


Environmental Sustainability Policy

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Sustainable Development - Environmental

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Document Control	
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Implementation Plan

Development and Consultation:	<p>The following individuals were consulted and involved in the development of this document:</p> <p>Through development of the BLMK ICS Green Plan and ICB Environmental Sustainability Policy</p> <ul style="list-style-type: none"> ▪ BLMK ICS System partners ▪ BLMK academic anchors (Cranfield University/Open University, University of Bedfordshire).
Dissemination:	<p>Staff can access this document via the website and will be notified of new / revised versions via the staff briefing.</p> <p>This document will be included in the organisation's Publication Scheme in compliance with the Freedom of Information Act 2000.</p>
Training:	<p>The following training will be provided to make sure compliance with this document is understood:</p> <ul style="list-style-type: none"> ▪ All staff briefings ▪ Staff newsletter ▪ BLMK Environmental and Social Impact Assessment (EaSIA) Tool ▪ ESR NHS England e-learning Building a Net Zero NHS ▪ Team meeting briefings (as required)
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Equality, Diversity and Privacy:	<p>Appendix 1 - Equality Impact Assessment Appendix 2 - Data Protection Impact Assessment</p>
Associated Documents:	<p>The following documents must be read in conjunction with this document:</p> <ul style="list-style-type: none"> ▪ BLMK ICS Green Plan – https://blmkhealthandcarepartnership.org/our-publications/plans/blmk-green-plan-final-31st-march-2022-1/?layout=default
References:	<p>The following articles were accessed and used to inform the development of this document:</p> <ul style="list-style-type: none"> • Net Zero Strategy: Build Back Greener • Delivering local net zero - How councils could go further and faster • Delivering a "Net Zero" National Health Service • What makes us healthy? - Health Foundation

	<ul style="list-style-type: none">• NHS England - Sustainable Development Unit Study• Labour Market Profile - Nomis - Official Labour Market Statistics (nomisweb.co.uk)• What Good Looks Like - NHSE Digital• Greener NHS• Greener NHS » Suppliers (england.nhs.uk)
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1.0 Introduction

- 1.1 NHS Bedfordshire, Luton and Milton Keynes Integrated Care Board (ICB) aims to ensure robust governance through its formal written procedural documents, such as this document, which communicate standard organisational ways of working. These documents help clarify operational requirements and consistency within day-to-day practice. They can improve the quality of work, increase the successful achievement of objectives and support patient safety, quality and experience. The ICB aims to ensure its procedural documents are user friendly, up-to-date and easily accessible.
- 1.2 The ICB must design and implement procedural documents that meet the diverse needs of our service and workforce, ensuring that none is placed at a disadvantage over others, in accordance with the Equality Act 2010. The Equality Impact Assessment initial screening, which was used to determine the potential impact this policy might have with respect to the individual protected characteristics is incorporated at Appendix 1.
- 1.3 A Data Protection Impact Assessment is a process which helps assess privacy risks to individuals in the collection, use and disclosure of personal information. The Data Protection Impact Assessment initial screening, which was used to determine the potential impact this policy might have with respect to an individual's privacy is incorporated at Appendix 2.
- 1.4 The UK government has set a target of achieving net-zero by 2050¹. Local councils, working with Government, are well-placed to use their integral roles to transition places and empower communities and businesses to a net zero future². The NHS is playing its part, and aiming to move even faster than national ambitions, by becoming the first national health service in the world with a net-zero target of 2040³. These decisions have been made with the growing recognition that we are in a state of climate emergency, which has implications for the planet, but also for people, and specifically people's health. By addressing the climate emergency, we are also addressing a number of health issues with huge potential to illustrate how approaching these challenges through a systems approach can help us to deliver 'wins' on multiple levels.
- 1.5 Having published our first Green Plan, in March 2022, as an Integrated Care System (ICS) for the Bedfordshire, Luton and Milton Keynes (BLMK), we are consistently reminded of the importance of systems thinking and more integrated problem-solving. Just one example is how we are working with Local Authorities on topics such as employment, housing, procurement and transport in order to identify carbon reduction opportunities, but these are the same areas which have key implications for the health of the local population. By looking at how we achieve health and sustainability objectives alongside each other, instead of in silos or in different settings, we will be not only more efficient but more effective at delivering impact.

