

# Our Green Plan

**2025 - 2028**

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# 1. Nine headline targets



**1. Workforce &  
System Leadership**



**2. Estates &  
Facilities**



**3. Travel &  
Transport**



**4. Medicines**



**5. Food &  
Nutrition**



**6. Sustainable  
models of care**



**7. Digital  
Transformation**



**8. Procurement &  
Supply Chain**



**9. Adaptation**

## 2. Glossary of terms

**Air Pollution** – the presence and introduction into the air of a substance which is harmful to human health.

**Carbon Intensity** – a means of calculating the amount of carbon generated for a specific energy source (e.g. electricity).

**Carbon Net Zero** – a state in which an organisation emits no carbon emissions from its activities. Or a state in which all carbon emissions are offset.

**CO2e (Carbon Dioxide Equivalent)** – a unit used to express total greenhouse gas emissions. There are multiple GHGs, each with a different impact on climate change. CO2e equates all GHGs to the impact of carbon dioxide. CO2e is used to report all GHG emissions and is measured in kilograms (kgCO2e) or tonnes (tCO2e) where 1 tonne = 1,000 kilograms.

**Direct Emissions** – CO2e emissions from sources which are owned or controlled by the ICB.

**Greener NHS** – is the NHS England Team responsible for the Greener NHS programme.

**Greenhouse Gas (GHG)** – a gas that contributes to the greenhouse effect, leading to climate change (e.g. CO2).

**Global Warming Potential** – a measurement that enables the comparison of global warming impacts of different greenhouse gases.

**Indirect Emissions** – CO2e emissions from sources which are not owned or controlled

by the ICB but are generated due to the ICBs activities (e.g. purchase of electricity, procurement, waste disposal).

**kWh (kilowatt hours)** – a unit of measurement for energy usage (e.g. gas and electricity).

**Net Zero Emissions** – refers to achieving a balance between the amount of greenhouse gas emissions produced and the amount removed from the atmosphere.

**NHS carbon footprint** – is the carbon footprint that NHS organisations have the greatest direct control over, and includes all scope 1, all scope 2 and certain scope 3 greenhouse gas emissions sources.

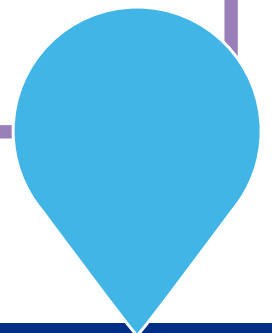
**NHS carbon footprint plus** – is the sum of all scopes 1, 2 and 3 sources plus patient and visitor travel greenhouse gas emissions.

**Public Sector Decarbonisation Scheme** – provides grants for public sector bodies to fund heat decarbonisation and energy efficiency measures (not applicable to primary care due to ineligibility).

**Scope 1 Emissions** – direct emissions from owned or controlled sources (e.g. on-site fuel combustion, company vehicles, anaesthetic gases)

**Scope 2 Emissions** – indirect emissions from the generation of purchased electricity, steam, heating, and cooling.

**Scope 3 Emissions** – all other indirect emissions that occur in an organisation's supply chain (e.g. purchased goods, employee commuting, waste disposal)



### 3. About Us

## Our mission and strategic goals

**NHS Somerset is the statutory NHS organisation responsible for developing plans aimed at meeting the health needs for its population. It is responsible for managing the NHS budget and arranging for the provision of health services in Somerset, including but not limited to, General Practice, Pharmacy, Optometry and Dental.**

We want all people who live and work in Somerset to have healthy and fulfilling lives. We want people to live well for longer than they do now. And we want Somerset to be an attractive place for people to bring up their families, for all people to have good mental health and wellness, living meaningful and fulfilling lives and employment, and to have good lives outside of work. We want people to be willing and able to support each other to be the best that they can be. We want our communities in Somerset to be supported to create positive and sustainable futures for all people.

#### The Model of Care:

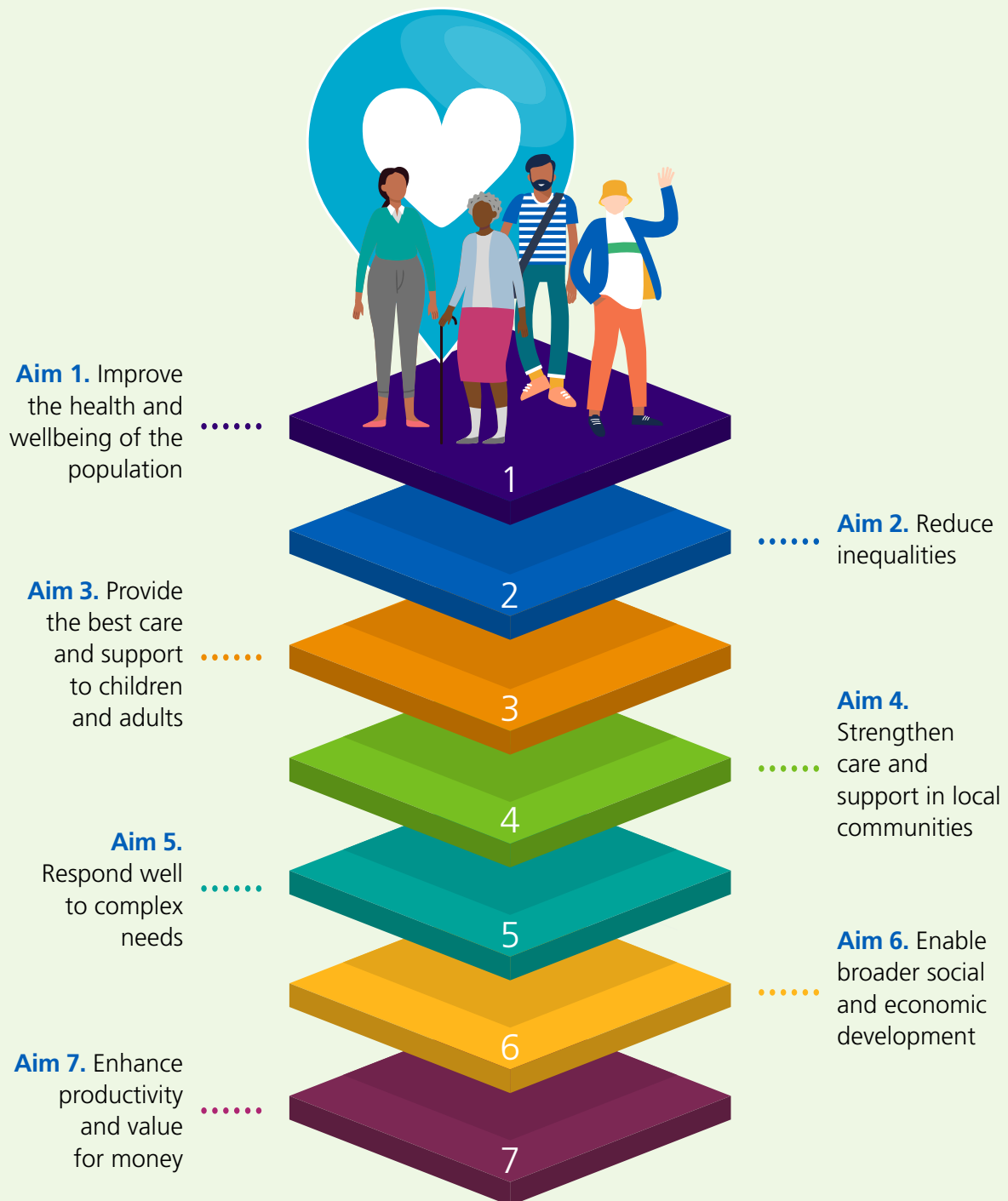


The Somerset 'Model of Care' shows how we intend to support people through their health and care needs, with a focus on prevention as the basic building block.



### 3. About Us

The model of care will be delivered with a focus on our ICS seven strategic aims.





### 3. About Us

## Our local population

**Somerset lies within the South West of England and is home to 572,000 people that live within 250,000 households. In terms of ethnicity, 96.4% of residents identify as White with the remaining 3.6% identifying as Asian/ Asian British/ Asian Welsh or Black/Black British/ Black Welsh or Caribbean or African or mixed ethnic group. Just over 106,000 residents have a disability (as defined under the Equality Act). The population within the county is older than the national average, with the number of people aged 75+ set to double over the next 25 years. The county spans an area of over 4,000 square kilometres. It is characterised by large expanses of rurality, provincial towns and coastal communities along the Bristol channel.**

In Somerset we have a track record of working in partnerships. The partners in Somerset include: Somerset Council; Somerset Foundation Trust; unpaid carers (including parent carers); Healthwatch; GPs and primary care (pharmacy, optom and dental); care homes; and the voluntary, community, faith and social enterprise sector (VCFSE). Involving a wide range of partners mean we are better able to plan at a local level, with services centred around towns and localities, communities and local populations, where it makes sense to do so. Some of the planning for services will be county-wide too where it is more effective to do so.

We want all people who live and work in Somerset to have healthy and fulfilling lives. We want people to live well for longer than they do now. And we want Somerset to be an attractive place for people to bring up their families, for all people to have good mental health and wellness, living meaningful and fulfilling lives and employment, and to have good lives outside of work. We want people to be willing and able to support each other to be the best that they can be. We want our communities in Somerset to be supported to create positive and sustainable futures for all people. We also want Somerset to be a safe, healthy, and positive place for people to come and visit, and to move into and create a life here.



## 4. Executive Summary

**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, the NHS 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.**

Delivering high-quality health and care places numerous demands on natural resources and the environment. NHS organisations have a significant impact on the environment and are some of the largest contributors to global heating and air pollution.

The climate crisis and air pollution have serious direct and indirect consequences for health. In the UK, climate change is expected to cause more severe and frequent adverse weather events, with heat-related deaths projected to more than triple to 7,000 a year by the 2050s. Global heating and air pollution also disproportionately affect disadvantaged and vulnerable populations and worsens health inequalities. There are also opportunities linked to adaptation planning to meet key threats such as power outage and extremes of hot and cold severe weather that will complement the objectives of meeting net zero targets.

