

**ACCELERATING
IMPROVEMENTS
TO HEALTH AND
SUSTAINABILITY
THROUGH
INTEGRATED CARE**



Gemserv

INTRODUCTION

OVERVIEW

The target date for Integrated Care Systems (ICSs) to become legally and operationally established in England was changed just before Christmas from 31 March 2022 to 1 July 2022 to let organisations respond to Omicron and give more time for the Health & Care Bill's remaining parliamentary stages. This additional time provides a great opportunity for ICSs to embed and embrace their Green Plans – expected to be developed by 31 March 2022 – into their DNA, capitalising on economies of scale, partner collaboration, and synergies with health and care strategic objectives to accelerate health improvement and the transition to sustainable healthcare.

BACKGROUND

WHAT ARE INTEGRATED CARE SYSTEMS?

The NHS is undergoing its biggest reform in a generation, moving from a national network of small-scale commissioning and provider organisations – operating without an aligned strategy – to 42 regionally-based health and care Integrated Care Systems (ICSs). The passing of the Health & Social Care Bill will move these ICSs from voluntary partnerships to statutory bodies, allowing them to better join-up health and care services, improve population health, and reduce inequalities.

Each ICS will be led by an NHS Integrated Care Board (ICB) responsible for NHS functions and budgets, and an Integrated Care Partnership (ICP) bringing together the NHS, local authorities, voluntary, community and social enterprise partners, social care providers, employers, housing providers, and education providers to produce a health and care strategy.

Legislation will require them to both address wider determinants of health, and provide swift access to efficient, high-quality care for all those who need it by meeting four core purposes:

1. improving outcomes in population health and healthcare;
2. tackling inequalities in outcomes, experience, and access;
3. enhancing productivity and value for money;
4. supporting broader social and economic development.

ICSs, serving populations of between one million and three million people, are divided into “places”, generally aligned to local authority footprints, with partners implementing strategies reflecting their local populations’ needs.

WHAT ARE GREEN PLANS?

While preparing to become a formal entity, each ICS also needs to develop a three-year “Green Plan” by 31 March 2022. These Green Plans set out existing and planned climate change mitigation and adaptation measures in line with national net zero NHS ambitions. They should be developed with all partners, be “place-based”, reflecting local priorities, and consolidate the Green Plans of their constituent NHS providers, which should have been completed by 14 January 2022.

The plans’ strategies should cover nine areas of focus:

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| 1. Estates & Facilities; | 6. Sustainable Models of Care; |
| 2. Food & Nutrition; | 7. Climate Change Adaptation; |
| 3. Travel & Transport; | 8. Workforce & System Leadership; |
| 4. Supply Chain & Procurement; | 9. Digital Transformation. |
| 5. Medicines; | |

These strategies will focus on emission sources and their reduction, alongside climate change adaptation and wider strategies covering air pollution, social value, and green space and biodiversity. Gemserv will cover each of the nine areas – along with air pollution, social value, and green space and biodiversity – in more detail as a series over the coming months.



OPPORTUNITIES & BENEFITS

WHAT ARE THE OPPORTUNITIES AND BENEFITS FROM DELIVERING GREEN PLANS AS AN ICS?

If ICSs deliver large-scale partnerships and integrate their Green Plans with wider objectives, policies, and operations then they can simultaneously accelerate environmental and population health improvements, and reductions in carbon emissions.

For ICSs' to use Green Plans to deliver benefits greater than the sum of their parts, they should focus on six opportunities:

1. Shared goals among ICS Partners – enabling quicker consensus and increased ambition;
2. Multi-partner, multi-site procurement and project delivery – providing economies of scale;
3. Collaboration between partners – widening the scope of climate and environmental strategies and schemes, and amplifying their impact;
4. Exploiting synergies between Green Plan areas of focus and ICS objectives;
5. Evaluating patient pathways and models of care from a broader “upstream” and “downstream” perspective – using a multi-partner, multi-disciplinary approach to improve services, prevent illness, and reduce environmental impact;
6. Multi-year funding – enabling confidence and increased adoption of innovation.