¹ [Net Zero Strategy: Build Back Greener](#) (Oct 2021)

² [Delivering local net zero - How councils could go further and faster](#) (Oct 2021)

³ [Delivering a "Net Zero" National Health Service](#) (Oct 2020)

- 1.6 Health is not only about accessing health services and medicines, but it also encompasses the wider environmental, cultural and societal factors that can influence a person's health and wellbeing. Studies estimate that only 20% of a person's health outcomes are attributed to their ability to access good quality health care⁴. The social, behavioural, and environmental determinants of health such as housing, air pollution, employment and education often have more important and triggering effects on an individual's health and wellbeing over time. These differences mean that the life expectancy of BLMK's populations varies depending on where they live. Whereas a baby girl born today in Central Bedfordshire can expect to live for 84.4 years, a baby boy born today in Luton is expected to live six years less (78.3 years). Similarly, there is a life expectancy gap of 10 years for men in Bedford Borough, compared to 6 years for women in the Borough of Luton. Broader population health management is required to reduce health inequalities across populations by tackling the wider determinants of health. These wider determinants of health – employment, community, housing, transport, food and agriculture, our physical environment, and others – also vary considerably in terms of their environmental impact based on how they are structured and approached.
- 1.7 The vision for population health management in BLMK is to work together to deliver integrated, proactive health and care through realising their shared data potential. BLMK intends to do this by:
- Improving the health and wellbeing of local people by putting patient needs at the heart of their decision-making,
 - Reducing health and care inequalities,
 - Reducing costs and improving value for local people,
 - Delivering care tailored to the needs of individuals and improving individual experiences of care,
 - Increasing engagement with their health and care staff to improve their wellbeing, and
 - Focusing on patient outcomes regardless of organisational boundaries.

2.1 Scope

- 2.1 This policy applies all ICB staff members, including Ordinary Members of the Board of the ICB, involved in policy-making processes, whether permanent, temporary or contracted-in under a contract for service (either as an individual or through a third-party supplier).
- 2.2 BLMK ICB will seek to implement the principles of sustainable development across several areas, including:
- 2.2.1 Workforce and system leadership – With BLMK covering a population of almost one million, and projected to increase by nearly 90% by 2050, the environmental impact of its workforce and associated organisations is significant. Staff who work in the across

⁴ [What makes us healthy? - Health Foundation](#) (Mar 2018)

the ICS support further action on climate change, and 98% of all NHS staff believe that the health and care system should be acting more sustainably⁵. However, many acknowledge that the workforce requires support to be able to operationalise and implement the NHS' green agenda, not just in NHS providers but also local government organisations and anchor institutions. Given that the patch of BLMK ICS employs an estimate of 392,600 people⁶ in various organisations, we can reduce carbon emissions by better managing not only how our staff travel to and perform their jobs, but also by inspiring them to act more sustainably outside of work.

- 2.2.2 Sustainable models of care – A key aspect to achieving sustainable models of care is to integrate care around patients, meeting them where they are and involving them as active participants. This means that we need to better understand the social determinants of health and target interventions to the specific demographics of the populations within BLMK. We are committed to expanding health promotion, self-care and self-management strategies can reduce the need for formal healthcare intervention and travel whilst enhancing health and wellbeing.

Digital exclusion (see section 2.2.3) can be a risk factor with a shift to more remote care delivery and automated booking systems/results delivery. As an ICS, we will work with Trusts and local stakeholders to ensure that as new digital systems and delivery of care options are put in place, a non-digital option continues to be retained. Remaining accessible to all remains a top priority.

- 2.2.3 Digital transformation – Digital technologies provide a number of opportunities to reduce the carbon impact of health and care services and the direct alignments between the digital transformation agenda and a net-zero NHS are clear.⁷ We will continue to harness digital transformation within the health system and embed technology across the ICS, increasing clinical capacity, provide care closer to home and enable more patient-centred care, e.g., telemedicine.

As a system we are keen to utilise artificial intelligence systems and focus on genetics and disease prevention with our partners and incorporate emerging technologies.

- 2.2.4 Travel and transport – The environmental impact of NHS travel and transport is a major concern, both as a proportion of its own carbon footprint, and as a contribution to the

⁵ [NHS England - Sustainable Development Unit Study](#) (Dec 2017)

⁶ Employed people refers to: People who did some paid work in the reference week (whether as an employee or self-employed); those who had a job that they were temporarily away from (eg, on holiday); those on government-supported training and employment programmes; and those doing unpaid family work. Number is based on people aged from 16-64.