This refreshed Green Plan for NHS Somerset Integrated Care Board (ICB) covers the period 01 October 2025 to 30 September 2028. It builds on our progress and achievements over the last three years to reduce our environmental impact and has been structured to align with both the February 2025 Greener NHS guidance on “Green Plan Guidance” and the Greener NHS Green Plan Support Tool.

Our first Green Plan, launched in April 2022, sought to rapidly embed nine foundational cornerstones at our ICB. These were workforce and system leadership; sustainable models of care; estates and facilities; digital transformation; travel and transport; supply chain and procurement; medicines management; food and nutrition; climate adaptation. These cornerstones have now all been established. This iteration of the Green Plan summarises ambition in the tables in each chapter. The delivery plan shown in Appendix A provides a more detailed breakdown of how we will deliver the ambition.

In October 2020, the NHS became the first in the world to commit to delivering a net zero national health system



## 5. Our green journey...

In **October 2024** the NHS Somerset ICS Board completed Net Zero Board level training, delivered by Centre for Sustainable Healthcare (CSH)



We launched our **Somerset Greener Practice network**

Somerset continues to be **one of the best performing counties** in the country for reducing the amount of greenhouse gases used in asthma inhalers

Our **Green Impact for Health Practice Toolkit** project in partnership with Frome Medical Practice commenced in September 2023 and finished in August 2024, it closed at over **70% of our GP practices across Somerset actively engaged in the toolkit**

March 2024 – **two-year pilot with Loop**, the social value monitoring and measuring platform alongside our ICS partners Somerset Council and Somerset Foundation Trust

In April 2024 **local reporting requirements were introduced** for ICB 24/25 contracts

We ran our **'Gloves Off, Somerset!'** quality improvement project in April 2024 and 2025 across General Practice and in our Somerset Care Homes



Our services will **minimise the use of resources and we will improve ecology and biodiversity** across our public estate

In July 2024, the ICS Strategic Estates Group developed the **Somerset ICS Infrastructure Strategy**

**Greener digital project** October 2023 and October 2024



## 5. Our green journey...

### Workforce and System Leadership

In October 2024 the NHS Somerset ICS Board completed Net Zero Board level training, delivered by [Centre for Sustainable Healthcare \(CSH\)](#). The team at CSH were impressed with the attendance and engagement from the board. Attendees responded positively to the workshop content and highlighted the need to embed sustainability within existing initiatives rather than sustainability being an extra or add on. The training included a discussion as to how the ICB as an anchor institution can drive wider impacts working alongside other organisations, such as local authorities and third sector organisations, to influence policy and action on e.g. air pollution.

### Medicines Management

Medicines account for approximately 25% of emissions within the NHS in England. A small number of medicines account for a substantial proportion of these emissions. Our Medicines Management team focus on many workstreams, including medicines optimisation and antimicrobial stewardship. The carbon footprint of medicines when prescribed inappropriately, makes an enormous impact on our regional and national carbon footprint. The Somerset Medicines Waste campaign was launched in September 2024 and is closely aligned with the 'Show me your meds, please' project led by Dr Deb Gompertz and Somerset Foundation Trust (funded by SBRI). Reducing medicine waste directly supports the more vulnerable members of society and helps to address inequalities.

Across General Practice, and supported by our brilliant **Medicines Management** team, Somerset continues to be one of the best performing counties in the country for reducing the amount of greenhouse gases used in asthma inhalers, supporting patients to move from metered dose inhalers to lower carbon dry powder or soft mist alternatives. In Pharmacy, the Royal Pharmaceutical Society policy deliberately focuses on reducing the environmental harm from medicines, rather than the wider climate and ecological emergency. As experts in medicines, pharmacists have a professional responsibility to take a leading role in reducing the environmental impact of medicines use. They have three major impacts on the environment: the chemical effects of the Active Pharmaceutical Ingredients (APIs) themselves, the large carbon footprint involved in manufacture and distribution, and pharmaceutical waste. NHS Somerset ICB works closely with pharmacy providers to mitigate climate impact, the detailed delivery plan outlines targeted workstreams.

We have successfully launched our Somerset Greener Practice network. A network of healthcare professionals working together to inspire sustainable primary care. We aim to amplify the brilliant work going on in Somerset and create a space to support each medical practice in Somerset to complete the **Greener Practice Toolkit**.



## 5. Our green journey...

### **Our Green Impact for Health Practice Toolkit project in partnership with Frome Medical Practice commenced in September 2023 and finished in August 2024.**

At the start of the project just 5% of practices were actively engaged and closed at over 70% of our GP practices across Somerset actively engaged in the toolkit. Working with Frome, we structured information sessions, webinars, how to guides and support with quick wins to help embed greener practices across General Practice. The project, funded through Community Health Partnerships is an output from the PCN Estates Toolkit project. The GIFH toolkit project concluded on 30 September 2024.

In March 2024 we commenced the two-year pilot with Loop, the **social value monitoring** and measuring platform alongside our ICS partners Somerset Council and Somerset Foundation Trust.

We ran our 'Gloves Off, Somerset!' **quality improvement project** in April 2024 and April 2025 across General Practice and in our Somerset Care Homes. The aim of the campaign was to encourage healthcare professionals to reduce unnecessary use of non-sterile gloves. Using gloves when you don't need to not only contributes to environmental damage, but it also disrupts good hand hygiene practice. The project was successfully developed and delivered through partnership working and collaboration with Infection Prevention and Control colleagues across the ICB and Somerset Foundation Trust and supported by our excellent communications team.

In **Optometry**, whilst there is no explicit mandated requirement in the General Ophthalmic Services (GOS) contract for providers to comply with Net Zero commitments, sustainability best practice is widely shared through [The College of Optometrists](#) and [The Association of British Dispensing Opticians \(ABDO\)](#). This also aligns with [The UN 17 Sustainable Goals](#) framework that has helped to shape this next iteration of the Green Plan. Currently, the ICB and supporting Commissioning Hub, does not hold any information on what contractors are undertaking in relation to sustainability, but this is something we would like to develop in the future.

In **Dentistry**, the Green Impact for Dentistry toolkit was launched in 2023. Green Impact is an internationally recognised **sustainability learning and awards scheme**, delivered by the charity [SOS-UK](#) and designed to provide practical advice and tips to organisations that want to improve their social and environmental sustainability. The toolkit has been designed by sustainability and dentistry experts, which guides dental practice teams on strategically embedding sustainability within their practice. The actions within the toolkit are varied and cover a range of themes and areas, underpinned by the latest research. They support ICB Green Plans, NHS Net Zero ambitions, and UK Climate Change Act targets.



## 5. Our green journey...

In April 2024 **local reporting requirements were introduced for ICB 24/25 contracts**. A Net Zero Commitment, or Carbon Reduction Plan (dependent on contract value) is now a contractual requirement and is monitored and measured annually. The NHS has committed to reaching net zero by 2040 for the emissions we control directly, and by 2045 for the emissions we influence, through the goods and services we buy from our partners and suppliers. To achieve this goal, we will require the support of all our suppliers.

In July 2024, the ICS Strategic **Estates** Group developed the Somerset ICS Infrastructure Strategy. Many of our facilities across our public estate in Somerset, are old and inefficient. It is crucial that we plan and adapt our buildings, preparing for a future of climate change. Our ambition is to provide buildings that utilise zero carbon energy. Our services will minimise the use of resources and we will improve ecology and biodiversity across our public estate to provide a haven of well-being for our patients, colleagues and visitors.

NHS Somerset ICB participated in the Greener by Design collaboration, from October 2023 to March 2025. The project brought together 13 organisations (2 CSUs, 4 ICBs, 6 technical subject matter experts) with a good mix of skills, knowledge and experience. The first tranche focused on testing climate risk tooling and embedding social value in digital procurement. The second tranche focused on the development of NHS Somerset ICBs digital climate resilience chapter of our Adaptation Plan.



## 6. United Nations – 17 Sustainable Development Goals

**The climate crisis is worsening as greenhouse gas emissions continue to rise.**

The latest Intergovernmental Panel on Climate Change report finds that global temperature is already 1.1 °C above pre-industrial levels and is likely to reach or surpass the critical 1.5 °C tipping point by 2035. Rising sea levels are threatening hundreds of millions of people in coastal communities. In addition, the world is currently facing the largest species extinction event since the dinosaur age and the oceans were burdened with over 17 million metric tons of plastic pollution in 2021, with projections showing a potential doubling or tripling by 2040.

Our ICS Green Plan is underpinned by the UNs 17 Sustainable Development Goals. The SDGs provide a clear framework for the wider delivery of the Green Plan and enables the ICB to be more outward looking.

Being clearer and more transparent about ambitions and progress and how it supports organisational objectives is key. Where progress is reported it should be frequent and consistent. This will demonstrate commitment to targets set out in the plan which could attract further investment and/or collaborative partnerships. The Green Plan should be recognised as an enabler. Each of the 9 headline targets supports the broader strategic direction and is closely linked to the missions and values of the NHS in Somerset. Using the 17 SDGs will help provide an opportunity to identify progress being made in areas that might not have otherwise had exposure, tackling inequalities for example.

Policy needs to be joined up across the Integrated Care System. Fragmentation of policies can lead to silo working, duplication, and inefficient practices. It is important to understand the interdependencies across all strategies and to recognise synergies.



[The-Sustainable-Development-Goals-Report-2023.pdf \(un.org\)](https://www.un.org/sustainabledevelopment/2023-report)



### 7. Workforce and system leadership- Governance and accountability



**The three big shifts described in the [Fit for the future: 10 Year Health Plan for England](#) will change how the NHS works, enabling us to deliver better care for all patients, shifting care focus from hospitals to communities, from analogue to digital, and from sickness to prevention. Because healthcare work will look very different in 10 years' time, we will need a very different kind of workforce strategy.**

The three key shifts at the heart of the new 10 Year Health Plan can already be seen in action in Somerset. The plan aims to 'take the best of the NHS to the rest of the NHS' so realising the three shifts will be about expanding successful neighbourhood working and embedding it in communities across the county.

