | S | Mar-28 |  |  |  | % of staff with enhanced sustainability knowledge / role | 1. Workforce and Leadership | None direct | None | Sustainability and Growth (ICB CFO) |












^{xxvi} Based on identifying a greater proportion of staff that could be classed as "early adopters" in E. Rogers' "[Diffusion of Innovations](#)" (1962).
































Key:  = enables vision  = delivers against vision. **R** = Responsible **A** = Accountable **S** = Supporting **C** = Consulted **I** = Informed



| Activities to achieve the aim | | ICB | Acutes | Other Trusts | LAs | Primary care | Date | Supports vision | | | Measured by... | Greener NHS Theme | Main emissions category | Likely financial impact | Accountable lead (role) |
|-------------------------------|---|-----|--------|--------------|-----|--------------|--------|-----------------|----------------|----------------|--|-----------------------------|-------------------------|-------------------------|---|
| | | | | | | | | P ₁ | P ₂ | P ₃ | | | | | |
| | example, identified individuals in Finance, Estates and Procurement (~500 people in BLMK). | | | | | | | | | | | | | | |
| /ix | Incorporating sustainability concepts and skills into the emerging BLMK "Quality Improvement" faculty. | A | | | | | Jan-26 | | | | # QI projects with sustainability measures | 1. Workforce and Leadership | None direct | None | Quality Improvement (ICB Chief Nursing Officer) |
| /x | Create a BLMK "Green-Skills Faculty" – a virtual group of sustainability experts from each BLMK healthcare partner delivering training in health and environmental awareness (potentially in collaboration with other anchor organisations, where appropriate). | A | R | R | C | I | Dec-26 | | | | # staff trained internally | 1. Workforce and Leadership | None direct | None | Sustainability and Growth (ICB CFO) |
| /xi | Convene BLMK-wide sustainability networks (including clinical) at least quarterly, to support staff to share ideas, celebrate successes and learn skills (including taking up existing core training offers via GreenerNHS). | A | R | R | C | C | Dec-26 | | | | # people attending | 1. Workforce and Leadership | None direct | None | Sustainability and Growth (ICB CFO) |
| B | Measure progress in the "triple-bottom-line" (environmental, social and financial) and identify gaps in achieving net zero ambitions. | | | | | | | | | | | | | | |
| /i | The ICB and NHS Trusts, supported by existing BLMK data and intelligence functions, will measure our direct carbon footprints (Scopes 1 and 2). | A | A | A | | | Mar-26 | | | | carbon footprint | 10. Governance | None direct | None | Sustainability and Growth (ICB CFO) |
| /ii | Report annually on local progress against Scopes 1 and 2 for BLMK emissions, and address any NHS reporting requirements (e.g. Task-Force on Climate-Related Financial Disclosures (TCFD)). | A | A | A | | | Apr-26 | | | | activity delivered | 10. Governance | None direct | None | Sustainability and Growth (ICB CFO) |
| /iii | Understand the likely system gap between known impacts of sustainability work, and our Scope 1 and 2 net-zero targets (2032 and 2040) and develop a plan to close them. | A | A | A | | | Mar-26 | | | | activity delivered | 10. Governance | None direct | None | Sustainability and Growth (ICB CFO) |
| /iv | Understand the likely system gap between known impacts of sustainability work and our Scope 3 net zero targets (2039 and 2045) and develop a plan to close them. | A | A | A | C | C | Sep-27 | | | | activity delivered | 10. Governance | None direct | None | Sustainability and Growth (ICB CFO) |
| /v | Identify expertise in triple-bottom-line reporting within private and public sector, to learn from. | A | S | S | S | | Dec-26 | | | | # of people trained in carbon footprinting | 1. Workforce and Leadership | None direct | None | Sustainability and Growth (ICB CFO) |
| /vi | 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. | A | A | A | | | Mar-26 | | | | # case studies | 10. Governance | None direct | None | Sustainability and Growth (ICB CFO) |
| /vii | Create a dashboard to measure progress against sustainability initiatives in environmental and health impact terms (and the links between them), including to assist with measuring the impact of preventative activities. | A | | | C | | Dec-26 | | | | activity delivered | 10. Governance | None direct | None | Business Intelligence (ICB CFO) |

| Activities to achieve the aim | | ICB | Acutes | Other Trusts | LAs | Primary care | Date | Supports vision | | | Measured by... | Greener NHS Theme | Main emissions category | Likely financial impact | Accountable lead (role) |
|---|--|-----|--------|--------------|-----|--------------|--------|---|---|---|-------------------------------|---------------------------------|---------------------------|-------------------------|---|
| | | | | | | | | P ₁ | P ₂ | P ₃ | | | | | |
| /viii | Support local authorities and public health functions in incorporating the impact of environmental impacts on health within Local Plan health needs assessments. | C | | | A | | Mar-28 |  |  |  | activity delivered | 1. Workforce and Leadership | None direct | None | Public Health Directors |
| /ix | Work towards a “triple-bottom-line” annual reporting model. | A | A | A | | | Mar-29 |  |  |  | activity delivered | 10. Governance | None direct | None | Finance (CFOs) |
| Adapted communities and infrastructure, resilient to climate change | | | | | | | | | | | | | | | |
| A1 Maximising social impact and minimising the risks of climate change for communities | | | | | | | | | | | | | | | |
| A Improve the level of climate adaptation planning across organisations and communities | | | | | | | | | | | | | | | |
| /i | Local authority and NHS partners will work together to support communities and community groups/organisations to improve their resilience to climate change through adaptation, identifying an approach by March 2027 | A | | | A | | Mar-27 |  |  | | activity delivered | 9. Adaptation | None direct | None | Sustainability and Growth (ICB CFO) |
| /ii | Support at least one community to create and test an approach to community adaptation. | A | | | A | | Mar-28 |  |  | | positive community feedback | 9. Adaptation | Other | Cost pressure | Sustainability and Growth (ICB CFO) |
| /iii | All providers and commissioners of NHS-funded services will work with local partners, particularly those involved in emergency response, to risk assess, prepare for and mitigate the impacts of climate change, and identify interdependencies and mutual aid opportunities, including: a) business continuity plans reflecting climate risks and planning to respond during adverse weather events. b) Trusts completing the Climate-Change Risk Assessment (or equivalent), sharing findings with partners and Local Resilience Forums. c) using the Climate Adaptation Framework (or similar) to create separate and complementary organisational and system Adaptation plans to address the way services are delivered, considering physical, natural, behavioural and operational factors, monitored annually, and refreshed every 3 years as a minimum. d) cascading information and alerts and participating in adaptation and preparedness training programmes. | A | A | A | S | C | Dec-25 |  |  |  | # adaptation plans in place | 9. Adaptation | None direct | None | Emergency Preparedness Resilience and Response, EPRR (ICB Chief of Staff; Trust EPRR directors) |
| /iv | All directorates within the ICB will assess for climate change-related risks, and develop adaptation initiatives as part of their service development plans. | A | | | | | Apr-26 |  |  |  | # risk assessments undertaken | 9. Adaptation | None direct | None | EPRR (ICB Chief of Staff) |
| B Measure and increase local social impact of public sector anchor organisations with respect to the environment | | | | | | | | | | | | | | | |
| /i | ICS partners will map and identify local market capacity to provide goods and services for “addressable lines” (i.e.. those that are not procured through a centralised regional or national body, for example food and catering), aiming to increase the amount spent in the local economy, and reduce transport emissions. | A | R | R | S | C | Mar-27 |  | |  | £ spent locally | 7. Supply Chain and Procurement | Consumables and equipment | None | Commissioning and Contracting (ICB CFO) |

