How To Be Successful in Implementing Green Initiatives to Reach Net Zero

27th February 2024

Chair – Terry Huff

Arden&GEM
Health and social care systems support

Agenda

Item	Item	Lead	Timing
1.	Introductions	Terry Huff	12.30-12.35
2.	How to be successful in reaching Net Zero	Stella Cockerill	12.35- 12.50
3.	Green Plan	Andrew Urquhart	12.50-1.05
4.	Social Value and Sustainability	Alison Tonge	1.05-1.20
5.	Social Value and Arden & GEM	Becky Jones	1.20-1.35
6.	Open forum for discussion	Terry Huff	1.35-1.55
7.	Closing remarks	Terry Huff	1.55-2.00

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Introduction

Terry Huff, Productivity Lead at Arden & GEM

Please write names, position, organisation in Team chat

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Stella Cockerill, Engagement & Sustainability Manager - Greener NHS East of England team

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How to be successful in reaching Net Zero

Change the way you see healthcare to change the healthcare you see

Presented by:

Stella Cockerill

Regional Net Zero Programme Lead

East of England NHSE

Transforming our healthcare system

Understanding the issue

Current norms values behaviours & practices

The **circular economy** healthcare model

Understanding the ask

It's **not just about carbon**!

The **shift from** sickness response **to promotion** of health & wellbeing

The trouble with carbon

What we **monitor we manage**

Carbon is locked into our infrastructure, values norms processes and procedures

Developing a new greener lens

Changing our **goals** & how we define **quality** is key

Sharing **accountability** – its everyone's job

Designing sustainability in not bolting it on

It's not a project or programme. **It is** about changing how we do what we do.

Commissioning process is key

Understanding the issue

Current norms values behaviours & practices

The **circular economy** healthcare model

There is an important job to do, and do it we must…but whose job is it?

This is the story of 4 people named…….

Everybody **Somebody** **Nobody** **Anybody**

There was an important job to be done and Everybody was sure that Somebody would do it. Anybody could have done it, but Nobody did it. Somebody got angry about that, because it was Everybody's job. Everybody thought Anybody could do it, but Nobody realized that Everybody wouldn't do it. It ended up that Everybody blamed Somebody when Nobody did what Anybody could have.

Sustainable healthcare

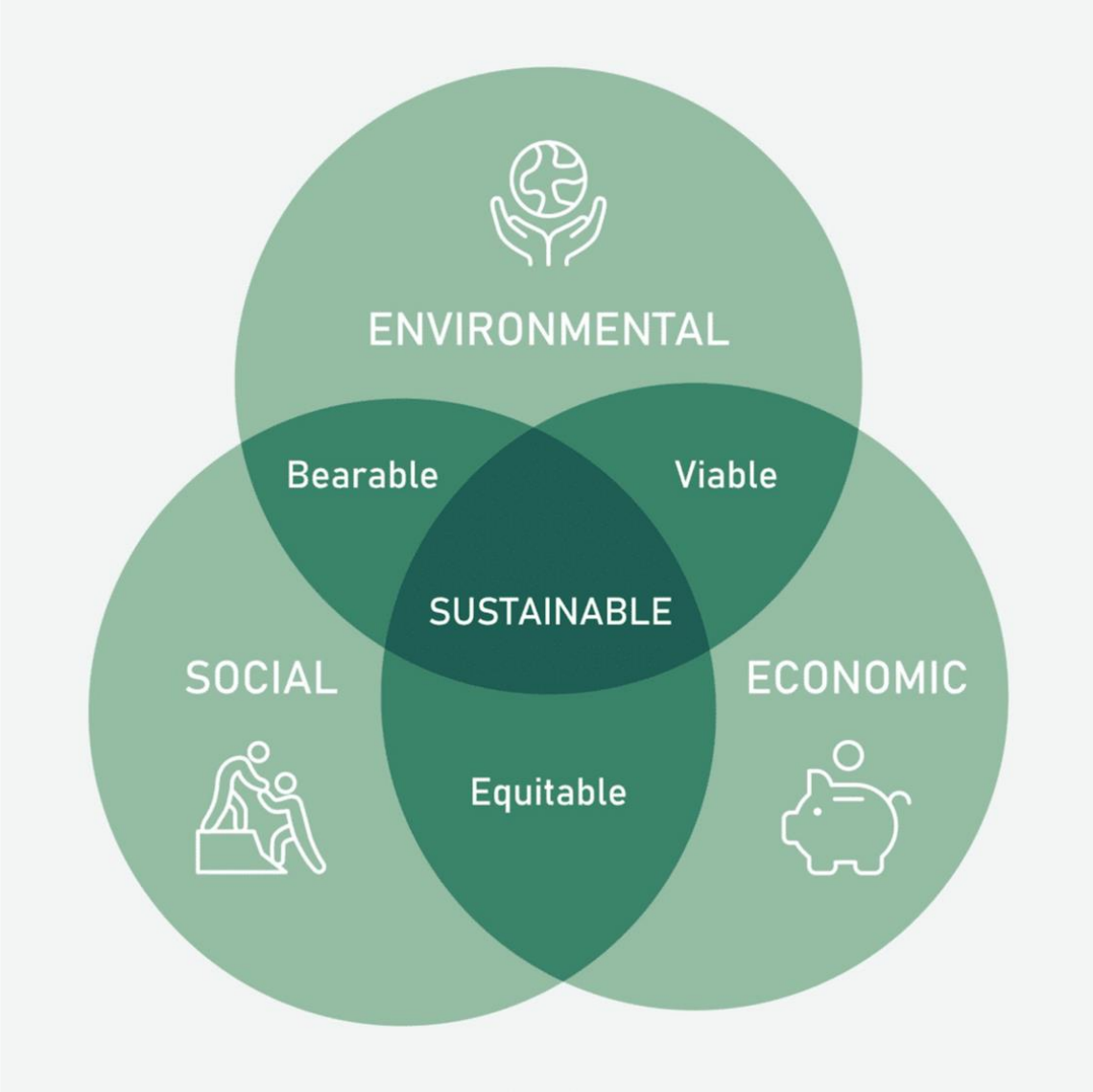
Sustainable decision making

WE MAKE LOTS OF THESE DECISIONS

- ✓ Patient outcomes
- ✓ Efficiency and saving money
- ✓ Responding to sickness & ill health
- ✓ Measuring patient outcomes –performance management
- ✓ Directing funding & resources to respond to immediate pressure points

BUT WE DON'T OFTEN MAKE THESE DECISIONS

- ❖ Measuring our impact on the environment (negative impact on carbon emissions and/or improving social value)
- ❖ Long term financial planning
- ❖ Developing community assets e.g. green spaces, active leisure to support Health & Wellbeing
- ❖ Invest in prevention of ill health and demand for NHS services e.g. assess & mitigate threats of climate change on population health



The culture behind a linear economy model

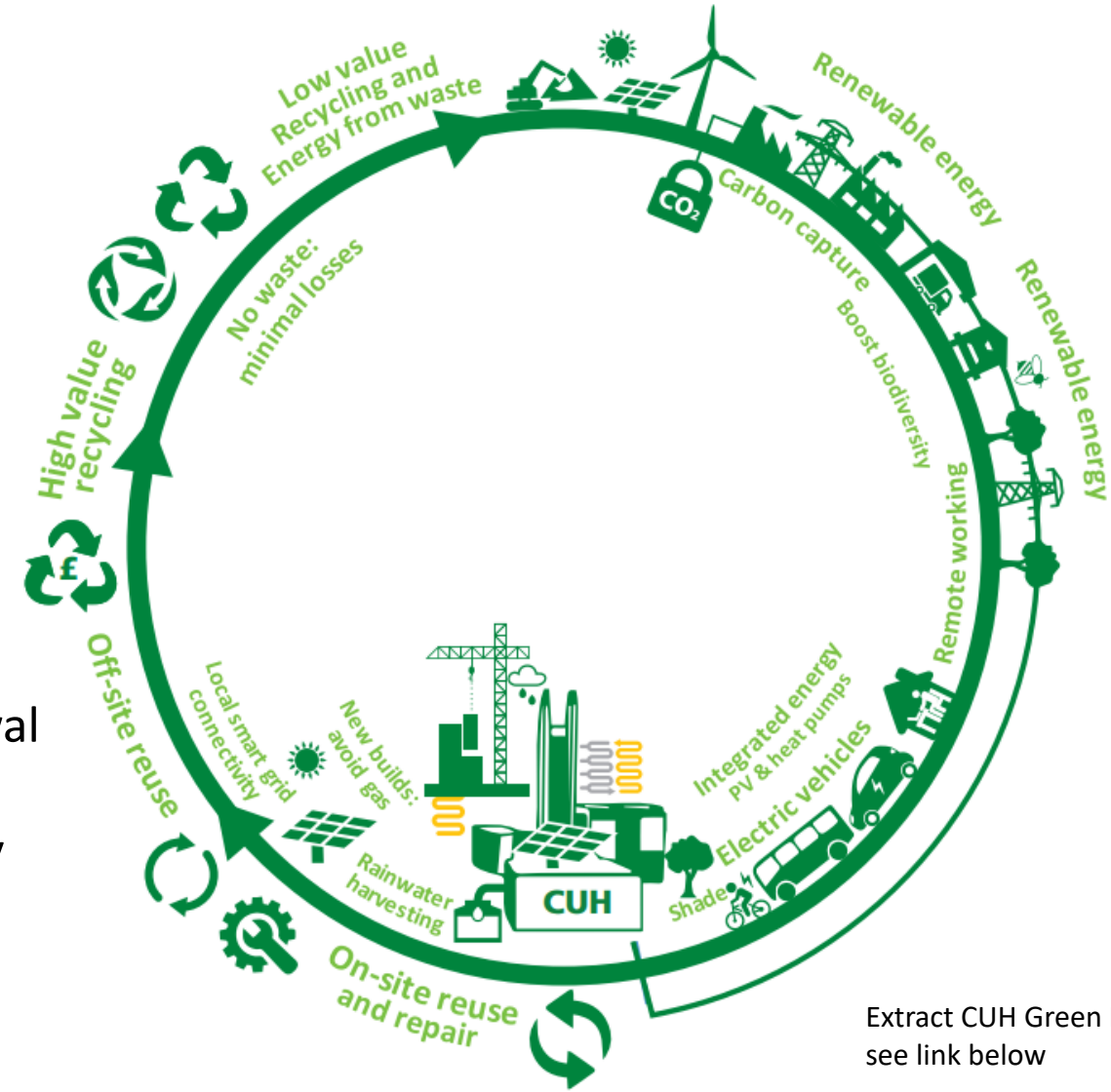
Unconscious consumers

- Linear model is high-cost high waste
- We focus on costs at the point of purchase
- We don’t think about the cost of our waste (out of sight out of mind)
- We use and then throw away unaware & unconcerned what happens to items beyond their time on our site.

The culture behind a circular economy model

Conscious consumers

- The sustainable alternative to high-carbon/high-waste consumption is a constantly revolving system of renewal where fossil fuels are rapidly replaced and everything that is thrown-away is fed directly back into the supply chain by design (low-cost low carbon).
- Retaining the value
- Lifetime costs are the norm
- Zero tolerance to waste (be that time, energy, water, travel or products).