SHARED GOALS AMONG PARTNERS

ICS partners must have shared goals to deliver the greatest impact. Partners will make quicker decisions and deliver initiatives faster and on a greater scale together than on their own if they share a common understanding of the ICS's four core purposes, carbon reduction and net zero goals, and their co-benefits. However, partners need a common “currency” for evaluating schemes that values environmental, economic, social, and quality outcomes, so decision-makers can prioritise confidently. Local authorities and other non-NHS partners may have different net zero target dates, some in advance of the NHS milestones and some later – will partners with earlier target dates aid the acceleration of others, or vice-versa?

ECONOMIES OF SCALE

Except for medicines, the Green Plans' areas of focus are shared by all ICS partners, so many tenders and contracts could cover multiple partners, saving time and money. For example, ICS partners' buildings could be aggregated for energy efficiency, decarbonisation, and renewables tenders. In Travel & Transport, partners share goals across active travel, shared mobility, and electric vehicles (EVs) and infrastructure. In Food & Nutrition, public sector bodies have common goals to expand plant-based, seasonal, and locally-sourced choices and reduce waste, creating opportunities for joint procurement.

Large-scale contracts would also be more efficient to manage, with lower maintenance and logistics costs for service providers if assets are nearby. The public would benefit from having fewer transactional systems for schemes such as EV charging points, car sharing, or car clubs.

ENVIRONMENTAL STRATEGIES AND SCHEMES – LEVERAGING PARTNER COLLABORATION AND SYNERGIES

The NHS Standard Contract 2021-22 requires NHS Trusts and ICSs to meet targets in the Green Plans' nine areas of focus, such as leasing zero- or low-emission cars. Generally, NHS providers can fulfil these requirements individually, yet working with ICS partners could deliver deeper carbon reductions, wider behavioural change, and efficiencies. For example, partners could develop joint strategies on vehicle leasing, EV infrastructure, and active travel linked into broader local authority initiatives on clean air and low-emission zones.

Partners can also undertake more-ambitious patient behaviour projects with increased confidence, such as NHS Trusts, general practitioners' (GPs') surgeries, pharmacies, and local authorities working together to reduce medicines waste and increase the return and reuse of medical devices. This could improve patients' experiences, provide local employment, and increase sustainability by reducing costs, carbon emissions, and raw material use.

GREEN PLANS AND ICS STRATEGIC OBJECTIVES - DEMONSTRATING AND EXPLOITING SYNERGIES

In the past, many NHS Trusts' sustainability initiatives focused on operational savings and improved compliance, such as energy efficiency and recycling. Individual departments' objectives and budget constraints meant there was rarely a simple approval route at provider-level for initiatives delivering system-wide social, health and economic benefits, such as improved nutrition or active travel. While, for example, evidence from Denmark shows cycling to work reduces mortality by 28% and improves mental health, no single NHS provider or local authority could deliver all the measures required, nor internally account for the cost-benefit. Yet – if appraised at an ICS or “place” level – the socio-economic, health, and environmental benefits can be considered on a wider scale and all required initiatives can be funded and implemented collaboratively, with benefits realised collectively and tracked through collaboration.

UK examples already demonstrate “green” initiatives can reduce pressure on the healthcare system. In 2015, a pilot project in Sunderland involved a social housing group and a Clinical Commissioning Group jointly “prescribing” double-glazing, insulation, and efficient boilers to homes of residents with chronic obstructive pulmonary disease. GP and outpatient visits from this group reduced by a third, energy bills dropped by £30 a month, and the houses' energy-efficiency rating improved from G to D. At a national scale, the 2015 and 2021 Building Research Establishment report “The cost of poor housing in England” said excess cold from poor housing costs the NHS some £860m annually in first-year treatment alone, with wider societal costs being estimated at more than £15bn, or £18.5bn if all the hazards from poor housing are included. Multiple co-benefits could be realised by investing as a system.

Establishing ICSs formally should also catalyse a shift in thinking and behaviour away from evaluating green initiatives solely on their near-term cash-releasing and carbon-saving potential for individual organisations and towards their holistic benefits for population health, well-being, the healthcare system, and the local economy.

