South East London Integrated Care System

NHS

Healthier Planet Healthier People

South East London ICS
Green Plan 2025-2028

South East London ICS

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Foreword

Tosca Fairchild, ICS Sustainability Senior Responsible Officer

The NHS in England is undergoing a transition, but the need to address the world's environment and climate challenges remain as urgent as ever. We must continue to accept our responsibility to be good stewards of the environment while we deliver safe, effective and high-quality NHS services.

I joined South East London Integrated Care Board (SEL ICB) as Chief of Staff in the summer of 2022, just after the first SEL Integrated Care System (ICS) Green Plan was published. In my capacity as Sustainability Senior Responsible Officer (SRO) I have provided executive leadership to the ICS sustainability programme for the three-year duration of the first plan.

It has been an honour and a privilege to work with committed colleagues across the system and seeing them rise to the challenge of reducing carbon emissions against a backdrop of system change, financial challenge and evolving priorities. I have seen incredible progress against our net zero objectives, knowledge and expertise flourishing across the system, networks being formed, learning being shared and the acceleration of partnership working. In many ways, sustainability is still a challenging area of NHS work, but we are learning and working together and consequently, we are stronger in our delivery. It is important that we maintain this, because the challenge of improving our environment is not going away any time soon and we know that it is linked to the health of our population.

2025 will see the beginning of a period of significant change for the NHS, with the 10 Year Health Plan setting new directions of travel for our health service. SEL ICB will restructure in support of this new vision and in doing so, will shift to align with the new ICB Blueprint.

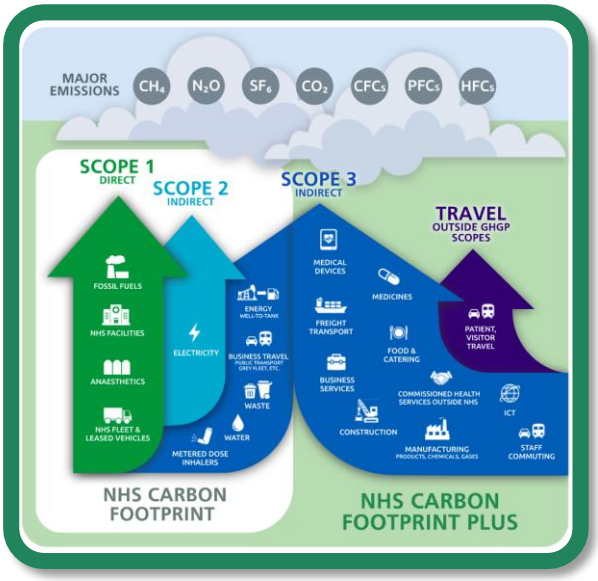
We must embrace and support this change, because it is about improving our health service and enabling every member of our population to be - and stay - healthier. This Green Plan does the same, because we recognise that a healthier planet is key to keeping our people healthier, and when our people are healthy, the NHS in south east London uses less resources and creates less waste that causes harm to our environment.

Thank you for reading.

Delivering a net zero NHS

Climate change poses a major threat to our health as well as our planet. The environment is changing, that change is accelerating, and this has direct and immediate consequences for our patients, the public and the NHS.

The NHS was founded to provide high-quality care for all, now, and for future generations. Understanding that climate change and human health are inextricably linked, in October 2020, it became the first in the world to commit to delivering a net zero national health system. This means improving healthcare while reducing harmful carbon emissions and investing in efforts that remove greenhouse gases from the atmosphere.



With around 4% of the country's carbon emissions, and over 7% of the economy, the NHS has an essential role to play in meeting the net zero targets set under the Climate Change Act. The *Delivering a Net Zero Health Service* report sets out a clear ambition and two evidence-based targets:

1. **For the emissions we control directly (which we call the NHS Carbon Footprint – *see diagram above*) we will reach net zero by 2040, with an ambition to reach an 80% reduction by 2028 to 2032**
2. **For the emissions we can influence (our NHS Carbon Footprint Plus - *see diagram above*), we will reach net zero by 2045, with an ambition to reach an 80% reduction by 2036 to 2039.**

In 2022, the NHS became the first health system to embed net zero in legislation, through the Health and Care Act 2022. This places duties on NHS England, and all trusts, foundation trusts, and integrated care boards to consider statutory emissions and environmental targets in their decisions. Trusts and ICBs are expected to meet these duties through the delivery of board-approved green plans.

The NHS's commitment to net zero was reinforced by Lord Darzi in his independent investigation of the NHS in England (September 2024).

Delivering a net zero south east London

The London boroughs of Lambeth, Southwark, Lewisham, Greenwich, Bromley and Bexley are home to two million people, supported by the following net zero contributors:

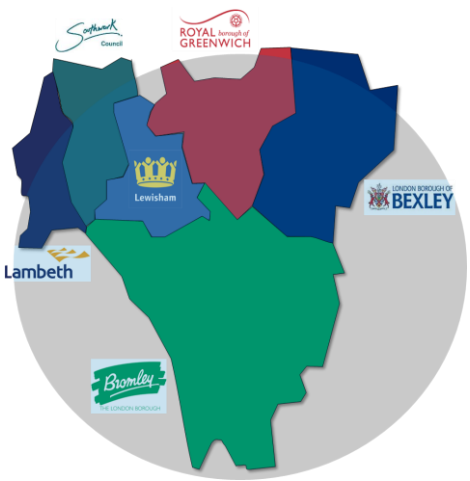
- **Five NHS trusts - Guy's and St Thomas', King's College Hospital, Lewisham and Greenwich, Oxleas and South London and Maudsley NHS Foundation Trusts** – all of which are members of the South East London Sustainability Network.
- **Bromley Healthcare CIC** – a member of the South East London Sustainability Network.
- **194 GP practices organised within 35 Primary Care Networks (PCNs) alongside community pharmacies, dentistry and optometry.** Primary care input to green planning is via the ICB-facilitated *Primary Care Green Group.*
- **The six south east London local authorities** – with whom the ICB is a longstanding partner across health and care services.

The care provided by these contributors to our population is organised around 25 neighbourhood health services, each of which has a shared plan for coordinated, local care that meets people's needs earlier and more effectively.

Using net zero to improve health inequalities

Our borough populations in south east London share some commonalities, but also have their own characteristics, complexities and needs.

Some of our boroughs experience high levels of deprivation, social and health inequality and inequity – which are all key determinants of health. The health (physical and mental) and social impacts of poor environment and climate change tend to fall disproportionately on those who are disadvantaged and most vulnerable.



By taking actions to bring carbon emissions down, the whole of the south east London population benefits, but our most deprived communities stand to benefit most.

Delivering a net zero south east London will also enable our 2025/2026 Joint Forward Plan. This five-year plan ensures the work we do improves population health, reduces health inequalities and ensures the sustainability of health provision.

The 2022-2025 Green Plan: Achievements from the last three years

Overview

Contributors to the ICS Sustainability Programme have learned, grown and achieved together throughout the duration of the first ICS Green Plan.

The 2022-2025 Green Plan set 122 objectives for delivery by system partners. The efforts of partners working to their own Green Plans and working in system-wide collaboration saw delivery against 90 of the planned objectives. This delivery positioned was supported notably by consistent delivery by expert colleagues working in hospital trusts and by colleagues leading system-wide workstreams, such as in Estates, Medicines and Digital Transformation.