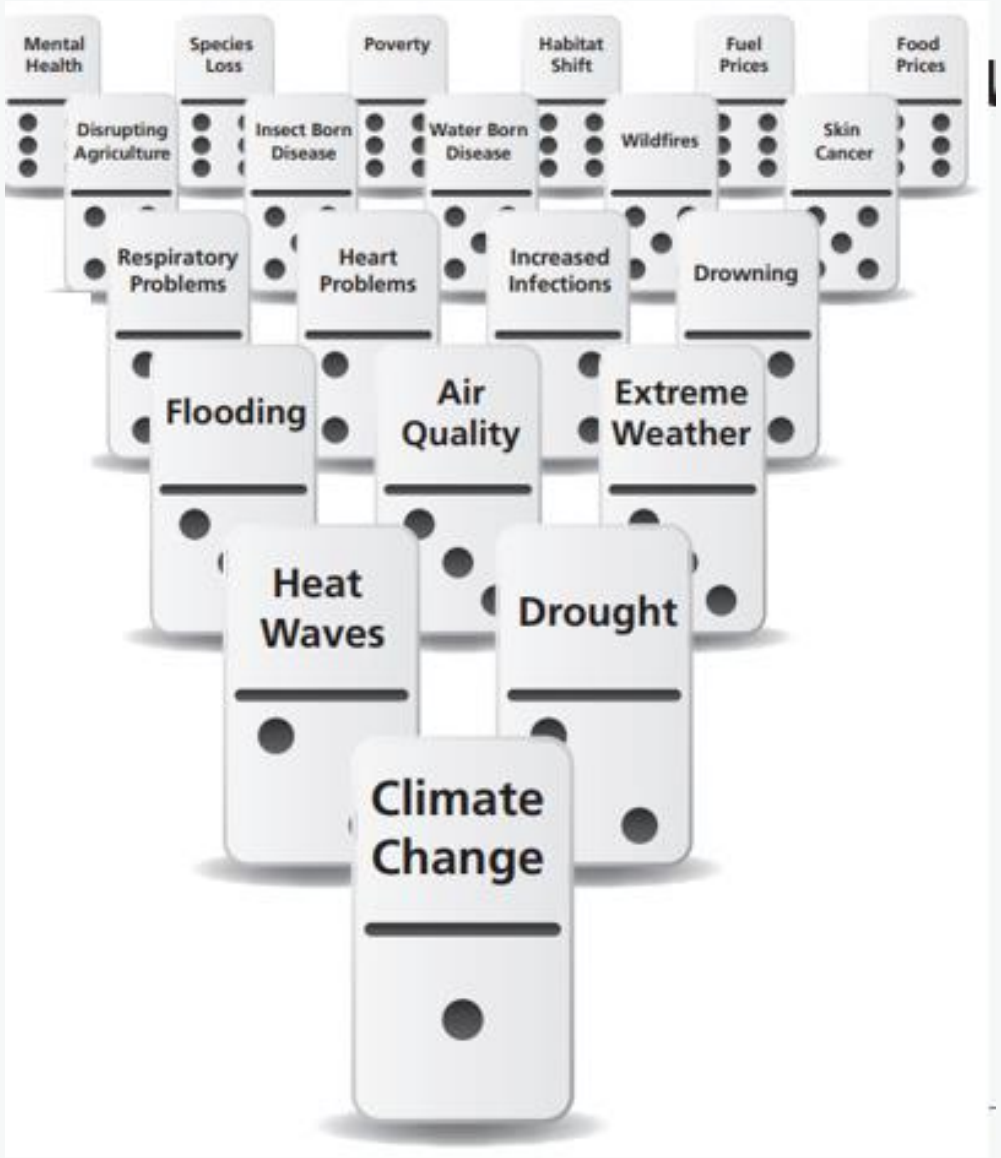


Extract CUH Green Plan see link below

Population Health

What do we mean by ‘Do No Harm’?

- **It's not** about saving the planet
- **It’s not** tomorrow’s problem
- **It is** about **prevention** of ill health
- **It is** about impact on health **today**
- **It is** about resilience of our systems
- **It is** about utilising our resources more effectively. Efficiency and reducing waste (wasted time, travel, energy, water)



Understanding the ask

It's **not just about carbon**!

The **shift from** sickness response **to promotion** of health & wellbeing

Health & Social Care Act 2022

Health and Care Act 2022

2022 CHAPTER 31

PART 1

HEALTH SERVICE IN ENGLAND: INTEGRATION, COLLABORATION AND OTHER CHANGES

NHS England

The NHS was the first health system to embed net zero into legislation, as the new Health and Care Act comes into force (1st July 2022).

The Health and Care Act of 2022 recognises that the response to climate change is good for the health of the public, and places new requirements on all NHS Trusts, Foundation Trusts, and Integrated Care Boards to meet net zero and tackle air pollution.

It grants new statutory guidance powers to NHS England to support the fulfilment of these new duties, ensuring every Trust and ICB has its own localised Green Plan and Board-Level Lead.

14Z44 **Duties as to climate change etc**

(1) Each integrated care board must, in the exercise of its functions, have regard to the need to—

(a) contribute towards compliance with—

(i) section 1 of the Climate Change Act 2008 (UK net zero emissions target), and

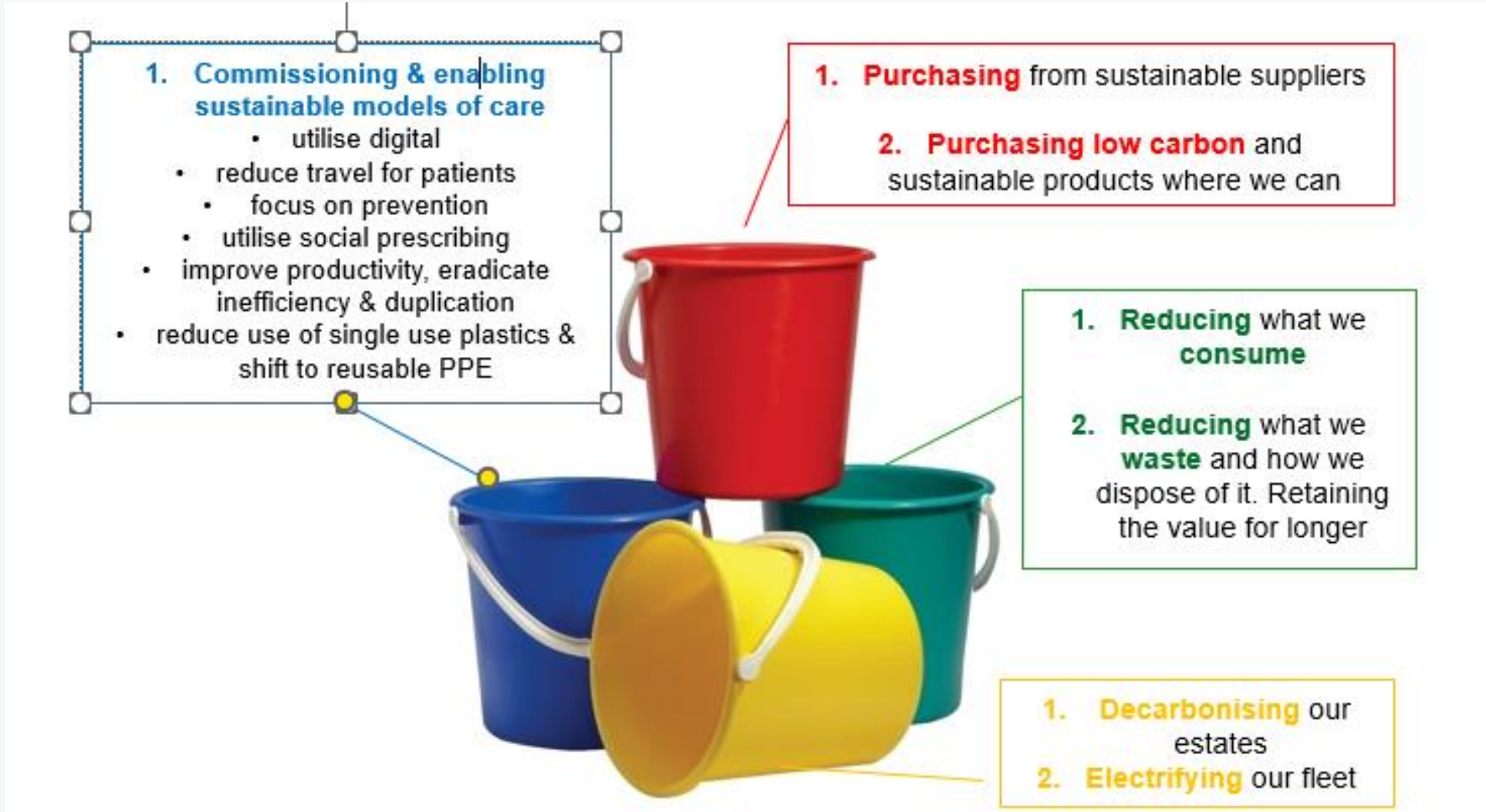
(ii) section 5 of the Environment Act 2021 (environmental targets), and

(b) adapt to any current or predicted impacts of climate change identified in the most recent report under section 56 of the Climate Change Act 2008.

(2) In discharging the duty under this section, integrated care boards must have regard to guidance published by NHS England under section 13ND.

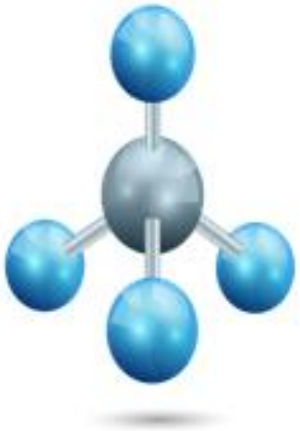
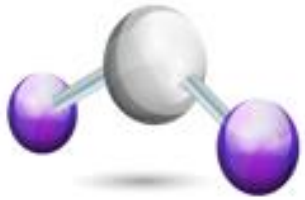
Transforming the NHS to Net Zero

Shift from a high-cost high waste linear model to a low-cost low waste circular model



It's not just about carbon!

Greenhouse gases

Carbon Dioxide (CO_2)	Methane (CH_4)	Nitrous Oxide (N_2O)	F Gases (various)
			
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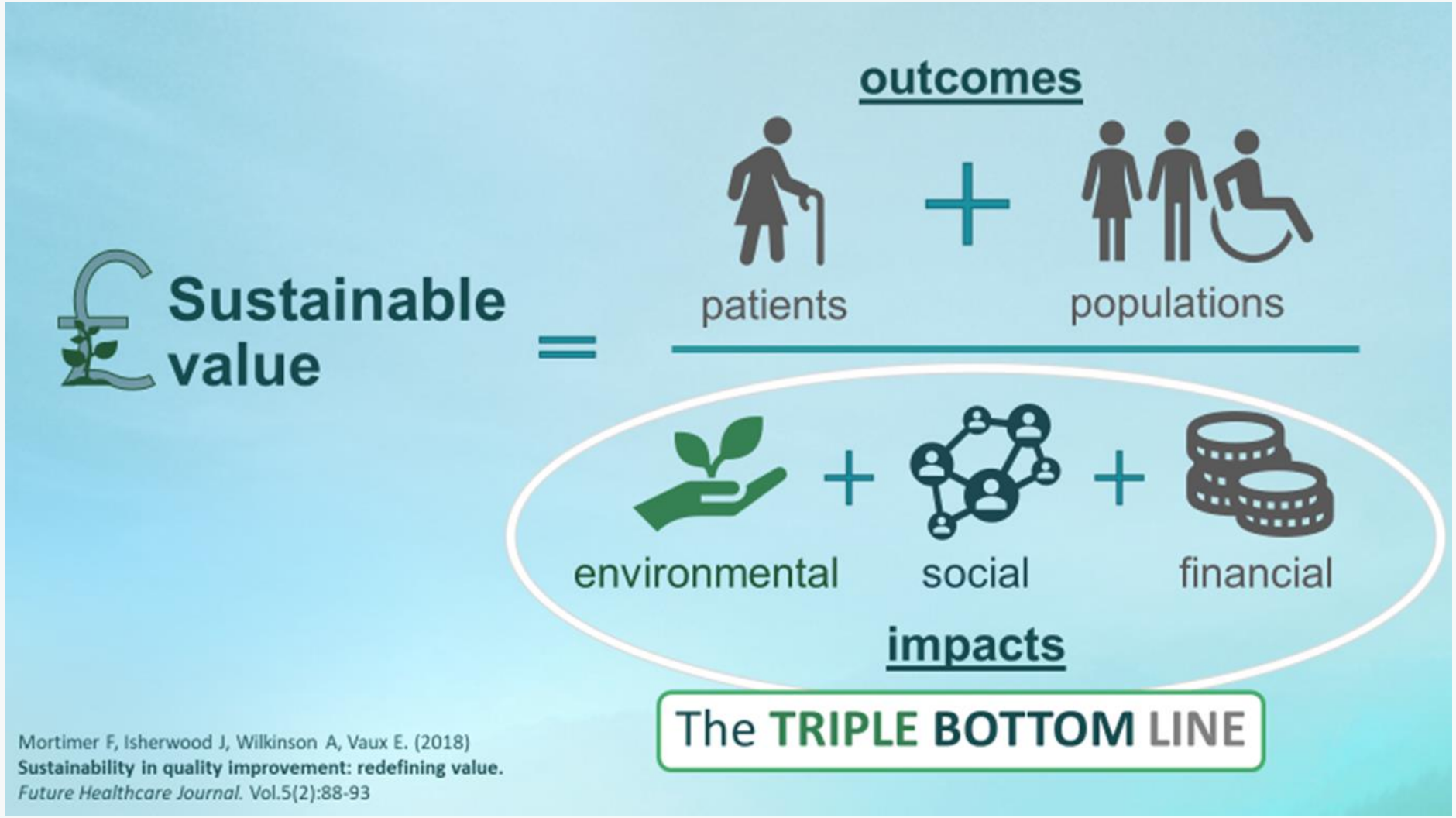
Global warming potentials

It's not just about carbon!

