

Greater Manchester Joint Commissioning Board

Date: 20 July 2021

Subject: Greener NHS Programme - Update Report

Report of: Sarah Price, Interim Chief Officer, Greater Manchester Health & Social Care Partnership

PURPOSE OF REPORT:

The purpose of this document is to provide an update on the “Carbon Net Zero” & Sustainability plans for the NHS, outlining both progress to date in Greater Manchester and an overview of plans.

RECOMMENDATIONS:

The Greater Manchester Joint Commissioning Board is asked to:

- Note the progress made to date.
- Note the plans underway and being developed.
- Consider the discussion points in section 5.

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SYSTEM ENGAGEMENT

Please complete the information below to outline the discussion with sectoral governance groups prior to submitting to the GM Joint Commissioning Board. If it is not appropriate / deemed necessary for a discussion with a particular group please state why.

PRIMARY CARE ADVISORY GROUP (PCAG)

Has the paper been discussed by PCAG? (No):

If no please outline the reason: N/A

PROVIDER FEDERATION BOARD (PFB)

Has the paper been discussed by PFB? (No but update planned for 23rd July):

If no please outline the reason: Planned

WIDER LEADERSHIP TEAM (WLT)

Has the paper been discussed by WLT? (No):

If no please outline the reason: N/A

STRATEGIC PARTNERSHIP EXECUTIVE BOARD (PEB)

Has the paper been discussed by PEB? (No):

If no please outline the reason: N/A

GM CCG DIRECTORS OF COMMISSIONING (DOCS)

Has the paper been discussed by DoCs? (No):

If no please outline the reason: N/A

GM CCG CHIEF FINANCE OFFERS (CFOS)

Has the paper been discussed by CFOs? (No):

GM LA HEADS OF COMMISSIONING (HOCS)

Has the paper been discussed by HoCs? (No):

1.0 BACKGROUND

- 1.1. In August 2019 GMHSCP declared a climate emergency. The Partnership also agreed to develop a plan to show how the NHS in Greater Manchester would meet its obligations under the Climate Change Act to achieve net zero carbon emissions by 2050.
- 1.2. The Partnership also made a pledge to fulfil the Greater Manchester Five Year Plan for the Environment, which has set out the bold ambition for the city region to be one of the globe's healthiest, cleanest, and greenest city-regions and to be carbon neutral by 2038.
- 1.3. This work was supported by the development of an interim ICS Sustainable Development Management Plan (SDMP) for 2019/20. The SDMP brought together current actions already underway as well as outlining the additional ambitions to the end of 2019/20.
- 1.4. These included:
 - Cutting carbon emissions from energy use by improving efficiency and using low-carbon sources.
 - Work with partners to improve local transport around NHS sites, to improve air quality and cut the impact of supply chain transport.
 - Understand how to use workplaces and buildings more efficiently.
 - Reducing waste, managing waste better and reusing or recycling using green space and the natural environment as a method of enabling good health and recovery.
- 1.5. There was also an ambition to develop a 5 Year Integrated Care System Plan (SDMP) to run from 20/21 to 2025/26. However, due to COVID-19 and other resource constraints this has been delayed.
- 1.6. However, good progress has been made with the establishing of a Sustainable Development Leadership Group, undertaking leadership training on sustainability, and ensuring the inclusion of the sustainability and carbon agenda within wider partnership strategic plans.
- 1.7. As such Greater Manchester is now well placed to make good progress with this agenda.

2.0 POLICY DRIVERS

2.1. There are several policy drivers with regards to this work, some generating at the ICS level, some regional and other national. A summary of key policies is listed as below.