A selection of our achievements across the 2022-2025 Green Plan include:

Workforce & System Leadership

We established a net zero learning catalogue for our workforce and leaders with the Centre for Sustainable Healthcare, provided net zero education and training through development sessions with ICB leaders, and through external sources, such as *NHS Collaborate*

Workforce & System Leadership

We have built networks of Green/ Sustainability Champions across the south east London system

Workforce & System Leadership

We hosted a Chief Sustainability Officer's Clinical Fellow, within the ICB Medicines Team *(see photo, right)*

SEL's Clinical Fellow Minna Eii (second from right) graduating with the CSO Clinical Fellow cohort of 2023-2024

Workforce & System Leadership

We co-designed and co-ran the London Green Celebration event with Greener NHS (London) in 2024 and 2025

Achievements from the last three years

Air Quality

We installed air quality monitoring nodes and used the data to drive improvements in air quality

Travel and Transport

We ran travel surveys and used the findings to help our people use sustainable travel to get to NHS sites

Travel and Transport

We commenced electrification of NHS fleet and supported this by installing electric vehicle charging infrastructure

Travel and Transport

We implemented a number and wide range of active travel initiatives

High security *Cyclepods* were installed in at GP practices to encourage active travel

Estates and Facilities

We switched to low energy LED lighting across our estates

Estates and Facilities

We made multiple successful bids for funding to support estates decarbonisation, incl. installation of solar panels

Estates and Facilities

We reviewed waste being disposed of through different waste streams and reduced the amount going to landfill; moving towards more recycling and exploring *energy-from-waste* solutions

Estates and Facilities

We reduced the use of single-use items, including medical instruments, theatre hats, cubicle curtains – and noting particular success in reduced use of vinyl gloves through *Gloves Off* campaigns

Green Space

We created green spaces at hospital sites to improve biodiversity and to allow patients' healing to be supported by nature

Achievements from the last three years

Medicines

We made significant progress on switching respiratory patients to low-carbon inhalers and we launched the first nationally-funded inhaler recycling pilot scheme across King's College Hospital sites and 20 south east London community pharmacies

SEL Pharmacy Leads launching the SEL inhaler recycling pilot scheme, July 2024

Medicines

We reduced the use of high-emission anaesthetic gases and reduced nitrous oxide waste

Medicines

We engaged with patients to understand how we can work together to reduce overprescribing

Digital transformation

We provided the technical support for staff to work from home, where appropriate – reducing staff journeys

Digital transformation

We moved towards higher energy efficiency IT equipment and cloud solutions

Digital transformation

We developed the *London Care Record;* an electronic health record which can be shared across care sectors. This integrates services across south east London; making our services more efficient and less wasteful by removing unnecessary patient contacts and travel.

Digital transformation

We have recycled c.400 items of IT equipment, of which 94 have been redistributed to digitally excluded communities in SEL

A volunteer at Community Tech Aid restoring laptops for donation to members of our community

Supply Chain

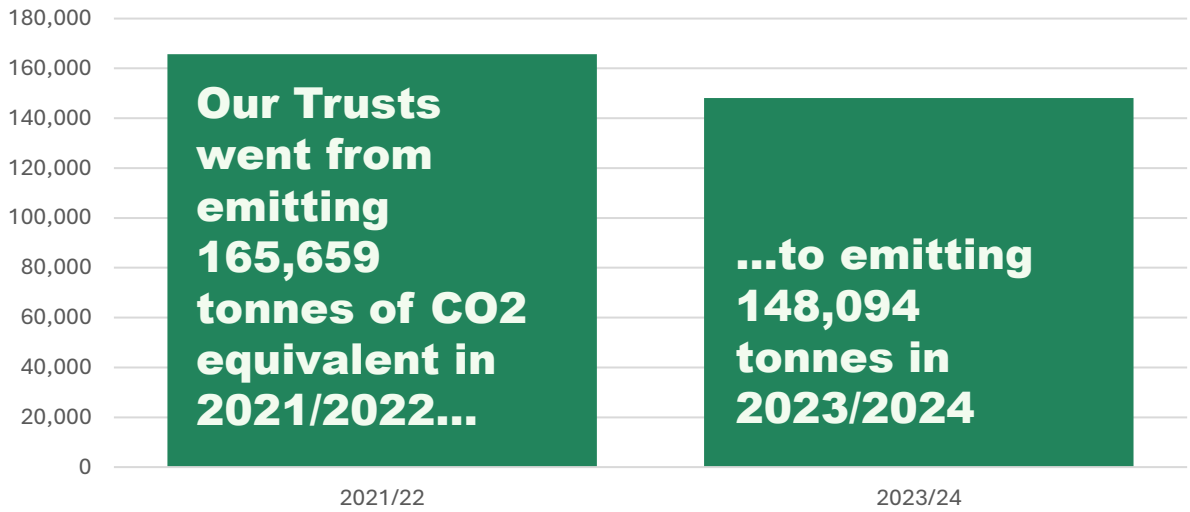
We started evaluating social value for the award of contracts, and suppliers must now have carbon reduction plans

Spotlight

Tracking progress in

Trust carbon emissions

In the two-year period since the first Green Plans were published (2022) to the latest available data (2024), NHS Trusts in south east London have lowered their NHS Carbon Footprints by 10.6%



The NHS Carbon Footprint are the emissions we control *directly* – emissions from building energy, waste, water, business travel and fleet. It also includes emissions from anaesthetic gases and the carbon-intense inhalers that are prescribed in secondary care. The table below shows how emissions in each of these categories have changed between 2022 and 2024.

Emissions from	2021/2022 (tonnes of CO2 equivalent)	2023/2024 (tonnes of CO2 equivalent)	% reduction
Anaesthetic gases	9,713	7,001	27.9
Building energy	129,179	119,192	7.7
Business travel and fleet	21,815	17,886	18
Metered dose inhalers	927	536	42.2
Waste	3,627	2,942	18.9
Water	398	537	35% *increase*

Data source: NHS England Green Plan Support Tool

Our 2025-2028 Green Plan

This Green Plan:

- Provides a system-level view of the net zero mission and objectives for south east London's NHS.
- Operates across the three-year period 2025-2028.
- Continues the work outlined in the 2022-2025 ICS Green Plan, whilst applying additional dimensions and/or outcomes.
- Invites contributions from every member of the NHS workforce and from our wider system partners in south east London
- Represents organisational objectives, whist recognising that we cannot deliver them without action at individual and collaborative levels.

Our mission

We will protect and improve our population's health and reduce health inequalities by mitigating our environmental impact and improving the quality of the environment in south east London.

We will achieve this by building awareness of net zero across our workforce - embedding sustainability into our 'business as usual' and supporting our colleagues and partners to minimise environmental harm in the design and delivery of our services.

To fulfil our mission, the objectives of this plan are designed to:

- **Recognise prevention as a key driver of sustainability, and sustainability as an enabler of prevention.** The single most effective way for the NHS to preserve resources and eliminate waste is to contribute to good public health and reduce the need for patients to attend our services for treatment. If we improve the environment around us, our population can enjoy healthier, happier, active lives that will help them stay in good physical and mental health.
- **Align with existing ICS priorities and the South East London Joint Forward Plan.** In our Joint Forward Plan, environmental sustainability is recognised as an enabler to population wellbeing, mental health and long-term conditions. The sustainability programme is also committed to developing leadership and our workforce; a key condition for change to deliver ICS priorities. The objectives of this Green Plan will raise the profile of sustainability and highlight the potential for further contribution to achievement of system objectives.

To fulfil our mission, the objectives of this plan are designed to:

- **Recognise the concept of the *sustainable value equation*** (also known as the '*triple aim*')

$$\text{Sustainable value} = \frac{\text{Outcomes for patient and populations}}{\text{Environmental + social + financial impacts}}$$
(the *'triple aim'*)

  This concept describes how sustainable value is achieved when better outcomes for patients and population are achieved without detriment to environmental, social or financial impacts. We will work towards assessing the environmental impacts of every significant discussion or decision in the same way that we currently consider financial and people impacts.
- **'Design out' emissions, waste, inefficiency and harm.** By undertaking environmental impact assessments of services, pathways and projects we can identify potential negative impacts and take opportunities to maximise efficiencies. Where there is inefficiency, there is inevitably waste and a negative impact for our environment. We must eliminate this.

