Achieving a low-carbon, climate resilient NHS

The strategic commissioner's role

From separate programme to a core test of value, quality and resilience

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Perspective informed by previous regional leadership for Greener NHS in London

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Commissioning influence: set the conditions for delivery

The ICB should not recreate a provider-style sustainability function. Its leverage is to make sustainability part of what good commissioning looks like.

1 SET OUTCOMES

Define the "what"

- Commission for health, value, carbon and resilience together
- Focus on high-impact pathways and population outcomes (left shift/prevention/ priority markets/ set market direction

2 ALIGN INCENTIVES

Make it routine

- Build expectations into contracts, procurement and business cases
- Use existing quality, finance and performance routes

3 ENABLE DELIVERY

Work with, not around, providers

- Convene where scale adds value
- Share intelligence, improvement support and learning

Provider boards remain accountable for operational delivery: estates, energy, fleet, waste, clinical gases, local procurement and their Green Plans.

Our ambition should not simply be to procure the same things more sustainably. It should be to use strategic commissioning to reduce unnecessary demand, redesign pathways and create a market for fundamentally lower-carbon models of care.

“Embed and assure” rather than build a parallel bureaucracy

Sustainability has most impact when it is owned through core decisions, not delegated to a small specialist team.

1 ALIGN with strategy

Connect to population health, prevention, productivity and inequalities.

2 EMBED in decisions

Apply a proportionate test to pathways, procurement, medicines and business cases.

3 ENABLE implementation

Provide data, expertise and improvement support where teams need it.

4 LEARN and assure

Use a small number of measures, exception reporting and thematic deep dives.

The test: does this decision improve health and value while reducing avoidable carbon and strengthening climate resilience?

Regional Greener NHS teams: turning data into delivery

Providing the critical link between national sustainability data and action by trusts and ICBs

Enable and support

Promote and support use of the Green Plan Support Tool and Greener NHS Dashboard

Help organisations understand carbon footprint data and use it to inform Green Plan delivery

Share national updates, guidance and learning across regional sustainability networks

Monitor and assure

Support completion and quality of national Greener NHS data collections

Use dashboard and Green Plan data to monitor progress and assure local delivery

Identify data gaps or discrepancies and connect local organisations with national analytical expertise

Insight into action

Use intelligence to identify areas requiring additional support or attention

Work with trusts, ICBs and regional professional leads to address delivery issues

Feed local insight back to national teams, helping strengthen datasets, tools and methodologies

National teams provide the tools, datasets and specialist analytical capability; regional teams provide the relationships, local context, delivery support turning data into action.

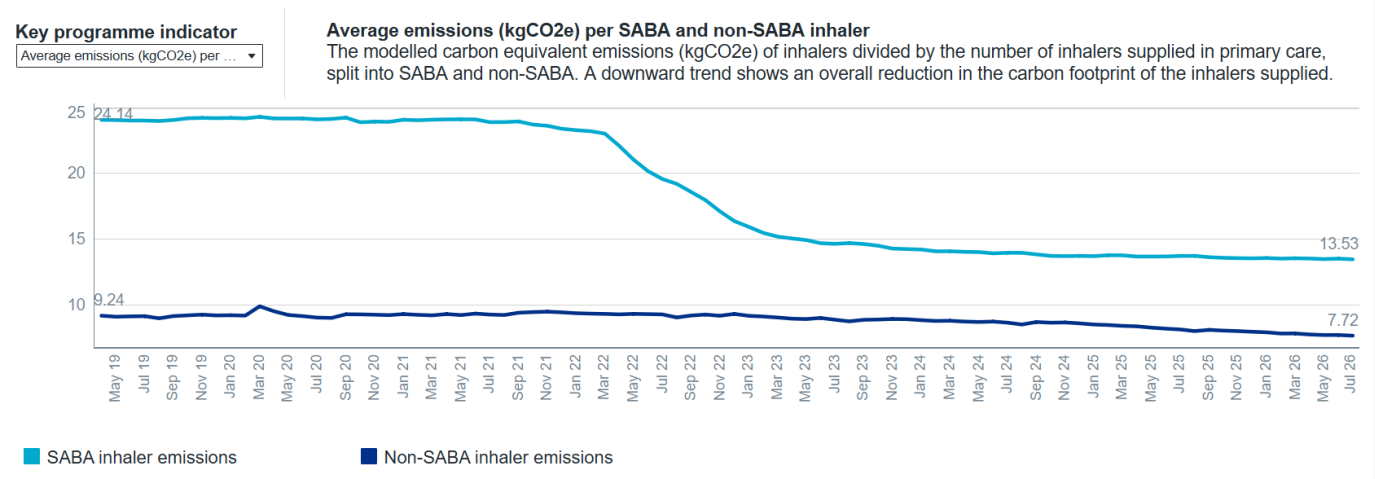
Clear roles across national, regional, ICB and provider levels

The gap is often not ambition. It is the translation of standards and data into prioritised, supported delivery.

NATIONAL	Standards, trajectories, datasets and specialist analytical capability
REGION	Provider oversight, comparative insight, networks and targeted delivery support
ICB	Strategic outcomes, commissioning levers, system convening and proportionate assurance
PROVIDERS	Operational decarbonisation and delivery through Board-approved Green Plans

Regional teams are the critical bridge: they combine national intelligence with relationships, local context and improvement capability.

From insight to improvement: inhalers in London



The regional contribution was not to run every local intervention. It was to turn comparable intelligence into shared focus, support and measurable improvement.

1

Data identified the opportunity

Regional emissions data made the scale and variation visible and gave teams a consistent measure.

2

Leadership created coordinated action

A London-wide campaign aligned respiratory priorities, funding, practical resources and shared learning.

3

Capability sustained improvement

Local teams used quality improvement and clinical expertise to interpret data, test changes and embed practice.

Primary care estates: enabling local change

Example	Reported change and impact
Cleveland Health Centre	Reset Building Management System heating schedules. 30% less gas and 20% less electricity. £28.5k and 50 tonnes CO_2 saved in 12 months.
City & Hackney / NEL ICB	Embedded the RCGP toolkit in commissioning. Participation increased to 29 practices. Actions included LEDs, solar panels and air-source heat pumps.

Policy sets expectations. Data identifies priorities. Practical tools help organisations make changes.

1

Data makes waste visible

Cleveland Health Centre used energy data to identify heating outside opening hours and reset building schedules.

2

Policy creates incentives

City & Hackney / NEL ICB used an existing Local Enhanced Service to encourage practices to act on sustainability.

3

Capability supports action

The RCGP Green Impact for Health toolkit gave practices a route to action, including LEDs and heat pumps.

Why this remains core to strategic commissioning

Net zero is not a separate environmental ambition. It is part of how we protect health, improve value and design services that can withstand future shocks.

BETTER HEALTH

Prevention, cleaner air and lower-carbon care can improve outcomes and reduce avoidable demand.

BETTER VALUE

Waste reduction, medicines optimisation and leaner pathways support productivity as well as carbon reduction.

GREATER RESILIENCE

Commissioning must account for heat, flooding, poor air quality and supply disruption.

FAIRER IMPACT

Climate risks and service disruption are not evenly distributed. Equity needs to be designed in.

SYSTEM SCALE

The largest opportunities sit across pathways, medicines, procurement and demand, beyond individual estates.

Our job as commissioners is to make the sustainable choice the normal choice: specified, funded, measured and improved through the way the NHS does its core business.