


Environmental Sustainability Policy

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Sustainable Development - Environmental

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1. Introduction

State the purpose of the policy and its role in supporting robust governance, operational consistency, and compliance with legal and regulatory requirements.

- 1.1 This policy sets out the principles and requirements for Environmental Sustainability within Central East Integrated Care Board (CE ICB). It aims to ensure a consistent and effective approach that supports the organisation's objectives, complies with statutory and regulatory requirements and promotes best practice.

2. Purpose and Scope

Clearly define the objectives and intended outcomes. Specify who the policy applies to (e.g., all ICB staff, Board members, contractors).

- 2.1 This policy is a statement of intentions and principles relating to the environmental impact of Central East ICB as a business, how the organisation will support activities to move towards a sustainable healthcare system, reduce the risks and impacts of environmental degradation and climate change to the population and healthcare services, particularly those that exacerbate health inequalities, and enable the ICB business and healthcare system become more resilient in the face of climate change.
- 2.2 In addressing climate and environmental risks, the ICB will be acting in the best interests of the local population.
- 2.3 The policy covers all activities undertaken by Central East ICB, including day-to-day activities to operate the business and activities related to commissioning and supporting delivery of best possible value healthcare across the triple-bottom-line of environmental, social and financial resources.
- 2.4 The policy applies to all staff, Board members, contractors and others supporting delivery of Central East ICB functions, and ensures the ICB conforms to its statutory and regulatory requirements, relating to environmental sustainability.
- 2.5 Implementation of the Environmental Sustainability policy is overseen by the **Finance, Planning and Payer (to be decided)** sub-committee of the ICB Board.

3. Definitions

Provide clear definitions for key terms used in the policy.

- 3.1 (Climate) **Adaptation** – changing the way a system functions to reduce the predicted impacts of climate change on a service, organisation, community or individual. Impacts can include extreme weather events, proliferation of known and new diseases, and disruption to supply chains. Differs from (though complementary to) business continuity in that it seeks to transform the system, rather than maintain the existing system.

- 3.2 **Carbon (emissions)** – Carbon dioxide, CO₂, is the most prevalent greenhouse gas (GHG). CO₂ emissions result from the combustion of fuel, from land use changes, and from industrial and waste processes. “Carbon” is often used as a short-hand for all GHG emissions, measured using the term “carbon (dioxide) equivalents” (CO₂e).
- 3.3 **Carbon Footprint** – a measure of the impact our activities have on the environment, and in particular climate change. It relates to the amount of greenhouse gases produced in our day-to-day lives through burning fossil fuels for electricity, heating and transportation etc. The carbon footprint is a measurement of all greenhouse gases produced through operation of the business, and has units of tonnes of carbon dioxide equivalent (tCO₂e).
- 3.4 **Net Zero** – the reduction of net greenhouse gas emissions to zero, taking into account emissions into and extraction from the environment. Differs from “**Carbon Neutral**” which incorporates only carbon-containing emissions, or sometimes only carbon dioxide.
- 3.5 **Pollution** – the release of substances into the environment which are capable of causing harm to people or any other living organisms, harm to the quality of the environment, or impairment to the ecological systems of which any living organisms form a part.
- 3.6 **Sustainability** – the goal of sustainability / sustainable development is to meet the needs of today, without compromising the ability of future generations to meet their needs, ensuring natural capital is not depleted and promoting good practice to improve the environment. Often used as a short-hand to mean **Environmental Sustainability**, but not exclusively, and should be clearly defined when used.
- 3.7 **Sustainable Healthcare** (principles) – healthcare designed and delivered in a way that minimises environmental impacts as far as practicable, to reduce the impacts on the health of the local and global population of environmental degradation and climate change. Principles include¹: greater prevention; encouraging more self-care and self-directed recovery; efficient and effective services and business operations with low waste; using low carbon alternatives for products and pathways.
- 3.8 **SusQI** – Sustainable Quality Improvement. An improvement methodology, based on the IHI’s Model for Improvement², incorporating sustainability principles.
- 3.9 **Triple-Bottom-Line** – a way to measure sustainability of an organisation or process, judging organisational performance and investment against profit, people and the planet i.e. the environmental-, social- and financial- assets, resources, risks, impacts or benefits associated with delivering value and improved health outcomes for the population.
- 3.10 **“5Rs”**– A hierarchy of resource efficiency, to reduce the use of natural resources in processes and products, covering Reduce, Reuse, Repair/Reprocess, Renewables, and

¹ <https://sustainablehealthcare.org.uk/about/our-story/the-principles-of-sustainable-healthcare/>

² <https://www.ihl.org/resources/how-to-improve>

Recycle. Sometimes known as “Reduce, Reuse, Recycle”, or in as part of a “10Rs” hierarchy.