The plan for Somerset has been developed through broad public engagement [How Somerset helped shape the 10 Year Plan - NHS Somerset ICB](#). Our continuous engagement programme this summer with Somerset's Big Conversation 2025,

includes a focus on finding out local views on delivering the 10 Year Health Plan's hospital to community shift. The 3 big shifts will be a key enabler to effectively achieving our carbon reduction goals. We will need to follow a systematic approach that consists of several key components including environmental policy development, planning, implementation and operation, monitoring, and measurement, then review and improvement. This is known as an Environmental Management System (EMS). It provides a comprehensive framework for managing emissions ensuring compliance with regulations and fostering a culture of continuous improvement.








## Nine headline targets

### 7. Workforce and system leadership- Governance and accountability




#### Governance Target (GT)

Over the next three years					
Target Reference	Where we want to get to	How we will get there	Lead/Support	Timeline	Status
GT1	Conduct a resource audit	Evaluate the organisation's capabilities	SM	December 2026	
GT2	Implement an Environmental Management System (EMS)	Using common formalised standards of resilience	SM	December 2026	
GT3	Greater transparency on delivery and accountability.	We will continue to iterate and improve the effectiveness of our Green Plan	SM/Board	June 2026	

#### Number of supporting workstreams 2

 Not started 2    Started 1    Completed 0



#### Staff engagement targets (SET)

Over the next three years					
Target Reference	Where we want to get to	How we will get there	Lead/Support	Timeline	Status
SET1	Staff awareness, accountability and engagement	Job descriptions include appropriate sustainability responsibilities	SM/HR	December 2026	
SET2	Continuous 'green' learning	Work with partners to develop a cohesive model	SM/SC/SFT /VCFSE	December 2026	
SET3	Develop an engagement programme	Audit of engagement programmes	SM/Comms	April 2026	

#### Number of supporting workstreams 2

 Not started 1    Started 2    Completed 0

#### Partnership working targets (PWT)

Over the next three years					
Target Reference	Where we want to get to	How we will get there	Lead/Support	Timeline	Status
PWT1	Develop sustainability partnerships across our cluster.	Establish working groups/ community of practice	SM/Partners	September 2026	
PWT2	Develop Electric Vehicle Charging shared network map	Building on the existing partnership established by Somerset Council and supported by Kier.	SM/BSW/ Dorset	December 2026	

#### Number of supporting workstreams 2

 Not started 0    Started 2    Completed 0

## 8. Estates and facilities



**The NHS estate and its supporting facilities services – including primary care comprises 15% of the NHS carbon footprint plus (Delivering a Net Zero NHS, 2022). The opportunities for emissions reductions will need to come from energy use in buildings, waste and water, and new sources of heating and power generation.**

Opportunities to exploit the better use of roofs and adjacent ground space to support a shift to on-site renewable energy and heat generation need to be considered, alongside efforts to secure 100% renewable energy. Finally, delivering a net zero health service will also require work to ensure new hospitals and buildings are net zero compatible, as well as improvements to the existing estate.

Many of our facilities across our public estate in Somerset, are old and inefficient. As we develop new buildings and renovate old ones, we will also be able to contribute

to the Net Zero agenda more broadly by recognising the importance of an estate which promotes joined up and sustainable travel for patients. This emphasises the importance of working in partnership across our region and cluster to ensure our Estate Strategies are robust and enable system wide resilience.

Somerset ICS exists to help people live healthy lives, supported by thriving communities with timely and easy access to high-quality and efficient public services. Ensuring that we have good quality, accessible, local buildings and facilities to deliver public services is key to helping the ICS achieve its aims.



## Nine headline targets

### 8. Estates and facilities

#### The ICS ten-year vision is to create:

- A thriving and productive Somerset that is ambitious, confident and focused on improving people's lives.
- A county of resilient, well-connected, safe and strong communities working to reduce inequalities.
- A county infrastructure that supports affordable housing, economic prosperity and sustainable public services
- A county and environment where all partners, private and voluntary sectors, focus on improving the health and well-being of all our communities

Our 10-year infrastructure strategy has been developed in collaboration across the ICS and with the support and input from our partner organisations. It sets a framework through which the development of our estate and infrastructure will support the ambitions of the ICS, and builds on from the good work already underway, and makes the case for significant but necessary investment to ensure we have safe, compliant and future proofed infrastructure

In February 2023 the NHS Net Zero Building Standard was published. Whilst the approach to managing whole life carbon

in the <https://www.england.nhs.uk/estates/nhs-net-zero-building> standard. The Standard is relevant to all healthcare buildings; it also applies to all investments in new buildings and upgrades to existing facilities. To meet its targets for estates and facilities, organisations will need to ensure that all operational and capital expenditure between now and 2032 not only addresses the purpose that it is to be used for but also enables the implementation of measures that support emissions reduction. Importantly, this does not need to be spent exclusively on decarbonisation projects but can and should form a central part of NHS capital planning and decision making.

The government has set out in the [Fit for the future: 10 Year Health Plan for England](#) that it will consider where PPPs and other private finance models could be used to deliver decarbonisation projects – such as renewable energy generation – across the public estate, including the NHS, leveraging private sector expertise and investment. We will build on the existing work established through our partnership with Turner and Townsend, to understand the intervention opportunities available, particularly to Primary Care.



## Nine headline targets

### 8. Estates and facilities

#### Estates and Facilities Targets (EFT)

Over the next three years					
Target Reference	Where we want to get to	How we will get there	Lead/Support	Timeline	Status
EFT1	Prioritise energy efficiency measures	Continue to analyse energy audits for our corporate estate.	SM/NHSPS/Primary Care team	December 2026	●
EFT2	Increase prioritisation of capital investment to decarbonise estate	Building on the existing <a href="#">Infrastructure Strategy</a>	SM/Strategic Estates Group	December 2026	●
EFT3	Develop decarbonisation plans for all General Practice sites	Building on partnership working across Primary Care and with Turner and Townsend	SM	December 2025	●
EFT4	Ensure a minimum of 10% Biodiversity Net Gain for all new build projects	Developments/retrofit/refurbishment across our estate, including ALL of primary care, will result in more or better-quality natural habitat than there was before development	SM/Estates Leads	April 2027	●
EFT5	Reduce waste	ICS Members will strive to achieve zero waste to landfill for non-clinical waste by 2030. Clinical waste procurement will drive GP and Pharmacy waste reduction.	SM/SFT	2030 (with annual progress reporting)	●
EFT6	Measure building performance	Establish clear refurbishment metrics.	SM/SEG	December 2026	●

#### Number of supporting workstreams 3

● Not started 1    ● Started 5    ● Completed 0



Nine headline targets




8. Estates and facilities

Nature and Biodiversity

We cannot tackle the climate crisis without similar ambition to meet the nature crisis head on – the two are inseparable. The climate crisis is driving nature’s decline while the loss of wildlife and habitats leaves us ill-equipped to reduce our emissions and adapt to change (Craig Bennett, CEO. The Wildlife Trusts)

NHS Somerset ICB is an active partner in the Somerset Local Nature Partnership alongside Public Health and Somerset Wildlife Trust. Shaping and mapping green and social prescribing forms an important part of this partnership. Additionally, Somerset Council recently published a survey supported by NHS Somerset ICB, where Somerset residents were asked about their priorities regarding Somerset’s natural environment. Following consultation, the council aims to publish the [Somerset’s Local Nature Recovery Strategy](#) around Autumn 2025.

Nature and Biodiversity targets (NBT)

Over the next three years					
Target Reference	Where we want to get to	How we will get there	Lead/Support	Timeline	Status
NBT1	Thriving plants and wildlife across our estate.	Work collaboratively with system partners	SM/Local Nature Partnership/Somerset Wildlife Trust/ Somerset Council/ Somerset FT	May 2026	
NBT2	Identify where poor access to green spaces exist across our estate	Develop green infrastructure mapping linked to the LNRS	SM/Local Nature Partnership/Somerset Wildlife Trust/ Somerset Council/ Somerset FT	May 2026	
NBT3	Understanding how we can leverage BNG	Establish a clear process to leverage the greatest benefit	SM/Local Nature Partnership/Somerset Wildlife Trust/ Somerset Council/ Somerset FT	May 2026	

Number of supporting workstreams 2

 Not started 2     Started 1     Completed 0



## 9. Travel and Transport



**Approximately 3.5% (9.5 billion miles) of all road travel in England relates to patients, visitors, staff and suppliers to the NHS, contributing around 14% of the system's total emissions. This includes approximately 4% for business travel and fleet transport, 5% for patient travel, 4% for staff commutes and 1% for visitor travel.**

Figure 2. below shows the annual CO<sub>2</sub>e emissions associated with different modes of transport. The highest travel and transport mode contributor to the NHS Carbon Footprint are emissions from emergency ambulances at approximately 102 kt CO<sub>2</sub>e/year and emissions from all NHS staff commuting are estimated at around 560 kt CO<sub>2</sub>e/year of the NHS Carbon Footprint Plus (scope 3).