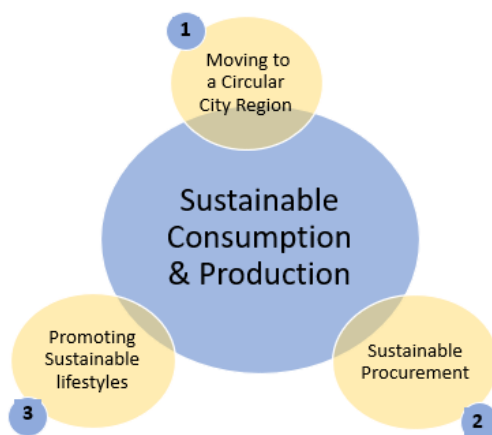
GREATER MANCHESTER

2.2. GM Green City Partnership

2.2.1. Greater Manchester as a city region is adopting a clear and ambitious approach to climate action, driven by the science and evidence but with individual, community, industry, and institutional action at its heart. The NHS in GM has a key role to play in supporting the Green City Partnership and the GMCAs 5-year Environmental Plan with an aim to be carbon neutral by 2038.

2.2.2. A key workstream within this area is the Sustainable Consumption & Production Group where the GMHSCP is vice chair. Their current deliverables are as below where the NHS has a key role in successful delivery.

Challenge Group – SCP Priorities and T&F Action Groups



Tasks	Description of Deliverable / Task
1	Develop SCP / Circular Economy Report
1	Resource flows to move towards a circular city region
1	Business support programme for energy efficiency and eco-innovation
1	Research projects – Reduces, RE3, construction etc.
1	Sustainable Food solutions
1	Consistent collection services (scenario modelling)
2	Sustainable procurement models into public sector procurement and policy
2	Refresh Social Value Framework
2	Collective Procurement in Waste Management (Commercial)
2	Sustainable Food procurement
3	Behaviour Change Campaigns
3	Behaviour Change – Personas

2.3. GM Independent Inequalities Commission

2.3.1. It is expected that the GMCA will support the 17 recommendations from the recently published The Greater Manchester Independent Inequalities Commission report, “Good Lives for All in Greater Manchester”.

2.3.2. For sustainability, in the main, it builds on existing work with an increased focus on addressing inequalities with key actions as below.

- Convene a GM Anchor Action Network and use their spending, investment and soft power to drive social value, support disadvantaged groups and create good, secure, living wage jobs.
- Set up 'GM Works' to create good jobs, upskill and reskill people to take up these jobs and provide apprenticeships and 6-month Job Guarantees for disadvantaged groups in key sectors.
- Set an ambitious target for every employer in Greater Manchester to pay the living wage and offer living hours by 2030, using the Good Employment Charter, conditions on access to public goods, services and contracts and support for businesses in low paid sectors to get there.

2.4. Institute of Health Equity Framework

2.4.1. In June 2021 a new framework was published as part of a new Marmot review. This report provides a framework for how Greater Manchester can 'Build Back Fairer' in the aftermath of the pandemic.

2.4.2. Some of the recommendations were new and some offer support for, and expansion of, existing approaches in Greater Manchester. The framework calls for health equity to be placed at the heart of governance, including resource allocation, in Greater Manchester and for all policies in the region to be geared towards achieving greater health equity.

2.4.3. Again, the recommendations as listed below will build on existing work with an increased focus on addressing inequalities with a key action to extend anchor institution influence.

- Implement Greater Manchester's social value framework and extend anchor institutions approaches to VCSE sector and businesses.
- Extend the remit of anchor institutions to incorporate social value procurement and commissioning.
- Health and social care act as leaders in social value commissioning and work in partnership across local authorities to develop local supply chain across Greater Manchester.
- Embed widescale social value requirements in the Local Industrial Strategy and Good Employment Charter.
- Add provision of apprenticeships for all ages to the social value framework.
- Link Innovation Greater Manchester with social value framework.

2.5. Delivering Social Value

2.5.1. Increasingly, organisations are considering their activities holistically, taking account of the wider economic, social, and environmental effects of their actions. Social Value can serve as an umbrella term for these broader effects, and organisations which make a conscious effort to ensure that these effects are positive can be seen as adding social value by contributing to the long-term wellbeing and resilience of individuals, communities, and society in general.