4. Policy Statement

Outline the core principles and commitments of the policy.

- 4.1 Central East ICB commits to conform to its statutory and regulatory duties and associated guidance, to, as far as reasonably practicable, reduce the risks to health and healthcare services from climate change and pollution, and minimise the environmental degradation caused by healthcare services, to deliver what is in the best interests of the population it serves. For this policy, this predominantly means compliance with the Health and Care Act 2022, the Climate Change Act 2008, and the Environment Act 2021.
- 4.2 **Policy objectives:** In meeting its duties towards climate change and the environment, and in alignment with the statutory guidance Delivering a Net Zero NHS, Central East ICB will act to support:
 - 4.2.1 the NHS goal to become net zero by 2040 for directly-controllable emissions, and by 2045 for emissions it can only influence.
 - 4.2.2 improvements to air and water quality, wildlife protection, recycling rates, plastic waste, and medicines waste.
 - 4.2.3 greater protection of communities and services from the impacts of climate change, adapting to increase resilience, particularly for those who are most vulnerable to the risks.
- 4.3 **Core activities:** In working to meet the objectives above, Central East ICB will look to:
 - 4.3.1 reduce greenhouse gas emissions from operation of the organisation as a business, particularly through action on its own estate, energy, waste, and travel.
 - 4.3.2 ensure that activities associated with planning, designing, commissioning and procuring healthcare services for the population include assessing and seeking to reduce the expected environmental impact and greenhouse gas emissions.
 - 4.3.3 incorporate the expected risks to population health from environmental degradation and climate change, in modelling and monitoring healthcare outcomes for the Central East population, and seeking, through planning and commissioning activities, to adapt to climate change and protect the population from environmentally-driven risks.
 - 4.3.4 hold providers to account for delivery of their sustainability objectives through relevant contract management processes, in accordance with the relevant section of the NHS standard contract (Section 18 in 2026/27).

- 4.3.5 act as a leader in sustainable healthcare, seeking to influence healthcare providers and suppliers, particularly through its role as a commissioner, to reduce emissions from estate, energy, waste and travel.
- 4.4 All staff are expected to adhere to the requirements set out in this policy.

5. Roles and Responsibilities

List committees, executive roles, line managers, and staff responsibilities.

- 5.1 The following have specific responsibilities in relation to this policy:
 - 5.1.2 **Executive lead for Environment** (Executive Director of Finance and Resources): Responsible for:
 - 5.1.2.1 ensuring compliance by Central East ICB with relevant statutory and regulatory obligations, and the Environmental and Sustainability Policy.
 - 5.1.2.2 ensuring appropriate governance to meet the requirements of the Environmental and Sustainability Policy.
 - 5.1.2.3 meeting the requirements of the Taskforce for Climate-Related Financial Disclosures, reporting them within the ICB's annual report.
 - 5.1.3 **All executive officers**: Responsible for:
 - 5.1.3.1 acting as leaders in environmental matters pertaining to healthcare.
 - 5.1.3.2 raising awareness of the need to create a sustainable healthcare system, as part of delivering what is in the best interests of the population.
 - 5.1.3.3 embedding sustainable healthcare principles and environmental considerations as appropriate into the strategy, policies, procedures, and delivery of the functions of the ICB, including in supporting planning, design, and commissioning of healthcare services.
 - 5.1.3.4 ensuring the organisation has sufficient skills available to it to meet the needs of the environmental and sustainability policy.
 - 5.1.4 **Committees and other decision-making functions**: ensure that environmental impacts of commissioning- and business decisions are understood prior to decision-making, and seek to ensure best possible value for the triple-bottom-line (environmental-, social-, and financial- impacts) when aiming to improve population and individual health outcomes.
 - 5.1.5 **Those involved in commissioning activities**: responsible for considering sustainable healthcare principles and climate adaptation in the design of services, understanding the likely impact of services on the environment, seeking to reduce it where possible, and building resilience into our healthcare delivery.

This includes ensuring procurement exercises follow guidance in relation to Environmental Protection (waste), Carbon Reduction Plans / Net Zero Commitments, and Social Value (incorporating environmental questions).