**Figure 2. Emissions from across NHS travel and transport modes**

Broad travel category	Category	Emissions (ktCO <sub>2</sub> e/year)
Owned/leased fleet	Double-crewed ambulances (DCA)	102
Owned/leased fleet	Emergency response vehicles (ERV)	10
Owned/leased fleet	Non-emergency patient transport services (NEPTS)	26
Owned/leased fleet	Other	39
Business travel	Secondary care grey fleet	87
Business travel	Primary care grey fleet	52
Business travel	Other (eg, travel associated with commissioned NEPTS services)	84
Staff commute (Carbon Footprint Plus)	Staff commute	560

Source [NHS England » Net Zero travel and transport strategy](#)



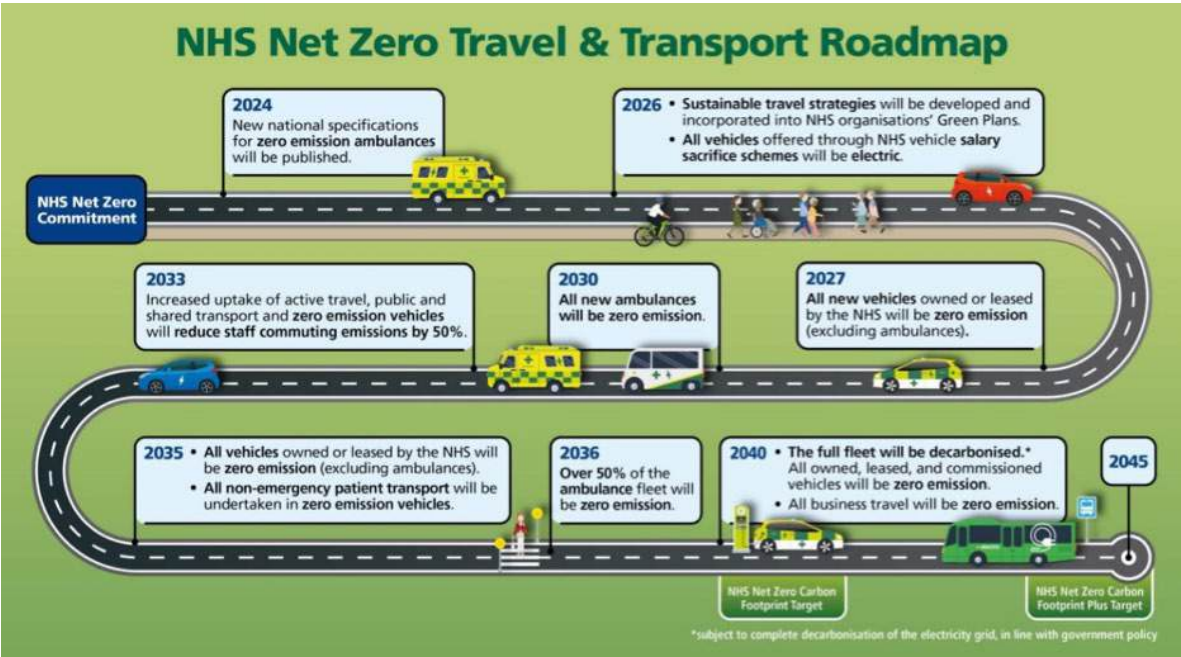
Nine headline targets

9. Travel and transport

In October 2023 the Greener NHS published its Net Zero Travel and Transport Strategy. The strategy presents a roadmap to decarbonise NHS travel and transport associated with fleet, business travel and staff commuting. It outlines a number of

key milestones, including the development of sustainable travel plans as part of all Trust and ICB Green Plans by 2026 and that all new owned or leased by the NHS to be zero emission (excluding ambulances) by 2027 – see figure 1.

Figure 1: NHS Net Zero Travel and Transport Roadmap



Source Greener NHS

More locally, Staff travel accounts for 99% of total emissions from Somerset ICB, over 632 metric tonnes of CO<sub>2</sub>; waste, water and electricity are dwarfed by comparison

(Figure 2). This is the equivalent of 1309.3 passengers round trips to Munich. (<https://www.openco2.net/en/co2-converter>)

Figure 2. ICB Corporate Emissions Profile (excludes embodied and operational carbon)

Kg cO<sub>2</sub>



Non recycled waste, 3.177 – 0%

Electricity, Water m3, Waste, Non recycled waste

## Nine headline targets

### 9. Travel and transport

#### Travel and Transport targets (TTT)

Over the next three years					
Target Reference	Where we want to get to	How we will get there	Lead/Support	Timeline	Status
TTT1	Electric Vehicle Charging points across our estate	Develop collaborative map with partners for shared infrastructure	SM/National Grid/ South West Ambulance Trust/ Somerset Council/ Somerset FT	December 2026	●
TTT2	Solely purchase and lease ULEV, or ZEV cars.	Promote EVs through the salary sacrifice scheme	SM/HR/Workforce	June 2026	●
TTT3	Promote active travel	Introducing Cycle to Work scheme	SM/Somerset Council/SASP/ VCFSE partners	December 2026	●
TTT4	Reduce patient travel	Moving care closer to home	SM/SFT/Digital	March 2027	●

#### Number of supporting workstreams 3

● Not started 1    ● Started 3    ● Completed 0



## 10. Medicines



**The Medicines Management Team ensure that local formularies, medicines optimisation work, and commissioning decisions around prescribing reflect the needs of the Somerset population and allow the uptake of safe, cost effective, evidence based, innovative medicines and treatments.**

We will also be more proactive in preparing the system to implement medicines in areas like asthma, where new care models have can shift care into the community. To create more space for the myriad of innovations of the future, we will need to improve the outcomes and value we are delivering from innovations already in use.

We will therefore move to a Single National Formulary (SNF) for medicines within the next 2 years. We will create a new formulary oversight board, responsible for sequencing products included in the formulary based on clinical and cost effectiveness, supported by NICE. Local prescribers (such as clinicians and pharmacists) will be encouraged to use products ranked highly in the SNF but will retain clinical autonomy as long as they prescribe in line with NICE guidance. The intention of this policy is to ensure that we can drive rapid and equitable adoption

of the most clinically and cost-effective innovations. ([Fit for the future: 10 Year Health Plan for England](#))

Medicines account for approximately 25% of emissions within the NHS in England. A small number of medicines account for a substantial proportion of these emissions. Our Medicines Management team focus on many workstreams, including medicines optimisation and antimicrobial stewardship. The carbon footprint of medicines when prescribed inappropriately, makes an enormous impact on our regional and national carbon footprint. The Somerset Medicines Waste campaign was launched in September 2024 and is closely aligned with the 'Show me your meds, please' project led by Dr Deb Gompertz and Somerset Foundation Trust (funded by SBRI). Reducing medicine waste directly supports the more vulnerable members of society and helps to address inequalities.



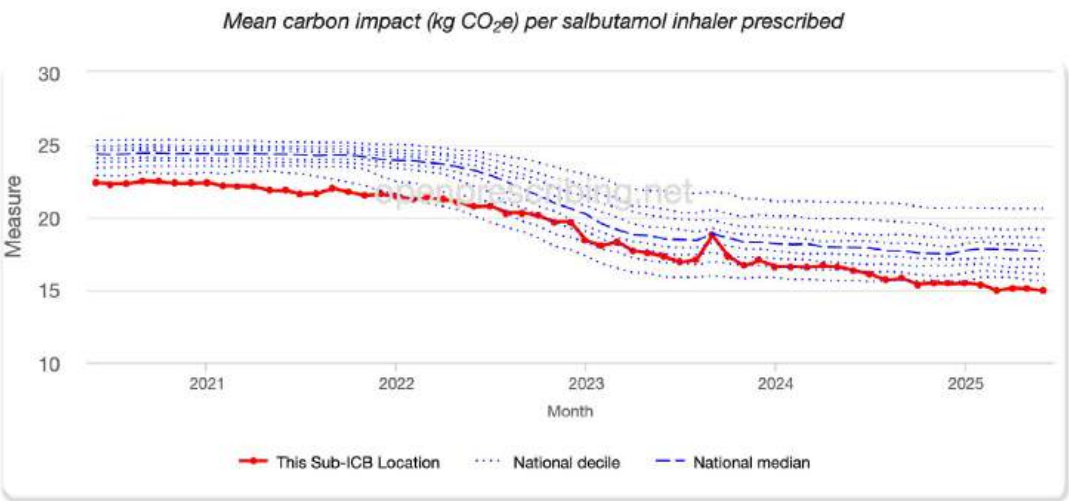
Nine headline targets

10. Medicines

Across General Practice, and supported by our brilliant Medicines Management team, Somerset continues to be one of the best-performing counties in the country for reducing the amount of greenhouse gases used in asthma inhalers, supporting patients to move from metered dose inhalers to lower carbon dry powder or soft mist alternatives.

The continuing reduction of Salbutamol metered dose inhalers (MDIs), the single biggest source of carbon emissions from NHS medicines prescribing. (See figure 3 below). The red line demonstrates the continuing reduction of MDI prescribing. The NHS has [committed to reducing its carbon footprint by 80% by 2028 to 2032](#), including a shift to lower carbon inhalers.

Figure 3. Mean carbon impact – Primary Care Inhalers



Source: [Prescribing on Environmental impact of inhalers - average carbon footprint per salbutamol inhaler for NHS SOMERSET | OpenPrescribing](#)

Medicines targets (MT)

Over the next three years					
Target Reference	Where we want to get to	How we will get there	Lead/Support	Timeline	Status
MT1	Reduce medicines waste	Achieve medicines optimisation reducing unnecessary prescribing.	Medicines Management team/ Primary Care/SM	March 2027	●
MT2	Continue shift towards lower carbon inhalers	Supporting our PCNs, Pharmacies and General Practice	Medicines Management team/ Primary Care/SM	March 2027	●

Number of supporting workstreams 2

● Not started 0    ● Started 2    ● Completed 0

## 11. Food and Nutrition



### What we eat, and how that food is produced, affects our health but also the environment.

Food needs to be grown and processed, transported, distributed, prepared, consumed, and sometimes disposed of. Each of these steps creates greenhouse gases that trap the sun's heat and contribute to climate change. [About a third](#) of all human-caused greenhouse gas emissions is linked to food.

The largest chunk of food-related greenhouse gases comes from [agriculture and land use](#). This includes, for instance:

- methane from cattle's digestive process,
- nitrous oxide from fertilizers used for crop production,
- carbon dioxide from cutting down forests for the expansion of farmland,
- other agricultural emissions from manure management, rice cultivation, burning of crop residues, and the use of fuel on farms.

A much smaller share of the greenhouse gas emissions of food are caused by:

- refrigeration and transport of food,
- industrial processes such as the production of paper and aluminum for packaging,
- the management of food waste.