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| Activities to achieve the aim | | ICB | Acutes | Other Trusts | LAs | Primary care | Date | Supports vision | | | Measured by... | Greener NHS Theme | Main emissions category | Likely financial impact | Accountable lead (role) |
|---|---|-----|--------|--------------|-----|--------------|--------|---|---|---|---|-----------------------------|-----------------------------|-------------------------|-------------------------------|
| | | | | | | | | P ₁ | P ₂ | P ₃ | | | | | |
| /ii | All ICS health anchor organisations will commit at least 0.5% of their annual sustainability resource to provide expertise and/or volunteer time to support VCSEs to consider their own environmental sustainability activities. | A | A | R | | | Apr-26 |  |  |  | £ (or equivalent value) delivered locally | 1. Workforce and Leadership | None direct | None | ICB and Trust Green Plan SROs |
| A2 Infrastructure: healthy and climate-adapted design, improving biodiversity | | | | | | | | | | | | | | | |
| A Reduce emissions from built healthcare environment in line with net zero goals (80% by 2032; 100% by 2040), focusing on energy efficiency measures, replacing fossil fuel heating systems, and increasing renewable and low-carbon energy use. | | | | | | | | | | | | | | | |
| /i | All NHS Trusts operating within BLMK will create / update best practice decarbonisation plans to achieve emissions reductions in line with net zero targets. This means incorporating national guidance (including the NHS Estates Net Zero Carbon Delivery Plan, Net Zero Building Standards and Biodiversity Net Gain), and developing business cases for implementation, focusing on: a) replacing all fossil fuel-based primary heating systems by 2032 b) increasing the use of lower-carbon and renewable energy, including reference to Local Area Energy Plans c) improving building efficiency d) identifying and bidding for external funding sources | | A | A | | | Mar-26 | |  |  | carbon emissions | 6. Estates & Facilities | None direct | None | Trust Estates Directors |
| /ii | All new buildings will plan to meet the standards expected in the NHS England Net Zero Building Standards. | | A | A | | | Apr-25 | | |  | # new buildings with by BREEAM rating | 6. Estates & Facilities | Power, heating and lighting | Cost pressure | Trust Estates Directors |
| /iii | The ICB will work with acute Trusts, Primary Care and other key partners to respond to the evidence base (e.g. studies by Greater South-East Net Zero Energy Hub and the BLMK Green Plan Health Impact Assessment) to identify specific opportunities to increase the use of heat networks, solar energy, heat pumps, insulation, passive heating and cooling, water saving devices, and building management. Specific actions will be incorporated into the ICS Infrastructure Strategy. | A | S | | | S | Dec-25 | |  |  | activity delivered | 6. Estates & Facilities | None direct | None | Trust Estates Directors |
| /iv | NHS Trusts will increase LED coverage by at least 10% per year, aiming for 100% coverage by 2028, for buildings where they are responsible for the estate. | | A | A | | | Dec-28 | | |  | LED coverage | 6. Estates & Facilities | Power, heating and lighting | High (£50k+) | Trust Estates Directors |
| B A higher quality natural environment on healthcare estate, contributing to nature recovery. | | | | | | | | | | | | | | | |
| /i | The ICB, with ICS healthcare partners, will map healthcare organisation green space, identifying opportunities and an action plan to improve quality of the green space and tree cover (e.g. through participation in the NHS Forest programme where possible), and to support the Local Nature Recovery | A | S | S | C | S | Mar-26 |  |  | | activity delivered | 6. Estates & Facilities | None direct | None | Trust Estates Directors |