The estimate of people employed in BLMK was obtained by adding the sum of people employed in Central Bedfordshire (152 900), Luton (98 900) and Milton Keynes (141 100). Information is based on Nomis Official Market Statistics. One limitation of this number is that the geographical area linked to BLMK established by the NHS, may vary to a certain extent from the one taken by Nomis Official Market Statistics.

[Labour Market Profile - Nomis - Official Labour Market Statistics \(nomisweb.co.uk\)](#)

[Nomis - Official Labour Market Statistics \(nomisweb.co.uk\)](#)

[Labour Market Profile - Nomis - Official Labour Market Statistics \(nomisweb.co.uk\)](#)

⁷ [What Good Looks Like - NHSX](#)

UK's overall emissions. We know that about 3.5% of road traffic is associated with NHS related travel and this is responsible for around 14% of the NHS carbon footprint⁸. Reducing this is key, with road travel also associated with poor health outcomes in terms of proximity to air pollution and contribution to broader environmental pollution.

Given that BLMK includes providers from both inner and outer London boroughs as well as rural areas, means that there is a wide variety in the type of transport preferred, and the distance travelled to receive care or to work at a care facility. We will continue to explore a range of solutions to meet the needs of different constituents and reducing the environmental impact of staff, patients and supplier travel, both by: i) reducing the requirement to travel and ii) encouraging the use of greener modes of transport

2.2.5 Estates and Facilities – The environmental footprint of BLMK ICS' estates and facilities, in terms of both emissions and waste, is a significant component of its overall footprint. For the NHS itself, its estates and facilities make up 15% of its total national emissions profile⁹.

BLMK ICS is committed to:

- Improvements to energy efficiency to support overall efforts to reduce energy use and its associated emissions,
- Reduction of waste - encompassing recycling measures, sustainable procurement policies, and avoiding excessive water use,
- Biodiversity improvements to the estates, both for environmental goals and for staff and patient wellbeing,
- Decarbonisation of heating and energy, which would make the most significant contribution to reducing emissions from estates and facilities.

2.2.6 Medicines – A high proportion of medicines-related emissions occur at the point of use, for example through use of specific inhalers and anaesthetic gases. Anaesthetic gases, which are used routinely in everyday surgery across the NHS, are responsible for over 2% of all NHS emissions. Meanwhile, inhalers are the single biggest contributor to the NHS' carbon footprint, accounting for 3% of all NHS emissions. Our objective is to reduce the emissions generated by medicines, both at the point-of-use and in the supply chain and transportation stage. This will help us achieve better environmental and health outcomes for our population, ensuring that our approach remains patient-centric.

As an ICS, we will coordinate with local stakeholders on four key areas:

- medicines optimisation
- packaging and disposal
- education and training; and
- sustainable methods of transportation of medicines.

⁸ [Greener NHS](#)

⁹ [Delivering a "Net Zero" National Health Service](#) (Oct 2020)

- 2.2.7 Supply chain and procurement – With the NHS using products from more than 80,000 suppliers¹⁰, and NHS supply chain accounting for approximately 62% of total emissions, this area is one of the most impactful areas to focus on when it comes to reducing emissions in BLMK.

Our vision is to develop and shape a market which has social value and sustainability at its core. As an ICS, we continue to implement the new, existing and updated legislation and guidance, e.g., the Provider Selection Regime requirements.

- 2.2.8 Food and nutrition – we are committed to working with local stakeholders to reduce the environmental impact of food and nutrition, both by i) reducing food waste across our sites and facilities and ii) providing more sustainable food choices for our workforce.
- 2.2.9 Adaptation: (the risks or effects of climate change and severe weather conditions on its business and functions) – With mounting global concerns over climate change, the NHS is witnessing the direct and immediate consequences of heat waves and extreme weather on patients and the public. Adaptation is therefore vital for the NHS to ensure the continuity of essential services, as well as a safe environment for patients and staff in the event of extreme weather conditions.

The ICS will work with local stakeholders on adaptation efforts and preparedness to severe climatic events, both by i) reporting on risks and progress made and ii) developing strategies for risk mitigation.

- 2.2.10 The ICS will continue to contribute and support local stakeholders to fulfil the requirements as per the NHS Standard Contract, planning guidance and national/regional best practice.