### [Food and Climate Change: Healthy diets for a healthier planet | United Nations](#)

Climate and environmental change are and will continue to affect human health on a grand scale. As climate change progresses, the environmental conditions needed for optimal human health will come under threat, including clean air, drinkable water, low pathogen exposure, and the ability to produce, raise, harvest, and gather crops, animals, seafood, and wild foods in sufficient and safe quantities and/or qualities. Climate change introduces instability into the food supply, raises prices of food, and ultimately reduces access to nutrient-dense and healthy foods for certain populations. [The importance of food systems and the environment for nutrition - ScienceDirect](#)



## Nine headline targets

### 11. Food and Nutrition

#### Food and nutrition targets (FNT)

Over the next three years					
Target Reference	Where we want to get to	How we will get there	Lead/Support	Timeline	Status
FNT1	Prevention – underpinned by healthy diets	Empowering our population to manage their own health and wellbeing by making better choices	TMO F&N Lead/SM	June 2026	●
FNT2	Support our workforce and wider population to be 'healthier'	Reduce energy from processing; transport; packaging, environmental pollutants, reduce waste.	TMO F&N Lead/SM/SFT/Somerset Council/SM	June 2026	●
FNT3	Developing a population health ambassador programme	Signposting to food champions training and Smokefree support etc.	TMO F&N Lead/Pop Health lead/SASP/SM	June 2026	●

#### Number of supporting workstreams 2

● Not started 3    ● Started 0    ● Completed 0





## 12. Sustainable models of care



**The government has a mission to improve health, and as part of that is working to produce a 10 Year Health Plan for health in order to reform the health system, structured around three shifts: from a service treating sickness to one focused on preventing illness occurring in the first place; from delivering care in hospitals to delivering care closer to home, in communities and in primary care; and digital transformation of service delivery.**

Sustainable models of care is closely aligned to each of the three shifts, for example; Green and Social prescribing is fundamental to the [Personalised Care - NHS Somerset ICB](#) plan. Personalised Care takes a whole system approach, enabling services across health, social care, public health and community to be linked together around the person to support prevention. Delivering care closer to home reduces the need for additional patient travel. Digital transformation such as [Brave AI](#). The “Brave AI” risk assessment tool helps health professionals identify individuals who are at

risk of going to hospital next year but who may otherwise go under the radar. The [Lancet](#) calculated that an in-patient stay is 125kg CO<sub>2</sub>e per night.

Social prescribing is a way of taking a holistic approach to people’s health and wellbeing. Patients are assigned a link worker to connect people to community groups and statutory services for practical and emotional support.

Green social prescribing links patients to nature-based interventions and activities, such as green gym style conservation tasks, local walking for health schemes, community gardening and food-growing projects. It is well understood that provision of nature areas on hospital sites can aid patient recovery and there are proven therapeutic benefits of ‘green space’, including positive effects on mental health. Nature areas also promote biodiversity and can form part of climate adaptation measures, for example by providing sustainable drainage for floodwater, mitigating air pollution and providing shade during periods of raised temperatures.

## Nine headline targets

### 12. Sustainable models of care

#### Sustainable models of care targets (SMCT)

Over the next three years					
Target Reference	Where we want to get to	How we will get there	Lead/Support	Timeline	Status
SMCT1	Equitable social prescribing model	Development of a delivery model/platform	TMO Pop Health team/SM	December 2026	●
SMCT2	Support nature-based interventions	Ensuring equitable access to green space	Local nature partnership/ Somerset Council/ TMO pop health/ SM	December 2026	●
SMCT3	Consider sustainability requirements for future commissioning	Future care needs to adapt to the challenges of climate change	TMO Pop Health team/SM	December 2026	●

#### Number of supporting workstreams 2

● Not started 1    ● Started 2    ● Completed 0



## 13. Digital transformation



**Technology and the smart use of data has improved our lives in many ways. AI has the potential to improve how patients experience care and empower them to manage their own health and wellbeing. In Somerset we want people to live healthy independent lives, supported by thriving communities with timely and easy access to high quality and efficient public services when they need them. (The King's Fund, 2025)**

Achieving net zero requires a large-scale shift to prevention and better management of disease to keep people well; reducing the use of carbon-intensive treatments and settings; eliminating waste and unnecessary interventions; and switching to low-carbon medicines, treatments and products.

(The Health Foundation, 2023) Digital transformation provides an effective lever to implement the large-scale shift. This direction of travel is closely aligned with the three big shifts set out in the [10 Year Health Plan](#). The three shifts are Analogue to Digital, Sickness to Prevention and Hospital to Home.

By leveraging digital capabilities and prioritising Population Health we're able to spot people at risk of emergency admission. 'If we look at tracking seemingly small changes across different patients or patient cohorts, we can refine our understanding of what constitutes "normal" for a specific group. For example, if we notice that patients in a certain area or age group are more likely to experience fatigue due to weather changes, we can update our patient parameters accordingly. This approach will allow us to intervene earlier. If we understand the triggers — whether it's a small shift in routine or a change in the environment — we can step in before the issue escalates into something more serious.' (Laker, L. (Head of Digital Transformation NHS Somerset ICB) 2025; NHS Somerset DDaT Strategy, 2025). Not only does this approach mean better health outcomes for patients, it also means provides a significant opportunity to avoid carbon intensive care and treatment.

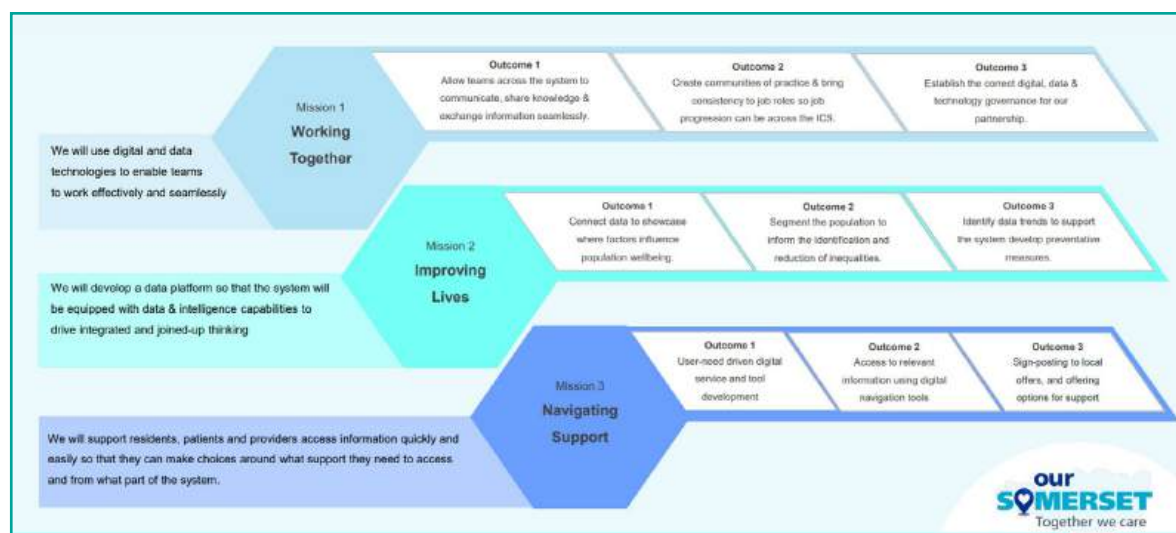
## Nine headline targets

### 13. Digital transformation

Technology and the smart use of data has improved our lives in many ways. We want to work as one system to review, develop and deploy solutions that will enable people to access care and support more effectively. (Somerset ICS DDAT vision and roadmap). A clear focus around digital transformation is important because 'technology offers

ground-breaking opportunities to monitor and protect the environment, as well as overall planetary health. By harnessing these appropriately, the digital revolution can be steered to advance global sustainability, environmental stewardship and human well-being'. (UN Digital Environmental Sustainability).

**Figure 4: NHS Somerset Digital, Data and Technology Roadmap**



The Greener digital project, funded by Greener Digital (NHS England) is a partnership project alongside NHS England, Somerset Foundation Trust, Somerset Council and NHS Somerset ICB, to develop the digital chapter of the climate adaptation plan, supported by Sustainability West Midlands, Transform UK and WSP. The project aims to complete a deep dive into adaptation and resilience within ICS digital systems, assets, hardware and software and contingency plans for any digital service provision that could be affected by climate-related impacts.

Telemedicine has the potential to decrease travel mileage for patients needing to attend primary care appointments. The continued uptake of Brave AI across our PCNs will provide more positive outcomes for patients and deliver significant carbon savings.



## Nine headline targets

### 13. Digital transformation

#### Digital Transformation Targets (DTT)

Over the next three years					
Target Reference	Where we want to get to	How we will get there	Lead/Support	Timeline	Status
DTT1	Reduce patient travel with shift towards digital delivery	The NHS app acts like a 'GP in your pocket'	Digital team/SM	December 2026	●
DTT2	Using AI to analyse population needs	Building on Brave AI pilot	Digital team/SM	March 2027	●
DTT3	Develop digital inclusion programme	Build on digital cafes work supported by Spark IT	Digital team/SM	March 2027	●
DTT4	Work towards digital climate resilience	Continue to develop and deliver actions set out in Adaptation Plan	Digital team/SM	March 2027	●
DTT5	Establish a clear and robust process for asset disposal	Ethical and responsible sourcing, and sustainable supply chains	Digital team/SM	March 2027	●

#### Number of supporting workstreams 2

● Not started 0
 ● Started 5
 ● Completed 0





## 14. Supply chain and procurement



**Sustainability is fundamental to achieving the NHS's long-term strategy to deliver high-quality healthcare while minimising its environmental impact and promoting social responsibility. We want to reduce carbon emissions, conserve resources, and ensure that goods and services are procured in a way that supports both environmental and social goals.**

Our mission is to create world-leading responsible procurement practices, achieve net zero targets for the supply chain and drive transparency and social

value through NHS spend. To help deliver these targets, the Net Zero and Sustainable Procurement programme has developed policies and tools to drive action at both a corporate and contract level across our procurement activities.

Driving net zero and sustainability initiatives in procurement is crucial for maximising environmental and social benefits. It gives suppliers an opportunity to effectively demonstrate their commitment to achieving net zero, delivering meaningful social value outcomes and eradicating modern slavery.