Social Value (**added value**)

and having a positive impact on the **wider determinants of heath**



Leading & influencing change

As the biggest employer with a huge supply chain, we have an enormous opportunity to influence practice beyond the NHS

What makes the NHS an anchor institution?

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

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

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

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

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

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

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

The Health Foundation

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

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The trouble with carbon

What we **monitor we manage**

Carbon is locked into our infrastructure, values norms processes and procedures

Need to act now

It’s everywhere…..everything produces carbon…but it's hard to visualise

Collectively we produce roughly 37 billion tonnes CO_{2e}/year

Managing the tipping point of climate change

The aim is to prevent global warming exceeding 1.5°C and a ‘climate emergency’ which is expected to occur when we hit roughly 280 billion tonnes

280/37 = 7.6 years left at the current rate of emissions

Carbon is locked into our healthcare systems

We need to reframe the way we make decisions

Examples	Physical infrastructure	Policies	Organisational procedures	Behavioural response
Goals and ambitions	Buildings Energy systems Travel arrangements Storage facilities Waste	Salary sacrifice schemes to support Electric vehicles Removal of capacity to sort waste or repurpose items on site	Imagine if we created **a new default setting to re-useable** items in preference to single use (except where clinically necessary)	Set the ambition & expectation that its EVERYONE's job & set objectives & training to develop confidence & capability
Levers & targets	**Funding** for LED lighting Emission Trading Scheme (**financial civil penalties** for exceeding carbon emission cap)	**Ban** of Desflurane New CQC sustainability forms part of quality assessment under well led Bio-Diversity Net Gain	What if we had carbon budgets	**Lack of right 'Carrots & Sticks'** in a low resource already busy system results in a **default / no change position**
Tools to support behaviour change	New Hospital Builds District Heat Networks	Clinical waste strategy Clinical strategies	**Sustainability Impact Assessments** **Business cases** routinely asking about environmental or wider social value impact	**Setting KPI's** for suppliers and **contract monitoring**. E.g. EMSOL helpings monitor air quality linked to deliveries. Green Impact **Behaviour Change Toolkit** for Trust, GP's and Dental Teams

Developing a new ‘greener’ lens

Changing our **goals** & how we define **quality** is key
Sharing **accountability** – its everyone's job

Changing our goals and narrative

Aligning sustainability to current NHS priorities & pressures

Making sure everyone gets the best start in life

- Reducing air pollution to tackle childhood Asthma
- Promoting active travel & ‘Greener’ diets to help tackle obesity

Delivering world class care of major health problems

- Tackling air pollution to reduce heart disease
- Tackling climate change to reduce extreme weather e.g. flooding &resulting increase in poor mental health

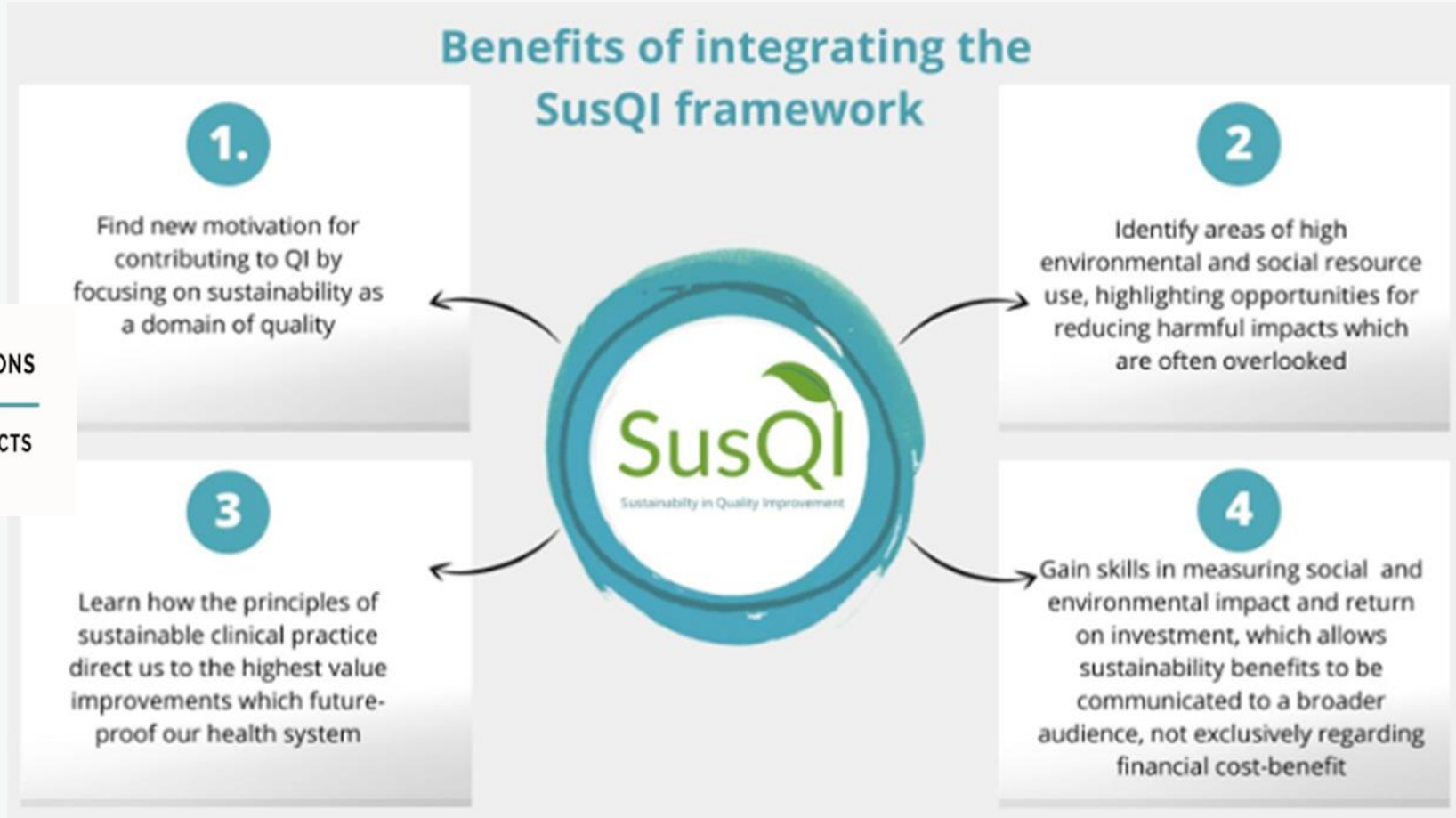
Supporting people to age well

- Tackling climate change to reduce extreme weather and subsequent impact on vulnerable groups e.g. extreme heat.

Reframing how we assess quality

Embedding a Sus QI approach

SUSTAINABLE VALUE = **OUTCOME FOR PATIENTS AND POPULATIONS** / **ENVIRONMENTAL + SOCIAL + FINANCIAL IMPACTS** (THE 'TRIPLE BOTTOM LINE')



Sustainability in Quality Improvement (SusQI) | Centre for Sustainable Healthcare

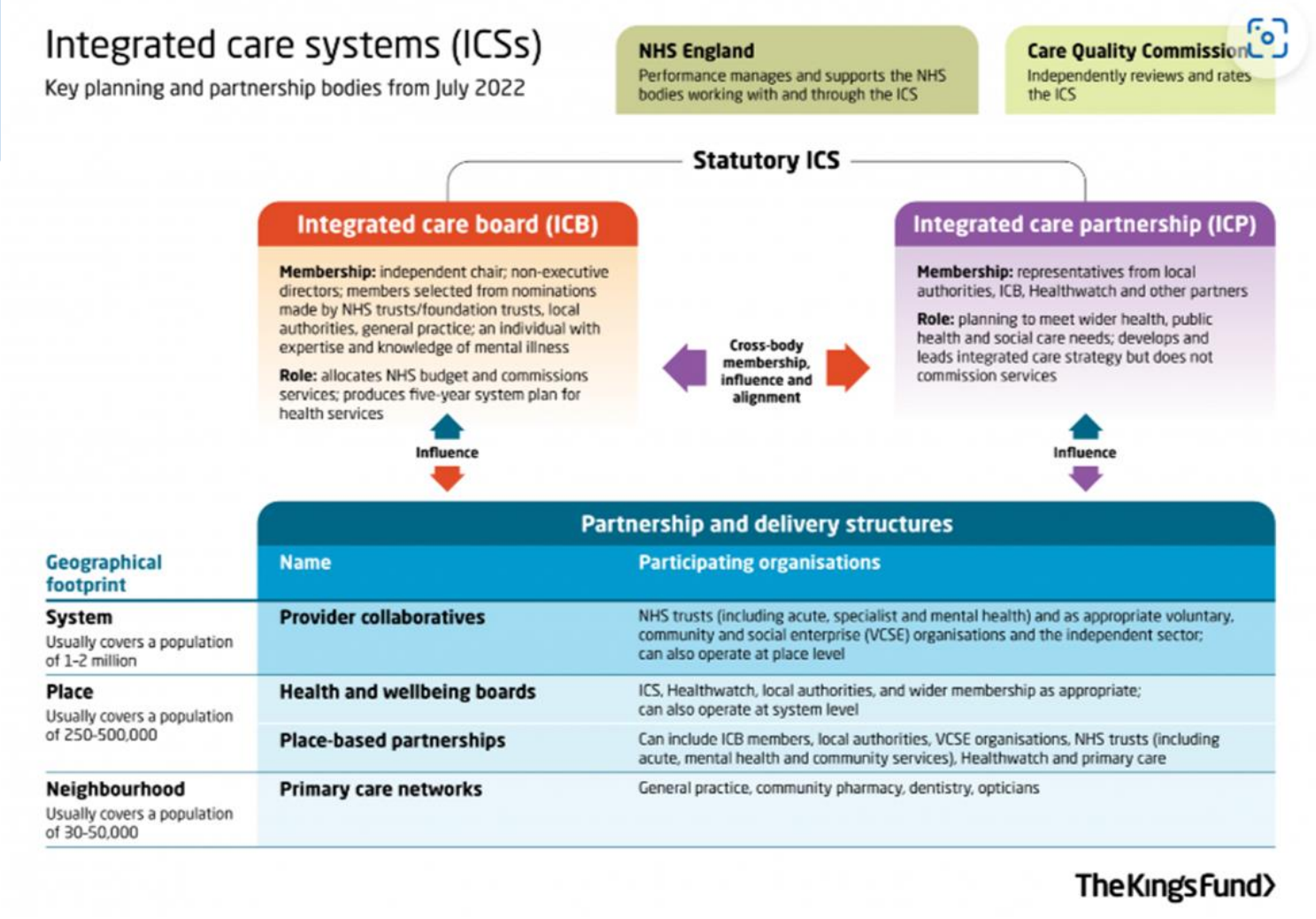
Designing sustainability in not bolting it on

It's not a project or programme.
It is about changing how we do what we do.
Commissioning process is key

ICBs as strategic commissioners of healthcare

Being sustainable supports 4 core purposes of ICB's

- ✓ improve outcomes in **population health** and healthcare
- ✓ **tackle inequalities in outcomes,** experience and access
- ✓ **enhance productivity** and **value for money**
- ✓ **support broader social and economic developmen**t (wider determinants of health)



Designing it in not bolting it on

Transforming our healthcare system

Change the way you see healthcare

Understanding the issue

Current norms values behaviours & practices

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Understanding the ask

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To change healthcare the way you see

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Thank You

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company/nhsengland

england.nhs.uk

Andrew Urquhart, Sustainability Lead for Suffolk and North East Essex ICB

Arden&GEM
Health and social care systems support

Green Plan

Andrew Urquhart

Sustainability Lead

SNEE Integrated Care Board

Embedding Sustainability in BAU

Arden & GEM event

27 Feb 24

Why do we need a Sustainability Impact Assessment (SIA)

- We want to do to this to improve population health outcomes
- We want to deliver 'social value'
- It helps us implement the mandated ask
- **We will do this by using the four principles of sustainable models of care (prevention, patient self-care, lean service delivery & lower carbon alternatives)**
- **We will achieve these by integrating these principles into service design, commissioning, procurement, contract management and our daily activity**
- We start this with the Sustainability Impact Assessment, thereby embedding the principle and thinking into what we do
- **It's a stop & reflect moment. Not a tick box exercise**

& What is an SIA?