| Activities to achieve the aim | | ICB | Acutes | Other Trusts | LAs | Primary care | Date | Supports vision | | | Measured by... | Greener NHS Theme | Main emissions category | Likely financial impact | Accountable lead (role) |
|-------------------------------|--|-----|--------|--------------|-----|--------------|----------------|---|---|---|---------------------------|-----------------------|-------------------------|-------------------------|-------------------------------------|
| | | | | | | | | P ₁ | P ₂ | P ₃ | | | | | |
| | Strategies covering Bedfordshire and Buckinghamshire where feasible and relevant. | | | | | | | | | | | | | | |
| A3 | Optimise transport use to reduce emissions and improve air quality | | | | | | | | | | | | | | |
| A | NHS Trusts will aim to reduce commuting emissions by 50% by 2033 (as per the national Travel and Transport strategy), including supporting 20% of staff currently commuting by sole-occupier vehicles to shift to lower-carbon transport | | | | | | | | | | | | | | |
| /i | The ICS partners will develop a sustainable (place-based) travel strategy for BLMK, 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 Transport Plans and Local Walking and Cycling Implementation Plans. | A | S | S | S | C | Dec-26 |  |  |  | activity delivered | 5. Travel & Transport | None direct | None | Sustainability and Growth (ICB CFO) |
| /ii | ICS partners will assess current maturity against the ICS Clean Air Framework tool, developing an action plan to work towards the system becomes a 'Clean Air Champion'. | A | R | R | S | S | Mar-26 |  |  |  | activity delivered | 5. Travel & Transport | None direct | None | Sustainability and Growth (ICB CFO) |
| /iii | Building staff awareness of the Sustainable Travel Hierarchy, communicating across primary and secondary care organisations at least annually. | A | A | A | | | Apr-25 |  |  |  | staff commuting method | 5. Travel & Transport | Travel and Transport | None | Workforce and OD Directors |
| /iv | Promote car-sharing and the benefits to staff at least annually. | A | A | A | | | Apr-25 |  |  |  | staff commuting method | 5. Travel & Transport | Travel and Transport | None | Workforce and OD Directors |
| /v | Assess the case for introducing car-sharing schemes. | S | A | A | | | Sep-26 |  |  |  | activity delivered | 5. Travel & Transport | None direct | None | Workforce and OD Directors |
| /vi | Promote public transport discounts for NHS staff at least quarterly. | A | A | A | | | Apr-25 |  |  |  | staff commuting method | 5. Travel & Transport | Travel and Transport | Cost pressure | Workforce and OD Directors |
| /vii | Submit to NHS England annual fleet data and staff and public travel survey information, reporting and publishing findings | | A | A | | | Jun-25 ongoing | |  |  | activity delivered | 5. Travel & Transport | None direct | None | Estates Directors |
| /viii | Review staff use of on-site parking and implement best practice incentives and disincentives. | | A | A | | | Sep-26 |  |  |  | staff commuting method | 5. Travel & Transport | Travel and Transport | None | Workforce and OD Directors |
| /ix | All vehicles on salary sacrifice schemes to be electric or zero-emission vehicles (on approval from Staff Side representatives). | A | A | A | | | Dec-26 | |  |  | # vehicles leased by type | 5. Travel & Transport | Travel and Transport | None | Workforce and OD Directors |
| /x | Map key secondary healthcare commuter routes against transport infrastructure availability, working closely with transport authorities and providers, to maximise funding and infrastructure opportunities to support "modal shift" to active travel, public and zero-emission transport. | S | A | A | S | | Sep-26 |  |  |  | staff commuting method | 5. Travel & Transport | Travel and Transport | None | Workforce and OD Directors |
| /xi | Review best balance of working from home and on-site work, considering any technology required, and calculating carbon opportunity and staff productivity as part of the impact analysis. | A | A | A | | | Dec-26 |  |  |  | staff commuting method | 5. Travel & Transport | Travel and Transport | None | Workforce and OD Directors |























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| Activities to achieve the aim | | ICB | Acutes | Other Trusts | LAS | Primary care | Date | Supports vision | | | Measured by... | Greener NHS Theme | Main emissions category | Likely financial impact | Accountable lead (role) |
|--|---|-----|--------|--------------|-----|--------------|--------|-----------------|----------------|----------------|--|---------------------------------|---------------------------|-------------------------|---|
| | | | | | | | | P ₁ | P ₂ | P ₃ | | | | | |
| B | Reduce emissions from fleet and business travel (with 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.) | | | | | | | | | | | | | | |
| /i | All new fleet vehicles (owned or leased, excluding dual-crewed ambulances) to be zero-emission vehicles (ZEV), in accordance with the NHS Travel & Transport Strategy 2023. | | A | A | | | Dec-27 | | | | # fleet by type | 5. Travel & Transport | Travel and Transport | High (£50k+) | Estate Directors |
| /ii | All new dual-crewed ambulance fleet to be net zero, in accordance with the NHS Travel & Transport Strategy 2023. | | | A | | | Dec-30 | | | | # fleet by type | 5. Travel & Transport | Travel and Transport | High (£50k+) | Estate Directors |
| /iii | All Trusts will improve fleet management and use, including exploring opportunities to improve efficiency of collection and delivery services (pathology, supplies) | | A | A | | | Dec-30 | | | | Fleet and business miles | 5. Travel & Transport | Travel and Transport | Low (£0k-10k) | Estate Directors |
| /iv | BLMK ICB will work with primary care and community providers to explore opportunities for e-bike use for community visits in urban areas, producing an opportunity analysis. | A | | S | | C | Sep-26 | | | | Business miles by mode | 5. Travel & Transport | Travel and Transport | None | Sustainability and Growth (ICB CFO) |
| /v | 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. | A | C | R | R | C | Dec-30 | | | | Business miles by mode | 5. Travel & Transport | Travel and Transport | None | Commissioning and Contracting (ICB CFO) |
| Resource-consciousness: a sustainable circular economy | | | | | | | | | | | | | | | |
| R1 | 5 Rs of procurement: Reduce, Reuse, Reprocess, Renewable, Recycle | | | | | | | | | | | | | | |
| A | Reduce use of consumables through process and behaviour change | | | | | | | | | | | | | | |
| /i | All NHS Trusts operating in BLMK will reduce nitrous oxide (N ₂ O) use and waste (including N ₂ O / oxygen mix) by 50% using the updated NHS England N ₂ O toolkit. | | A | A | | | Mar-28 | | | | Volume of N ₂ O and emissions | 4. Medicines | Anaesthetic gases | High (£50k+) | Estates Directors |
| /ii | The ICB and NHS Trusts will identify selected health and care services (delivered or commissioned by NHS and local authorities, incl. primary care organisations, and care homes) across BLMK and initiate clinically-appropriate personal protective equipment (PPE)-reduction improvement projects in 2025/26, aiming to reduce glove usage from the tests by 10% by Sep 2026, scaling and spreading during 2026-2028 | A | A | A | S | R | Mar-26 | | | | PPE reduction (by project) | 4. Medicines | Consumables and equipment | High (£50k+) | Infection Prevention and Control director (Chief Nursing Officer) |
| /iii | Rationalise fluid giving sets and warming devices in Theatres | | A | | | | Mar-27 | | | | Plastic waste | 7. Supply Chain and Procurement | Consumables and equipment | High (£50k+) | Directors responsible for theatre services |
| B | Reduce use of consumables by increasing reuse of existing items | | | | | | | | | | | | | | |
| /i | All NHS Trusts issuing walking aids will participate in a system-wide or trust-specific Walking Aid Return and Reuse scheme, supported by other ICS partners | S | A | | S | | Mar-26 | | | | Walking aid returns and reuse rates | 7. Supply Chain and Procurement | Consumables and equipment | Medium (£10k-50k) | Trust Green Plan SROs |
| /ii | All NHS Trust / system-wide Walking Aid Return and Reuse schemes will achieve a >40% return rate (3-month rolling average) | | A | | | | Mar-27 | | | | Walking aid returns and reuse rates | 7. Supply Chain and Procurement | Consumables and equipment | Medium (£10k-50k) | Trust Green Plan SROs |