**Figure 5: Greener NHS Net Zero Supplier Roadmap**





Nine headline targets

14. Supply chain and procurement

In our supply chain, and aligned to the NHS Net Zero Supplier Roadmap, NHS Somerset ICB has fully embedded sustainability in all procurements, and is 100% compliant with [Procurement Policy Note 06/21: Taking account of Carbon Reduction Plans](#) and [Procurement Policy Note 06/20 taking account of social value in procurement](#). A Net Zero Commitment, or Carbon Reduction Plan (dependent on contract value) is now a contractual requirement and is monitored and measured annually. The NHS has committed to reaching net zero by 2040 for the emissions we control directly, and by 2045 for the emissions we influence, through the goods and services we buy from our partners and suppliers. To achieve this goal, we will require the support of all

our suppliers. As part of our procurement process, suppliers are encouraged to sign up to the [Evergreen Sustainable Supplier Assessment](#), this is a self-assessment for suppliers to measure and monitor their own carbon reduction, and can be accessed via the NHS Somerset procurement portal, Atamis.

In March 2024 we commenced the two-year pilot with Loop, the social value monitoring and measuring platform alongside our ICS partners Somerset Council and Somerset Foundation Trust. Working with Voluntary, Community, Faith, Social Enterprise (VCFSE) partners to drive meaningful social value through ICS contracts.

Procurement and Supply Chain targets (PST)

Over the next three years					
Target Reference	Where we want to get to	How we will get there	Lead/Support	Timeline	Status
PST1	Strengthening procurement guidance to consider sustainability	Working with partners to understand gaps	Procurement team/ SM/Digital team/ Central commercial Function	December 2026	<div></div>
PST2	Diversify supply chains and secure against geopolitical risks	Develop clearer understanding of the current supply chain structure	Procurement team/ SM/Digital team/ Cyber/Central commercial Function	March 2027	<div></div>
PST3	Strengthen environmental and Social Value commitments	Building on the existing collaborative pilot of Loop SV tool.	SM/SFT/Somerset Council	March 2026	<div></div>

Number of supporting workstreams 2

Not started 1     Started 2     Completed 0



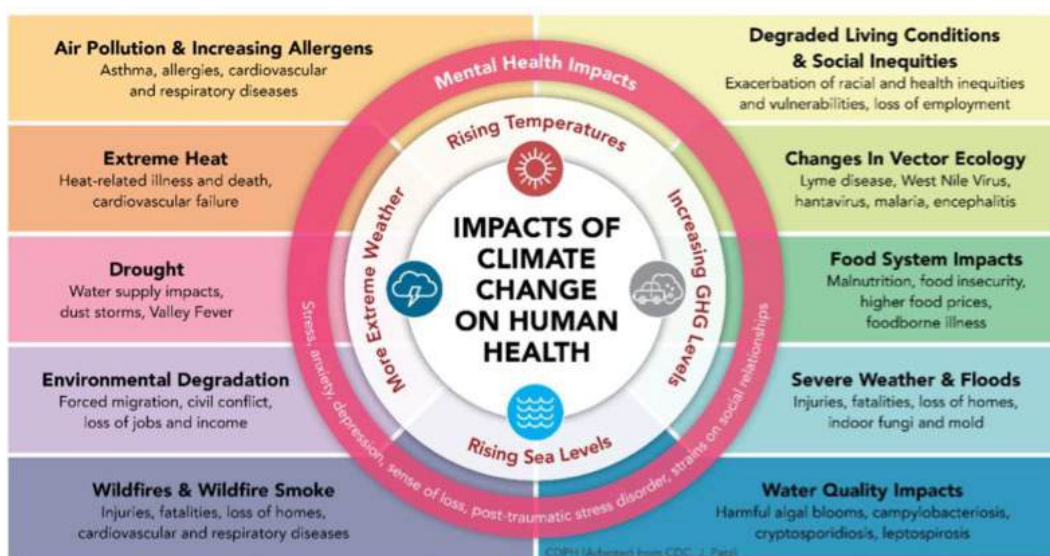
## 15. Adaptation



**Climate change is not a future problem, it is happening now. It is affecting all our lives, but particularly people from the most vulnerable populations. Even when the NHS achieves net zero, there will still be a changing climate to adapt to. Climate change adaptation seeks to manage this risk to services, adapting or designing buildings and processes to ensure continuity of care.**

Nine out of the 10 hottest years on record have occurred in the last decade with an increase in extreme weather leading to flooding, land erosion, drought, storms, heatwaves and poor air quality. More frequent extreme weather events and rising temperatures increase the risk of vector-borne diseases and pose threats to lung health, while the localised impacts of flooding, storms and heatwaves place growing pressure on staff, hospital buildings, critical infrastructure and the supply chain – see figure 6.

**Figure 6: Impacts of climate change on human health**



**Source: Impact of Climate Change on Human Health (Adapted from CDC)**

## Nine headline targets

### 15. Adaptation

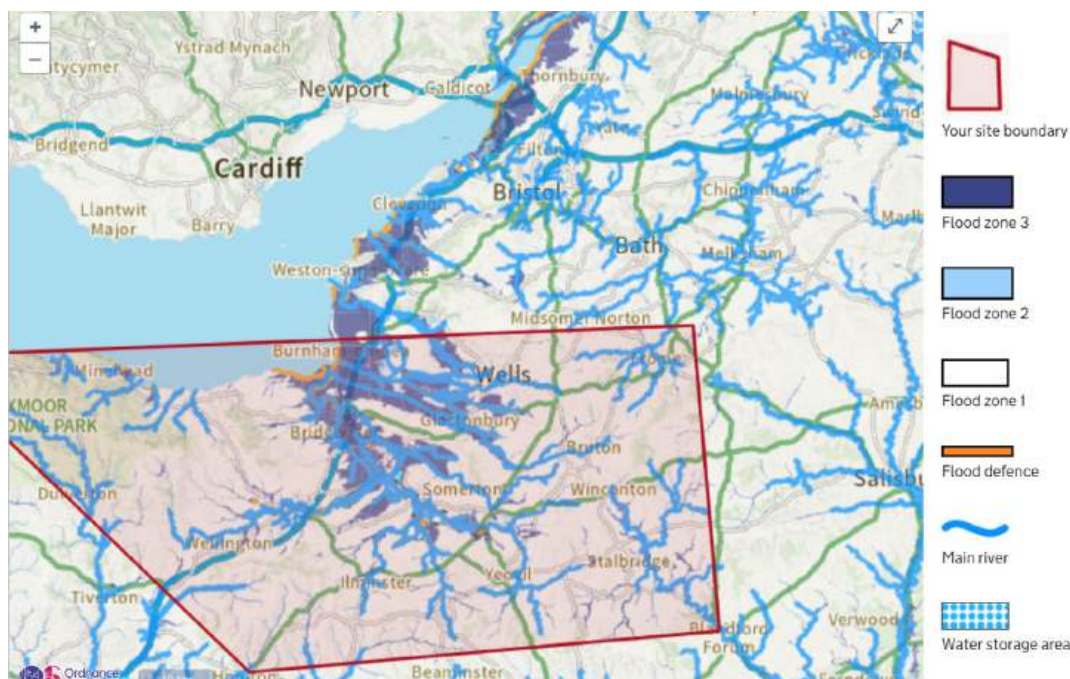
The Climate Change Act of 2008 places a requirement on the UK government to undertake 5-yearly climate change risk assessments and to put forward a UK National Adaptation Plan. The NHS has a responsibility to identify and act on its climate adaptation needs and has highlighted heatwaves, flooding and cold weather as particular hazards to both service disruption and increased morbidity and mortality.

More locally, the Environment Agency tooling has identified land at risk of flooding in Somerset. Areas of the county most vulnerable to risk include Bridgwater Bay, North Sedgemoor, Minehead, Burnham, Somerton, Langport.

There was a major flooding incident at the start of 2014, which flooded 165 homes, mostly on the Levels and Moors, lasting weeks in many cases. Between May 2023 and the end of January 2024, almost double that number of homes across the county flooded as a result of flooding. Although it should be noted as part of any risk assessment, that the map only shows flood risk from rivers and the sea, and they are based on present day flood risk, they do not show how it may change in the future because of climate change.

Somerset is sparsely populated, meaning that in the face of national pressures, the county may struggle to attract flood defence and other adaptation funding, although the vital transport links that cross the county would also need to be taken into account.

**Figure 7. Flood risk mapping in Somerset**



Source: [Flood map for planning - GOV.UK \(flood-map-for-planning.service.gov.uk\)](https://flood-map-for-planning.service.gov.uk)

## Nine headline targets

### 15. Adaptation

#### **Somerset is experiencing increased risks from sea level rise and more unpredictable weather patterns that lead to flooding, drought and wildfires.**

After extreme events like floods or heatwaves, very often the focus is on resilience; being able to bounce back after the damage is done. While learning from these events and building resilience is important, as the climate continues to change these events are happening more often and are becoming more extreme and unpredictable as well as inevitable.

The climate will continue to shift for a long time to come, and we need to find a way to live with these changes. Taking adaptation actions can help limit or avoid the negative effects of climate change and even maximise any positive opportunities it may present.

#### **Act to Adapt | Somerset Wildlife Trust.**

Somerset Wildlife Trust's Act to Adapt process is supporting communities across Somerset to adapt to climate change through a series of collaborative events. Communities are creating and implementing climate adaptation plans, proactively responding to climate threats in their local area whilst simultaneously building community, supporting local wildlife, and increasing wellbeing. The Act to Adapt project is funded by [Somerset Rivers Authority \(SRA\)](#) commissioned by Somerset Council and supported by NHS Somerset. This work is aligned with the climate change risk assessment and adaptation plan for the [Integrated Care System \(ICS\)](#) in Somerset that is currently being developed in partnership with [Sustainability West Midlands \(SWM\)](#).

There are also risks to sub-surface infrastructure, such as underground cables, with damage potentially becoming more frequent in future due to subsidence, a cognisant risk that should be recognised.