3.0 Definitions

- 3.1 This section provides staff members with an explanation of terms used within this policy.
- 3.1.1 **Anchor institutions** – large organisations, connected to their local area, that use their assets and resources to benefit the communities around them¹¹
- 3.1.2 **BLMK** Bedfordshire, Luton and Milton Keynes – the geographical area covered by the Integrated Care System
- 3.1.3 **Carbon** – Carbon dioxide, CO₂, is the most prevalent greenhouse gas (GHG). CO₂ emissions result from the combustion of fuel from land use changes and from industrial

¹⁰ [Greener NHS » Suppliers \(england.nhs.uk\)](https://www.england.nhs.uk/greener-nhs/suppliers/)

¹¹ [The NHS as an anchor institution \(health.org.uk\)](https://www.health.org.uk/news/articles-and-opinions/the-nhs-as-an-anchor-institution/)

and waste processes. “Carbon” is often used as a short-hand for all greenhouse gas emissions, measured using the term “carbon equivalents”.

- 3.1.4 **Carbon Footprint** – A carbon footprint is a measure of the impact our activities have on the environment, and in particular climate change. It relates to the amount of greenhouse gases produced in our day-to-day lives through burning fossil fuels for electricity, heating and transportation etc. The carbon footprint is a measurement of all greenhouse gases we individually produce and has units of tonnes of carbon dioxide equivalent
- 3.1.5 **Health & Care Partnership (H&CP)** – statutory committee jointly formed between the NHS Integrated Care Board and all upper-tier local authorities that fall within the ICS area. The H&CP (also referred to as Integrated Care Partnership, ICP) will bring together a broad alliance of partners concerned with improving the care, health and wellbeing of the population, with membership determined locally. The H&CP is responsible for producing an integrated care strategy on how to meet the health and wellbeing needs of the population in the ICS area.
- 3.1.6 **ICB, ICP and ICS** – Integrated Care Board; Integrated Care Partnership; Integrated Care System
- 3.1.7 **Net Zero** - the reduction of net greenhouse gas emissions to zero, taking into account emissions into and extraction from the environment. Differs from “Carbon Neutral” which incorporates carbon-containing, or sometimes only carbon dioxide, emissions.
- 3.1.8 **Place-based** partnerships – lead the detailed design and delivery of integrated services across their localities and neighbourhoods. The partnerships will involve the NHS, local councils, community and voluntary organisations, local residents, people who use services, their carers and representatives and other community partners with a role in supporting the health and wellbeing of the population.
- 3.1.9 **Provider collaboratives** – will bring providers together to achieve the benefits of working at scale across multiple places and one or more ICSs, to improve quality, efficiency and outcomes and address unwarranted variation and inequalities in access and experience across different providers
- 3.1.10 **Provider Selection Regime** – Provider Selection Regime will be a new set of rules replacing the existing procurement rules for arranging healthcare services in England. The proposed rules will be introduced by regulations made under the Health and Care Bill.
- 3.1.11 **Sustainability** – The goal of sustainability/sustainable development is to meet the needs of today, without compromising the ability of future generations to meet their needs.

4.0 Policy Statement

4.1 BLMK Integrated Care Board (ICB) has several statutory duties pertaining to accountability for “joint working between health, social care and other partners including police, education, housing, safeguarding partnerships, employment and welfare services, ensuring that the NHS plays a full part in achieving wider goals of social and economic development and environmental sustainability”.

4.2 This policy sets out the approach for BLMK ICS to sustainability and measures that will be adopted to reduce carbon emissions and to ensure adaptation to climate change. Key performance indicators are set out in the BLMK Green Plan¹². The ICS Green Plan and this policy will act as a catalyst to develop the BLMK ICS Action Plan with key stakeholders to support delivery.

5.0 Roles and Responsibilities

5.1 The following have specific responsibilities in relation to this policy.

5.2 **ICB** – will have responsibility for delivery of statutory functions for environmental sustainability for the organisation.

5.3 **H&CP** – will align the ambitions, purpose and environmental sustainability strategies of partners across the system.

5.4 **Audit and Risk Committee** – internal audit function, providing independent assurance of strategic, financial and operational risks, and quality assurance to the Committee, the Chief Executive and the Board.

5.5 **BLMK ICS Environmental Sustainability System Leadership Group** – lead the implementation and delivery of the ICS Green Plan, provide strategic oversight to the Green Plan themes and provide ICB and ICP with assurance on themes and risk.