2.5.2. The GMCA is looking to introduce a social value framework with an implementation task force. It is expected that GMHSCP will again have a key role in the delivery of the key workstreams as below. This framework can be used across all sectors to guide actions on six priorities:

- Good employment
- Clean Air
- Employment and Skills
- Strong Local Communities
- Green Organisations
- Local Supply Chains

NATIONAL

2.6. Delivering a Net Zero NHS

2.6.1. NHS England has an aim to be the world's first 'net zero' national health service with specific targets as below:

2.6.1.1. For the emissions we control directly (the NHS Carbon Footprint), net zero by 2040, with an ambition to reach an 80% reduction by 2028 to 2032.

2.6.1.2. For the emissions we can influence (the NHS Carbon Footprint Plus), net zero by 2045, with an ambition to reach an 80% reduction by 2036 to 2039.

2.6.2. Along with many national initiatives some funding is being pushed to ICSs via regional offices who will agree an MOU with the national team. These in the main focus on non-estates areas.

2.6.3. The NW MOU will look to deliver the following:

- Reducing the proportion of desflurane used in surgery to less than 10% of overall volatile anaesthetic gases volume.
- Implementing approaches to optimise use of medical gases, including reducing nitrous oxide waste and preventing the atmospheric release of medical gases.

- Reducing the carbon impact of inhalers, in line with the commitment of a 50% reduction by 2028 and a 6% reduction in 2021/22 on a 2019/20 baseline.
- Ensuring that systems solely purchase and lease vehicles that are ultra-low emissions vehicles (ULEVs) or zero emission vehicles (ZEVs).
- Ensuring that only ULEVs or ZEVs are available to staff through car salary sacrifice schemes.
- Identifying a cycle-to-work lead in every trust who will support:
- A salary sacrifice cycle-to-work scheme in place for staff; and
- Where appropriate all sites have facilities available to encourage staff and visitors to cycle-to-work.
- Expand existing walking aid refurbishment schemes, with a target of 40% of all walking aids refurbished by 2025.
- Reduce use of single use plastic by 10% by 2025.

2.7. NHS as an Anchor Institution

2.7.1. The Long Term Plan refers to the NHS as an anchor institution confirming that as an employer of 1.4 million people, with an annual budget of £114 billion in 2018/19, the health service creates social value in local

NHS organisations are rooted in their communities. Through its size and scale, the NHS can positively contribute to local areas in many ways beyond providing health care. The NHS can make a difference to local people by:

Purchasing more locally and for social benefit
In England alone, the NHS spends £27bn every year on goods and services.

Using buildings and spaces to support communities
The NHS occupies 8,253 sites across England on 6,500 hectares of land.

Working more closely with local partners
The NHS can learn from others, spread good ideas and model civic responsibility.

Widening access to quality work
The NHS is the UK's biggest employer, with 1.6 million staff.

Reducing its environmental impact
The NHS is responsible for 40% of the public sector's carbon footprint.

As an anchor institution, the NHS influences the health and wellbeing of communities simply by being there. But by choosing to invest in and work with others locally and responsibly, the NHS can have an even greater impact on the wider factors that make us healthy.

References available at www.health.org.uk/anchor-institutions

communities.

2.7.2. As indicated above this covers a number of areas within the sustainability heading but specifically procurement and environmental impact should be noted.

- 2.7.3. The NHS Long Term Plan Implementation Framework (D10) also confirm that the national team is looking to work with any system delivering, or considering, initiatives with these ambitions so that we can map, test and spread action that will help tackle health inequalities and wider social determinants.
- 2.7.4. GM is well positioned to support this requirement and has already undertaken initial scoping work with the Centre of Local Economic Studies (CLES).

2.8. NHSE Sustainability Roadmap

- 2.8.1. Following a series of workshops with providers and the wider system, NHSE have produced a 5-year roadmap for sustainable procurement. This is part of the wider national Procurement Target Operating Model (PTOM) work.
- 2.8.2. The short-term activities (by March 2022) as defined by the PTOM delivery framework include:
- Nominate an ICS lead for sustainable supply chain and procurement and incorporating sustainability into foundations of ICS delivery.
 - Identify and adopt a tool for evaluating environmental and social value in procurements at ICS level.
 - Directly address any nationally communicated Planning Guidance and National Commitments published in this space.
 - Confirm support to central government approach on eliminating modern slavery in government supply chains.
 - Develop a robust process for managing 'continuous improvement' and Net Zero commitments.
 - Establishing a social value "baseline" across ICS and shift to suppliers that actively support the NHS sustainability principles.
 - Utilise central government tools and guidance to monitor and manage the key modern slavery in supply chain.
- 2.8.3. Although this is aimed across the NHS the focus will be on the provider sector.