BRINGING A BROADER PERSPECTIVE TO MODELS OF CARE

As well as delivering direct population health improvements from individual green initiatives, multi-partner working enables a different approach to examining specific clinical services and patient pathways, which will also improve population health and sustainability. This approach involves two processes in tandem.

Firstly, clinical services can use sustainable quality-improvement methodologies to identify areas that are inefficient, wasteful, or negatively affecting patient experience and outcomes, then quantify the impact in environmental, financial, and social terms. Secondly, multi-disciplinary teams from health and social care partners can examine the extended “upstream” (pre-care) and “downstream” (post-care) patient pathway. Together, these teams can then focus on the changes needed to increase efficiency and effectiveness quickly, as well as improving socio-economic and environmental outcomes, and illness prevention in the medium- to long-term. Using an integrated assessment model with effectiveness, efficiency, economic, and environmental metrics will support achievement of all healthcare goals, whether considering incremental changes or pathway redesign.

SOCIAL PRESCRIBING AND GREEN MEASURES – A VIRTUOUS CIRCLE

Green initiatives can also be integrated into social and green prescribing. For example, patients could be given a social or green prescription to help care for an unloved ICS site, boosting biodiversity with climate-resistant plants. They could be joined by volunteers from NHS contractors as part of corporate social responsibility initiatives. Such projects cut financial and carbon costs by avoiding pharmaceutical treatments, in addition to their social and health benefits. In the past, such projects relied on individuals' determination, but formal ICS partnerships could deliver initiatives at scale, using universally-accepted methods to estimate benefits.

MULTI-YEAR FUNDING ENABLES PROGRAMME CONFIDENCE AND INNOVATION

The 2022-23 NHS operational planning guidance states systems will shortly receive capital allocations to 2024-25, while revenue allocations to 2024-25 will be issued in the first half of 2022-23; a welcome change from uncertainty in recent years. For those developing three-year ICS Green Plans, this should provide increased confidence to include carbon-reduction projects that need multiple years of funding. Equally, innovators should be confident that money will be available to expand successful pilot projects.



A WINDOW OF OPPORTUNITY

OVERCOMING CHALLENGES

Today's key challenge is to identify and fund the right initiatives. Firstly, the NHS faces broad and urgent preventative and reactionary healthcare priorities – triggered by both the pandemic and previous neglect – requiring immediate attention. Secondly, the “existential” impacts of climate change and the net-zero challenge must be addressed. Thirdly – of importance to innovators and suppliers – each system's situation is subtly or materially different, driven by local priorities and strategies. How can innovators and national funders understand these factors for each ICS and measure performance?

Multi-partner working brings challenges too. These can be mitigated if systems use the next six-to-nine months to develop and mobilise Green Plans linked with preparations for the statutory arrangements and delivery of their health improvement priorities.

SEIZING THIS WINDOW OF OPPORTUNITY – NEXT STEPS

Now is the time for ICB-designates to act. The next five months – as ICSs prepare their governance regimes for statutory “go-live” on 1 July 2022 and work on five-year strategic plans – provide the best window of opportunity to design the engine for population health improvement and sustainability.

For ICSs to capitalise on the opportunities provided by the shared purpose, economies of scale, and synergies between partners, Gemserv suggests prioritising the following tasks, particularly in light of the developments of the past two years:

1. Test prior assumptions around “what good looks like”, consider the inter-partner relationships that have been solidified and pandemic recovery priorities, and re-set paths to achieve strategic objectives;
2. Integrate the development of Green Plans into this process – use the exercise to explore the interactions and virtuous circles between the Green Plan areas of focus, population health improvement strategies, models of care, social and green prescribing, and social value;
3. In parallel, define the metrics that need to be built into an integrated assessment model that would provide visibility of effectiveness, efficiency, economic, environmental, and equality impacts of existing services and any changes proposed.

A huge cultural transition still needs to take place. However, these steps will provide clarity of purpose, the best opportunity to accelerate positive change, and an effective means of monitoring and measuring progress against the ICSs' objectives.



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