

Appendix B - West Yorkshire Health and Care Green Plan summary

Summary Action Plan

Embedding Capacity

Action 1: Build Dedicated Primary Care Capacity

Create an environment in which value-driven action around climate change can flourish. Support sustainability leads with protected time to deliver the Primary Care Green Plan. Sustainability leads need to be in place across the primary care structures in place within the WY HCP, including but not limited to leads embedded within:

- The primary and community care programme board
- Primary care leadership/commissioning at place
- Primary care leadership within Primary Care Networks (PCNs)

Action 2: Reinforce Dedicated Sustainability Capacity

Build capacity into the partnership to provide sustainability expertise, as well as to support, co-ordinate, and facilitate non-statutory networks and groups currently laying the path towards sustainable net-zero primary care. This includes, but is not limited to:

- Programme management capacity sitting within the climate change team in the improving population health programme (IPHP).
- Senior WY HCP primary care decision makers chairing key sustainability networks (e.g., primary care sustainability network, antimicrobial resistance sustainability network) with the support of the IPHP.

Action 3: Build Commissioning Capacity

Develop consistent sustainability roles within key areas of commissioning structures at place with protected time and responsibilities around sustainability and net-zero ambitions to build, maintain, and evolve sustainable contracting and commissioning frameworks. Build sustainable commissioning structures into the wider sustainability governance frameworks in place the relevant level of the organisation.

Action 4: Sustainability at the Heart of Everything

Ensure sustainability as laid out in WY Green Plans are at the heart of future strategy and policy. Consider revisiting existing strategy and policy that fails to address net-zero ambitions and sustainable development.

Action 5: Sustainable Commissioning Frameworks

Work with primary care commissioners and contractors to ensure sustainability is embedded the way we commission primary care in West Yorkshire. Consider the potential to build in financial remuneration for additional activity required of providers, however, avoid direct financial incentivisation of specific actions. Instead, focus on

commissioning that facilitates providers to act in line with their values, and the values of their communities. Ensure efforts are made in doing this to link sustainability priorities such as climate change, AMR, and loss of biodiversity to these values.

Action 6: West Yorkshire Primary Care Sustainability Education Hub

Maintain, promote, and continue to develop links to pre-existing [resources and toolkits](#), as well as linking to dedicated work put together within the partnership. Build relationships with educational providers and the Yorkshire and Humber Climate Commission to develop and promote placement opportunities for students around sustainable primary care that create both new skills for students and additional sustainability capacity.

Action 7: Carbon literacy training

Facilitate Carbon literacy training, especially when doing so at scale leads to cost savings. Consider identifying key roles within commissioning and provider organisations (including the VCS) where training may be best provided to maximise the influence training any one person has.

Cutting Carbon, Cutting Costs, and Improving Health

Action 8: Carbon calculator communications

Promote the use of the free SEE GP Carbon Calculator and develop integration of Carbon benchmarks into commissioning structures. Review the applicability of this and wider SME Carbon Calculators to other sectors of primary care, and if appropriate work with partners to support the development of novel easy to use frameworks.

Action 9: Sustainability accreditation

Consider the possibility of developing sustainability accreditation for primary care organisations which undertake additional voluntary impact assessment, and/or use of existing resources and [toolkits](#) such as the [green impact for health toolkit](#). In doing this:

- Consider whether it is possible to maximise opportunities for recognition of sustainability actions and accreditation, especially for providers most depended on a social licence to operate because of their business models (e.g., community pharmacy, eye-care, and the voluntary and community sector).
- Ensure accreditation and recognition encourages providers to engage in sustainable practice aligned to their organisation and aspirations, rather than making it a rigid tick-box exercise that may neglect passion and innovation.

Action 10: Prevention

Embed prevention as a key component of sustainability and sustainability roles.

Action 11: Community and Voluntary Sector Support

Work with the community and voluntary sector to develop frameworks to evaluate the relative benefits they offer the wider system as sustainable partner providing both preventative and reactive care.

Action 12: Connected Active Travel Hubs

Work in partnership with local and regional partners (such as WYCA) to facilitate the development of primary care infrastructure that visibly promotes and facilitates active travel for staff, patients, and wider communities, addressing the potential behavioural factors underlying active travel uptake.

Work with PCNs to ensure active travel infrastructure is co-ordinated at publicised locations, so staff, volunteers, and service users can make the most of local active travel opportunities. Consider how to involve primary care providers and VCS partners outside of traditional PCN structures within these arrangements to maximise impact.

Action 13: Sustainable Travel

Where active travel is not possible, passive travel (using public transport and private vehicles) needs to be as sustainable as possible:

- Encourage practices to work with the TPN to understand where barriers to using public transport may exist, and how primary care and public transport providers can better meet the needs of service users.
- Co-ordinate EV charging within PCNs/localities to facilitate the use of EVs even where smaller providers may not be able to afford EV infrastructure.

Action 14: Staff Travel Surveys

Consider how to facilitate staff travel surveys:

- Reduce the burdens of development, implementation, and analysis by working at scale, and map possible solutions to different travel patterns.
- Add value to work done at place by linking up with WYCA to enable sustainable travel planning to facilitate positive change around primary care.

Action 15: Make Every Kilowatt/m³ Count

Continue to support providers in driving energy and water efficiencies through producing and/or sharing sector-appropriate toolkits around cost-saving energy efficiencies and facilitating pooled provider purchasing.