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| Activities to achieve the aim | | ICB | Acutes | Other Trusts | LAs | Primary care | Date | Supports vision | | | Measured by... | Greener NHS Theme | Main emissions category | Likely financial impact | Accountable lead (role) |
|-------------------------------|--|-----|--------|--------------|-----|--------------|--------|---|---|---|---|---------------------------------|---------------------------|-------------------------|---|
| | | | | | | | | P ₁ | P ₂ | P ₃ | | | | | |
| /iii | All NHS Trust / system-wide Walking Aid Return and Reuse schemes will achieve a >60% return rate (3-month rolling average) | | A | | | | Mar-28 |  |  |  | Walking aid returns and reuse rates | 7. Supply Chain and Procurement | Consumables and equipment | Medium (£10k-50k) | Trust Green Plan SROs |
| /iv | The ICB will implement a system-wide office asset reuse scheme by the end of 2025/26, working to involve all public sector organisations by March 2028 (if demonstrated to be beneficial). | A | S | S | S | I | Sep-25 |  |  |  | Office assets shared and cost / emissions avoided | 7. Supply Chain and Procurement | Consumables and equipment | High (£50k+) | Estates Director (ICB CFO) |
| /v | All NHS Trusts to have implemented best practice in consumable reuse (including bed linen) and reusable alternatives to single-use consumables (including tourniquets, pulse oximeters, cool sticks, sharps bins, meal sets, theatre gowns and caps, anaesthetic masks, vaginal specula, suture kits, wound wraps) | S | A | A | | | Dec-28 |  |  |  | Single use equipment volumes and emissions | 7. Supply Chain and Procurement | Consumables and equipment | Medium (£10k-50k) | Procurement Directors |
| /vi | Assess the need to increase and/or centralise sterilisation services to accommodate an increased volume of reusable equipment requiring cleaning. | S | A | | | | Mar-28 | |  |  | activity delivered | 7. Supply Chain and Procurement | Consumables and equipment | Cost pressure | Estates Directors |
| C | Reduce use of consumables by switching to re-processable alternatives | | | | | | | | | | | | | | |
| /i | All NHS Trusts to implement best practice in medical device reprocessing schemes, and to scale and spread schemes across BLMK, commencing in 2025/26 | S | A | A | | | Dec-25 |  |  |  | Single use equipment volumes and emissions | 7. Supply Chain and Procurement | Consumables and equipment | Medium (£10k-50k) | Trust Green Plan SROs |
| D | Reduce use of less-sustainable items and move to products made with renewables and recyclables | | | | | | | | | | | | | | |
| /i | The ICB will implement 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, including by working with NHS Supply Chain | A | R | R | | C | Mar-26 |  |  |  | Single use equipment volumes and emissions | 7. Supply Chain and Procurement | Consumables and equipment | None | Commissioning and Contracting (ICB CFO) |
| E | Reduce waste emissions by recycling more | | | | | | | | | | | | | | |
| /i | Reduce valuable materials entering waste streams, including achieving waste segregation at source (20:20:60), working with local authorities to improve recycling rates, and exploring initiatives to recycle inhalers and blister packs. | S | A | A | S | A | Mar-28 |  |  |  | Recycling rates, volumes and segregation ratios | 6. Estates & Facilities | General Waste | Low (£0k-10k) | Estates Directors |
| /ii | Primary Care practices will implement the UK government Simpler Recycling reforms for non-clinical waste, separating dry recyclables, food waste and "black bin" waste. | S | | | | A | Apr-25 |  |  |  | # practices implementing processes to abide by regulation | 6. Estates & Facilities | General Waste | Potential cost pressure | PCN Directors |
| R2 | Strong procurement requirements and influence | | | | | | | | | | | | | | |
| A | NHS organisations to increase the supply chain social value linked to sustainability delivered within BLMK | | | | | | | | | | | | | | |