5.6 **BLMK ICS Green Plan Operational Working Group** – work with system partners to deliver the ICS and Trust Green Plans and support delivery national and local deliverables.

5.7 **Chief Executive/Accountable Officer** – ultimately responsible for ensuring that this policy is implemented and effective across BLMK ICS, holding the organisation to account on deliverables.

5.8 **Non-Executive Member Green Champion (BLMK ICB)** – chair of the Environmental Sustainability –System Leadership Group, providing oversight and holding the ICB to account for its responsibilities under the ICS Green Plan.

¹² [BLMK Green Plan](#) (Mar 2022)

- 5.9 **Senior Responsible Officer (SRO) for ICS Green Plan** – providing the appropriate governance groups with assurance, executive sponsorship for coordinating and supporting system-level action, and support mitigating/escalating risks through agreed governance channels.
- 5.10 **Line Managers** – with line management responsibilities across the organisation, will be responsible for ensuring that the policy is built into local processes, and that there is on-going compliance.
- 5.11 **All Staff** – whether permanent, temporary or contracted are responsible for ensuring that they are aware of the requirement incumbent upon them, and for ensuring they comply with these on a day-to-day basis; demonstrating exemplar sustainable and low carbon behaviours within the workplace.
- 5.12 As BLMK's Place Partnerships and Provider Collaboratives develop, roles will be reviewed and updated to reflect governance arrangements and responsibilities.

Appendix 1 - Equality Impact Assessment Initial Screening

Please answer the questions against each of the protected characteristic and inclusion health groups. If there are significant impacts and issues identified a full Equality / Quality Impact Assessment (EQIA) must be undertaken. It is against the law to discriminate against someone because of these protected characteristics. For support and advice on undertaking EQIAs please contact: agcsu.equalities@nhs.net

Name of Policy:	Environmental Sustainability Policy
Date of assessment:	09-06-22
Screening undertaken by:	Assistant Director of Sustainability and Growth

Protected characteristic and inclusion health groups.	Could the policy create a disadvantage for some groups in application or access? (Give brief summary)	If Yes - are there any mechanisms already in place to mitigate the potential adverse impacts identified? If not, please detail additional actions that could help. If this is not possible, please explain why
<p>Find out more about the Equality Act 2010, which provides the legal framework to tackle disadvantage and discrimination: https://www.equalityhumanrights.com/en/equality-act/protected-characteristics</p>		
<p>Age A person belonging to a particular age (for example 32-year-olds) or range of ages (for example 18 to 30 year olds).</p>	No – the policy aims to ensure inequalities is at the heart of decision-making and interventions/activities undertaken. Evidenced consideration to all protected characteristics and vulnerable groups is required prior to sign off/Board approval	
<p>Disability A person has a disability if she or he has a physical or mental impairment which has a substantial and long-term adverse effect on that person's ability to carry out normal day-to-day activities.</p>	No – the policy aims to ensure inequalities is at the heart of decision-making and interventions/activities undertaken. Evidenced consideration to all protected characteristics and vulnerable groups is required prior to sign off/Board approval	
<p>Gender reassignment The process of transitioning from one gender to another.</p>	No – the policy aims to ensure inequalities is at the heart of decision-making and interventions/activities undertaken. Evidenced consideration to all protected characteristics and vulnerable groups is required prior to sign off/Board approval	
<p>Marriage and civil partnership Marriage is a union between a man and a woman or between a same-sex couple. Same-sex couples can also have their relationships legally recognised as 'civil partnerships'.</p>	No – the policy aims to ensure inequalities is at the heart of decision-making and interventions/activities undertaken. Evidenced consideration to all protected characteristics and vulnerable groups is required prior to sign off/Board approval	
<p>Pregnancy and maternity</p>	No – the policy aims to ensure inequalities is at the heart of	