3.0 WORKSTREAMS

- 3.1. There are many workstreams already underway, or identified, as listed below. In some cases, more work is required to formalise scope and deliverables. There will also be synergies and learning across sectors that may amend or extend scope of projects.

- 3.2. The section below is split between sectors and themes with some overlap acknowledged resulting in a matrix management approach.

SECTOR LEAD

3.3. ICS Level Activity

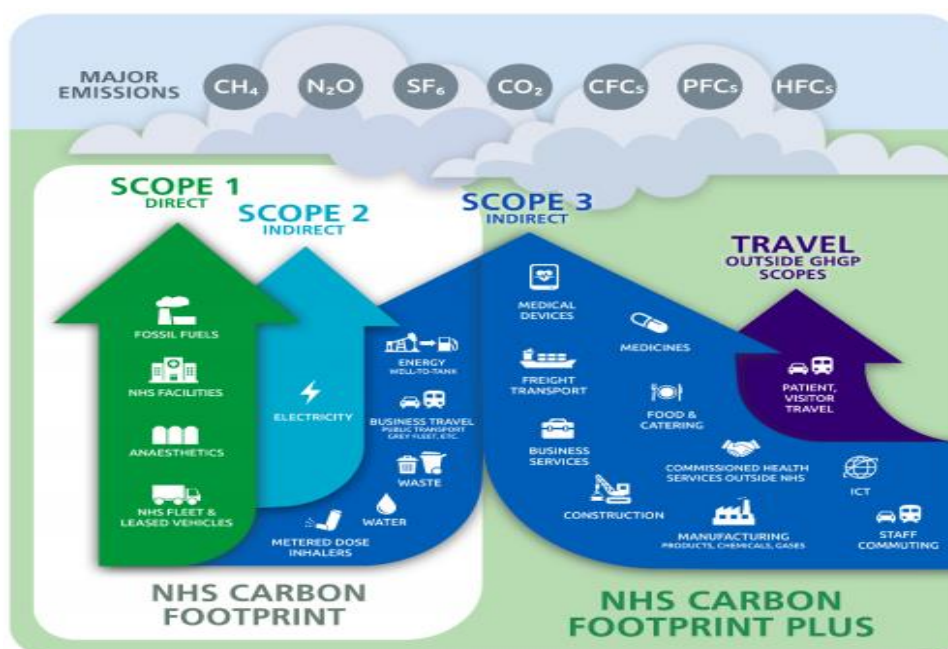
- 3.3.1. **Programme Management & Coordination:** Ensure ICS management and coordination across workstreams and policy areas with relevant governance and reporting.
- 3.3.2. **Health Anchors Learning Network (HALNs):** Feed into the national HALN to ensure GM views known and learning obtained from other regions.
- 3.3.3. **NW Net Zero ICS & Sustainability Leads Meeting:** Represent GM within the NW network to update on progress and escalate any issues.
- 3.3.4. **NHSE Workgroups:** Represent GM at relevant national meetings and workshops. This includes NHSE Sustainable Procurement working group.
- 3.3.5. **NHS Supply Chain Influencing:** Influence national bodies such as NHS Supply Chain to ensure local priorities can be met.