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| Activities to achieve the aim | | ICB | Acutes | Other Trusts | LAs | Primary care | Date | Supports vision | | | Measured by... | Greener NHS Theme | Main emissions category | Likely financial impact | Accountable lead (role) |
|-------------------------------|---|-----|--------|--------------|-----|--------------|----------------|---|---|---|---|---------------------------------|--|-------------------------|--|
| | | | | | | | | P ₁ | P ₂ | P ₃ | | | | | |
| /i | Baseline recent and existing social value commitments from NHS suppliers, and agree a goal across NHS Trusts to increase. | A | A | A | | | Mar-26 |  |  |  | £ (or equivalent value) delivered locally | 7. Supply Chain and Procurement | None direct | None | Directors of Procurement / Commissioning and Contracting |
| /ii | Include 10% minimum weighting for Social Value (SV) within all tenders, including a minimum 5% weighting for the Sustainable Procurement Practices outcome in the UK Government Social Value Model. | A | A | A | | | Apr-25 |  |  |  | activity delivered | 7. Supply Chain and Procurement | Suppliers and commissioned / sub-contracted services | None | Directors of Procurement / Commissioning and Contracting |
| /iii | Measure supply chain social value commitments and achievements relating to Sustainable Procurement Practices, reporting annually to the board. | A | A | A | | | Mar-26 ongoing |  |  |  | £ (or equivalent value) delivered locally | 7. Supply Chain and Procurement | None direct | None | Directors of Procurement / Commissioning and Contracting |
| /iv | Create a Social Value priorities and measurement model, linked to and sensitive to place priorities. | A | C | C | C | | Dec-25 |  |  |  | activity delivered | 7. Supply Chain and Procurement | None direct | None | Directors of Procurement / Commissioning and Contracting |
| /v | ICB and NHS trusts to adopt BLMK Social Value priorities and measurement model | A | A | A | | | Apr-26 |  |  |  | activity delivered | 7. Supply Chain and Procurement | None direct | None | Directors of Procurement / Commissioning and Contracting |
| B | Ensure suppliers are progressing net-zero activities and sustainability maturity | | | | | | | | | | | | | | |
| /i | Ensure all suppliers meet NHS England's Carbon Reduction Plan guidance. | A | A | A | | | Apr-25 ongoing | | |  | supplier emissions | 7. Supply Chain and Procurement | Suppliers and commissioned / sub-contracted services | None | Directors of Procurement / Commissioning and Contracting |
| /ii | All NHS organisations will embed 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. | A | A | A | | | Sep-25 ongoing |  |  |  | activity delivered | 7. Supply Chain and Procurement | None direct | None | Directors of Procurement / Commissioning and Contracting |
| /iii | The BLMK Procurement Participation Group (PPG) will: a) Baseline the current proportion of suppliers with an Evergreen Assessment, and their average maturity level b) Set aims for 2026/27 to increase: [i] the proportion of BLMK suppliers using Evergreen [ii] the average Evergreen maturity level. | A | R | R | | | Jun-26 |  |  |  | # suppliers using Evergreen, and maturity level | 7. Supply Chain and Procurement | Suppliers and commissioned / sub-contracted services | None | Directors of Procurement / Commissioning and Contracting |
















| Activities to achieve the aim | | ICB | Acutes | Other Trusts | LAs | Primary care | Date | Supports vision | | | Measured by... | Greener NHS Theme | Main emissions category | Likely financial impact | Accountable lead (role) |
|---|---|-----|--------|--------------|-----|--------------|----------------|---|---|---|--|---------------------------------|-------------------------|-------------------------|--|
| | | | | | | | | P ₁ | P ₂ | P ₃ | | | | | |
| /iv | Work with a representative sample of smaller suppliers not currently using Evergreen to understand the barriers and limitations. | A | R | R | S | | Dec-26 |  |  |  | activity delivered | 7. Supply Chain and Procurement | None direct | None | Directors of Procurement / Commissioning and Contracting |
| /v | Share learning between NHS-, LA- and Public Health-commissioned services (e.g. sexual health, drug & alcohol and pharmacy needs assessment), and collaborate on shared goals to influence suppliers and reduce consumable use | A | A | A | A | | Apr-25 ongoing |  |  |  | activity delivered | 7. Supply Chain and Procurement | None direct | None | Directors of Procurement / Commissioning and Contracting |
| R3 Minimise waste | | | | | | | | | | | | | | | |
| A Reduce waste-related emissions to top-quartile amongst system peers (from bottom of second quartile) | | | | | | | | | | | | | | | |
| /i | NHS Trusts will have 0% domestic waste to landfill by reducing waste production (see 5Rs), separating waste at source, increasing recycling rates, and incinerating all other waste for energy. | | A | A | | | Mar-28 ongoing | |  |  | Waste volumes and disposal route | 6. Estates & Facilities | General Waste | None | Estates Directors |
| /ii | NHS Trusts will aim to reduce food waste from food provided to patients as much as possible, aiming for <2% on all healthcare sites, including through digital meal ordering, awareness campaigns, and on-site composting where appropriate. This will be measured through ERIC returns. | | A | A | | | Mar-27 | |  |  | Waste volumes and disposal route | 8. Food and Nutrition | General Waste | Low (£0k-10k) | Estates Directors |
| B Reduce medicines emissions by acting on inappropriate use and waste | | | | | | | | | | | | | | | |
| /i | ICS partners will aim to reduce medicines emissions in line with identified national medicines optimisation opportunities, including action on: <ul style="list-style-type: none"> overprescribing (e.g. appliance service (stoma, incontinence)) polypharmacy (e.g. Care home Structured Medicine Reviews). disease control (e.g. hypertension protocol) education campaigns (either local, system-wide or national) for different audiences (patients, VCSE, doctors, nurses) (e.g. Pharmacy First) alternatives (e.g. social prescribing). better adherence to medication regimes, including by working with VCSE. eliminating the use of medicines of low clinical value (e.g. bath preparations, glucosamine) optimising ordering and delivery (e.g. dressing) recycling schemes (e.g. inhalers, blister packs, insulin pens) <p>Successful pilot projects to be scaled across BLMK</p> | A | A | A | | A | Mar-28 |  |  |  | Medicines use (volumes, spend and emissions) | 4. Medicines | Medicines and chemicals | High (£50k+) | Medicines Optimisation (ICB Chief Medical Officer) |