<p>Pregnancy is the condition of being pregnant or expecting a baby. Maternity refers to the period after the birth and is linked to maternity leave in the employment context. In the non-work context, protection against maternity discrimination is for 26 weeks after giving birth, and this includes treating a woman unfavourably because she is breastfeeding.</p>	<p>decision-making and interventions/activities undertaken. Evidenced consideration to all protected characteristics and vulnerable groups is required prior to sign off/Board approval</p>	
<p>Race Refers to the protected characteristic of race. It refers to a group of people defined by their race, colour and nationality (including citizenship) ethnic or national origins.</p>	<p>No – the policy aims to ensure inequalities is at the heart of decision-making and interventions/activities undertaken. Evidenced consideration to all protected characteristics and vulnerable groups is required prior to sign off/Board approval</p>	
<p>Religion or belief Religion refers to any religion, including a lack of religion. Belief refers to any religious or philosophical belief and includes a lack of belief. Generally, a belief should affect your life choices or the way you live for it to be included in the definition.</p>	<p>No – the policy aims to ensure inequalities is at the heart of decision-making and interventions/activities undertaken. Evidenced consideration to all protected characteristics and vulnerable groups is required prior to sign off/Board approval</p>	
<p>Sex A man or a woman.</p>	<p>No – the policy aims to ensure inequalities is at the heart of decision-making and interventions/activities undertaken. Evidenced consideration to all protected characteristics and vulnerable groups is required prior to sign off/Board approval</p>	
<p>Sexual orientation Whether a person's sexual attraction is towards their own sex, the opposite sex, to both sexes or none.</p>	<p>No – the policy aims to ensure inequalities is at the heart of decision-making and interventions/activities undertaken. Evidenced consideration to all protected characteristics and vulnerable groups is required prior to sign off/Board approval</p>	
<p>Carers Individuals within the CCG which may have carer responsibilities.</p>	<p>No – the policy aims to ensure inequalities is at the heart of decision-making and interventions/activities undertaken. Evidenced consideration to all protected</p>	

	characteristics and vulnerable groups is required prior to sign off/Board approval	
Please summarise the improvements which this policy offers compared to the previous version or position.		
Minor updates to the first ICB Environmental Sustainability policy, reflecting progress in defining governance of the ICS Green Plan.		
Has potential disadvantage for some groups been identified which require mitigation?		
No		

Appendix 2 - Data Protection Impact Assessment Initial Screening

Data protection is the fair and proper use of information about people. Before completing this form, please refer to the Data Protection Impact Assessment (DPIA) Guidance in the Information Governance (IG) section on the staff Intranet or contact the Data Protection Officer for support via blmkccg.ig@nhs.net

A DPIA is a process to help you identify and minimise the data protection risks. You must do a DPIA for processing that is likely to result in a high risk to individuals. You can use our screening checklist below to help you decide when to do one. If you have answered 'Yes' to any of the 10 screening questions, you must then carry out a full DPIA using the Stage 2 form, which is also available on the Intranet in the IG section.

Name of Policy:	Environmental Sustainability Policy
Date of assessment:	09-06-22
Screening undertaken by:	Assistant Director of Sustainability and Growth

Stage 1 – DPIA form

please answer 'Yes' or 'No'

1. Will the policy result in the processing of personal identifiable information / data? This includes information about living or deceased individuals, including their name, address postcode, email address, telephone number, payroll number etc.	No
2. Will the policy result in the processing of sensitive information / data? This includes for living or deceased individuals, including their physical health, mental health, sexuality, sexual orientation, religious belief, National Insurance No., political interest etc.	No
3. Will the policy involve the sharing of identifiers which are unique to an individual or household? e.g., Hospital Number, NHS Number, National Insurance Number, Payroll Number etc.	No
4. Will the policy result in the processing of pseudonymised information by organisations who have the key / ability to reidentify the information? Pseudonymised data - where all identifiers have been removed and replaced with alternative identifiers that do not identify any individual. Re-identification can only be achieved with knowledge of the re-identification key. Anonymised data - data where all identifiers have been removed and data left does not identify any patients. Re-identification is remotely possible, but very unlikely.	No
5. Will the policy result in organisations or people having access to information they do not currently have access to?	No
6. Will the policy result in an organisation using information it already holds or has access to, but for a different purpose?	No
7. Does the policy result in the use of technology which might be perceived as being privacy intruding? e.g., biometrics, facial recognition, CCTV, audio recording etc.	No
8. Will the policy result in decisions being made or action being taken against individuals in ways which could have a significant impact on them? Including profiling and automated decision making. (This is automated processing of personal data to evaluate certain things about an individual i.e., diagnosis and then making a decision solely by automated means - without any human involvement)	No
9. Will the policy result in the collection of additional information about individuals in addition to what is already collected / held?	No
10. Will the policy require individuals to be contacted in ways which they may not be aware of and may find intrusive? e.g., personal email, text message etc.	No

Appendix 3 – BLMK ICS Green Plan

[BLMK ICS Green Plan - March 2022](#)