SIA is an approach for exploring the combined economic, environmental and social impacts of a range of proposed policies, programmes, strategies and action plans.

Such assessments can also assist decision making and strategic planning throughout the entire policy cycle. (OECD)

The Sustainability Impact Assessment (SIA)

- **Is a conversation starter/prompt**
- Contains a snapshot guide of salient issues
- Outlines social value
- ICB responsibilities
- Steps to take to complete
- Two social value questions i.e environmental & non environmental
- Contains a series of prompts or guidance questions to pose as you formulate your approach, focused around key domains where the biggest impacts are
- Example responses to help you
- Links to useful information

SIA Pilot formalised in ICB

Embedding into service design, commissioning, procurement & contracts management

'Sustainable models of care' is the lens we want you to use

- The four principles of sustainable models of care deliver wider social value, protect nature & the environment plus tackle climate change. i.e. they help deliver triple bottom line benefits which are social, environmental and economic.
- **Prevention & patient self-care** reduce medicines use, reduces travel (patients & NHS travel), reduces admissions to support patient throughput, tackles inequality.
- **Lean delivery & lower carbon** options can reduce waste and save money & can improve patient outcomes.

- Source; Sustainable Healthcare graphic Mortimer 2010

Snapshot introduction

The UN Sustainable Development Goals

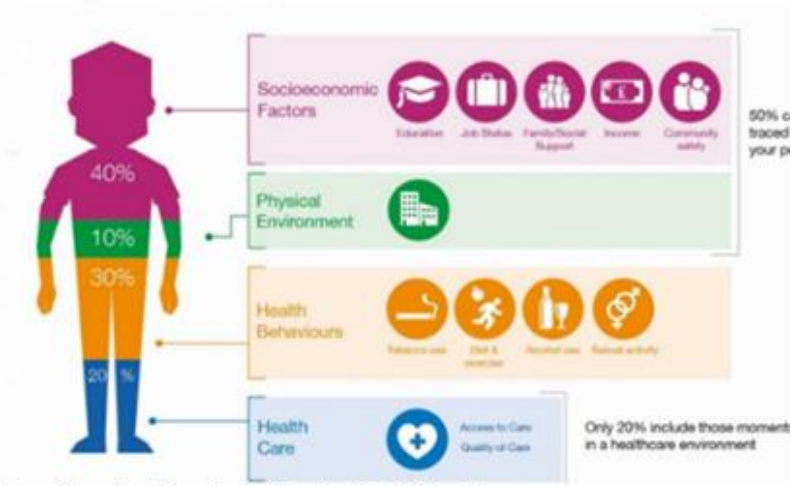
The United Nations has sustainable development goals (above) which ***recognise that ending poverty must go hand-in-hand with strategies that build economic growth and address a range of social needs, including education, health, social protection, and job opportunities, while tackling climate change and strengthening environmental protection.***

Being sustainable delivers 'social value', which is about creating additional positive value for communities, economy, and society.

Being sustainable supports the NHS to use our position in society to deliver

To help us make a difference to the wider determinants of populat health (in the diagram below) to deliver social value and achieve c carbon reductions targets

The wider determinants of health are a **diverse range of social, econ and environmental factors** which influence **people's mental and phy health.** Systematic variation in these factors constitutes social inequalit important driver of the health inequalities. Chapter 6: wider determinant health - GOV.UK (www.gov.uk) These are outlined below.



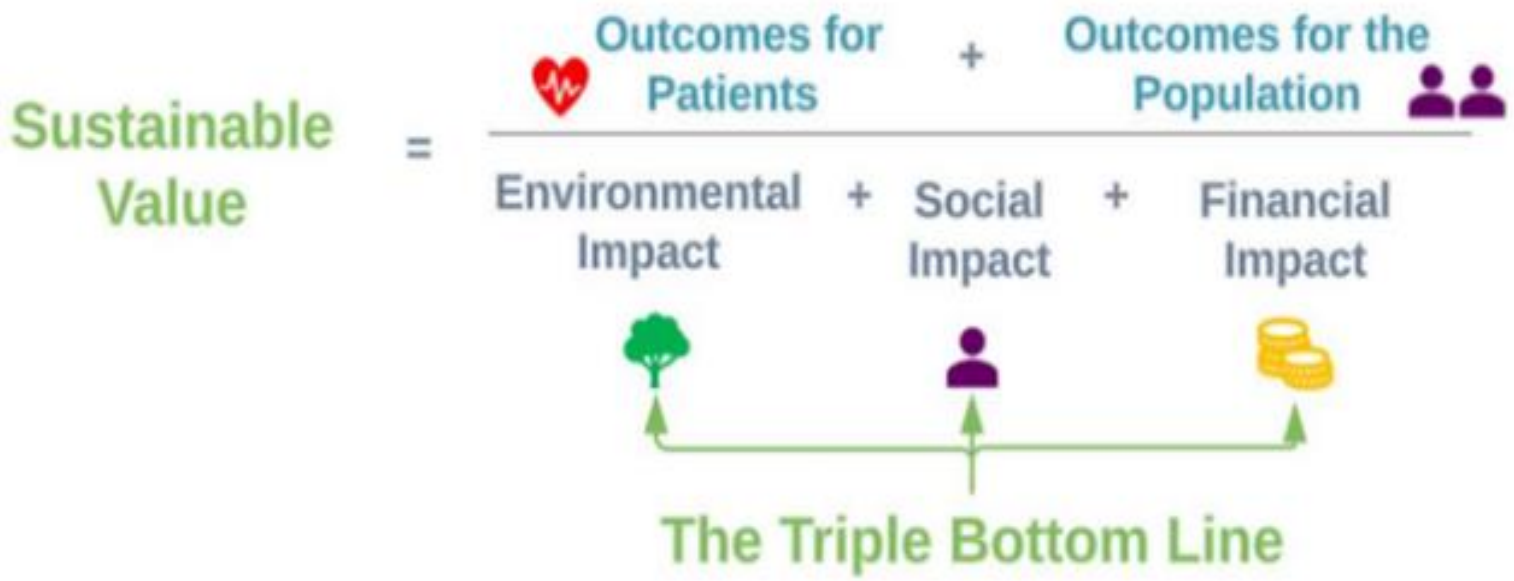
Source: The wider determinants of health using CHR model

SIA Pilot - changes

Introduction added snapshots linking relevant elements together into a visual quick, easy to understand narrative

Why?
Relevance
Complexity
Staff time pressures
Significant knowledge gap

SIA text links social value model & population health outcomes



Source: Centre for Sustainable Healthcare

SIA Pilot changes

Guidance text

Follows the social value model narrative
Separates social & environmental out

Why?
Easier for people to understand
Allows segmentation
Mirrors questions and training the CSH training the Leadership groups have received

Environmental & non environmental questions

SNEE ICB Sustainability Impact Assessment	
Question 1 - Environmental	**Response**
How does the project contribute positively or negatively towards the NHS climate change carbon reduction target? This could include an impact on: • reducing carbon emissions – care model, travel, estates/facilities, medicines, procurement (goods and services, equipment, consumables), digital, waste (avoidance) • reducing air pollution – travel, digital first, indoor air quality • reducing waste – care, medicines, equipment, consumables • increasing green spaces and nature – estates • increasing climate resilience – adaptation to climate change Please refer to the NHS SNEEICS - Green Plan for further information	Using the guidance questions provided please explain the impact on Target, please include reference to how this could be measured: Please state project name and note this text box will expand so you NOTE ADD IN TEXT BOX WHERE CARBON REDUCTION TARGE TARGETS ARE We have set two targets: • For the emissions we control directly (the NHS Carbon Footp ambition to reach an 80% reduction by 2028 to 2032 (from a • For the emissions we can influence (i.e., our suppliers - NHS by 2045, with an ambition to reach an 80% reduction by 203
Question 2 – Non 'environmental'	**Response**
How does the project contribute to delivering social value? This could include a positive impact on: • workforce and people • community engagement	Using the guidance questions provided please explain the impact on this could be measured. Please state project name and note this text box will expand so you

SIA Pilot changes

Questions are broader
Questions capture key themes
Questions capture a 3 up 3 down desired outcomes narrative
Splits SV environmental & non 'eviron' social value

Why?
Staff asked for it
Providing choice, prompts & relevance
Aligns standard questions for staff to apply to activities

Guidance questions for applying it

Sustainability Impact Assessment guidance

- Use the questions outlined below to consider and test where you believe the project closely matches.
- You do not have to answer every question, these are here for you to support identifying where the greatest impact might
- Each domain guides you to look at the relevant parts of the SNEE ICB Green Plan. It prompts you to consider what is like each domain in reducing greenhouse gas emissions and contains a fact to show why this is important for you to consider

Domain	Review questions
Care Model / Service	
Review – the SNEE ICB Green Plan sections on digital, medicines, care, and food/nutrition. **Consider** - the four elements of sustainable models of care - prevention, patient selfcare, lean service delivery and low carbon alternatives. ***Did you know -*** *55-60% plus of a GP practice's carbon footprint is medicines?*	• Will it promote prevention, empowerment, healthy behaviours, emotional wellbeing management? • Will it provide evidence-based, personalised care that achieves the best possible h resources available? • Will it minimise 'care miles' making better use of new technologies such as virtual c delivering care in settings closer to people's homes or virtual wards? • Will it reduce avoidable hospital admissions or permanent admissions to residentia • Will it deliver integrated care, one that co-ordinates different elements of care more redundancy from care pathways? • Will it support deprescribing of medicines? • Will it deliver lower carbon pathways or alternatives e.g., social prescribing, or lowe
Travel	

SIA Pilot changes

Guidance to use questions

Modified domains.
Non environmental social value expanded and paraphrase's social value model themes, policy outcomes with examples.
Example responses added.
List of tools added.

Why?
Staff asked for it
Support users
Links to dashboards

Next steps. Roll out Q4

- First ICB staff session 26th Feb
- Mandatory training e-learning for ICB staff on SV & carbon in health
- External partners
- Link to NHS Supply Roadmap engagement needs
- Underpinned by weekly ‘sustainability surgeries’ for staff
- Guides being adapted
- Iterative update in 6-12 months

SIA

Demonstrates compliance with mandatory asks

Does not include a full assessment. It's a first stage prompt

Embeds , aligns, ensures carbon & social value through sustainable models of care lens

Engages, upskills and equips staff in day job

Delivers fundamental aim of this green plan i.e. staff & system awareness and readiness for new challenges

Through the lens of the four principles of sustainable care

Applying these principles underpin our '**3 up 3 down**' desired outcomes for the ICB, our partners, our suppliers and our communities which are:

3 up to increase:

- green spaces & nature
- climate resilience
- social value

REDUCE
REUSE
REPROCESS
RENEWABLE
RECYCLE

3 down to reduce:

- carbon emissions
- air pollution
- waste

The Sustainability Impact Assessment is how the ICB is embedding and capturing environmental and social impacts in its activities.