3.4. Providers Activity

- 3.4.1. **Programme Management & Coordination:** Ensure ICS management and coordination across workstreams and policy areas with relevant governance and reporting.
- 3.4.2. **Reduce Single Use Plastic in Clinical Settings:** Identify and look to reduce or replace usage where appropriate with clinical input. Specifics include:
- Trocars: Pilot underway to replace single use trocars with a re-usable system.
 - Gloves: Following on from other pilots look to educate staff on correct usage.
- 3.4.3. **Identify & Reduce Top 100 Single Use Plastic Items:** With NW colleagues identify the top 100 single use plastic items used and following the waste management hierarchy look to reduce usage by at least 10% by 2025.
- 3.4.4. **Pilot Remanufacturing of Single Use Devices:** There is a market to purchase some specialist equipment that is then re-manufactured. This is not only an income stream but also reduces waste.
- 3.4.5. **Local/SME Spend Review:** Understand current levels of local spend and look at categories of spend where local spend can be increased. Early

analysis shows that this can vary between trusts from 9.6% to 52.2% but across this region is 36.7% at almost £0.5bn.

- 3.4.6. **Pilot Electric HGVs:** With Innovate UK and DAF Trucks a funding proposal has been submitted to look at piloting electric HGVs. This would be a UK first.
- 3.4.7. **Sustainable Food Procurement:** Early work has been completed on milk and dairy with other food categories to follow. This will look to support local providers.
- 3.4.8. **Review Scope 3 Emissions:** Look to identify and benchmark scope 3 emissions (see below) to allow for additional focus on areas generating high emissions.



3.5. Primary Care Activity

- 3.5.1. **Reduce the environmental impact of inhaler prescribing:** A Task and Finish Group, chaired by Laura Browse, has been established and will continue to meet.
- 3.5.2. **Increase practice understanding and engagement in the sustainability agenda:** Look at increased communications and engagement to promote good practice and innovation.
- 3.5.3. **Reduce the sustainability impacts of staff and patient travel:** The GP Board and DMOG are currently reviewing evidence to consider if there is a recommended ratio of remote consultations vs face to face. Staff travel is also being reviewed.

- 3.5.4. **Reduce the sustainability impacts of the Primary Care Estate:** An estates consultant has been commissioned to produce a pack for primary care providers with regards to good practice.
- 3.5.5. **Increase Social Prescribing:** Improve the visibility and availability of social prescribing and improve measurements on the outcomes.
- 3.5.6. **Increase the sustainability of primary care using procurement as a tool:** Discussions are taking place with GM Providers & Practice Managers with regards to this work to look at synergies of approach.
- 3.6. CCGs/Commissioning Activity**
 - 3.6.1. **Identify Sustainable Development Leads for each CCG:** 6 of the 10 Greater Manchester CCG's have an operational and strategic sustainability lead. Due to the focus of the CCG's since January 2021, on both the Covid 19 vaccination and testing programmes and due to the White paper 'Integration and Innovation: Working together to improve Health and Social Care for all' pursuing leads at the remaining CCG's has not been a priority.
 - 3.6.2. **CCG/Commissioning Sustainability Workplan:** a workplan with clear GM level actions for CCG's has been drafted. This workplan will form part of the ICS Green Plan.
 - 3.6.3. **Reducing the Environmental Impact of Inhalers:** the medicines optimisation teams at each CCG are supporting/or will need to support this programme. This will link with the primary care work.
 - 3.6.4. **Primary Care Estate:** Estate Managers at each CCG will need to support this programme being led by Primary Care once the output from the consultant is available. This will be guidance to support both new build and retro-fitting of existing buildings, from an environmental perspective.
 - 3.6.5. **Commissioning:** a task and finish group needs to be established at a GM level to look at how both environmental sustainability and the broader social value aims can be more formally embedded into the commissioning process.
 - 3.6.6. **Sustainable Procurement:** there is work being led at a national level by NHS England & Improvement in terms of how the recently published Procurement Policy Note 06 covering Social Value should be included within the procurement process. A task and finish group will then be required at a GM level to determine how this links with the procurement undertaken as part of the commissioning cycle.
 - 3.6.7. **Contract/Assurance:** a task and finish group needs to be established at a GM level to determine how through contract monitoring and assurance,

support is best given to providers in delivering both the 'net zero carbon emissions targets' and broader social value opportunities.

- 3.6.8. **Training:** at a GM level there is a project being undertaken with the Carbon Literacy Project to look at the development of a health care carbon literacy toolkit which can be used to support training across the GM health and social care sector and this will include commissioning.