More recently, data centres have been playing a pivotal role in enabling the training and deployment of artificial intelligence (AI) systems. They provide the computational power and data storage necessary for training and running AI models, such as those used in advanced language models like ChatGPT. However, there is a negative side to the explosion of AI and its associated infrastructure, according to a growing body of research. The proliferating data centres that house AI servers produce electronic waste. They are large consumers of water, which is becoming scarce in many places. They rely on critical minerals and rare elements, which are often mined unsustainably. And they use massive amounts of electricity, spurring the emission of planet-warming greenhouse gases. There are high hopes that artificial intelligence (AI) can help tackle some of the world's biggest environmental emergencies. Among other things, the technology is already being used to [map the destructive dredging](#) of sand and [chart emissions](#) of methane, a potent greenhouse gas.



## Nine headline targets

### 15. Adaptation

#### Adaptation targets (AT)

Over the next three years					
Target Reference	Where we want to get to	How we will get there	Lead/Support	Timeline	Status
AT1	Commitment to publish and deliver system Adaptation Plan	Working in partnership across our Somerset system	SFT/SM	December 2025	
AT2	Embed risk and resilience into NHS Somerset ICB specific policy	Building on the work with IG, EPRR and Risk teams informed by the climate adaptation plan	SM/EPRR/IG	December 2025	

#### Number of supporting workstreams 2

 Not started 1    Started 1    Completed 0





## 16. Conclusion

**We need to acknowledge the changing face of the ICB and that this legacy plan has been developed with delivery in mind, regardless of what the structure looks like. All NHS bodies will be expected to decarbonise, reduce environmental impact and increase resilience to climate risks in line with the climate change duties set out in the Health and Care Act 2022 and that commitment should not be lost. It is a collaborative effort and must continue.**

It is important we prioritise the NHS' existing commitments set out in Delivering a Net Zero Health Service - including achieving net zero by 2040 for the emissions the NHS controls and by 2045 for the emissions it can influence. It should also be noted that 25% of the NHS total emissions profile is generated in Primary Care. The ICB blueprint refers to Sustainability being wholly placed with the provider, any delivery plan would need to include Primary Care. Additionally, we must also recognise the overarching role the ICB has in aligning system priorities and building robust partnerships to deliver joint targets. In Somerset we have seen key successes driven by effective partnership working, including but not limited to the Greener Digital project, and EV infrastructure mapping.

Our vision is that all our staff become aware of our net zero ambition and can relate it to their work. We want our staff to become more aware of the importance and urgency of climate change; to have a voice at the ICB; to contribute towards co-producing the right resources and tools; and, ultimately, to feel empowered to identify local opportunities for improvement and to autonomously act with purpose.

We also recognise that we cannot get to net zero alone, and our Green Plan places an emphasis on building partnerships with local authorities, academic institutions, charities, and wider industry. This strengthens our collective capacity so we are well placed to collaborate in tackling complex environmental problems that will accelerate progress towards shared environmental and health goals.



We want our staff to become more aware of the importance and urgency of climate change



# Appendix - Green Plan Delivery



## Workforce and system leadership - Governance and accountability

Green Plan Ref No.	Performance Target	Steps to implementation	Target	Timeline breakdown		
GT1	Conduct a resource audit	Evaluate workforce skills; technology stack; finances; to ensure alignment with the proposed net-zero strategy.	Determine clear outcomes from the evaluation to produce action plan for NZ alignment	Evaluation Q4 25/26;	Action plan development Q1-Q2 26/27	Implementation of action plan Q3 26/27
GT2	Implement Environmental Management System	Assess common formalised standards of resilience such as the new ISO 14001 standard and ISO 14068-1 carbon neutrality principles standard to understand applicability	Produce critical analysis to support a business case for introducing the standard, or clear reasoning to demonstrate why it is not applicable.	Assessment of common standards Q4 25/26	Critical Analysis Q1-Q2 26/27	Development of action plan for implementation of standards and/or equivalent Q3 26/27
GT3	Greater transparency on delivery and accountability	Assess the advisory and operational structure	Aim to reporting progress at least twice-a-year to our Executive and Board. Existing structure is light touch which could distance accountability.	Assess the current governance route, through the collaboration forum. Is this still the most appropriate route? Q4 25/26	Understand how governance aligns across the cluster. Develop action plan for aligned delivery across the cluster Q2 26/27	
SET1	We want our staff to become more aware of the importance and urgency of climate change	Work with HR to understand how sustainability already exists in roles across the ICB	Develop job descriptions to ensure they include appropriate sustainability responsibilities	Assess the current structure of the job descriptions and where there is opportunity to develop further Q4 25/26	Understand how governance aligns across the cluster. Develop action plan for aligned delivery across the cluster Q2 26/27	
SET2	Continuous 'green' learning and innovation as a driving force for change.	Develop ESR training model. We want our staff to have a voice at the ICB; to contribute towards co-producing the right resources and tools	Understand what training programmes are already in place and how they can be replicated	Establish a communication mechanism for sharing progress that is user friendly and easily accessible Q3 26/27	Understand how 'green learning' aligns across the cluster. Develop action plan for aligned delivery across the cluster Q2 26/27	

# Appendix - Green Plan Delivery



## Workforce and system leadership - Governance and accountability

Green Plan Ref No.	Performance Target	Steps to implementation	Target	Timeline breakdown		
SET3	Develop engagement programme and actions through the Internal Sustainability Group	Identify opportunities to engage, e.g. Clean Air Day	Audit of existing engagement programmes across the cluster.	Understand where there might be an opportunity to develop aligned campaigns. Q1 2026/27		
PWT1	Develop sustainability partnerships across our cluster with BSW and Dorset ICBs and Trusts	Establish working groups/ community of practice for each chapter of the Green Plan to support delivery and governance	Liaise with each of the leads for the chapters of the Green Plan, align targets and opportunities to drive delivery	Develop action plan through the community of practice to support accountability and delivery Q3 26/27		
PWT2	Develop EV infrastructure map	Building on the existing partnership established by Somerset Council and supported by Kier.	Develop communities of practice to drive delivery	Develop action plan through the community of practice to support accountability and delivery Q3 26/27		

# Appendix - Green Plan Delivery



## Estates and Facilities

Green Plan Ref No.	Performance Target	Steps to implementation	Target	Timeline breakdown		
EFT1	Prioritise energy efficiency measures to avoid increasing costs unnecessarily and consider the interventions which address the NHS' net zero targets.	Continue to analyse energy audits for our corporate estate. Support primary care to access interventions.	Work with NHSPS to understand tariffs and opportunities to save energy. Support general practice to work with the Energy Cooperative.	Engagement event planned for closure of the decarbonisation project. Q3 25/26.	Wynford House options appraisal and cluster estates work to leverage competitive green tariffs. Q4 25/26	Include reporting on metrics in annual report
EFT2	Look to incorporate net zero and carbon emissions into ICB risk assessment matrix to increase prioritisation of capital investment in these areas	Building on the existing Infrastructure Strategy where NZ buildings is assessed through the prioritisation matrix for capital investment.	Develop clear plan for investment across the estate, understanding quick wins and supporting more efficient prioritisation and to highlight risk of underinvestment (dilaps, building efficiency etc.)	Secure investment to resource this plan, external QS required to support this ambition	Report into Strategic Estates Group on costs and risks; Q1 - Q3 26/27	
EFT4	Ensure a minimum of 10% Biodiversity Net Gain for all new build projects.	The ICB is committed to ensuring any developments/retrofit/refurbishment across our estate, including primary care, will result in more or better-quality natural habitat than there was before development	Work with Natural England, Somerset Wildlife Trust and Somerset Local Nature Partnership to establish a framework for accurate habitat measurement. Q4 25/26	Develop action plan alongside Premises Sub-Estates Group to understand what the developments are planned and how BNG can be included. Q2 26/27	Work across cluster to understand BNG plans and how they are applied across the cluster estate. Q3 26/27	
EFT5	Reduce waste and implement the principles of the circular economy across our ICS estate and supply chain.	ICS Members will strive to achieve zero waste to landfill for non-clinical waste by 2030	Working with clinical waste providers and through the Green Impact for Health Toolkit metric for general waste.	Support ICB Clinical Waste procurement (for General Practice and Pharmacy) to include SMART objectives in KPIs Q3-Q4 25/26	Work with General Practice on waste management, including waste segregation and recycling programmes Q3-Q4 25/26	
EFT6	Determine how to best measure building performance during and after refurbishment works	Understand what the operational and maintenance strategies post-refurbishment.	Understand how construction waste will be managed, reported, and tracked.	Establish clear refurbishment metrics Q4 25/26		



# Appendix - Green Plan Delivery



## Estates and Facilities

Green Plan Ref No.	Performance Target	Steps to implementation	Target	Timeline breakdown		
NBT1	Thriving plants and wildlife across our estate.	To restore nature, we will need to improve the quality of our environment.	As a starting point, we will link this work to the travel and Transport workstream to aim to achieve clean air	Q4 25/26 Q1 26/27		
NBT2	Identify where poor access to green spaces exist across our estate	Develop green infrastructure mapping linked to the LNRS		Q4 25/26 Q1 26/27		
NBT3	Understanding how we can leverage BNG on refurbishment projects across primary care	Biodiversity Net Gain (BNG) is a way of creating and improving natural habitats. BNG makes sure development has a measurably positive impact ('net gain') on biodiversity, compared to what was there before development.	Working closely with S106 team and primary care estates teams we can establish a clear process to leverage the greatest benefit	Q4 25/26 Q1 26/27		

# Appendix - Green Plan Delivery



## Travel and Transport

Green Plan Ref No.	Performance Target	Steps to implementation	Target	Timeline breakdown		
TTT1	Electric Vehicle Charging points	Work collaboratively with system partners	Develop collaborative map with partners for shared infrastructure to support our zero emission vehicle mandate.	Establish working groups/community of practice Q4 25/26	Work with partners to identify collaborative funding opportunities. Q3 26/27	Build business case for investment Q4 26/27
TTT2	All new vehicle purchases and lease arrangements across NHS Somerset ICB are solely ULEV, or ZEV cars.	Work with HR/Workforce teams to help promote EVs through the salary sacrifice scheme	Refresh travel plan aligned to cluster partners travel plans to socialise the salary sacrifice EV lease scheme	Establish travel and transport community of practice to understand how we can strengthen policy and travel plans. Q1 26/27		
TTT3	Promote active travel	Introducing Cycle to Work scheme	Work with system partners to provide information, facilities, processes and infrastructure to facilitate and incentivise sustainable and active travel.	Establish travel and transport community of practice to understand how we can strengthen active travel Q1 26/27	Align with the revised Travel Policy due to be published by Somerset Council Q3 26/27	
TTT4	Reduce patient travel	Aligned to the 10 Year Health Plan and the 3 big shifts. Enablers are moving care closer to home, telemedicine, virtual wards and NHS app	Measuring digital delivery of healthcare by monitoring uptake of virtual appointments and move to NHS App	Working with neighbourhood teams to understand care models and how they can be measured to demonstrate environmental targets	Develop metrics for performance measurement, to be reported on bi/annually. Q4 26/27	