| Activities to achieve the aim | | ICB | Acutes | Other Trusts | LAs | Primary care | Date | Supports vision | | | Measured by... | Greener NHS Theme | Main emissions category | Likely financial impact | Accountable lead (role) |
|--|--|-----|--------|--------------|-----|--------------|----------------|-----------------|----------------|----------------|---------------------------------------|-------------------------------------|-------------------------|-------------------------|--|
| | | | | | | | | P ₁ | P ₂ | P ₃ | | | | | |
| /ii | The ICB will support providers and medicines optimisation teams to develop sustainability baselines and objectives for medicines optimisation programmes and projects to understand and maximise the environmental benefit, with an aim to set emissions-reduction objectives of at least 10% within each project (subject to project baseline and agreed scope). | A | R | R | | R | Sep-25 ongoing | | | | Emissions | 4. Medicines | Medicines and chemicals | None | Sustainability and Growth (ICB CFO) |
| Environmentally Sustainable health and care design and delivery | | | | | | | | | | | | | | | |
| ES1 Healthy lifestyles, preventative healthcare, and self-empowerment | | | | | | | | | | | | | | | |
| A | Supporting residents and patients with self-care and self-directed recovery, to empower them to look after their own conditions | | | | | | | | | | | | | | |
| /i | ICS healthcare, public health, local authorities and VCSE partners will review best practice in providing better health support for those vulnerable to impacts of climate change, identifying opportunities to test out in BLMK. | A | S | S | A | S | Mar-26 | | | | activity delivered | 2. Net zero clinical transformation | Other | None | Sustainability and Growth (ICB CFO) and Directors of Public Health |
| /ii | ICS healthcare, public health, local authorities and VCSE partners will use data to identify public and patient cohorts vulnerable to the impacts of climate change, (including those living in social- and temporary housing, and frequent users of healthcare services), developing a plan to act proactively to reduce demand for healthcare, (e.g. through “warm homes programmes / prescribing”). | A | S | S | A | S | Sep-26 | | | | # people supported. Healthcare usage. | 2. Net zero clinical transformation | Other | None | Sustainability and Growth (ICB CFO) and Directors of Public Health |
| /iii | Increasing number of patients with a “patient-initiated follow-up” (PIFU) to 5% (top quartile), whilst maintaining or minimising activation rates. | | A | A | | | Mar-27 | | | | PIFU levels and activation rates | 2. Net zero clinical transformation | Travel and Transport | None | Chief Operating Officers |
| B | Increased uptake of low-carbon food at hospital sites | | | | | | | | | | | | | | |
| /i | NHS Trusts will deliver more-sustainable food on-site in line with national standards for healthcare food and drink, aiming for a 10% increase in uptake, through, for example: <ul style="list-style-type: none"> Approaches such as the Low Carbon Menu Bank, “Plants-First” and other best practice. On-site campaigns to show health and environmental benefits. Incentives, incl. participation in NHS Chef of the Year. Reducing the availability of higher-carbon and less-healthy foods, including through seasonal menus. | S | A | A | | | Mar-27 | | | | % plant-based meals delivered | 8. Food and Nutrition | Food | Low (£0k-10k) | Estates Directors |
| /ii | ICS partners will work at place to improve partnership working across food systems (including food security) | A | | | A | | Apr-26 ongoing | | | | activity delivered | 8. Food and Nutrition | None direct | None | Sustainability and Growth (ICB CFO) |
| C | Reduce use of higher carbon medications | | | | | | | | | | | | | | |
| /i | The ICB will work with partners, including VCSEs, to develop a plan to increase Green Social Prescribing (GSP), based on | A | | | S | S | Mar-27 | | | | GSP rates. Medicines use for cohort. | 2. Net zero clinical transformation | Medicines and chemicals | Low (£0k-10k) | Primary Care (ICB Chief Medical Officer) |











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| Activities to achieve the aim | | ICB | Acutes | Other Trusts | LAs | Primary care | Date | Supports vision | | | Measured by... | Greener NHS Theme | Main emissions category | Likely financial impact | Accountable lead (role) |
|---|---|-----|--------|--------------|-----|--------------|---|---|---|---|-------------------------------|---------------------------------|-----------------------------|-------------------------|---|
| | | | | | | | | P ₁ | P ₂ | P ₃ | | | | | |
| | understanding the baseline and a benefits analysis, setting a future aim to increase GSP rates. | | | | | | | | | | | | | | |
| /ii | <p>Optimise respiratory care in line with clinical guidelines for asthma (NICE NG245) and chronic obstructive pulmonary disease (NICE NG115), such as:</p> <ul style="list-style-type: none"> shifts to lower-carbon pressurised Metered-Dose Inhalers (pMDIs) and low-carbon alternatives, including supporting patient choice and exploring bulk switches of low-risk patients, aiming for average of 15kgCO₂e by March 2026 and 12kgCO₂e by March 2028. Better disease control, including inhaler use and adherence, and the use of "MART" inhalers, to reduce prescriptions. Working with NHS Trusts to align prescribing and supporting patients to choose a lower carbon inhaler | S | A | A | | A | Mar-26 (15 kgCO ₂ e) and Mar-28 (12 kgCO ₂ e) |  |  |  | Inhaler volumes and emissions | 4. Medicines | Inhalers | Low (£0k-10k) | Medicines Optimisation (ICB Chief Medical Officer) |
| ES2 Effective, efficient service delivery, adopting best practice to increase value | | | | | | | | | | | | | | | |
| A Best Practice in Sustainable Health and Care to reduce emissions associated with operational service delivery | | | | | | | | | | | | | | | |
| /i | The ICB and NHS Trusts will produce or adopt a single guide for Infection Prevention and Control teams, outlining opportunities to reduce carbon while maintaining or improving infection control rates. | A | R | R | | C | Mar-26 |  |  |  | activity delivered | 7. Supply Chain and Procurement | None direct | None | Infection Prevention and Control director (ICB Chief Nursing Officer) |
| /ii | The ICB will work with ICS partners to develop a strong pipeline and process, for demand-signalling, testing, and adoption of innovations. This will include working with local academic organisations on novel research projects. | A | A | A | C | C | Jun-26 |  |  |  | activity delivered | 1. Workforce and Leadership | None direct | None | Research and Innovation directors (incl. ICB Chief Medical Officer) |
| /iii | <p>Work with Health Innovation East to assess opportunities for innovation to reduce the gap to net-zero, prioritising higher impact and lower resource interventions, including as a minimum assessing opportunities to further explore:</p> <p>(a) Asset management:</p> <ul style="list-style-type: none"> [i] Air purification technologies [ii] Grey water [iii] Reducing water use [iv] Lighting through EtherNet [v] Automated power-off of equipment [vi] Fleet management [vii] Lifecycle assessment for procurement <p>(b) Medicines and pathology:</p> <ul style="list-style-type: none"> [i] Automated dispensing robots [ii] Drone collection/delivery of samples or medicines [iii] Fridge/cold-chain technologies | A | A | A | C | C | Assess opportunities by Dec-26 |  |  |  | activity delivered | 1. Workforce and Leadership | Power, heating and lighting | None | Research and Innovation directors (incl. ICB Chief Medical Officer) |

