



# Sustainable Models of Care

## Context

Transforming our models of care is pivotal to reaching net zero. Although many Areas of Focus address the GHG emissions of healthcare's operations and infrastructure, almost all of these are influenced by clinical decisions about which services we offer and the way we deliver them. Sustainable clinical practice is underpinned by four principles<sup>14</sup> which maximise health outcomes while reducing both healthcare demand and the carbon intensity of health services.

### 1. Disease prevention and health promotion.

Disease prevention is the best form of healthcare. Together with King's Health Partners we have identified five risk factors, the 'Vital 5', affecting both long-term conditions and premature deaths: smoking, alcohol, blood pressure, mental ill health, and obesity (see Figure 2). If we can prevent or address these risk factors early on, demand for secondary and tertiary care, which tend to cause more GHG emissions than primary care, will be reduced. For prevention to be effective, close collaboration across local authorities, public health, primary and secondary care, and across specialties is required.

### 2. Self-care and patient empowerment.

To reduce disease progression and pre-empt complications, patients need to feel empowered to take on a greater role in the management of their own health and healthcare.

Patient education and empowerment are effective ways to increase compliance with treatment. For example, if a person with diabetes can control their blood sugar and blood pressure levels, this will delay the onset of diabetic retinopathy. Informed patients are also well placed to improve coordination between health professionals and reduce misunderstandings or duplications, resulting in fewer appointments. Developments in digital technology bring additional opportunities for patients to manage their condition better.



## South East London ICS

### 3. Lean service delivery.

Reviewing clinical pathways will help to identify and reduce low-value activities, e.g., unnecessary blood or diagnostic tests.

Health professionals can support this by referring to the relevant patient pathway and providing clear, evidence-based guidance. Frameworks like Sustainability in Quality Improvement (SusQI) and programmes like Getting it right first time (GIRFT) and Choosing Wisely can support clinical pathway reviews. Even where clinical input is of high value, a greater use of digital technology, e.g., online records, email, telephone and teleclinics, can reduce travel emissions by moving information instead of patients, staff, and laboratory samples. Further efficiencies can follow from better planning of services, such as one-stop clinics.

### 4. Lower carbon alternatives.

Preferential use of medical products and technologies with lower environmental impact.

Choosing clinically effective products and technologies with the best environmental profile will not only reduce healthcare's carbon footprint, but also encourage the future development of such products.

Following the four principles of sustainable clinical practice will provide patient-centred care, improve population health outcomes, and reduce health disparity, all of which represent the focus of ICSs.

In making changes to models of care, it will be important to take the time to test and learn, to work with clinical leads across the system to develop an approach that will enable both individual organisations and the system to evaluate and embed sustainability into existing models of care, and to pilot and share learning about new models of care.



### Achievements to date

Most of the Trusts and primary care understand the importance of sustainable models of care. They recognise the pivotal role prevention, early intervention, self-management, reducing unnecessary treatments and interventions, overdiagnosis, integrated care pathways, and social prescribing can take in improving health outcomes while reducing environmental and financial impacts.

- SLaM's Recovery College is offering courses to service users or carers to become experts in their own recovery or the recovery of the person they look after. SLaM has also installed outdoor gym facilities for people with mental health problems at their Ladywell Unit (see Case-study 5).
- GSTT have been embedding 'Making Every Contact Count' (MECC) and King's Health Partners Vital 5 to improve population health and reduce health inequalities. Level 1 MECC training is currently offered to all staff and delivered as part of the preceptorship programme for all newly registered nurses. Next steps include embedding the Vital 5 further by aiming to screen all patients for alcohol consumption, smoking, blood pressure, mental health, and healthy weight.
- North Lewisham PCN in partnership with its local population has co-designed an innovative place-based approach combining clinical practice with community development. It aims to identify patients at increased risk of particular conditions, predict the timing and location for interventions, and allow residents the ability to design and tailor health services available within their community.

### Case-study 5



## Outdoor gym facilities for people with mental illness at Ladywell Unit, Lewisham (SLaM)

An outdoor gym was installed at the unit in 2020 to encourage patients admitted to the hospital to participate in regular exercise, reduce levels of stress and frustration, increase opportunities for access to fresh air, and to provide a meaningful alternative to smoking.

During the first wave of the COVID-19 pandemic, many patients were locked down in the unit causing high levels of distress. The new outdoor gym facility was promoted, and patients were encouraged to exercise daily with the aim of improving wellbeing to aid recovery.

The outdoor gym has been positively received by patients and staff with 90.9% of patients who were surveyed saying they believe the gym had an overall positive effect on their health. Most patients said they were using the outdoor gym at least twice a week for 30 minutes at a time, and 89% of patients reported cutting down on smoking since they started using the gym.



### Commitment

- We will review our existing and develop new models of care to reduce their environmental impact and improve social value

### Actions for Year 1

1. CCG/ICB to identify and establish appropriate working group(s) for sustainable models of care
2. CCG/ICB in partnership with other NHS organisations to establish an approach to developing and evaluating the sustainability of models of care
3. CCG/ICB in partnership with other NHS organisations to identify first pilot(s) for sustainable models of care (clinical pathways identified)
4. CCG/ICB to support PCNs to explore innovative models of care that aim to tackle neighbourhood health inequalities and create health within communities
5. ICS to continue to develop and improve approaches that prevent ill health led by the Prevention programme
6. ICS to discuss sustainability issues systematically with patient groups/service users/local populations involved in the development of new models of care

### Aim 1: To develop and evaluate sustainable models of care

#### Actions for CCG/ICB and NHS organisations

- Establish an approach to developing and evaluating the sustainability of models of care by March 2023
- Identify first pilot(s) for sustainable models of care (clinical pathways identified) by March 2023
- Involve patient groups/service users/local populations in the co-development of new models of care by March 2025
- Involve the voluntary, community and social enterprise (VCSE) sector in the development of sustainable models of care by March 2025

#### Actions for CCG/ICB

- Identify and establish system working group(s) for sustainable models of care by March 2023

#### Actions for CCG/ICB and primary care

- Support PCNs to explore innovative models of care that aim to tackle neighbourhood health inequalities and create health within communities by March 2023



### Aim 2: To increase the emphasis on prevention, early intervention, and alternative prescribing

#### Actions for NHS organisations (coordinated by the CCG/ICB)

- Work with local authorities and the VCSE sector to expand social prescribing services according to health priorities by March 2025

#### Actions for primary care

- Practice teams to support patients to become more physically active, for instance, through training sessions to become a Clinical Champion for Physical Activity, by March 2025

#### Actions for the ICS

- Continue to develop and improve approaches that prevent ill health led by the Prevention programme (ongoing)
- Discuss sustainability issues systematically with patient groups/service users/local populations involved in the development of new models of care (ongoing)

### Aim 3: To include sustainability considerations in quality improvement

#### Actions for NHS Trust

- Offer staff training in SusQI by March 2024
- Embed sustainability considerations in quality improvement projects using the SusQI framework by March 2025

#### Actions for CCG/ICB

- Include sustainable elements in the premium specifications for primary care for 2023/24