Improving population health,

tackling inequality,

enhancing productivity/value for money

supporting social and economic development

Alison Tonge, Executive Director of Strategy, Planning and Innovation Arden & GEM

Arden&GEM
Health and social care systems support

SOCIAL VALUE AND SUSTAINABILITY

Embedding social value and sustainability across organisations and systems through access to multidisciplinary specialist teams

Arden&GEM
Health and social care systems support

A single point of contact to coordinate a specialist response

At NHS Arden & GEM, we have an experienced workforce of 1,200 people - who we bring together in multidisciplinary teams - with a proven, track record of delivering strategic and operational support.

We also work with a dynamic network of credible, trusted partners – from individual contractors to SMEs to multinationals – providing specialist skills, expertise and capability in social value and sustainability.

Arden&GEM

With our partners we focus on social innovation, reducing exclusion, improving sustainability

Our overarching strategy and consulting offer

Mobilisation and engagement

System-wide mobilisation and engagement of effective leadership, vision and goal setting, governance, innovation and partnership approaches for social value - across Anchor Institutions, the VCSFE sector, industry partners and community leaders.

Strategy development

Development of sustainability, carbon reduction, social value and anchor strategies – including baseline measurement, target setting and evidence-based action planning.

Delivery support

Action plan delivery support across national theme areas including:

- provision of leadership
- project management
- consulting support to mobilise delivery of the action plan.

Stakeholder reporting and accountability

Drafting and delivery of accountability reports demonstrating measurable impact on jobs, growth, innovation, community and environment. Communication and promotion of profile.

Recognition and award

Support through the Bronze, Silver and Gold levels of the Social Value Quality Mark Health Award to achieve national recognition and profile, enhancing the positioning of the organisation for employees, NHS partners and commercial partnerships.

Our social value service menu

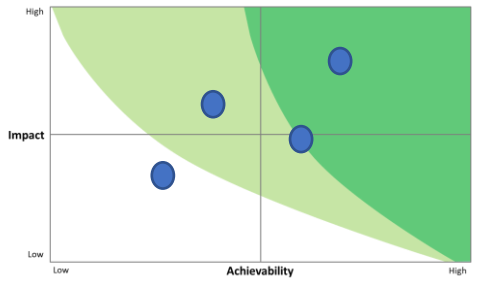
Social and Economic innovation is at the heart of our support

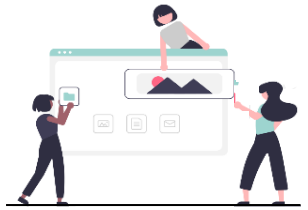
Innovation Process

Arden&GEM

NHS

ENGAGEMENT & INSPIRATION	IDEATION	PROBLEM SOLUTION FIT	VALUE PROPOSITION	PILOT	BUILD & SCALE
Spark innovation by inspiring and engaging employees and partners with possibilities	Understand challenges and needs. Identify the problem statement and generate ideas to solve the problem.	Determine whether the solution is feasible and its costs and benefits	Test, refine and validate key hypotheses for the delivery of benefits	Prove the need, growth opportunity, efficacy (technically and operationally) and impact	Transition the solution into business as usual





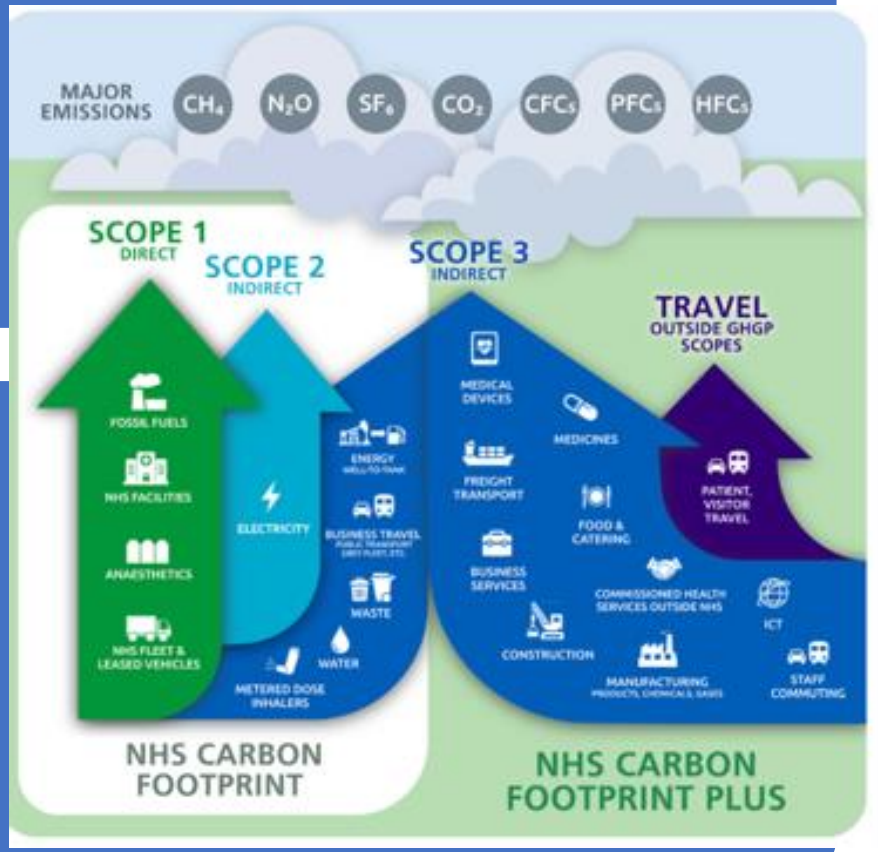
Multi-faceted Goals

Health and Wellbeing

- Population
- Clinical quality
- Efficiency and value
- Staff wellbeing

Social value and sustainability

- Jobs and skills
- Economic growth
- Resilient communities
- **Decarbonising and improving environment**
- Social Innovation



Measuring Impact

- Impact for health and wellbeing requires a multi-faceted/dimensional approach
- For care – population, quality of care, efficiency/value, staff wellbeing as well as wider social and sustainability measurement
- Recognising the trade- offs between these impact goals and ranking/weighting these with decision makers, wider community engagement will enable better decision making
- Risks and potential disbenefits should be overtly measured as well as benefits.
- Where possible risk mitigation strategies should be invested in to reduce this negative impact.
- **For the emissions we control directly (the NHS Carbon Footprint), we will reach net zero by 2040, with an ambition to reach an 80% reduction by 2028 to 2032;**
- **For the emissions we can influence (our NHS Carbon Footprint Plus), we will reach net zero by 2045, with an ambition to reach an 80% reduction by 2036 to 2039.**

Pathway carbon planning : Base to Stretch

Total

Direct care model initiatives

- Prevention impact on demand and outcomes
- Earlier intervention and diagnosis – impacting demand and outcomes
- Digital and technology adoption – releasing capacity
- Workforce integration- releasing capacity
- Reducing waste through focus on value for a whole population

Indirect clinical support

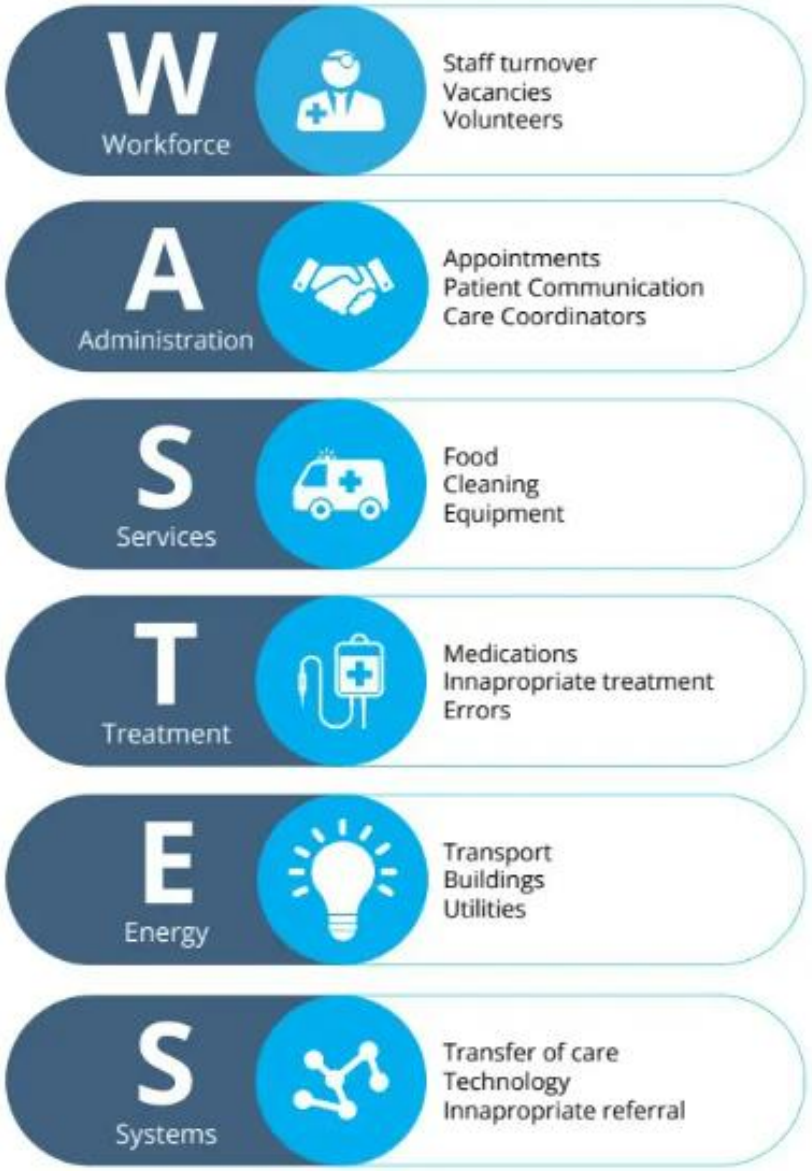
- Supply chain decarbonisation
- Medical and clinical waste

Enabling green initiatives

- Energy efficiency, generation systems
- Transport
- Building and facilities
- Corporate systems
- Circular economy and social value in jobs, economic growth, environment

Clinical	Indirect	Green
Base	Base	Base
Initiatives	Initiatives	Initiatives
Stretch initiatives	Stretch initiatives	Stretch initiatives
New carbon foot print	New carbon foot print	New carbon foot print

Waste- Bevan Commission



Arden&GEM
Health and social care systems support

Innovation Scenario Decarbonisation Plan: Cancer Pathway As an Example

Cancer Pathway	Clinical Quality	Population Outcomes	Value and Efficiency	Carbon Reduction	Social Value	Current NHS Decarbonisation Plan/ Actions	Innovation Scenario Decarbonisation Plan
Diagnostic Tests	Accurate and timely diagnosis	Early and accurate treatment decisions	Cost-effectiveness in healthcare delivery	Energy-efficient equipment reduces emissions	Creation of skilled jobs in diagnostic services	Using sustainable procurement practices for medical supplies and equipment, and optimising resource use in diagnostic procedures. Estimated 10 – 30% gains (Eco-friendly equipment, reduced waste).	Use of biodegradable or reusable medical supplies where possible, and implementation of waste reduction technologies. Estimated additional 10 – 20% gains (Further waste reduction).
Diagnosis	High accuracy and timeliness	Informs effective treatment plans	Reduction in misdiagnosis and unnecessary treatments	Telemedicine reduces travel emissions	Empowers patients with knowledge and choices	**Leveraging telemedicine** where possible to provide diagnoses and reduce travel-related emissions. Estimated 20 – 30% gains (Reduced patient/staff travel).	**Advanced data analysis and machine learning tools** for more accurate and faster diagnoses, reducing repeat testing. Estimated additional 10 – 15% gains (Efficient diagnostic processes).
Treatment	Adherence to best practice standards	Direct impact on recovery and survival rates	Efficient use of medical resources	Use of energy-efficient treatment modalities	Employment in healthcare and support services	Adopting sustainable practices in treatment delivery, including energy-efficient medical equipment and green pharmaceuticals. Estimated 15 – 25% gains (Energy-efficient equipment).	Explore novel treatment methods like **targeted therapy,** which may reduce the overall treatment duration and resource use. Estimated additional 10 – 20% gains (Reduced treatment duration/resource use).

