



Strengthening carbon reduction transition pathways through cross-sector collaboration

Session 2H: From climate ambition to climate action

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Agenda

- The case for strengthening cross-sector links
- Principles of cross-sector linkages
- The practice: working with health and social care providers in Greater Manchester
- Conclusions and recommendations

Why strengthen cross-sector links?

- Strategies to meet (net) zero carbon targets can only be realised by closer working with a range of other sectors
- Cities have some well-established relationships with some sectors and organisations, particularly transport service providers such as public transport operators – and increasingly micro-mobility providers
- The drive for electrification is forcing cities to engage with energy suppliers and a new set of private sector organisations (e.g. EV charging providers)
- But, as yet there are very weak links to the major trip-generating sectors, that largely determine when and where trips are made

Collaborations with other sectors

AVOID:

- Substitute digital for physical meetings
- · Provide equipment in-home
- Localise facility provision (shorter trips)

Trip-generating sectors: education, health, leisure, retail..

SHIFT:

- Support/encourage shift to sustainable modes
- Consolidation of freight

Governments, transport providers and major trip attractors

IMPROVE:

- Decarbonisation of vehicle fleet
- Increase energy efficiency

Industry, utilities and transport providers

Collaborations - weak links

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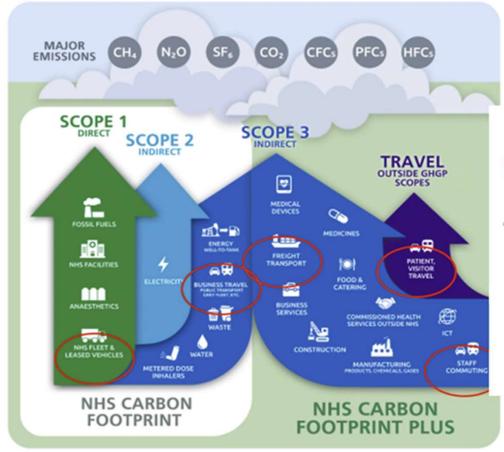
Trip-generating sectors

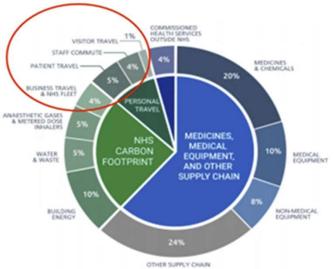
- Other sectors have developed business models and service delivery plans that do not take full account of the 'external' costs that they are imposing on transport systems:
 - **Education**: providing parents with free choice of schools, to encourage higher education standards
 - ➤ **Health**: build fewer, large edge-of-town hospitals, to ensure higher quality, specialist medical care
- This can lead to major additional transport costs and suboptimal delivery, taking an economy-wide view
- This becomes especially important for cities declaring a 'climate emergency': sectors should not be 'exporting' carbon to transport (or other sectors), by externalising carbon production

Contributors to NHS travel and transport carbon footprint



An exception: the English NHS





The principles: Links vs partnerships

Strategies		Transport benefit							
LINKS	'AVOID ' travel	1. Reduce trip numbers							
_		2. Shorten trips							
ERSHIPS	'SHIFT' mode	3. Change transport mode shares							
PARTN	'IMPROVE'	4. Reduce carbon and air pollution							

The principles: health sector applications

Accessibility and mo	obility framework	Transport benefit	Interventions (examples included) Type				
S N N	'AVOID' travel	1. Reduce trip numbers	Remote communication In-home service provision Home deliveries Health-related visits to homes				
_		2. Shorten trips	Localisation of health facilities				
PARTNERSHIPS	'SHIFT ' mode	3. Change transport mode shares	Improved walking & cycling facilities Improved Public Transport (PT) Shared mobility Inter modality				
	'IMPROVE'	4. Reduced carbon and air pollution	Clean air regulations Cleaner vehicle fuels Grid balancing & energy storage				

Health sector applications in Greater Manchester

Introduction to Manchester City Lab



Objective: To establish effective cross-sector links between the Health and Transport Sector, and join up decarbonisation policy

1. Long Term IntegrationBringing all joint policy themes into GM's relevant long-term strategies

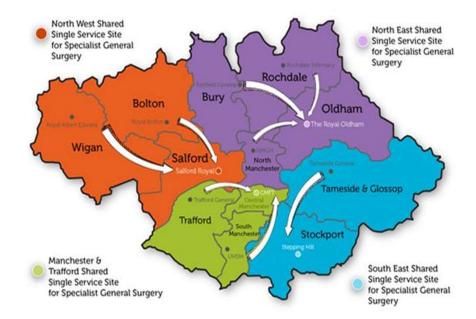
2. Short Term Action Plan
Co-creating a short-term action plan
with the Health Sector

Evidence Base

2020-2021 - In-depth review of existing health and transport decarbonisation links in GM.