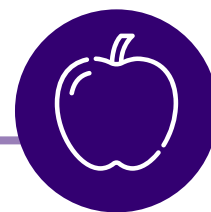
# Appendix - Green Plan Delivery



## Medicines

Green Plan Ref No.	Performance Target	Steps to implementation	Target	Timeline breakdown		
MT1	Achieve medicines optimisation reducing unnecessary prescribing.	In primary care it is estimated at least £300m is spent each year on medicines that go to waste	Structured medicine reviews, embedding Show me your meds, please?	Move to Single National Formulary (SNF) for medicines as set out in the 10-year plan. Q4 26/27	Analyse NICE Guidance NG5 to understand opportunities for broad implementation. NG5 could save 202t of GHG, 0.3 million m3 of fresh water and 24 t of waste per 100,000 population. Q4 26/27	Continue to work with partners to understand progress embedding SMYM Q4 26/27.
MT2	Continue shift towards lower carbon inhalers	Supporting our PCNs, Pharmacies and General Practice to move away from high carbon Metered Dose Inhalers	MM team support pharmacy and primary care to move to DPI and SMIs. Low carbon MDIs have also been introduced.	Monitor introduction and uptake of low carbon MDIs. Q4 26/27		

# Appendix - Green Plan Delivery



## Food and Nutrition

Green Plan Ref No.	Performance Target	Steps to implementation	Target	Timeline breakdown	
FNT1	Prevention – underpinned by healthy diets. Reducing carbon intensive demand on health-care services	Moving from sickness to prevention, empowering our population to manage their own health and wellbeing by making better choices	Partnership working to raise awareness of health gains, removing the focus from weight	Supporting population health programme and empowering patients to look after their own health. Q1 26/27	Link to the Sustainability Steering Group to identify collaborative opportunities to develop programme of work. Q1 26/27
FNT2	Support our workforce and wider population to be 'healthier'	Moving towards: MORE plant focused meals for MORE fibre, MORE natural colour, MORE minimally processed foods.	Reduce energy from processing; transport; packaging, environmental pollutants, reducing waste.	Identify public health programmes that can be linked to wider determinants of health. Continued partnership working with Somerset Council	Link to the Sustainability Steering Group to identify collaborative opportunities to develop programme of work. Q1 26/27
FNT3	Developing a population health ambassador programme	Help to better inform people of all the pro-active initiatives which are available in Somerset, including signposting to food champions training and Smokefree support etc.	Develop comms programme that demonstrates the inextricable link between food, nutrition and the environment.	Understand links between pop health work and the Green Plan.	Link to the Sustainability Steering Group to identify collaborative opportunities to develop programme of work. Q1 26/27

# Appendix - Green Plan Delivery



## Sustainable Models of Care

Green Plan Ref No.	Performance Target	Steps to implementation	Target	Timeline breakdown		
SMCT1	Equitable social prescribing model	Work collaboratively to develop easy to access SP model that is easy to self-refer or for GP referral	Development of a delivery model/ platform to ensure equitable access to social and green prescribing	Continue to support TMO to develop platform	Understand how cluster partners manage SP and progress business case for investment Q1 2026/27	
SMCT2	Support nature-based interventions	Ensuring equitable access to green space	Work collaboratively with partners, Somerset Council, Local Nature Partnership to develop nature mapping across the county with initial emphasis on areas of deprivation.	Understand wider determinants of health and include this in the nature/ green space mapping	Understand how cluster partners manage access to green space Q1 2026/27	
SMCT3	Consider sustainability requirements for future commissioning	Future care needs to adapt to the challenges of climate change	As well as choosing low carbon care options, future care needs to adapt to the challenges of 'locked-in' climate change impacts, for example: the health impacts of excess heat and cold; higher incidences of certain contagious diseases such as Dengue fever; Mental health issues, eg eco-anxiety. Building on the work from the Climate Adaptation Plan.	Recognise the ICBs role as strategic commissioners and the broader impact of how, where and who services are commissioned with. Sustainability needs to be a key consideration	Understand how cluster partners manage commissioning of services and the environmental responsibilities and commitments and how services will be commissioned in a rapidly changing climate Q1 2026/27	Working with commissioning teams to develop an aligned approach. Q1 2026/27



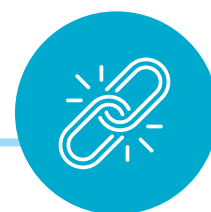
# Appendix - Green Plan Delivery



## Digital transformation

Green Plan Ref No.	Performance Target	Steps to implementation	Target	Timeline breakdown		
DTT1	Reduce patient travel with shift towards digital delivery	The NHS app acts like a 'GP in your pocket'	Enabling patients to live healthy independent lives, supported by thriving communities (10 year health plan)	Digital teams will continue to build on the App events and support members of the public, GP practices	Members of the digital team and colleagues from Spark Somerset have supported patients with registration and provided training and support on its use.	Q3 2026/27
DTT2	Using AI to analyse population needs	Building on Brave AI pilot	Building on the existing support programme being rolled out across Somerset.	Sustainability representation at the Digital Transformation Board to ensure workstreams are linked		Q4 2027/28
DTT3	Develop digital inclusion programme	Build on digital cafes work supported by Spark IT	A Digital People's Champion Group has been established, which is made up of members of the public who are interested in our work.	Sustainability representation at the Digital Transformation Board to ensure workstreams are linked		Q4 2027/28
DTT4	Work towards digital climate resilience	Continue to develop and deliver actions set out in Adaptation Plan	Continue to develop and deliver actions set out in the digital climate resilience chapter of the climate adaptation plan supported by appropriate governance routes	Sustainability representation at the Digital Transformation Board to ensure workstreams are linked.	Develop adaptation communities of practice to ensure accountability and delivery of actions from Adaptation Plan	Q4 2027/28
DTT5	Establish a clear and robust process for asset disposal	Ethical and responsible sourcing, and sustainable supply chains	Ensure appropriate accreditations that provide independent verification of a product's circular, environmental product declaration	Embed Evergreen Supplier Assessment to provide greater transparency	Continue to support Central Commercial Function to develop digital procurement guidance	Q4 2027/28

# Appendix - Green Plan Delivery



## Supply chain and Procurement

Green Plan Ref No.	Performance Target	Steps to implementation	Target	Timeline breakdown		
PSCT1	Strengthening procurement guidance to consider sustainability more robustly	Establish guidance that provides practical examples and clear expectations including but not limited to; carbon reduction, accreditation, life cycle assessment, ethical sourcing/circular economy, full supply chain transparency, and sustainable design. Build on wider adoption of the Evergreen Supplier Assessment to give greater transparency around scope 3 emissions from suppliers.	Working with partners to understand gaps. Building on the work already in development around digital procurement and the GP IT operating model and commissioning framework. Understand how this is currently managed across the cluster.	Clearer 'Before you buy' specification guidance. Establish a comms channel to share the existing guidance. Q1 26/27	Linking in with COG to build spec development support into the procurement process. Q1 26/27	
PSCT2	Diversify supply chains and secure against geopolitical risks	Develop clearer understanding of the current supply chain structure, and where vulnerabilities might be. Review procurement checklist for GP IT. Ensure this risk is appropriately recorded on the risk register.	Working with partners to understand gaps. Building on the work already in development around digital procurement. Understand how this is currently managed across the cluster.	Clearer 'Before you buy' specification guidance. Explore shorter supply chain opportunities. Establish a comms channel to share the existing guidance. Q4 26/27	Continue to monitor and track CRPs and NZ Commitment statements for all suppliers.	Linking in with COG to build spec development support into the procurement process. Q4 26/27
PSCT3	Strengthen environmental and Social Value commitments and monitoring in new and existing procurements	Building on the existing collaborative pilot of Loop, the SV monitoring and measuring tool.	Explore alternative platforms as part of post pilot review and business case development.	Building on existing partnerships and SV guidance developed by Somerset Council. Understand the current agreement around NHS NZ Commitment to donate end of life GP IT. Support wider adoption and awareness of the scheme.	Linking in with COG to build spec development support into the procurement process. Q4 25/26	

# Appendix - Green Plan Delivery



## Adaptation

Green Plan Ref No.	Performance Target	Steps to implementation	Target	Timeline breakdown	
AT1	Commitment to publish Adaptation Plan	Working in partnership across our Somerset system. Adaptation should be planned for all critical infrastructure, not just those where issues have been known in the past.	Continue to work with Somerset Wildlife Trust, SFT, Somerset Council, Spark, South West Ambulance Trust, Wessex Water. Set up Communities of Practice support delivery of each chapter of the Adaptation Plan	Climate projections for Somerset, as well as climate change risk and vulnerability mapping are required.	Continue the work with SWM to build comprehensive adaptation plan project, should be used to inform and prioritise adaptation measure Q3 2025/26
AT2	Embed risk and resilience into NHS Somerset ICB specific policy	Building on the work with IG, EPRR and Risk teams informed by the climate adaptation plan	Using common formalised standards of resilience, such as the new ISO 14091 standard, across different infrastructure sectors including telecoms and ICT to help build systemic resilience across the whole infrastructure system.	Ensuring NHS regulatory frameworks (GDPR, UK Data Protection Act, MHRA guidelines) adapt to climate-driven IT failures.	Carry out more detailed risk assessments and scenario testing for Somerset