5.1.6 **Line managers:** responsible for

5.1.6.1 encouraging and supporting teams to consider and seek to improve the environmental impacts of their day-to-day activities and the services they are planning, designing, monitoring, commissioning or otherwise supporting. This includes supporting improved knowledge, awareness and skills in the matters of environment and climate change in the context of health and healthcare.

5.1.6.2 supporting staff wellbeing through closer engagement with nature and activities supporting environmental sustainability at work and at home.

5.1.7 **All staff:** responsible for ensuring they have the requisite skill and understanding of the impacts of their role and services on the environment, and how to mitigate negative impacts and build resilience. Specifically, those involved in procurement exercises should undertake training in sustainable healthcare and building a net zero NHS, and applying carbon reduction plan and social value policies.

6. Processes and Procedures

Detail all relevant processes and procedures. Use sub-sections for clarity and easy navigation.

6.1 The following processes must be followed to comply with this policy:

6.1.1 **Sustainable Design, Environmental and Climate Change Risks, and Environmental Impact Assessment:** within strategy, planning, design, activities supporting delivery of services, and commissioning activities, and to assist with delivering best value healthcare outcomes and reduce the environmental impact of healthcare as far as reasonably practicable, the ICB will seek to make decisions and support activities that are informed by:

- environmental impact (as a bare minimum, qualitative assessments of Greenhouse Gase (GHG) emissions, pollution, biodiversity, resource efficiency and waste). The detail and extent of the impact assessment should be appropriate and relative to the scale of change, and should be included within relevant decision-making documentation including board papers, business cases, and project initiation / management documentation.
- the inclusion of environmental and climate change risks and risk management within other ICB policies and processes, including (but not limited to) estates, HR, travel, and medicines optimisation, planning for a global warming trajectory of 2°C and assessing for 4°C.

- Sustainable Healthcare principles (prevention; self-care and self-directed recovery; efficiency and effectiveness; low carbon alternatives) within service design, strategies and other plans.
- 6.1.2 **Data, Metrics and Intelligence:** the ICB will include impacts on the environment, service resilience, risks to health from environmental degradation and climate change when monitoring progress against healthcare outcomes, analysing population health data, and developing insights to assist other ICB functions.
- 6.1.4 **Business operations:** The ICB will baseline its environmental footprint for its own operations minimise, and ensure, in collaboration with its workforce, that it works towards reducing pollution and emissions, particularly those associated with travel, digital technology (including the use of emerging “AI” technologies), estate, energy and other resource use and efficiency, and waste. This will include application of the “5Rs” to business operations. The ICB will also consider how it can support biodiversity, and how it may need to adapt to climate change to ensure the resilience, wellbeing and continued operation of the ICB workforce. The scope for this is for all ICB business operations across the Central East geography.
- 6.1.5 **Annual Reporting:** The ICB will abide by the requirements for annual reporting as set out in the DHSC Group Accounting Manual, in accordance with the Task-Force for Climate-Related Financial Disclosures (TCFD), specifically how the organisation considers climate-related issues through Governance, Strategy, Risk-Management, and Metrics and Targets.
- 6.1.6 **Procurement:** The ICB will ensure that corporate social responsibility, sustainability and environmental awareness are fundamental elements of ethical procurement and will be an integral part of the procurement selection process. Procurement and tendering processes must ensure that all healthcare providers, contractors, and suppliers have plans to have a positive impact on the environment and reduce pollution and GHG emissions. This includes conforming to all required regulatory standards where relevant (for example, ISO14001), and adopting ethical and sustainable practices and standards, maximising the use of sustainable processes and products (including use of the “5Rs”), and working towards relevant net zero goals.

As set out in NHS guidance relating to PPN006/25 (Carbon Reduction Plans), PPN002/25 (Social Value), and PPN009/25 (Modern Slavery) the ICB will require in tender submissions, evidence that bidders:

- abide by relevant environmental protections and ethical regulations, including the Modern Slavery Act.
- have committed to net zero across the whole value-chain carbon footprint by 2050 (2045 for NHS organisations).

- deliver environmental benefit to the local community through social value commitments.

6.2 Central East ICB will consider its responsibilities to support system activities that require cross-organisational or cross-sector action, including Climate Adaptation, working with partner organisations planning infrastructure changes (such as public transport routes, EV charging networks), and contributing to local, regional and national major developments with a bearing on the health of the local population.