Trade offs and mitigations

Cancer [xx where potential risk/impact trade off]	Clinical quality	Population outcomes	Value and efficiency	Staff resilience wellbeing	Carbon reduction	Social value – jobs, economy, community resilience
Protecting against climate change		x	x	X	x	x
Reducing air pollution		x	xx	Xx	x	xx
Prevention activity smoking, obesity, poor diet and low activity		xx	x	X	x	x
Digital tools and support for patients	Xx	xx	x	Xx	x	
Earlier diagnosis – faster diagnosis • Screening • Community diagnostic expansion • Genomic testing • MRI/CT access	x		x	X	xx	
Access improvement in Cancer surgery Chemotherapy Radiotherapy Immunotherapy	x	xx	x	X	xx	
NHS estate, energy efficiency and facilities decarbonisation			x	X	x	x
Supply chain decarbonisation	xx	x	x	xx	x	xx
Transport decarbonisation		Xx	x		x	X
Ongoing care Clinical nurse specialists Personalised care plans and risk stratified follow up	x	xx	x			xx

Mitigating the trade offs

Mitigated	Risk
Review policies on flexible working /package – other green travel benefits	Staff wellbeing – reduced time per intervention, higher throughput, less travel /car scheme
Protect capacity for vulnerable who need face to face, carer support, telephone	Frail/elderly/disabled – access and use of digital pathway may increase inequalities

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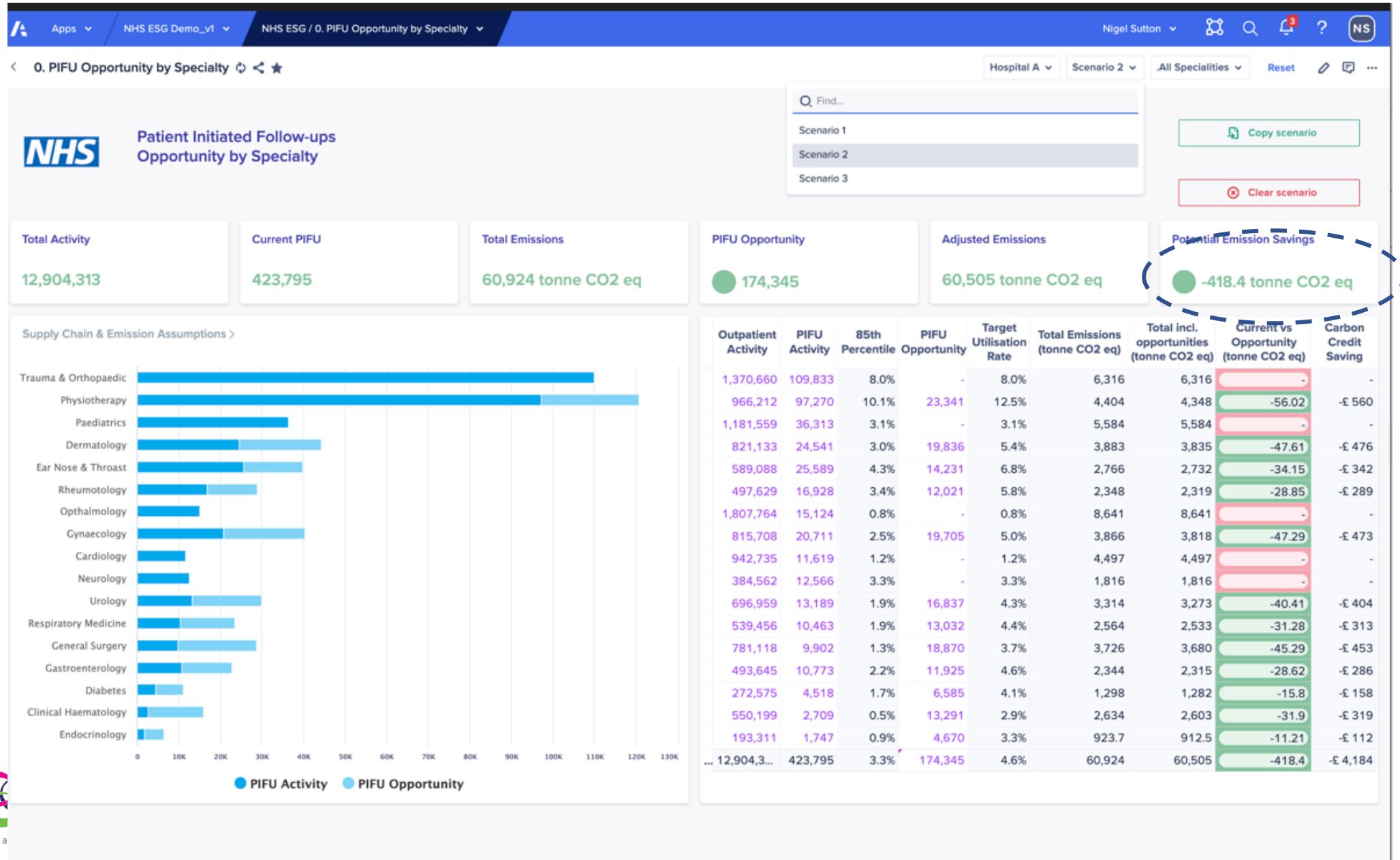
NHS ESG VIDEO DEMO3.mp4

Example patient initiated follow up



Outpatient Activity	PIFU Activity	85th Percentile	PIFU Opportunity	Target Utilisation Rate	Total Emissions (tonne CO2 eq)	Total incl. opportunities (tonne CO2 eq)	Current vs Opportunity (tonne CO2 eq)	Carbon Credit Saving
1,370,660	109,833	8.0%	-	8.0%	6,316	6,316	-	-
966,212	97,270	10.1%	23,341	12.5%	4,404	4,348	-56.02	-£ 560
1,181,559	36,313	3.1%	-	3.1%	5,584	5,584	-	-
821,133	24,541	3.0%	19,836	5.4%	3,883	3,835	-47.61	-£ 476
589,088	25,589	4.3%	14,231	6.8%	2,766	2,732	-34.15	-£ 342
497,629	16,928	3.4%	12,021	5.8%	2,348	2,319	-28.85	-£ 289
1,807,764	15,124	0.8%	-	0.8%	8,641	8,641	-	-
815,708	20,711	2.5%	19,705	5.0%	3,866	3,818	-47.29	-£ 473
942,735	11,619	1.2%	-	1.2%	4,497	4,497	-	-
384,562	12,566	3.3%	-	3.3%	1,816	1,816	-	-
696,959	13,189	1.9%	16,837	4.3%	3,314	3,273	-40.41	-£ 404
539,456	10,463	1.9%	13,032	4.4%	2,564	2,533	-31.28	-£ 313
781,118	9,902	1.3%	18,870	3.7%	3,726	3,680	-45.29	-£ 453
493,645	10,773	2.2%	11,925	4.6%	2,344	2,315	-28.62	-£ 286
272,575	4,518	1.7%	6,585	4.1%	1,298	1,282	-15.8	-£ 158
550,199	2,709	0.5%	13,291	2.9%	2,634	2,603	-31.9	-£ 319
193,311	1,747	0.9%	4,670	3.3%	923.7	912.5	-11.21	-£ 112
... 12,904,3...	423,795	3.3%	174,345	4.6%	60,924	60,505	-418.4	-£ 4,184

Becky Jones, Social Value Specialist Arden & GEM

Arden&GEM
Health and social care systems support

SOCIAL VALUE QUALITY MARK®
VALUE DISTINCTION

SVQM BRONZE
HEALTH

Social Value Network
FOR A FAIRER, BETTER, GREENER PUBLIC SECTOR

NHS

SOCIAL VALUE AND ARDEN AND GEM

Why does social value matter and how Arden and GEM can help you with your approach

27th February 2024

Social Value Network

What is social value?

NHS

- The 2030 Agenda for Sustainable Development provides a shared blueprint for peace and prosperity for people and the planet.
- At its heart are the 17 Sustainable Development Goals (SDGs), which are an urgent call for action by all countries.
- They recognise that ending poverty and other deprivations must go hand-in-hand with strategies that improve health and education, reduce inequality and spur economic growth – all while tackling climate change and working to preserve our oceans and forests.
- This set the conversation through which the social value concept was developed. Social value is generally viewed as social, environmental and economic elements, as defined by the Public Services (Social Value) Act 2012
- It's important to understand your outcomes for social value, and what you're going to do to achieve them.

There is no one single definition!

Social Value Network

What is social value to Arden & GEM?

NHS

Our social value ambition is:

- Increasing the benefits that our employees and customers receive from a social, economic and environmental perspective
- Being a growth enabler with a focus on reducing health inequalities
- Growing capabilities within our customers across our organisation to deliver improved social value

We have a series of Pledges to deliver this ambition, underpinned by Key Value Indicators. The pledges and KVIs are based on the following themes:

- Health and Wellbeing
- Education and Skills
- Employment and Volunteering
- Economic
- Environmental
- Leadership

Social Value Network

How the NHS views social value and why that's unhelpful

NHS

- **PPN 06/20**
- Places social value in procurement – at the end of a process
- Makes it a transactional approach
- Makes it a tick box exercise
- Means it's hard to design things at a system level as LAs and the VCFSE sector define it differently

- **PPN 06/21**
- Doesn't include primary care
- Again, focuses on procurement – end of the process
- Places a focus on carbon
- Unequal playing field

Social Value Network

Why is Social Value so important when considering sustainability?

NHS

- Public Services (Social Value) Act 2012
- It's part of delivering the fourth pillar of the ICS - "…help the NHS support broader social and economic development"
- It aligns to delivering Green Plans
- It supports the 10% focus on prevention as in the Hewitt Review
- Requirements to include social and economic development planning in the Joint Forward Plan
- Needs visible leadership to ensure organisation buy-in
- It can help deal with some of the most pressing issues – poverty, inadequate housing, collapsing public services and support the long-term sustainability of the NHS and other public services
- PPN 06/20
- PPN 06/21

How much you would need to move out of poverty?

The poverty gap, or the amount of money needed to bring the incomes of people in poverty to the poverty line, has grown wider. Households are considered to be below the UK poverty line if their income is below 60% of the median household income after housing costs for that year.

A couple with two children under 14, living in poverty, would need an additional £6,200 per year to reach the poverty line. In the mid 90's, the gap was £3,300 after adjusting for inflation.

Households in destitution are defined as those who have to go without two or more essentials in the past month because they couldn't afford them, or if their income is extremely low (less than £95 a week for a single adult). Essentials are defined as having a home, food, heating, lighting, clothing, shoes and basic toiletries.

Six million people currently live in destitution. They would would need on average to more than double their income to move out of poverty (an additional £12,800 p/a).

Social Value Network

Why does this matter? Poverty and health inequalities

NHS

Poverty increased in the latest official data, returning close to pre-pandemic levels

- Over one in five people in the UK (22%) were in poverty in 2021/22
- This equates to 14.4 million people in total, with 8.1 million working-age adults, 4.2 million children and 2.1 million pensioners living in poverty
- Nearly two-thirds (64%) of working-age adults in poverty live in working households. This has increased by 3 percentage points, from 61% to 64%, between 2020/21 and 2021/22
- The number and proportion of children and pensioners in poverty rose between 2020/21 and 2021/22, as well as overall poverty
- Around two in every ten adults are in poverty in the UK, with about three in every ten children being in poverty
- Around 6 million people lived in very deep poverty in 2021/22

Joseph Rowntree Foundation

Social Value Network

Why does this matter? Poverty and health inequalities

NHS

Professor Sir Michael Marmot said, in January 2024:

- Britain has become a grim place to live with people experiencing Victorian era diseases such as malnutrition, rickets and scurvy. Similar to those experienced on long sea voyages, due to lack of fresh veg.