3.7. Social Care Activity

- 3.7.1. **Re-use of Walking Aids:** It is recognised that there will be a huge amount of walking aids within homes across GM that may no longer be used or wanted. A pilot is currently being scoped out to develop such a process and trial it across GM, which the ASC Transformation Team will work on with NHS England Green Team.

- 3.7.2. **Payment System Reform Pilot:** Wigan will be piloting a new way of working with a small group of their Providers that will ultimately see Providers work across a 'patch' of Wigan providing support to those living in a particular area rather than working across the Borough. Not only will this give greater flexibility to Providers in managing and co-ordinating their work with individuals, but it will also reduce the amount of mileage as Carers won't be travelling as far to provide care and support.

- 3.7.3. **Use of PPE in Care Homes and Home Care:** The use of PPE has never been more important and integral to keeping people safe when providing care and support to them, however this has previously been an area of discussion, as to the best way to utilise PPE to reduce the amount used and the frequency it is disposed. (This could be linked to provider work.)

- 3.7.4. **Virtual Training Model - The development of a virtual training model for the Step into Care programme:** For Step into Care this arose from necessity due to COVID – the elements of the care certificate that could be delivered virtually are covered on a 6 week distance learning programme that participants undertake prior to being placed with a social care employer, along with accredited modules on stress awareness, mental health and infection control – but it is likely this will continue as a virtual programme as it enables us to run it across GM without the need for venue bookings, and quite significant travel for participants.

THEMES

3.8. GM Estates Decarbonisation

- 3.9. External support was engaged to support GM Trusts and Primary Care with developing an energy and carbon baseline, and subsequently a decarbonisation pathway. The £1bn Public Sector Decarbonisation Scheme (PSDS) was announced last autumn, and focused support was provided to GM organisations to make applications to the fund.
- 3.10. Organisations with successful applications included Manchester NHS FT (£7M) and The Christie FT (£9.5M), and some organisations received skills funding which would pay for surveys needed to make future applications to the fund. Whilst the PSDS was focused on heat decarbonisation measures, the wider decarbonisation work is ongoing but will need further funding to support the external consultancy support.
- 3.11. The NCA Group Deputy Director of Capital, Estates and Facilities has been engaged as the GM Directors of Estates Leads and several workshops with trust leads have been completed.
- 3.12. Travel and Transport: Integrating decarbonisation strategies across health & transport**
- 3.13. GMHSCP continue to engage with TfGM on the SUMP PLUS programme (Sustainable Urban Mobility Planning) which is focused on health and transport sectors working together to decarbonise. It has also engaged with the active travel team to ensure relevant funding opportunities are promoted to the health sector within the region.
- 3.14. A list of opportunities has been developed and a separate group has been established to take this work forward.

4.0 NEXT STEPS

- 4.1. Development of detailed plans will continue as the policy areas continue to develop.
- 4.2. Engagement with all key stakeholders will increase over the next few months to ensure good progress can be made on this agenda.
- 4.3. A programme support officer is being recruited to help coordinate the increasing activity in this space.

5.0 FOR DISCUSSION

5.1. Resources

5.2. There are currently very limited resources dedicated to this work. As plans progress and delivery becomes more challenging additional support and resources may be required. Although it is hoped resources can be identified from within the system there is likely to be occasions when additional and/or external support is required.

5.3. Consideration may be needed as to how additional and specialist resource could be funded to ensure delivery as outlined.

5.4. Commissioning Changes

5.5. There is considerable influence that can be applied to this agenda as part of the commissioning process. However, there are likely to be many priorities for commissioners to consider.

5.6. With planned organisational changes to Clinical Commissioning Groups further work is likely to ensure that this work is prioritised as needed and suppliers are encouraged to provide services in a more sustainable way.

6.0 RECOMMENDATIONS

6.1. The Greater Manchester Joint Commissioning Board is asked to:

- Note the progress made to date.
- Note the plans underway and being developed.
- Consider the discussion points in section 5.