7. Statutory and National Guidance

Provide details of any statutory, national, or other relevant guidance that has been used to develop this document. Include NHS England guidance, legislation, and best practice standards.

7.1 This policy has been developed with reference to the following statutory and national guidance:

- *Health and Care Act 2022, specifically section 25: climate change*
- *Climate Change Act 2008, specifically sections 1 (emissions) and 56 (adaptation)*
- *Environment Act 2021, specifically section 5 (environmental targets for air pollution, water pollution, biodiversity, resource efficiency and waste)*
- *Delivering a Net Zero NHS (July 2022)*
(<https://www.england.nhs.uk/greenernhs/wp-content/uploads/sites/51/2022/07/B1728-delivering-a-net-zero-nhs-july-2022.pdf>)
- *The third UK National Adaptation Programme report*
(<https://www.gov.uk/government/publications/third-national-adaptation-programme-nap3>)
- *Net Zero Supplier Roadmap* (<https://www.england.nhs.uk/greenernhs/get-involved/suppliers/>)
- *PPN006/25 Carbon Reduction Plans and Net Zero Commitment guidance*
(<https://www.england.nhs.uk/long-read/carbon-reduction-plan-requirements-for-the-procurement-of-nhs-goods-services-and-works/>)
- *PPN002/25 and the NHS Social Value Playbook*
(<https://www.england.nhs.uk/long-read/nhs-social-value-playbook/>)
- *NHS Net Zero Travel and Transport Strategy* (<https://www.england.nhs.uk/long-read/net-zero-travel-and-transport-strategy/>)
- *DHSC Group Accounting Manual 2025 to 2026 (including TCFD requirements)*
(<https://assets.publishing.service.gov.uk/media/67a4cd7681828dd65c16a83d/dhs-c-draft-gam-2025-to-2026.pdf>)

8. Stakeholder Engagement Record

8.1 The following stakeholders were engaged in the development of this policy:

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Role/Group	Date of Engagement	Summary of Feedback
Sustainability leads from Cambridgeshire & Peterborough ICB and Bedfordshire, Luton and Milton Keynes ICB	27 February 2026	General agreement with content. Include more reference to resilience, and to skills required by ICB staff
Hertfordshire and West Essex ICB: Director for Estates and Deputy Director for Contracting and Procurement	3 March 2026 (by email)	General agreement with content. Strengthen reference to legislation and regulation on environmental protection, pollution and resource use. Clarify activities with regards to ICB function.
BLMK ICB Non-Executive Member Green Champion	3 March 2026 (by email)	Clear policy. Needs agreement of which ICB committee is to oversee the policy, the scope and baseline of ICB footprint, and additional clarity in oversight of provider green plans.

Accessibility Statement

This policy is available in alternative formats upon request, including large print, Braille and translated versions, to ensure accessibility for all staff and stakeholders.

Implementation Plan

Development and Consultation: March 2026

Dissemination: to be disseminated / made available to all staff following approval; specific reference to be made in communications material to statutory and regulatory requirements.

Training: Building a Net Zero NHS available to all staff via ESR. Specific training for this policy available from Associate Director of Sustainability for commissioning leads during 2026/27, and all other staff on request.

Monitoring: Finance, Planning and Payer Committee to oversee compliance on annual basis

Review: Annual

Equality, Diversity, and Privacy: See Appendices

Associated Documents: none

References: see section 7

Appendix 1: Equality Impact Assessment

Please answer the questions against each of the protected characteristic and inclusion health groups. If there are significant impacts and issues identified a full Equality / Quality Impact Assessment (EQIA) must be undertaken. It is against the law to discriminate against someone because of these protected characteristics. For support and advice on undertaking EQIAs please contact: agcsu.equalities@nhs.net

Name of Policy:	Environmental Sustainability Policy
Date of assessment:	12/02/2026
Screening undertaken by:	Dr Tim Simmance, Associate Director of Sustainability an Growth

Protected characteristic and inclusion health groups.	Could the policy create a disadvantage for some groups in application or access? (Give brief summary)	If Yes - are there any mechanisms already in place to mitigate the potential adverse impacts identified? If not, please detail additional actions that could help. If this is not possible, please explain why
<p>Find out more about the Equality Act 2010, which provides the legal framework to tackle disadvantage and discrimination:</p> <p>https://www.equalityhumanrights.com/en/equality-act/protected-characteristics</p>		
<p>Age</p> <p>A person belonging to a particular age (for example 32 year olds) or range of ages (for example 18 to 30 year olds).</p>	None	
<p>Disability</p> <p>A person has a disability if she or he has a physical or mental impairment which has a substantial and long-term adverse effect on that person's ability to carry out normal day-to-day activities.</p>	None	
<p>Gender reassignment</p> <p>The process of transitioning from one gender to another.</p>	None	
<p>Marriage and civil partnership</p> <p>Marriage is a union between a man and a woman or between a same-sex couple. Same-sex couples can also</p>	None	

have their relationships legally recognised as 'civil partnerships'.