- Universal Credit pays 70% of required costs. Those on universal credit, and on benefits, will therefore expect to be ill as they can't afford to eat sensibly, heat their homes, or afford other essentials.

This is 2024!

We need to reduce pressure on our services – our society is imploding and doing the complete opposite to what we need to do.

This is why social value matters and is inherently linked to sustainability

Social Value Network

Why does this matter? Housing

NHS

28 – 32,000 people a year **DIE** because of poor air quality –internal, as well as external

It costs circa £50k to treat someone for pneumonia – why then send them back to a house full of mould? It doesn't make sense.

"The UK is blighted by two housing crises. High housing costs are causing many renters in particular to fall behind on housing payments, while poor quality housing is leaving millions of people having to deal with damp and malfunctioning heating, plumbing and electrics.

High costs and poor housing quality can make life miserable for people, and can damage both their personal finances and their wider health". **Lalitha Try, Economist at the Resolution Foundation**

This impacts on every element of an individual's life and is adding to the pressures on public services. Increasing social value, reducing health inequalities and strengthening communities will help the individual and reduce pressure on services.

Social Value Network

Why does this matter? Crumbling Public Services

NHS

Ruth Allen, the chief executive of the British Association of Social Workers, was clear as to the reasons; “You’ve got much more inequality, many more people proportionally living in poverty and relative poverty, even destitution – those circumstances are stresses on families and create need of all kinds. The relationship between poverty and demand on services cannot be missed”

NHS-funded dental services in England are in near-terminal decline: nearly six million fewer courses of NHS dental treatment were provided last year than in the pre-pandemic year; funding in 2021/22 was over £500m lower in real terms than in 2014/15; and there are widespread problems in accessing a dentist, Nuffield Trust

The data release (DfE, 2023a) shows that 39,930 teachers left teaching for reasons other than retirement in the last academic year (2021/22). This represents 8.8% of the workforce and is the highest number since records began in 2010, Pete Henshaw, Sec Ed

170,000 workers left the NHS in 2022, The Guardian

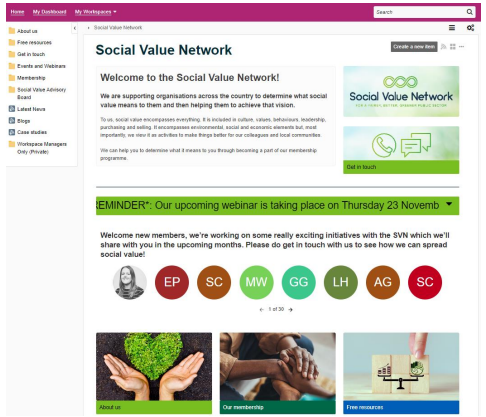
This is unsustainable!

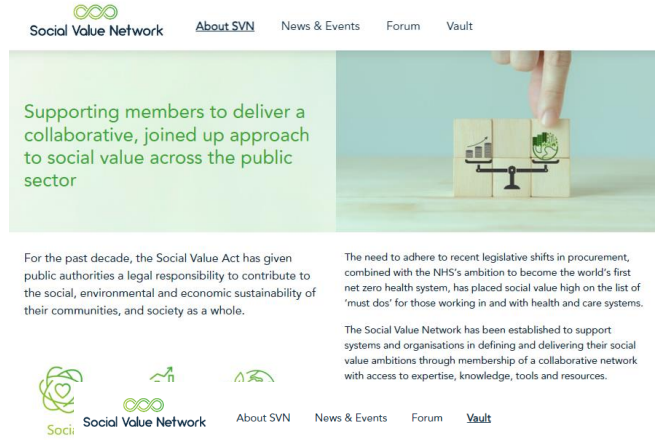
“When people live in a fair, caring society, where everyone has equal access to social goods, they don’t have to spend their time worrying about how to cover their basic needs day to day – they can enjoy the art of living. And instead of feeling they are in constant competition with their neighbours, they can build bonds of social solidarity.” Jason Hickel – Less is More: How Degrowth Will Save the World

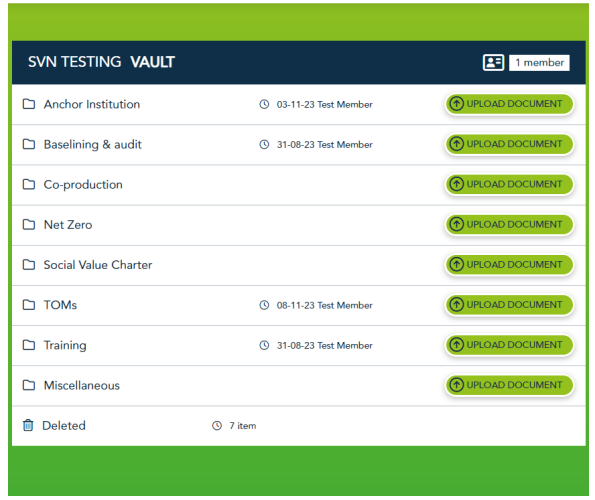
NHS Arden & GEM – our offer of support

We have created:

- The Social Value Network
- The Social Value Advisory Board
- The Social Value Futures site
- The first Social Value in Health Award
- Developed a consultancy offer to support organisations with their social value approach
- In discussions with multiple organisations leading in specific areas of social value delivery to expand our offer of support
- Offering support to VCFSE organisations







Social Value Network

The Network

NHS

We have invested in this – we have funded it if we all come together and contribute a bit, we will get maximum impact for our colleagues, customers and local communities

By everyone putting a bit in to join the Social Value Network, we all benefit

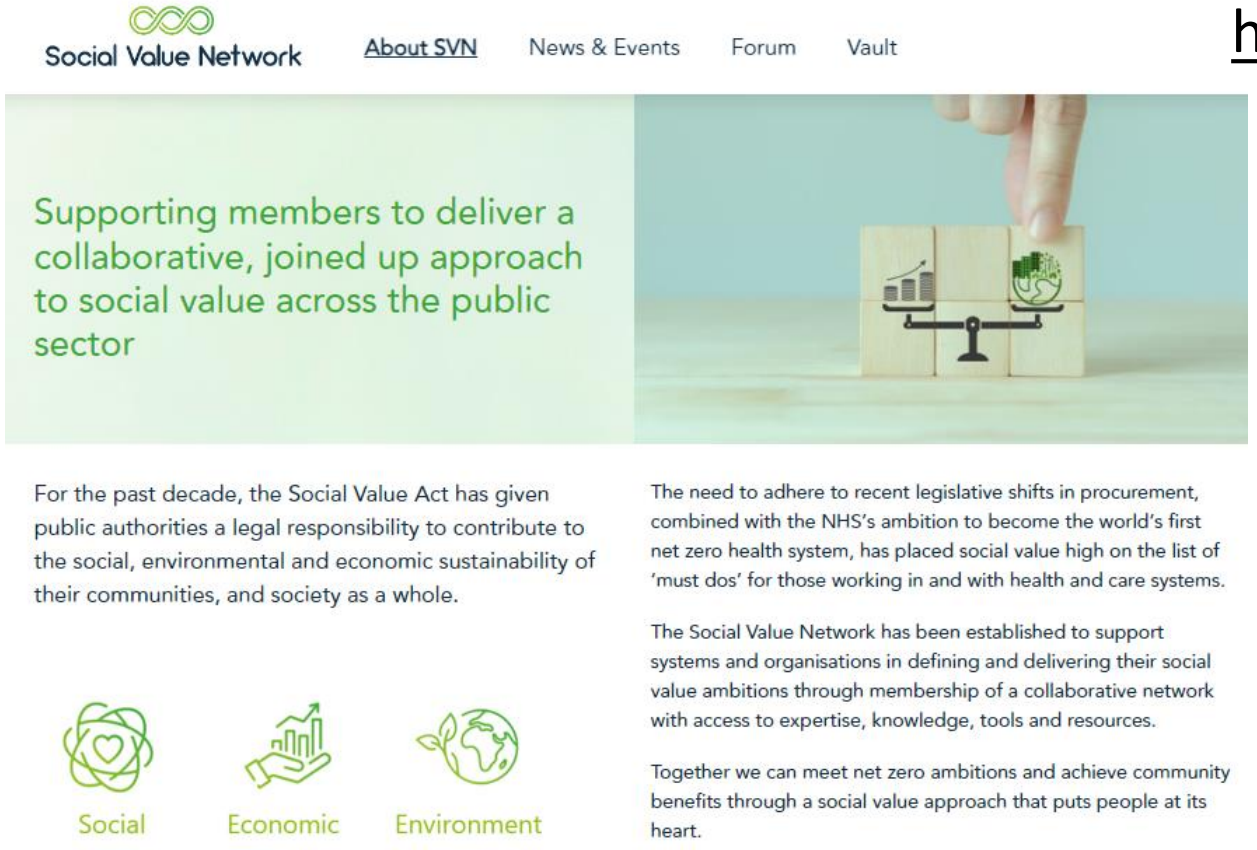
We need to keep the skills, knowledge and money within the sector to grow our own