  We must also recognise the additional resources required in exploring and using artificial intelligence (AI) to meet the *10 Year Health Plan for England's* aim of moving from an analogue to a digital health service and balance this with the benefits it can create for patients and staff.
- **Give greater support to clinician-led sustainability projects.** Previous Green Plan objectives have focused on lowering the carbon emissions from daily operations; buildings, waste, energy and water usage (the *NHS Carbon Footprint).* Over the next three years the system will be encouraged to place a greater focus on clinician-lead projects around sustainable models of care.
- **Embed net zero as an enabler and output of strategic commissioning.** The *10 Year Health Plan for England* requires ICBs to transform into strategic commissioners; strategically redistributing resource out of hospital and integrating care. Achievement of net zero should be both an enabler and an output of strategic commissioning, and this plan will seek to influence realisation of this.
- **Encourage full use of contracting levers in the delivery of net zero.** Delivery of net zero objectives and targets by trusts is included in the Service Conditions of the NHS Standard Contract. Where oversight of Green Plan delivery will transition away from the ICB, enforcement of contracting levers will be an essential mechanism for holding trusts to account on delivery.
- **Require and enhance collaboration** – within the existing South East London NHS sustainability network and with an increased breadth of system partners.

This plan is created with consideration of a number of contributors and influences, which include:

- **South East London NHS Trusts and their Green Plans.** Each Trust has refreshed its Green Plan for 2025, which sets out their strategy for sustainability and carbon reduction.
- **Bromley Healthcare CIC,** which is not held to Greener NHS guidance but works to its own Environmental, Social and Governance plan and actively participates in the ICS sustainability programme at multiple levels.
- **South East London ICB and Primary Care** – the ICB acting both in its capacity as commissioner and system convener in delivery of objectives.
- **Greener NHS;** the regional team of which convenes the London system and facilitates shared learning and the national team of which provides guidance, frameworks, tools and learning resources.
- **Collaboration and shared learning with/from wider system partners,** including (but not limited to) London Councils, the London Procurement Partnership, the Greater London Authority (GLA), and other ICBs across London.
- The **10 Year Health Plan for England**, which will promote three big shifts to address the changing needs of the UK population (from hospital to community care, from analogue to digital services, and from sickness to prevention) and direct changes to the purpose of ICBs.

With regards to these influences, this plan:

- **Serves as an overarching system-wide sustainability plan** encompassing and aligning with the green plans and inputs of the contributors listed above.
- **Is a continuation of the 2022-2025 SEL ICS Green Plan**, in that it recognises the work done over the last three years and requires the same work to continue, with adjustments for where we are now and what we have learned since 2022.
- **Recognises that responsibility for system-level oversight of net zero work will transition between NHS organisations.** To support this movement of responsibility, this plan confirms the system-wide sustainability themes and high-level delivery objectives but does not dictate the method of delivery or set delivery targets. This allows flexibility to be applied to delivery of this plan.
- **Is an enabling factor to the 10 Year Health Plan for England's focus on preventing sickness by keeping the SEL population healthy.** Keeping our environment in good health contributes to good public health – and the best way to increase sustainability and minimise waste is to promote good public health and to reduce the call on NHS services.

Spotlight

Delivering sustainability and net zero through

Neighbourhood working

The South East London system's move towards a neighbourhood health service connects directly with the system's resource and environmental sustainability programmes, acting to improve efficiency, design out waste and to implement effective and sustainable models of care.

The 10 Year Health Plan for England sets out a bold and ambitious vision to transform the NHS, ensuring it remains there for everyone who needs it, now and for generations to come. Neighbourhood care is central to this transformation, shifting care closer to home, strengthening prevention, and supporting more joined-up, personalised care for our diverse communities.

Neighbourhood working will transform how services work together at a local level, improving health outcomes and reducing inequalities by making care more personalised for the communities we serve and strengthening the role of communities in health and wellbeing through community-led approaches.

To ensure our transition remains on-track, and that we realise the benefits we expect from our transition to neighbourhood working, we have developed an outcomes framework. The framework sets a clear and succinct set of outcomes, inputs, outputs, and activities across four key outcome domains.

Population Health, Prevention and Inequalities

Resident experience and community impact

Workforce impact and staff experience

System resource and sustainability

Interwoven across the domains is an emphasis on environmental sustainability. Framework entries which relate explicitly to the environment are outlined on the next page. ***Note:*** *at the time of publication, the neighbourhood outcomes framework is in development and is subject to change as we continue to engage and refine the vision for neighbourhood working.*

South East London Neighbourhood outcomes framework entries which relate explicitly to the environment:

Resident experience and community impact

- *Activity:* active travel schemes are in place to support residents to access services
- *Activity:* population Health Management analytics and modelling are applied by neighbourhoods and Places to both planning and care delivery: to tailor resourcing and interventions, and to systematically and proactively flag and identify individuals vulnerable to health and social inequalities, rising risk, or the effects of climate change

Resident experience and community impact

- *Outcome:* communities are supported to thrive as local services are improved, more residents are supported to become or remain economically active and in employment, and environmental quality is improved
- *Output:* community and town centers are invigorated, with improved spaces for community collaboration, connection, and action
- *Activity:* there is greater grassroots action and community activation around the intersection of the environment and health and wellbeing outcomes
- *Input:* a cultural commitment to fostering healthy environments

System resource and sustainability

- *Outcome:* the system achieves environmental sustainability over the long term
- *Output:* reduced wastage and duplication of activity between individuals and within/between organisations
- *Output*: environmental sustainability and conscientiousness is embedded in our system-wide culture
- *Activity:* staff take up environmental training opportunities in sustainability in social care
- *Activity:* services are designed, commissioned and effectively evaluated on an outcomes basis, with an emphasis on reducing wastage.

Delivering our plan: governance, networks and assurance

Leadership, governance and strong assurance processes are needed to ensure that the net zero objectives in this green plan are delivered. This section focuses on oversight at an ICS level.

Leadership oversight and involvement

- NHS South East London Integrated Care Board's Chief of Staff is appointed as ICS Sustainability Senior Responsible Officer (SRO) and oversees Green Plan delivery.
- The ICB's Deputy Medical Director provides and promotes clinical leadership to Green Plan delivery. They also chair the Primary Care Green Group *(see below).*
- Each NHS Trust has appointed a designated board-level net zero lead (generally an existing executive director) to oversee delivery of its own Green Plan.
- Designated leads are responsible for ensuring that each contributor organisation has clearly identified operational support.

Key governance groups and networks

- The **Greener SEL Oversight Committee** provides system-level leadership, oversight and reviews the assurance submissions made to Greener NHS bi-annually. It is attended by board-level executive leads from the ICB, each of the Trusts and Primary Care. The committee meets bi-annually.
- The **Primary Care Green Group** is a forum through which primary care colleagues can contribute to and receive support from the ICB Sustainability Programme and its partners. It is attended by representatives from each of the six boroughs and leads for ICB workstreams relevant to primary care. The group meets quarterly.
- The **SEL Sustainability Network** takes updates on delivery of Green Plans, whilst also providing a forum to share best practice. It is attended by the operational sustainability leads from SEL provider Trusts. The network meets quarterly.

Assurance reporting requirements

- A full review of delivery against Green Plan objectives is undertaken bi-annually, in March and September. It is reported to the Greener SEL Oversight Committee and copied to the Primary Care Green Group and Sustainability Network.
- The system makes a bi-annual assurance submission to Greener NHS (NHS England). This is signed off by the Greener SEL Oversight Committee.
- SEL ICB and Trusts are required to make quarterly submissions on Greener NHS priority measures to Greener NHS. Sign-off of submissions is per organisation.
- Progress reports on actions in the green plan are included in the ICS Annual Report.

Workforce and System Leadership

Our opportunity:

If we can create and nurture a shift in culture where our people understand and consider the relationship between planetary health and population health, where system leaders visibly show their commitment to delivery of net zero by role-modelling positive action and enabling our workforce to participate, we can:

- **Drive effective change from the top of our organisations**
- **Integrate sustainability into our core business by showing our people how and where it can be effective in driving local health improvement**
- **Strengthen relationships for sustainable change with our system partners**
- **Create a 'movement', harnessing the collective power of staff, enabling and encouraging them to implement change on the ground and/or to become Green Champions**

Net zero cannot be achieved if we do not visibly lead, support and enable our workforce to participate.