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











| Activities to achieve the aim | | ICB | Acutes | Other Trusts | LAs | Primary care | Date | Supports vision | | | Measured by... | Greener NHS Theme | Main emissions category | Likely financial impact | Accountable lead (role) |
|-------------------------------|---|-----|--------|--------------|-----|--------------|----------------|---|---|---|---|-------------------------------------|-----------------------------|-------------------------|---|
| | | | | | | | | P ₁ | P ₂ | P ₃ | | | | | |
| | (c) Care pathways: [i] Smart scheduling [ii] Telehealth and telemedicine | | | | | | | | | | | | | | |
| /iv | NHS Trusts will assess opportunities for further clinically-appropriate reductions in the emission of gaseous general anaesthesia beyond eliminating use of desflurane, creating an opportunity analysis. | | A | | | | Sep-26 | | |  | Volume of volatile anaesthetics and emissions | 4. Medicines | Anaesthetic gases | None | Chief Medical Officers |
| /v | NHS organisations will ensure energy and equipment is only used when required, including (where applicable): <ul style="list-style-type: none"> 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. | | A | A | | A | Apr-25 ongoing |  |  |  | kWh saved and emissions | 6. Estates & Facilities | Power, heating and lighting | High (£50k+) | Estates Directors |
| /vi | Review and reduce any unnecessary cannulation in emergency departments. | | A | | | | Mar-27 | |  |  | Single use equipment volumes and emissions | 2. Net zero clinical transformation | Consumables and equipment | High (£50k+) | Directors responsible for emergency departments |
| /vii | Trusts will commence work to adopt the following best practice guidance by March 2026, so that they are applied to all relevant services by 2028: <ul style="list-style-type: none"> GIRFT Greener pathway for bladder cancer care Green Theatre Checklist GreenED Delivering more sustainable mental health care Trusts will also commence adoption of any other new similar best practice guidance as it is released. | | A | A | | | Mar-28 |  |  |  | # units implementing each best practice guide | 2. Net zero clinical transformation | Consumables and equipment | Low (£0k-10k) | Service Transformation directors |
| /viii | Aim for peer median levels of virtual consultations (VCs), by specialty, where clinical quality and safety allows. | | A | A | | | Mar-27 |  |  |  | VC rates | 2. Net zero clinical transformation | Travel and Transport | None | Chief Operating Officers |
| /ix | The ICB will work with 4 different primary care networks (or at least 1 practice within) per year, and NHS Property Services, to identify local sustainability initiatives that will reduce emissions, save money, and improve patient and staff experience, including: reducing consumable use (PPE, couch roll), minimising energy use and improving building efficiency (power down PCs overnight, boiler replacements), minimise medicines use and waste, proactive care for patients vulnerable to climate change, and developing staff expertise. | A | | | | R | Apr-26 |  |  |  | £, time, consumables, and emissions savings | 1. Workforce and Leadership | Consumables and equipment | High (£50k+) | Sustainability and Growth (ICB CFO) |


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| Activities to achieve the aim | | ICB | Acutes | Other Trusts | LAs | Primary care | Date | Supports vision | | | Measured by... | Greener NHS Theme | Main emissions category | Likely financial impact | Accountable lead (role) |
|-------------------------------|--|-----|--------|--------------|-----|--------------|--------|---|---|---|---|-------------------------------------|-----------------------------|-------------------------|---|
| | | | | | | | | P ₁ | P ₂ | P ₃ | | | | | |
| B | Care pathway transformation | | | | | | | | | | | | | | |
| /i | All pathways undergoing transformation will adopt sustainable healthcare principles the design, setting targets to reduce environmental impact, including targeting at least 10% reduction in greenhouse gas emissions, as a core objective of the work: <ul style="list-style-type: none">At system level this will commence with the programme of transformation work set out in the BLMK Health Services Strategy (Complex Care, End of Life Care, and Admission and Discharge Pathways).Trusts will prioritise based on local need, considering the recommended areas in the Green Plan Guidance (critical and perioperative care, mental health, urgent and emergency care, diagnostic tests and procedures, and medical pathways (particularly acute- or long-term conditions)) | A | A | A | | I | Apr-27 |  |  |  | # transformation programmes with sustainability objective | 2. Net zero clinical transformation | Consumables and equipment | Low (£0k-10k) | Service Transformation directors (incl. ICB Chief of Strategy and Transformation) |
| /ii | The ICB will ensure the ICS Digital Strategy (which incorporates the What Good Looks Like framework) delivers a carbon benefit, baselining Information and Communications Technology (ICT) footprint in line with Sustainable Technology Advice and Reporting (STAR) guidance. This will include measuring carbon and water use and other environmental impacts of digital technologies as projects are enacted, and using the Digital Maturity Assessment to identify further opportunities. | A | C | C | C | C | Mar-26 |  |  |  | Carbon emissions and water use (by project) | 3. Digital | Power, heating and lighting | Cost pressure | Digital director |
| ES3 | Use low-carbon alternatives to reduce emissions | | | | | | | | | | | | | | |
| A | Implement best practice in low carbon alternatives | | | | | | | | | | | | | | |
| /i | Healthcare providers to move from pre-operative IV paracetamol to oral where clinically appropriate | | A | A | | I | Mar-27 | | |  | Prescriptions of IV paracetamol | 7. Supply Chain and Procurement | Medicines and chemicals | Low (£0k-10k) | Chief Medical Officer |
| /ii | Healthcare providers to ensure use of alcohol-based hand rubs for routine hand hygiene, including in Theatres, where clinically-appropriate to do so (that is, where liquid soap and water is not necessary), in line with Standard Infection Prevention and Control procedures | | A | A | | A | Apr-26 | | |  | Use of soap / alcohol-based hand rubs. | 7. Supply Chain and Procurement | Consumables and equipment | Low (£0k-10k) | Infection Prevention and Control directors |
| /iii | NHS Trusts to consider introducing on-site composting and/or food waste-to-energy systems, or off-site (where on-site not feasible). | | A | A | | | Mar-28 | |  |  | Waste volumes and disposal route | 7. Supply Chain and Procurement | Food | Low (£0k-10k) | Estates directors |
| | 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. | | | | | | | | | | | | | | |














