Specific considerations to include:

- Incorporating sustainability into estates surveys.
- Record and report provider consumption, including the installation of smart meters within premises.
- Linking actions into sustainability accreditation.

Action 16: Switch to Renewable Energy

Establish mechanisms for all primary care providers commissioned through WY HCP structures to switch to 100% renewable suppliers by 2025.

Action 17: Support for Investment in Green Infrastructure

Review whether commissioning structures can better facilitate primary care providers in up-front costs around cost-saving efficiencies and self-generated renewable energy sources.

Action 18: Sharing Good Practice

Collate and share good practice from individual provider organisations that have invested in net-zero facilities and estates infrastructure.

Action 19: Inhalers

Develop plans to reduce overall inhaler use through improved asthma management, and to work with prescribers, community pharmacy, and service users in switching to low carbon inhalers.¹ Ensure plans make the most of available IIF funding, but also adhere to the medical and social values of prescribers.

Action 20: Antibiotics/AMR

Integrate AMR as a component of sustainability, maximising the collateral benefits of action to reduce the environmental impact of care on reducing antimicrobial resistance. Consider AMR a part of sustainability roles and governance structures within WY HCP primary care structures. The existing AMR workstream can provide expertise to support integrated delivery.

Action 21: Connected Digital Care

Provide an accessible connected digitised care record for both service providers and service users across primary care.²

Action 22: Remote Offer of Care

- Support service users in managing care independently where possible.
- Support service users in accessing remote consultations where appropriate.
- Support the workforce in working remotely where possible.

Action 23: Innovation

Facilitate primary care providers in accessing the support they need to drive forward their own sustainable initiatives (e.g., NHSEI sustainable innovation grants), linking them up to the public sector, private sector, and VCS expertise that exists at place to turn ideas into evaluable and sharable innovation.

Work with partners to ensure WY providers are well positioned to access and pilot local, national, and international innovations in the provision of sustainable primary care.

Action 24: Embed Sustainable Procurement

Where it makes sense to do so at scale, facilitate providers in being able to consider sustainability as a part of their procurement strategy. Consider how the partnership can support pooled purchasing and market engagement, reflective of the values of the ICB.

¹ To work with the inhaler network to develop action further.

² Needs further consultation to explore.

Action 25: Facilitate the development of Circular Economies

Where it makes sense to do so at a geographical (e.g. PCN) or sector (e.g. Optometry) level, use systems to facilitate product sharing, re-use, and repair and maintenance. Where it makes sense to do so, consider working with VCS and private sector providers in doing this.

Community and Environmental Regeneration

Action 26: Lead by Example

Normalise sustainable nutrition within the primary care workforce.

- Offer locally sourced and plant-based options at in-house meals, and ensure all options are sourced sustainably.
- Put plans in place to ensure leftover food is not wasted.
- Consider how to reduce the packaging used with food.

Action 27: Influence the Wider Determinants of Nutrition

Promote healthy and sustainable nutrition through:

- Integration into green social prescribing, as laid out in Action 28.
- Ensuring providers are aware of what NHS, council, and third sector support is available for those in “food deserts” struggling to access and afford healthy and sustainable nutrition.

Action 28: Green social prescribing

Pursue opportunities to scale up referral of patients to nature-based activities (green social prescribing) through primary care-based and external link workers.

- Work with the ICB’s Climate Change and Personalised Care programmes to consider the potential for regional scale up of green social prescribing provision.
- Consider whether provision of green social prescribing opportunities e.g., gardening and food growing projects are possible on primary care sites themselves.
- Ensure that individuals with greater barriers to accessing greenspace benefit from green social prescribing opportunities.
- Strengthen links with voluntary sector organisations who are already providing nature-based therapies.
- Share learning within and between Primary Care Networks to help identify barriers and opportunities for greater and more targeted provision.

Action 29: Regenerative green spaces: NHS Forests

Facilitate primary care providers in making the most of the regenerative capacity of their green spaces to promote ecosystem services and set a positive example within their communities through the NHS Forests scheme. Consider how non-care-provision ICB estates can lead the way by doing the same thing.

Action 30: Greener Premise Upgrades

Integrate sustainable development into primary care premise grants:

- Within the scope of current national guidance, consider whether there are options to:
 - Earmark a set amount of premise grants for sustainability.
 - Build a list of eligible sustainability upgrades for either specific grants or earmarked funding.
- Lobby for review of NHSE premise cost framework to:
 - At best, better promote sustainable development, with specific sustainability upgrades described as eligible for funding.
 - At worst, address direct barriers to sustainable development through either lack of clarity, or specific ineligibility (e.g., LED light planning, insulation retrofitting, heat pump installation etc.) of decarbonisation.

Action 31: Sustainable Banking and Investments

Support employers within WY HCP in banking and investing sustainability, encouraging the use of sustainable investment guidance laid out in the “Climate Change: Primary Care Toolkit”¹⁷.

Adaptation

Action 30: Reactive Adaptation

Ensure the ICS has adaptation capacity to support climate-change informed business continuity planning at all structural levels within the oversight, commissioning, and provision of primary care in WY.

Action 31: Proactive Adaptation

Support primary care in undertaking longer term vulnerability assessments and implementing longer-term adaptation measures.