Across our system, we will:

1. Continue to offer system-level opportunities for board-level sustainability leads to engage on net zero delivery; including via the Greener SEL Oversight Committee (see *Governance, networks and assurance,* page 15) and by making sustainability leadership training available and accessible.
2. Continue to promote our core training offer to our workforce and assess the skills requirements of staff groups who underpin the delivery of our Green Plan, to promote training offers that align with specialist requirements.
3. Seek opportunities to embed sustainability into job descriptions and staff performance objectives; openly demonstrating that good stewardship of the environment is everybody's responsibility.
4. Design and test approaches which integrate sustainability delivery into strategic commissioning processes and neighbourhood ways of working *(see Delivering net zero through Neighbourhood working,* pages 13-14*)*.
5. Continue to activate and grow our groups of Green Champions; providing members of our workforce with forums that they can connect with.
6. Champion our work, using communications channels to share case studies and successes, and to recognise key sustainability dates and events.
7. Continue to explore opportunities to offer sustainability-related apprenticeships and host clinical fellows; investing in leaders of the future.

Spotlight

Leading sustainable working in

Primary Care

Engaging primary care in the ICS Sustainability Programme provides a wide range of opportunities to unlock the mechanisms that can take us towards net zero. As small businesses and local community organisations, GP practices, dental and optometry clinics and community pharmacies can all have a direct influence on the actions and behaviours of their patients as well as the emissions produced by their own activity.

Over the last three years, primary care clinicians and colleagues have demonstrated a distinct will to make a difference. Whether by collaborating with the ICB Sustainability Team, by being active in the ICB Primary Care Green Group or by signing up to be an ICS Green Champion, the desire to move towards net zero is consistently shown.

"The concept of a healthier planet meaning healthier people resonates well with me and many primary care clinicians. Practices can also experience tangible benefits such as cheaper running costs and improved staff wellbeing from being greener'.

Over the last three years, we have established networks and created a movement towards greener practice. This means expertise and support are available to help embed sustainable practice into business as usual which is not just good for primary care organisations, but also for the patients they serve."

- Dr Nancy Kuchemann
GP, SEL ICB Deputy Medical Director and Primary Care Sustainability Lead

Primary care business obligations relating to the environment:

1. Working with ICB Digital, Medicines Optimisation and Primary Care estate teams to steer, develop and implement carbon reduction measures
2. Care Quality commission assessments – where leadership is required to support reducing our impact on the environment and supporting others to do the same
3. Business continuity planning – which must now include climate resilience, and an awareness of how extreme temperatures affect the health of vulnerable patients
4. Improving efficiency and reducing waste, leading to more cost-effective operations
5. Personalisation of care for patients – where providing more personalised and holistic care also supports improved efficiency

Opportunities to further promote sustainable practice in primary care:

- By raising awareness of the links between environment, climate, health and inequalities – and the benefits of adopting the sustainable value approach to neighbourhood care *(see the 'sustainable value equation' on page 11)*
- By growing sustainability leadership in primary care; and with it, growing the net zero knowledge base of leaders
- By putting primary care at the heart of, and to promote net-zero clinical transformation within neighbourhood development, and to play a key part in developing sustainable models of care
- By promoting primary care as key partners in the development of neighbourhoods as safe and healthy places, encouraging active travel and nature-based activity to influence patient health outcomes
- By promoting training opportunities, educational resources and good practice toolkits provided by external bodies, such as (but not limited to) the Centre for Sustainable Healthcare and the Royal College of General Practitioners through the Greener Practice
- By using the emergence of GP at-scale organisations to establish greater influence on green strategy and delivery; working collaboratively with the ICB (as commissioners of primary care) and providers
- By curating digital transformation to incorporate emissions reductions, recognising that primary care digital systems are some of the fastest changing and most innovative

Primary care priority objectives, 2025-2028

1. Support the decarbonisation of primary care estate
2. Reduce waste and emissions via use of existing systems to optimise medicines prescribing
3. Apply digital solutions to reduce emissions from travel and premises use
4. Support prevention and thereby avoid use of high carbon pathways. This can be realised through the neighbourhood approach to long term condition care
5. Educate leaders, colleagues and patients and develop networks that allow us to embed NHS net zero in everyday business
6. Recognise the impacts of climate change on patients and staff, and the emerging importance of climate adaptation and resilience

Air Quality

Our opportunity:

London has the highest percentage of deaths attributable to particulate air pollution of all English regions – 6.2% in 2023 compared to the national average of 5.2% If we can understand what puts pollution in the air and what causes air pollution levels and patterns to fluctuate – whether those pollutants come from NHS sites and services or from elsewhere – we can:

- **Take action to minimise the pollution the NHS puts into the air**
- **Actively communicate changes in air quality and pollution to our people, to help manage health conditions which are affected by changes in air quality**
- **Identify areas for collaborative work that spans health, social care and public health and determine which delivery partnerships will deliver it**
- **Provide appropriate training for NHS staff on the health impacts of air pollution, to support their treatment and management of our patients**

Objectives to address air quality fall mostly under the Areas of Focus concerning travel and transport, but additional actions in direct response to air quality monitoring data further support our efforts to improve air quality.

Across our system, we will:

1. Continue to use air quality data from the monitoring nodes we have installed across south east London and supplement it with admissions data and on-site observations to drive our action to reduce air pollutants.
2. Recognise the air quality improvements arising from initiatives across the other areas of focus in this Green Plan e.g. travel and transport
3. Seek points of entry into delivery partnerships with our councils to identify areas where we can work collaboratively on improvements to air quality.
4. Embed and consider local action to enhance the impact of the Air Quality alerts for healthcare professionals, which are circulated to GPs and EDs at times of high and very high air pollution.
5. Consider how key messages can be conveyed to healthcare professionals and patients on an ongoing basis.
6. Advocate for and champion action on air pollution; supporting key air quality events such as the annual Clean Air Day.
7. Continue motor vehicle anti-idling initiatives and zones across NHS sites.
8. Support patients with management of their respiratory conditions (see *Delivering Net Zero by Medicines Optimisation,* pages 30-32)

Travel and Transport

Our opportunity:

If we can understand how, where and why our people need to travel, and how they would like to travel, we can:

- **Promote and influence shifts to sustainable modes of transport**
- **Work to decarbonise our business fleet, moving towards an electric fleet supported by appropriate electric vehicle charging infrastructures**
- **Support staff to decarbonise their personal travel, through staff transport schemes, enhanced active travel facilities and staff benefits schemes, such as salary sacrifice lease car scheme or bicycle purchase schemes**
- **Can support our patients to travel more sustainably and actively; whether it is to reach NHS sites for treatment, or for their general health and wellbeing**

Net zero and cleaner air cannot be achieved if we do not minimise unnecessary and/or high emissions travel.

Across our system, we will:

1. Implement travel surveys to understand travel patterns and barriers to active travel and use the results of these to develop sustainable travel plans.
2. Work towards offering only zero-emissions vehicles through salary sacrifice lease car schemes from December 2026 and purchasing/leasing only zero-emissions vehicles for business use from December 2027.
3. Continue to promote and incentivise active travel for staff and patients; with the provision of facilities, information on safe and clean walking and cycling routes, confidence training and promotion of cycle hire schemes. We will also explore incentivisation of business travel by bicycle by increasing mileage reimbursement rates for cycling.
4. Continue our work to decarbonise (and ultimately electrify) the NHS business fleet. This will be supported by continued trials of e-bikes and cargo bikes and the rollout of innovative approaches (such as drone delivery) where shared learning and best practice signals value in these approaches.
5. Continue to expand and enhance the electric vehicle charging infrastructure across NHS sites, for patient, staff and fleet vehicles.
6. Recognise and promote the travel reduction benefits of hybrid and flexible working.
7. Form and strengthen partnerships with our local authorities and local transport authorities to drive modal shifts.