Pregnancy and maternity

None

Pregnancy is the condition of being pregnant or expecting a baby. Maternity refers to the period after the birth and is linked to maternity leave in the employment context. In the non-work context, protection against maternity discrimination is for 26 weeks after giving birth, and this includes treating a woman unfavourably because she is breastfeeding.

Race

None

Refers to the protected characteristic of race. It refers to a group of people defined by their race, colour and nationality (including citizenship) ethnic or national origins.

Religion or belief

None

Religion refers to any religion, including a lack of religion. Belief refers to any religious or philosophical belief and includes a lack of belief. Generally, a belief should affect your life choices or the way you live for it to be included in the definition.

Sex

None

A man or a woman.

Sexual orientation

None

Whether a person's sexual attraction is towards their own sex, the opposite sex, to both sexes or none.

Carers

None

Individuals within the ICB which may have carer responsibilities.

Please summarise the improvements which this policy offers compared to the previous version or position.

None

Has potential disadvantage for some groups been identified which require mitigation?

No

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Appendix 2: Data Protection Impact Assessment

Screening questions to determine if a full DPIA is required. Guidance on handling personal and sensitive data.

Data protection is the fair and proper use of information about people. Before completing this form, please refer to the Data Protection Impact Assessment (DPIA) Guidance in the Information Governance (IG) section on the staff Intranet or contact the Data Protection Officer for support via **(insert email address once confirmed)**

A DPIA is a process to help you identify and minimise the data protection risks. You must do a DPIA for processing that is likely to result in a high risk to individuals. You can use our screening checklist below to help you decide when to do one. If you have answered 'Yes' to any of the 10 screening questions, you must then carry out a full DPIA using the Stage 2 form, which is also available on the Intranet in the IG section.

Name of Policy:	Environmental Sustainability Policy
Date of assessment:	12/02/2026
Screening undertaken by:	Dr Tim Simmance, Associate Director of Sustainability and Growth

Stage 1 – DPIA form

please answer 'Yes' or 'No'

1. Will the policy result in the processing of personal identifiable information / data? This includes information about living or deceased individuals, including their name, address postcode, email address, telephone number, payroll number etc.	No
2. Will the policy result in the processing of sensitive information / data? This includes for living or deceased individuals, including their physical health, mental health, sexuality, sexual orientation, religious belief, National Insurance No., political interest etc.	No
3. Will the policy involve the sharing of identifiers which are unique to an individual or household? e.g., Hospital Number, NHS Number, National Insurance Number, Payroll Number etc.	No
4. Will the policy result in the processing of pseudonymised information by organisations who have the key / ability to reidentify the information? Pseudonymised data - where all identifiers have been removed and replaced with alternative identifiers that do not identify any individual. Re-identification can only be achieved with knowledge of the re-identification key. Anonymised data - data where all identifiers have been removed and data left does not identify any patients. Re-identification is remotely possible, but very unlikely.	No
5. Will the policy result in organisations or people having access to information they do not currently have access to?	No
6. Will the policy result in an organisation using information it already holds or has access to, but for a different purpose?	No
7. Does the policy result in the use of technology which might be perceived as being privacy intruding? e.g., biometrics, facial recognition, CCTV, audio recording etc.	No
8. Will the policy result in decisions being made or action being taken against individuals in ways which could have a significant impact on them?	No

Including profiling and automated decision making. (This is automated processing of personal data to evaluate certain things about an individual i.e., diagnosis and then making a decision solely by automated means - without any human involvement)	
9. Will the policy result in the collection of additional information about individuals in addition to what is already collected / held?	No
10. Will the policy require individuals to be contacted in ways which they may not be aware of and may find intrusive? e.g., personal email, text message etc.	No

Appendix 3: Process Flow Diagram (Recommended for complex procedures)

Visual summary of key processes is encouraged for complex procedures.