Appendices


Appendix 1: Recommendations from the system seminar (15 November 2024)


































| Recommendations from Leading for a Sustainable Health and Care System seminar | | Supports vision | | | | Main link to the Delivery Plan |
|---|---|---|---|---|---|---|
| | | P ₁ | P ₂ | P ₃ | F | |
| 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 |

Key:  = enables

 = delivers

| Recommendations from Leading for a Sustainable Health and Care System seminar | | Supports vision | | | | Main link to the Delivery Plan |
|--|---|---|---|---|---|---|
| | | P ₁ | P ₂ | P ₃ | F | |
| 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 | |  |  | | |
| | Infrastructure – Electric vehicle fleet, solar, LEDs, insulation – reduce energy use and make savings | |  |  | | |
| | Work with large local organisations – use their ideas | | | |  | Whole plan |
| 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 |
| 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 |

Key:  = enables  = delivers

| Recommendations from Leading for a Sustainable Health and Care System seminar | | Supports vision | | | | Main link to the Delivery Plan |
|---|--|---|---|---|---|---|
| | | P ₁ | P ₂ | P ₃ | F | |
| | GP collaboration with leisure centres |  | |  | | Removing barriers |
| | Family hubs linking with and signposting to other services |  | |  | | Community adaptation |
| | Community Toolkits – knowledge/skills/experience sharing | | | |  | Whole plan |
| | Neighbourhood teams lead the collaboration for NHS and local authorities | | | |  | |
| | Use the skills of VCSEs and develop authentic and meaningful partnerships | | | |  | |
| 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 | | | |  | Leadership and decision-making |
| | Strong leadership emphasis and specific targeting to ensure action | |  |  |  | |
| 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 |

Appendix 2: Opportunity analysis

The table below sets out an estimate of the potential opportunity, by moving BLMK organisations to either meet existing national targets or to improve performance to be in line with local or national peers (either a median, or upper quartile or decile) and thus considered achievable.

| Theme | Carbon Opportunity (vs 2019/20) /tCO ₂ e | % of CF | % of CF+ | Date to achieve reduction | Rationale | Achieved to date / tCO ₂ e | Effort to achieve the remaining opportunity ^{xxvii} |
|--------------------------------------|---|-------------|------------|---------------------------|--|---------------------------------------|---|
| Inhalers | ~8,100 | 14% | 2.5% | 2028 | Through level of current top ICS in England (15 kgCO ₂ e) to current best practice in BLMK (12 kgCO ₂ e) | ~5,100 | High – requires administration, clinical time and patient behaviour change |
| Medicines waste | ~6,700 | n/a | 2% | 2028 | 10% of medicines use | Unknown | High – requires shift in human behaviours and accurate baselines and measurement (based on volumes) |
| Acute energy and building efficiency | ~5,300 | 9% | 1.6% | 2032 | Achieving 80% reduction relative to 1990 levels in both gas and electricity. | ~1,700 | High – external capital investment not guaranteed |
| Commuting | ~4,300 | n/a | 1% | 2032 | 50% reduction by 2033 | Unknown | High – requires staff behaviour change and improved infrastructure |
| Food waste | ~2,000 | 3.5% | 1% | 2028 | 2% of food emissions | ~800 | Medium – spread of existing initiatives to other sites |
| Nitrous oxide | ~1,200 | 2% | 0.4% | 2028 | Performance of best in East of England (~75% reduction) | ~1,000 | Medium – small amount of capital and process change |
| Waste to landfill | ~1,000 | 2% | 0.3% | 2026 | Reduction to zero | None | Low |
| Desflurane | ~850 | 1.5% | 0.3% | 2023 | Reduce desflurane use to zero | ~800 | Low – Maintain zero use |
| Consumable use | ~690 | n/a | 0.2% | 2027 | Based on achievement at other hospitals | Unknown | Medium – requires ability to identify opportunities |
| Patient travel through virtual care | ~600 | n/a | 0.2% | 2028 | Increasing PIFU use and virtual outpatient appointments to peer median | Unknown | Medium – requires clinical practice to align to care model |
| Walking aid reuse | ~200 | n/a | 0.1% | 2028 | 4,500 items annually (based on case study from peer ICS) | ~35 | Medium – spread to whole of BLMK required |
| Fleet shift to ZEV | ~170 | 0.3% | 0.1% | 2032 | Linear trajectory to net zero non-ambulance fleet by 2035 | Unknown | Low – on track for routine replacements |
| TOTAL | ~31,000 | ~33% | ~9% | | | >9,400 | |

^{xxvii} Effort judged in financial or human terms (i.e. person-hours required, barriers to change, length of time for return).

Notes for appendix 2:

1. Some of these emissions reductions have already occurred since 2019/20 – see relevant table column.
 2. The opportunity analysis is limited in scope:
 - a. It does not reflect changes in demand due to demographics, population health or new care models implemented since 2019/20, which are estimated at cumulative rate of 2% per year.
 - b. It only accounts for emissions linked to the two acute trusts for most items (excl. inhalers and medicines waste) – additional opportunities exist in primary care.
 - c. National progress in emissions reductions (for example decarbonisation of the National Grid and the public uptake of electric vehicles) will contribute to reductions in the carbon footprint – to avoid the risk of double-counting, these are excluded from the opportunity analysis, but may accelerate efforts or create an additional reduction.
 - d. Supplier decarbonisation will also have an impact on the embodied carbon in products and commissioned services, also not included to avoid the risk of double counting.
 3. Rounding errors may mean columns do not add up perfectly.
 4. See [Section 2: Environment, Climate, Health, and Healthcare](#) for definitions of NHS CF and NHS CF+.
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