Estates and Facilities

Our opportunity:

If we optimise resource use in the construction and running of our buildings and the services housed in them – either by design or by retro-fitting solutions - we can:

- **Futureproof our estate by ensuring construction, facilities and maintenance are sustainable, efficient and adapted to our changing and volatile climate**
- **Ensure our buildings are fit-for-purpose and comfortable places to visit, work and receive NHS services**
- **Minimise carbon emissions from our running of buildings, including via decarbonisation and use of alternative and renewable energy sources**
- **Minimise waste and the environmental damage it does; including its emissions. This supports our legal duty to dispose of waste appropriately.**
- **Promote and increase re-use, recycling and energy recovery of/from waste as an alternative to disposal**

A considerable proportion of emissions within our direct control come from our estate (see *Tracking progress in Trust carbon emissions,* page 9) so there must be demonstrable reductions in resource consumption and emissions to deliver net zero.

Across our system, we will:

1. Continue to develop heat decarbonisation plans and develop roadmaps for decarbonisation of heating and hot water systems.
2. Ensure that all applicable new building and major refurbishment projects are compliant with sustainability standards and the NHS Net Zero Building Standard.
3. Continue our direction to zero-to-landfill and NHS targets for offensive waste. This will be supported by additional training, introduction of waste manager roles across the system (differential by organisation) and campaigns on recycling and reuse/circularity to further decrease waste disposal.
4. Develop an understanding of net zero opportunities and benefits from net zero adaptations within our general practice estate (see *Delivering net zero in Primary Care Estates*, pages 22-24)
5. Actively explore the opportunities for generation of electricity via installation of solar panels, with procurement support for Trusts who have successfully secured Great British Energy funding and support from the GLA's London Estates Delivery Unit (LEDU) for general practice.

Spotlight

Delivering net zero in

Primary Care Estates

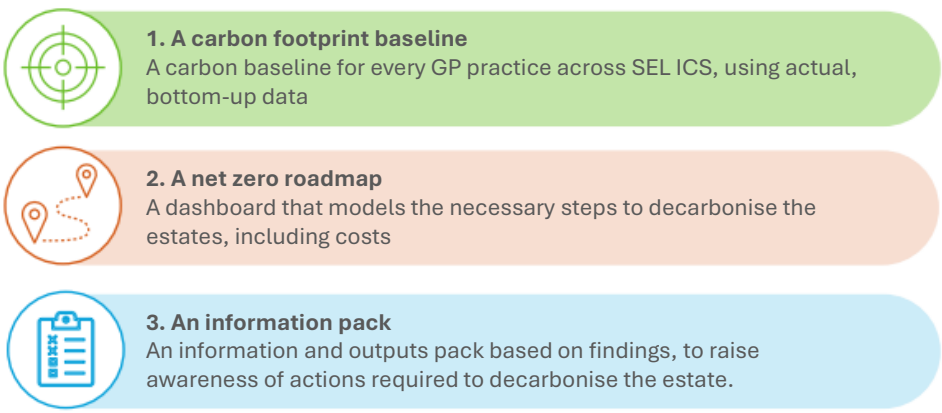
The SEL ICS Estates Strategy acknowledges the significant carbon emissions generated by NHS estates and approaches sustainability as a system-wide ambition, combining green design, digital innovation, resource efficiency, and place-based planning. It positions our estate as a key enabler in delivering environmentally sustainable, high-quality healthcare aligned with broader social and economic goals.

SEL ICS pledges to:

- Construct and maintain buildings to high environmental standards; adopting and exceeding the **NHS Net Zero Building Standard** for all new developments and major refurbishments.
- Use estate rationalisation and redesign to **reduce operational carbon emissions and improve efficiency.**
- Ensure estates are adapted for **climate risks** and incorporate **green space** and **biodiversity** into sites.

To meet these pledges, net zero is integrated into Integrated Care Systems (ICSs) governance and estate investment strategies.

South East London ICS includes 253 general practice sites. It is estimated that primary care accounts for c.25% of the NHS Carbon Footprint, with NHS estate accounting for similar. Through a programme led by the GLA London Estates Delivery Unit, in 2024 South East London ICB partnered with Turner & Townsend to develop three products/outputs:



The calculated footprint for the SEL primary care estate is an annual 7,184 tCO2e, with an annual energy bill of £4.04m. This demonstrates that energy efficiency and decarbonisation installations can reduce energy usage and costs. Reducing energy consumption can reduce energy costs, but it is important that energy demand is managed before installing more sustainable heating systems.

General Practice pilot study

Our work with Turner and Townsend – including the net zero roadmap and the recommendations from the information pack – has led SEL ICB to commission a detailed study of two GP Practices in South East London (Villa Street Medical Centre and Blackfriars Medical Practice) to understand current energy use and environmental performance and assess decarbonisation options.

Villa Street Medical Centre (top) and Blackfriars Medical Practice (bottom)

The study has recommended a package of interventions to decarbonise general Practice and lift energy performance:

1. **Comprehensive fabric upgrades** – roof and wall insulation and window replacement
2. **Heating System Replacement** – moving towards air source heat pumps
3. **Upgrades to high-efficiency LED lighting**
4. **Monitoring & Controls** – including sub-metering, thermographic surveys and air-tightness testing to verify performance.

The outcome of our case study/pilot work has confirmed a plan for supporting improvements to insulation and boiler replacement - as the main contribution to decarbonising general practice.

The ICB is now considering funding options to implement the improvements to our two pilot practices. This work means we are now in phase two of our 10-year implementation plan (see page 20) to achieve a 60–70% reduction in carbon emissions and EPC ratings of B across our GP estate.

Our 10-year implementation plan to achieve a 60-70% reduction in carbon emissions and EPC ratings of B across the south east London general practice estate (summarised for this plan)

Years 1-2: **Mobilise and prioritise**	
Key activities: • Baseline audits • Rank sites by scope • Secure funding	**Targets and outcomes:** • Site-specific roadmaps • Selection of pilot sites
Years 2-3: **Pilot and validate**	
Key activities: • Apply interventions at pilot sites • Implement metering and tests	**Targets and outcomes:** • Validate carbon reductions and energy improvements at pilots • Refine specifications
Years 4-7: **Scale-up and roll out**	
Key activities: • Bulk procure materials • Phase installations in waves • Delivery training to installers • Monitor performance [of roll out]	**Targets and outcomes:** • Energy use cuts evidenced • EPC ratings improvements across sites
Years 8-9: **Optimise and integrate**	
Key activities: • Investigate on-site renewables (solar panels, EV charging etc.) • Apply bespoke measures at high-energy sites	**Targets and outcomes:** • Additional carbon savings through optimisation • EPC ratings maintained or improved
Year 10: **Embed and report**	
Key activities: • Conduct final audits and EPC re-assessments • Publish a decarbonisation report • Develop a further net zero and technology refresh roadmap	**Targets and outcomes:** • Full GP estate at EPC rating B+ • Lessons learned reviewed and shared

Sustainable Models of Care

Our opportunity:

If we consider net zero principles in the design/re-design of patient services and pathways, we can:

- **Minimise emissions across patient pathways whilst improving quality of care, outcomes and patient satisfaction**
- **Engage with service users and local populations on how their health is linked to and influenced by the environment and invite service co-design – thereby improving social value**
- **Harness the benefits of organising the south east London system into neighbourhood health services, which will reduce duplication and inefficiency by bring joined-up care closer to patient's homes.**
- **Allow for tailored health services that support the reduction of health inequalities whilst reducing the financial impact of inefficient pathways**
- **Challenge ourselves to look at, evaluate and adopt modern, innovative approaches which may already incorporate net zero benefits**

Establishing strong clinical leadership for review of patient pathways will support the development of lean, low-carbon pathways where patients are empowered and prevention becomes a key objective.