Social Value Network

Dedicated website

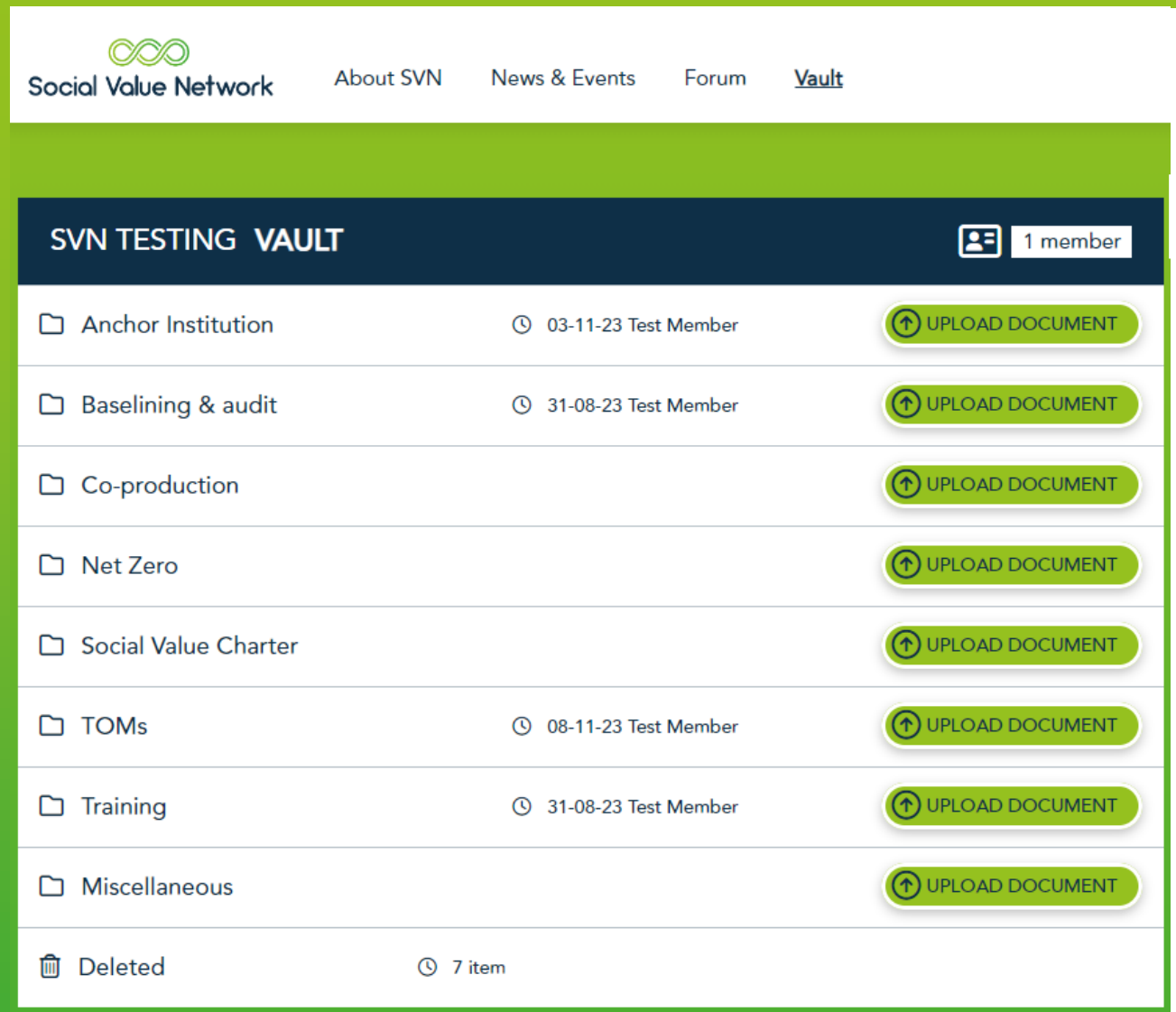
NHS

https://www.socialvaluenetwork.org.uk



Core resources available to all members

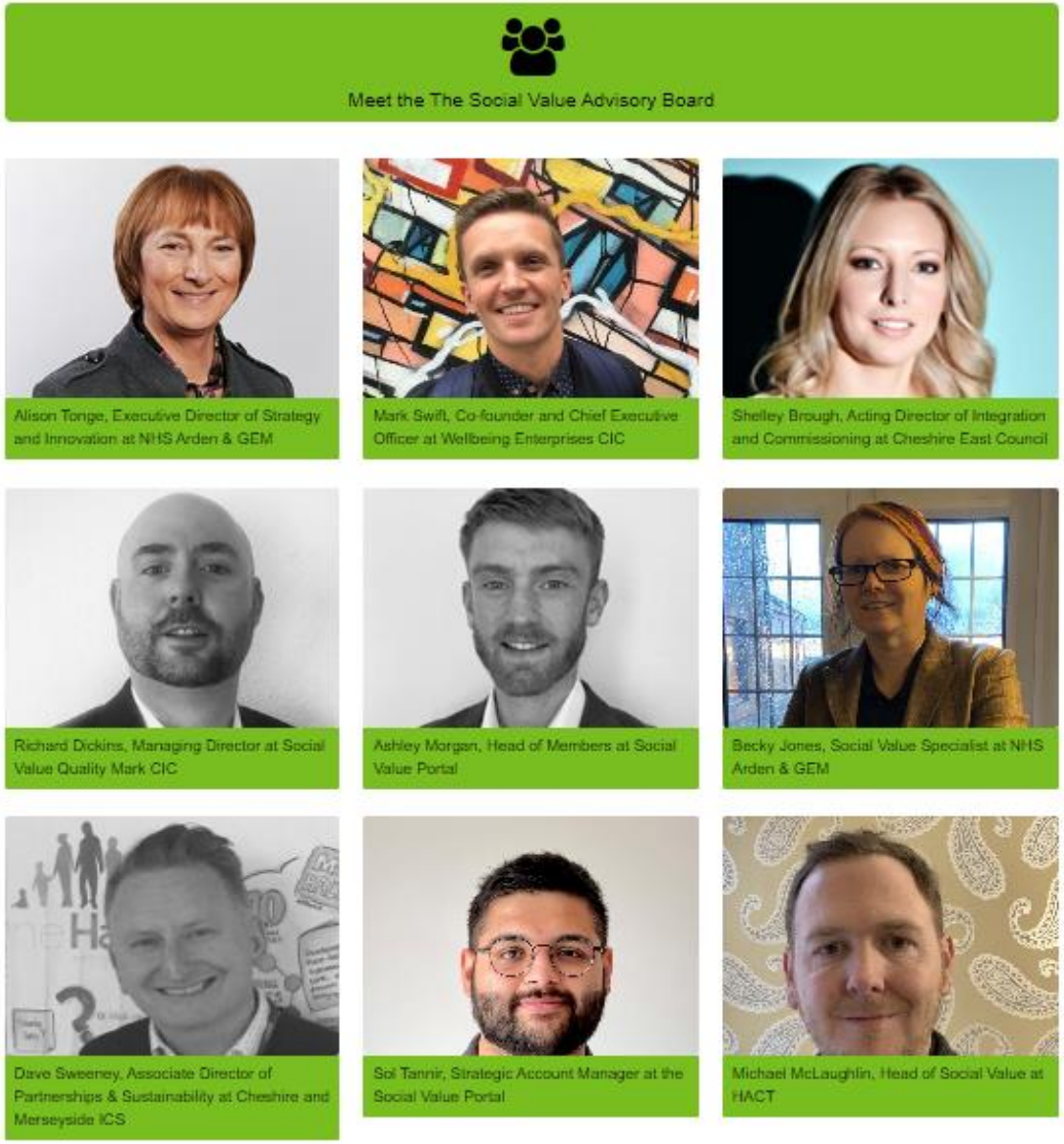
- Checklists
- Best practice documentation
- Training materials
- Forum
- Advise and thought pieces from the Advisory Board



The VAULT

- Password protected online platform only accessible to Network members
- Collaborate and work on documents with organisation and system colleagues

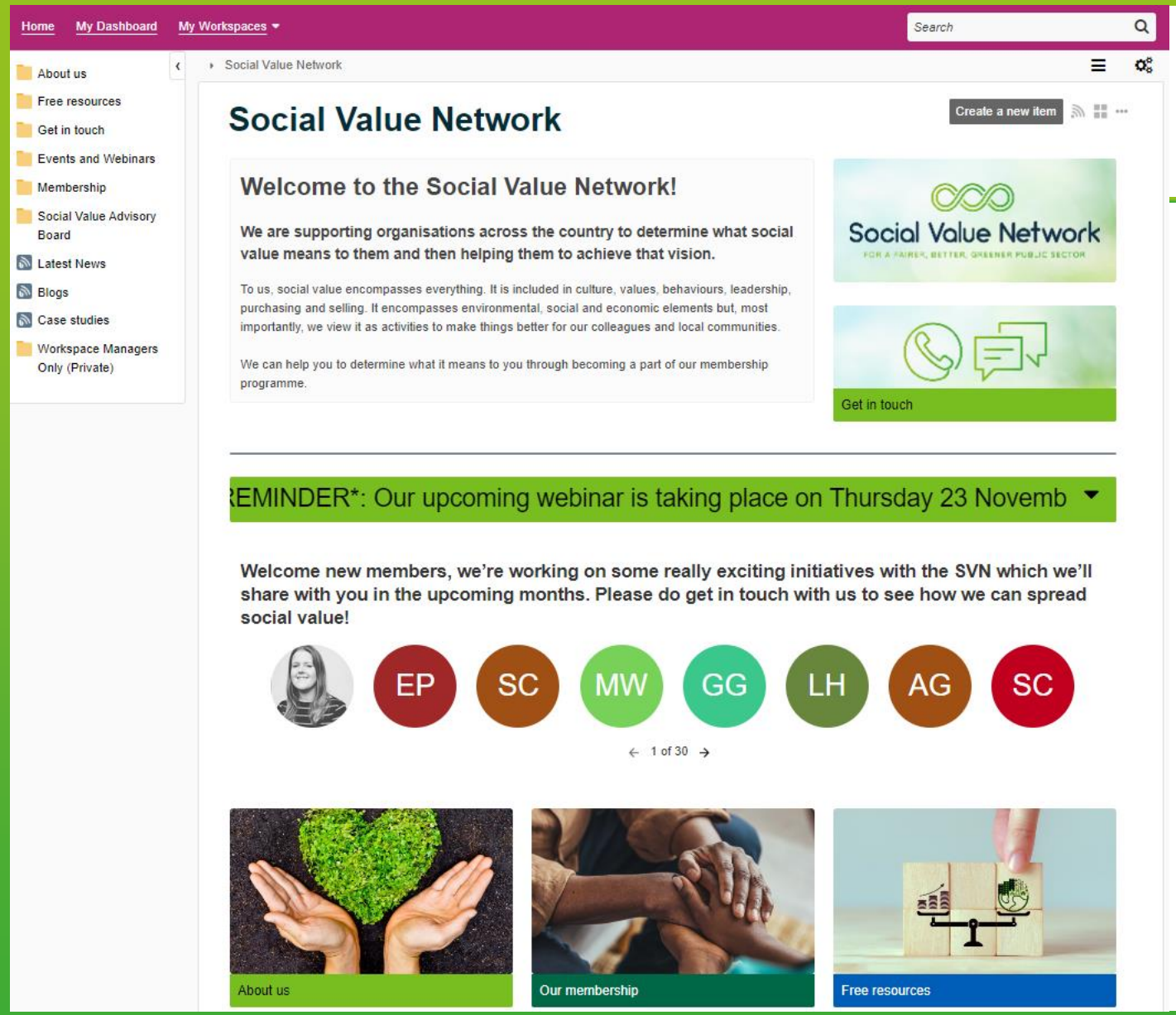
Social Value Network



Social Value Advisory Board

NHS
Local council
Voluntary sector
Housing Associations
Subject matter experts

Social Value Network



Free to access workspace

https://future.nhs.uk/SocialValueNetwork

Circa 250 people have registered

Social Value Network

Aim: 'To nurture and celebrate the highest value standards in healthcare'

The first UK-wide, health specific social value accreditation

Delivered in strategic collaboration with Social Value Quality Mark

Designed to reflect national health and care policy

Responds to the specific needs, challenges and opportunities of the health industry

The Bronze Award launched first, followed by Silver in 2024

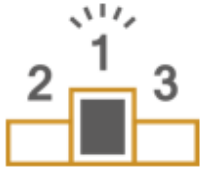
SVQM BRONZE HEALTH

Social Value Network

The benefits of applying

Accreditation is probably the biggest outward sign that you are committed to **tackling health inequality**, **driving fairness and inclusion** and supporting a **happier, healthier workforce.**

Be celebrated for your impact



Compete across public and private sectors

Have your value independently assured

Attract and retain healthcare talent

Empower integrated delivery

Evidence your statutory responsibilities

Progress towards Net Zero

Build your reputation with stakeholders and communities

Getting started with Bronze

NHS
Arden and
Greater East Midlands
Commissioning Support Unit

'**COMMIT'** – an initial commitment and starting point.
A simple 9-step process.
Focussed on setting pledges and measures, establishing basic governance and creating an action plan.
No lengthy audit process at Bronze.
Simply upload your evidence and make payment online.

What you'll create:

- A clear view of how you create value for your stakeholders and communities.
- A definition of social value and your social legacy, bespoke to your organisation.
- A 12-month road map showing how you will develop, measure and report social value.

Social Value Network

Consultancy support

NHS

We can work with you to:

develop processes

produce relevant documents

provide assurance on existing work

help you achieve the Quality Mark for Health Award

We can tie this into the Network, so you've got a secure and specific place to develop your work, across an organisation or system.

Directly helping to reduce health inequalities and reducing pressure on services.

We can help make this happen!

The time for talking has ended. We need action - NOW

We have a responsibility to **act** to bring about change

People are **dying** because they are cold and hungry

Public services are on their knees because they **cannot cope** with the fall out of this

We need to focus on **prevention**, bolster our **local communities**, help people to **help themselves** – bring back **pride**, willingness to work together and **help each other**

It is not too late – but we are **running out of time**

Let's stop focusing on the small things and do something that will help to **reverse the decline**

Focus on **increasing social value**, **reducing health inequalities** and **supporting the longevity** of the NHS and wider public services – we can help you!

Social Value Network

NHS

Thank you!

Open forum for discussion

Link

Closing Remarks

Get in touch with us at:

www.ardengemcsu.nhs.uk

@ardengem

contact.ardengem@nhs.net

Arden&GEM
Health and social care systems support