Across our system, we will:

1. Identify clinical leads for oversight for net zero clinical transformation, who will be formally linked to board-level leadership and the Greener SEL Oversight Committee (see *Governance, networks and assurance,* page 15*).*
2. Continue to offer training in Sustainable Quality Improvement approaches to support staff to embed sustainability in service design and hold events to showcase quality improvement projects with an environmental focus.
3. Support initiatives within hospital theatres to improve efficiency, reduce waste and minimise reliance on single-use items. This is to be supported by identifying and adopting areas of good practice arising from clinical transformation work and frameworks developed elsewhere (e.g. *Greener ED*).
4. Reduce unnecessary clinical/patient activity, including (but not limited to) attendances, imaging and diagnostic testing.
5. Evaluate opportunities to switch to reusable and lower-carbon clinical instruments, personal protective equipment (PPE), textiles and consumables.
6. Engage the voluntary and community sector in the development of models of care and in the expansion of social prescribing services.

Digital Transformation

Our opportunity:

If we fully harness the benefits of digitally enabled care (for patients) and digital innovations and options for the NHS digital estate (for staff) we can:

- **Minimise our digital and energy-related carbon footprint**
- **Support clinical care and efficiency by offering remote attendance and monitoring to patients**
- **Improve co-ordination between care sectors by digitally joining them up**
- **Empower patients by giving them digital tools, apps and access to records**
- **Support healthcare staff by offering remote and hybrid working options, saving time and reducing the carbon footprint from business travel**
- **Enable a move away from paper correspondence and printed documents**

Digital improvements to the sustainability of healthcare must not come at a cost to the quality of care or by creating digital exclusion, as this exacerbates inequalities in access to care. We must also be mindful that increased use of Artificial Intelligence (AI), whilst essential to our digital development, can contribute to our carbon footprint.

Across our system, we will:

1. Continue to support and develop digital options to deliver NHS services flexibly, including evaluation of digital self-care and self-referral options for patients.
2. Increase the integration and uptake of the NHS App across all relevant services, enabling more digital-first, patient-centred care.
3. Continue to work with suppliers of IT equipment to identify high energy efficiency, low carbon hardware, software and services – including data centres, cloud computing solutions and the shipping packaging of hardware.
4. Incorporate circular economy principles into digital procurement, and work with suppliers and resellers to recycle obsolete and out-of-warranty equipment, for redistribution to our digitally excluded communities.
5. Continue to digitise patient records in general practice.
6. Reduce paper use in clinical processes and in back-office settings and continue to reduce printing.
7. Undertake digital maturity assessments and use outputs to inform how we can further embed sustainability in digital services.
8. Balance increased use of artificial intelligence with clinical and operational benefits, and sustainability impacts.

Spotlight

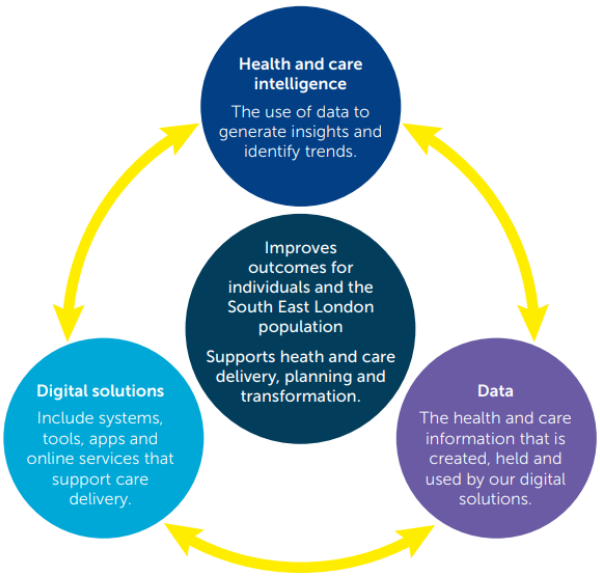
Delivering net zero through

Digital transformation

The South East London ICS Digital, Data and System Intelligence Strategy sets out our vision for how digital and data will enable the delivery of high quality, person-centred care in south east London.

Digital transformation is a key enabler in the delivery of safe and high-quality care as:

- **It unlocks access to data,** enabling generation of insights that can support the management of a person, as well as management of the health and care system
- **It supports collaboration** by making data needed for decision-making available at the point of care
- **It empowers people in our community** by allowing them to access health and care services from their own homes



Though these, digital transformation directly supports the Green Plan principles of **designing out emissions, waste, inefficiency and harm.**

Our digital programmes are designed to align closely with our Green Plan. By changing how we work with people and communities there are several ways in which the Strategy will help to make the NHS in south east London more environmentally sustainable:

1. Supporting care at home and remote monitoring (where appropriate) to reduce patient travel
2. Delivering digital transformation including digitisation of patient records to reduce the use of paper
3. Minimising duplication of testing, which can reduce patient travel time, consumable usage and logistics
4. Reusing and recycling IT hardware
5. Ensuring our suppliers consider sustainability by including net zero and social value measures in supplier contracts

How the digital transformation workstreams categorised in the SEL ICS Joint Forward Plan support good stewardship of our environment:

Joint Forward Plan category: **Digital solutions for connected care**	
Activity/aim: • We will use our digital platforms to support a shift from in-person contacts e.g. Accurx Web for messaging and remote consultation in Community Pharmacy	**Environmental benefit:** • Reduced carbon footprint associated with patient travel
Joint Forward Plan category: **Empowering people**	
Activity/aim: • We will support digital inclusion by expanding the Community TechAid donation/refurbishment scheme and through the Good Things Foundation hubs laptop donation programme.	**Environmental benefits:** • Reduction of waste through circular economy • Increased digital inclusion enhances access to care closer to home, further reducing carbon emissions from travel and resource use
Joint Forward Plan category: **Driving improvement and innovation**	
Activity/aim: • We will reduce paper consumption through changes to printing and Lloyd George digitisation • We will ensure our suppliers consider sustainability by including net zero and social value weightings • We will minimise duplication of testing via roll-out/use of the London Care Record; an electronic health record which can be shared across care sectors • We will mitigate the environmental impact of AI, as it's use grows, by undertaking environmental impact and ethical analyses	**Environmental benefits:** • Reduced consumption of paper/ natural resources • Reduced carbon footprint associated to the supply chain • Reduced patient travel, consumable usage and logistics • Mitigation of carbon footprint impact of AI usage

Medicines

Our opportunity:

If we optimise medicines prescribing and stock-keeping across our system, work with our patients to move to lower-carbon alternatives (where available) and educate our people on medicines disposal and recycling we can:

- **Minimise the carbon footprint of medicine use whilst providing high quality care where lower-carbon alternatives still support people to stay well and lead fulfilling lives**
- **Reduce the waste and potential harm of overprescribing/oversupply of medicines and in doing so, reduce spend**
- **Improve treatment adherence and effectiveness**
- **Move medicines waste away from landfill by providing (or signposting to) recycling options**

Medicines are a significant contributor to the NHS carbon footprint and an area where reduction of overprescribing and waste are within our direct influence. There is consensus on the work required with our patient populations and continued, concerted efforts are required to continue towards net zero.

Across our system, we will:

1. Minimise nitrous oxide waste by progressing the actions outlined in the NHS England nitrous oxide mitigation toolkit, supported by improvements to pipeline systems in trusts and decommissioning of manifold systems.
2. Continue our system-wide focus on the management of respiratory conditions (see *Delivering net zero by Medicines Optimisation*, page 30-32), reducing metered dose inhaler (MDI) prescribing and improving care of chronic obstructive pulmonary disease (COPD) by reviewing local formulary recommendations and associated guidelines.
3. Use data from patient surveys, studies and pilots to inform a programme of work on reducing overprescribing and minimising waste of medicines and medicines packaging.
4. Evaluate the success and cost-effectiveness of the SEL inhaler recycling scheme and seek to keep offering inhaler recycling across SEL trusts and community pharmacy.
5. Review options for switches between intravenous and oral medicines to increase efficacy with a secondary benefit of reducing use of consumables, where evidence indicates that it is safe, beneficial and effective to do so.

Spotlight

Delivering net zero by

Medicines Optimisation

Medicines account for approximately 25% of total NHS carbon emissions. It is estimated that for every £1 spent on medicines, 0.16kg of CO_2 equivalent emissions is generated. Medicines waste from overprescribing and usage non-adherence contributes to unnecessary environmental harm and resource use.

Reducing unnecessary prescribing and supporting adherence are therefore key enablers for improving clinical outcomes, reducing waste, and helping the NHS reach its Net Zero target.

The South East London Responsible Respiratory Prescribing Group (RRPG) provides a forum for healthcare professionals from across acute, community and primary care to work together to develop consistent, sustainable and cost-effective prescribing guidelines and strategies in respiratory disease for both adults and children. The RRPG supports moves to sustainable inhaler options, as outlined in the group's pledge to reduce the carbon footprint of inhalers:

1. Better patient education to support adherence with preventer use
2. Use combination inhalers where appropriate and where one is available
3. Improve asthma and chronic obstructive pulmonary disease (COPD) control and reduce short-acting beta agonist (SABA) use
4. "Make every puff count" – optimising inhaler technique
5. Increased utilisation of reusable inhaler device or their components
6. Choosing the most environmentally friendly inhalers where suitable
7. Monitor inhaler prescription requests and over-ordering
8. Used inhalers should not be placed in general waste

Additionally, the South East London ICB Overprescribing Group has, in line with national medicines optimisation opportunities, identified two aims:

1. To better understand the sources of medicines waste and support the safe disposal of unused medicines
2. To improve medicines sustainability by embedding best practice around prescribing into local guidance and formularies

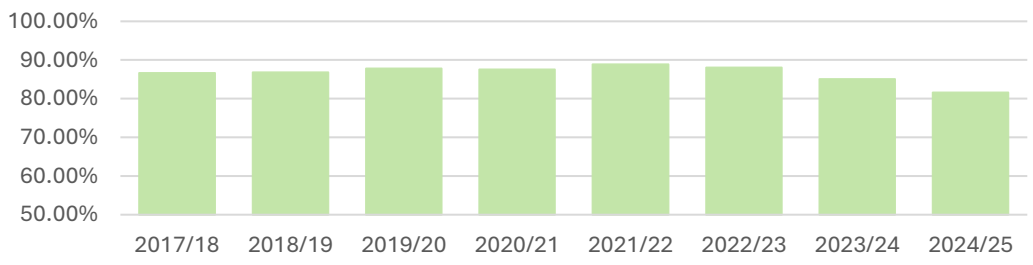
Progress on short-acting beta-agonist (SABA) free pathway uptake:

Although south east London is a high prescriber of SABA inhalers, significant progress has been made in promoting the uptake of SABA-free pathways:

- **A sustained and significant decrease in prescriptions for SABA**. The proportion of patients prescribed six or more SABA has decreased by 9% over the last three years. We have reduced carbon emissions from this category of inhaler by 5.76 kg CO2e per salbutamol item (a 25% reduction) - equivalent to travelling the circumference of the equator 69 times with an average sized car!
- **Improved adherence to preventer medications.** Adherence (number of preventer inhalers prescribed per person) has improved by 10% across both our asthma and COPD population, following patient education initiatives.
- **Improved uptake of SABA-free treatment.** Since the launch of the SEL asthma guide, prescribing of SABA-free treatments in the asthma population has increased from 8.5% to 15%.
- **Uptake of Dry Powder Inhalers (DPI).** Dry powder inhalers have several advantages over metered dose aerosol inhalers, including easier inhalation techniques, significantly lower carbon emissions, dose counters and other technologies to improve patient adherence and safety. The percentage of patient prescribed a higher-carbon metered dose inhaler (MDI) is consistently decreasing; evidencing gradual but sustained switches to DPI.
- **Training and support:** Working in partnership with our training hubs, healthcare professionals have received training on the benefits of SABA-free pathways and how to effectively communicate these to patients.
- **Monitoring and evaluation** – via development of the South East London respiratory dashboard, which provides useful insights and understanding of where to target our focus to improve prescribing and quality improvement.

Data insight

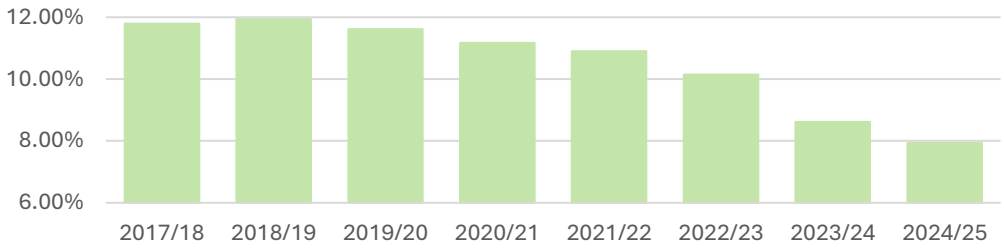
Trend #1: the percentage of patients prescribed a metered dose inhaler (MDI) peaked at 88.9% in in 2021/22 and has since fallen to 81.6% (graph below)



% of patients prescribed a metered dose inhaler, April 2017 - March 2025

Data insight

Trend #2: the percentage of patients prescribed a very high carbon MDI has fallen consistently since 2018/19, and is now less than 8%



% of patients prescribed a very high carbon metered dose inhaler, April 2017 - March 2025

Other medicines optimisation initiatives include:

- Implementation of the **Repeat Prescribing Self-Assessment Toolkit,** developed by the Royal Pharmaceutical Society and the Royal College of General Practitioners, to review and improve repeat prescribing processes. This helps align medicines supply with patient needs, reduce waste and improve patient safety within workflows.
- Increasing the uptake of **structured medications reviews** with a focus on high-need or high-risk patients. Reviewing medicines use alongside patients empowers them in shared decision-making to reduce avoidable prescribing and support safe deprescribing to reduce medicines waste.
- Development and roll-out of the **Only Order What You Need** public engagement campaign in London region. This campaign encourages patients to avoid medicines stockpiling, reduce unnecessary ordering on repeat, return unused medicines and understand the environmental cost of waste.
- Development of **targeted waste medicines pilot projects**. Pilot projects include *SEL Waste Medicines with Public Engagement* and *Care Home Medicines Waste*. These pilot projects and being developed to identify scalable models that can deliver measurable environmental benefits.

Spotlight

An example of net zero

Patient participation

Joanna, a Greenwich resident and patient participation group (PPG) member at the Eltham Medical Practice, contacted the SEL ICB sustainability team in June of 2023 offering to work with the ICB on exploring opportunities and options for medicines blister pack recycling in south east London. Joanna facilitated an introduction to the Circularity in Primary Pharmaceutical Packaging Accelerator (CiPPPA) - an initiative developing and deploying solutions for recycling medicines packaging. Below, Joanna describes why blister pack recycling is important to her, and how she has contributed to building networks in south east London.

"Finding sustainable solutions for everyday living is embedded in my DNA. My husband and I are both in our sixties and between us we collect c.500 medicine blister packs every six months. If you multiply that up across the UK, that equates to *billions* of blister packs!

Blister packs are formed of two main elements, the clear plastic coating on the front and the printed metal film at the back. This means they can't be recycled in normal plastic waste. I'd collect our empty packs and every six months I'd make the five-mile trip to the local collection point in a high street chemist. The collection box was always overflowing and often had carrier bags of empty blister packs piled around the base.

It was clear people were interested and happy to recycle their empty blister packs. I contacted the ICB in 2023 to see if a recycling point could be set up locally and since then I've been working with James to explore the options. My work has included writing, on behalf of my practice, to 35 pharmaceutical companies to enquire about sponsorship of a collection box. Whilst we haven't secured sponsorship, one respondent pointed me to the Circularity in Primary Pharmaceutical Packaging Accelerator (CiPPPA). At last, I had found an organisation not only interested in the issues but taking an active and positive step in finding solutions.

I've had discussions and correspondence with the CiPPPA team and have facilitated a meeting between CiPPPA and James, who has since introduced them to the wider London ICB network to explore what can be done.

I am a firm believer in doing my bit, and if we all do that, we can make a difference and enhance sustainability."

Supply Chain and Procurement

Our opportunity:

If we use our supplies more efficiently, consider low-carbon alternatives, embed circularity and work with our suppliers to decarbonise their processes, we:

- **Reduce emissions from the supply chain, which are mostly out of our direct control** (referred to as the *NHS Carbon Footprint Plus* – see page 4)
- **Create additional social value for our people in south east London and for our suppliers and their workforce – contributing to healthier, happier communities and helping tackle health inequalities**
- **Embed principles of circularity in our purchasing decisions, using refurbished equipment and engaging providers who re-use and recycle materials in the production and delivery of their goods and services**
- **Support suppliers to plan and demonstrate their own carbon reductions**
- **Create financial savings though sustainable and efficient solutions**

Our supply chain accounts for the majority of emissions not within our direct control, so we must make conscientious and measured decisions and work closely with our suppliers to deliver net zero.

Across our system, we will:

1. Adhere to procurement guidance requiring us to take account of social value and suppliers' carbon reduction in the award of contracts, developing processes to embed social value commitments in contract management, to ensure that they are delivered throughout the term of supplier contracts.
2. Embed NHS Net Zero Supplier Roadmap requirements into all relevant procurements and ensure they are monitored via key performance indicators (KPIs) across the term of supplier contracts.
3. Encourage suppliers to go beyond minimum requirements and engage with the Evergreen Sustainable Supplier Assessment.
4. Explore the development of a sustainable procurement policy, in collaboration with the London Procurement Partnership (LPP).
5. Develop guidance and recommendations on appropriate consideration of the circular economy and reduce reliance on single-use products, considering how to safely build this work into clinical improvement projects.
6. Seek 'once for London' opportunities that will allow us to unlock the purchasing power of London to support decarbonisation of the supply chain.

Food and Nutrition

Our opportunity:

If we can support our people and service users to maintain a balanced diet and receive good nutrition via food that is appealing, seasonal, locally sourced and sustainably produced, we can:

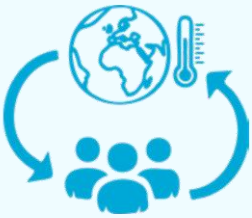
- **Reduce emissions related to transport and agriculture**
- **Minimise food waste, and the emissions resulting from it**
- **Consider moves towards a greater range of lower carbon plant-based menu options for inpatient meals and staff canteens**
- **Support the recovery of patients with healthy meals offering good nutrition**
- **Increase the affordability of food at our sites, and in doing so, contributing to the reduction of food insecurity**

Achieving net zero in this area of focus relies on sourcing high quality, healthy, appealing food from sustainable suppliers, so that as much as possible is consumed and not sent to landfill.

Across our system, we will:

1. Continue to implement innovative food ordering systems to minimise the oversupply and preparation of food.
2. Measure and monitor food waste and use the data we collect to determine how we can go further with our net zero actions. Where food waste is unavoidable, we will use options that divert food waste from landfill, such as energy recovery, anaerobic digestion or to fertiliser.
3. Continue - with our catering suppliers - to explore a greater range of plant-based meals and menu options which use unprocessed foods.
4. Use procurement and contract levers to place greater weight on healthier, lower carbon, and locally sourced options when renewing catering contracts.
5. Move away from single use cutlery, cups and carry-out packaging at catering outlets and explore reusable, recyclable or compostable options.

Explainer: what do we mean by ‘climate adaptation’?



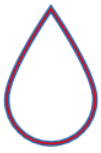
The climate is changing, and this has wide implications for health and care services. Adaptation is the process of adjusting our systems and infrastructure to continue to operate effectively whilst the climate changes and we experience a greater frequency of extreme weather events.

Climate adaptation is different to climate mitigation. Mitigation reduces the causes of climate change be cutting carbon emissions – which we must also do – but **climate adaptation** is about maintaining continuity of NHS services and ensuring a safe environment for patients and staff in even the most challenging times.

The risks of immediate concern for London, and examples of adaptation:

Heatwaves and overheating

We can adapt for this by installing efficient, passive cooling systems in our buildings, or by creating green spaces where trees create shade to protect our buildings from the heat of the sun. We provide our patients with advice on how to minimise the impact of heat.



Surface water flooding

We can adapt for this by making changes to our physical infrastructure; installing permeable property surfaces to manage water run-off or by creating green spaces which promote water drainage. We can also put water management strategies in place.

Thunderstorm asthma

Thunderstorm asthma is when wind and rain break up concentrations of airborne allergens into smaller particles which can trigger asthma symptoms. We can adapt for this by issuing health alerts and educating asthma patients on how to use their preventer inhalers before and during thunderstorms,

Adaptation measures are built into the business continuity and resilience plans of each NHS organisation in south east London. As the impacts of our changing climate become greater, our focus on climate risk grows and we move towards creating dedicated climate adaptation plans. NHS adaptation plans in London will respond to the recommendations raised by the London Climate Resilience Review – an independent review commissioned by the Mayor of London in 2023.

Climate Adaptation

Our opportunity:

If we can identify the full range of risks and impacts from climate change and climate events on our services, infrastructure and population and mitigate them via everyday discussions, decision-making and in our planning, we can:

- **Support our services to adapt to the changing climate and keep them running no matter what the weather or climatic conditions; reducing reliance on NHS business resilience processes**
- **Make our estates and services climate-resilient with financially viable long-term adaptations; moving away from costly reactive fixes and retrofit solutions**
- **Alert and educate our population to the impacts of our changing climate and use education and information to keep our people safe and well**
- **Deliver the recommendations from the London Climate Resilience Review**
- **Mainstream climate risk identification, so that the details and impacts of it are well understood and considered with equality to other corporate risks**

Without adapting to our changing climate, we can only be reactive to climate events, which risks the safety, security and wellbeing of our people, services and finances.

Across our system, we will:

1. Establish climate risk registers; first by organisation and then develop these into a system-wide register. This will allow us to recognise common risks and how we can collaboratively mitigate them.
2. Develop and publish climate adaptation plans.
3. Find as-yet-unrealised points of collaboration with wider system partners, including Local Authorities /Public Health and the Greater London Authority (GLA) and enter into delivery partnerships.
4. Facilitate the cascade of weather health alerts and relevant messaging
5. Continue to comply with the adverse weather standards within the Emergency preparedness, resilience and response (EPRR) core standards, and we will identify where action is required beyond the remit of EPRR teams. This will allow a greater focus on proactive, pre-emptive action
6. Identify actions (facilitated by London Region Greener NHS) to fulfil the recommendations of the London Climate Resilience Review, and in doing so, will identify which are best delivered ‘once for London’ and at-scale.

Green/Blue Space and Biodiversity

Our opportunity:

If we can expand green spaces (such as parks and gardens) and blue spaces (such as lakes and around rivers) at NHS sites and in our communities, we can:

- **Harness the healing power of nature in these spaces to improve physical and mental health and wellbeing**
- **Help reverse the loss of biodiversity**
- **Mitigate air pollution, noise and excessive heat**
- **Offer our workforce spaces to unwind to refresh and re-energise**
- **Offer our communities spaces for physical exercise and relaxation**

The loss of biodiversity is intrinsically linked to climate change. To mitigate climate change and contribute to the recovery of biodiversity we need to address them both, not just for planetary but also for human health.

Across the NHS estate in south east London, we have developed a number of innovative green spaces. Sharing our experiences and learning in creating natural healing spaces is key to continued innovation and biodiversification on our estate.

Across our system, we will:

1. Promote use of green spaces via social prescribing (also known as green prescribing).
2. Develop more green and biodiverse urban spaces at NHS sites, including incorporating them into new-build plans, to meet biodiversity requirements as per the Environment Act 2021.
3. Identify how increased and enhanced green and blue spaces can support the improvement of air quality and provide natural shading to support the climate resilience of our sites.
4. Continue to partner with horticulture experts and NHS Forest in the creation of biodiverse green spaces, to access free trees for planting and to take expert advice on planting methods for longevity and diversity of species and spaces.
5. Work with councils and find opportunities to partner with local voluntary and community sector organisations to develop healthier neighbourhoods where access to green space is easy and safe.