Conclusions:

- Carbon Integration between Health and Transport Sectors traditionally mostly around active travel
- Stronger ties created during covid Nightingale Hospital, bike loans, Metrolink offer for NHS staff, etc.
- Opportunity for digital services to lead to decarbonisation really emphasised as pandemic hit



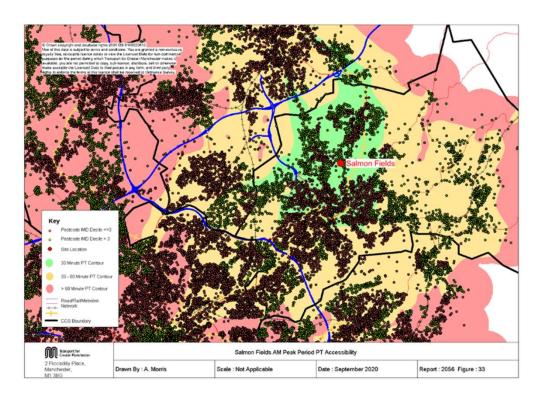


Evidence Base

In-depth review of existing health and transport decarbonisation links in GM.

Conclusions:

- Some examples of more in-depth collaboration discovered, e.g. TfGM modelling for Community Diagnostics Centre in Oldham
- And examples where these principles were followed but without direct coordination with transport sector;
- E.g. Macular Degeneration Pilot in 3 local stations
 Wigan Social Care Ethical Care Review



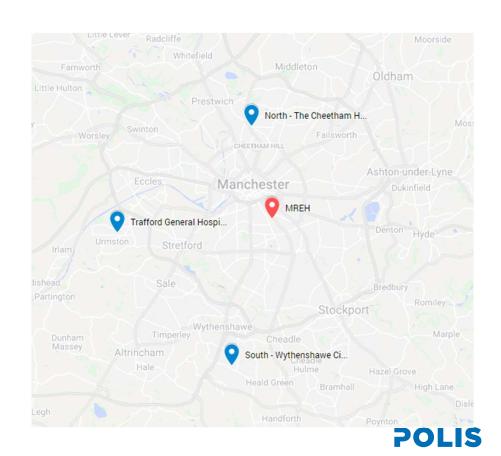




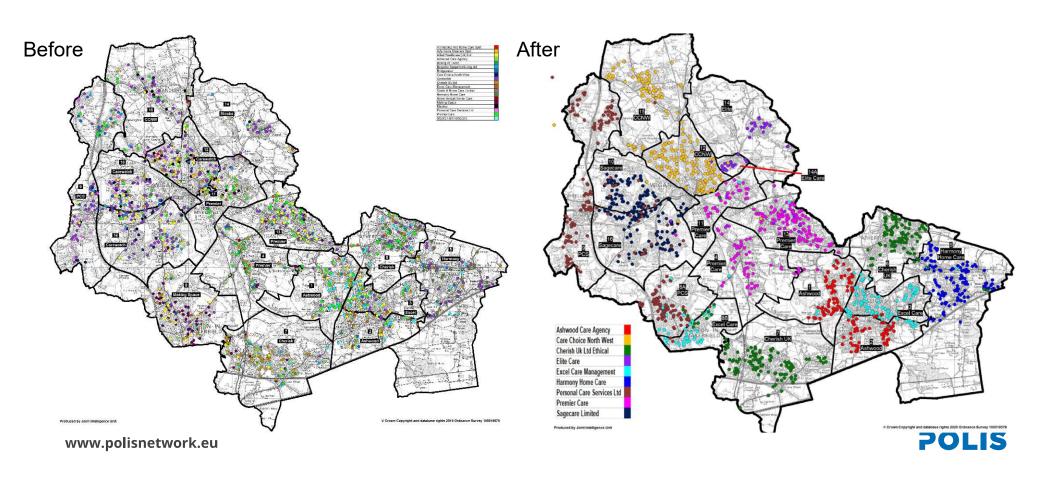
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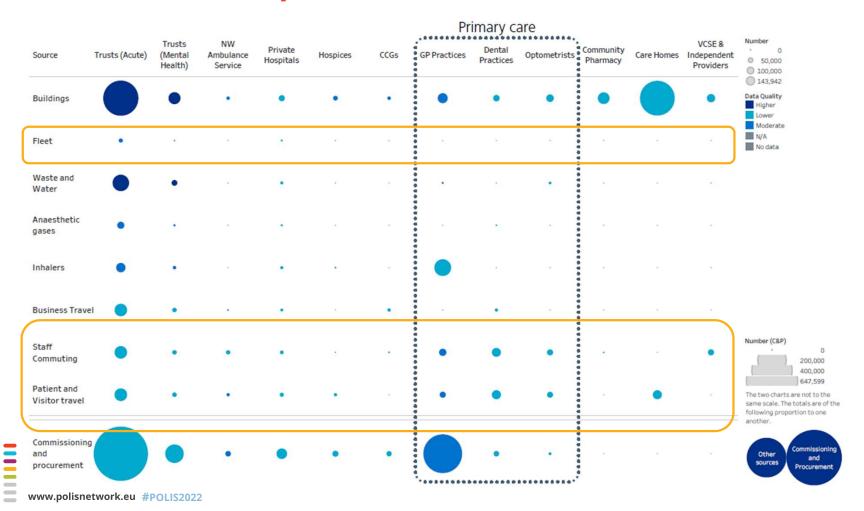
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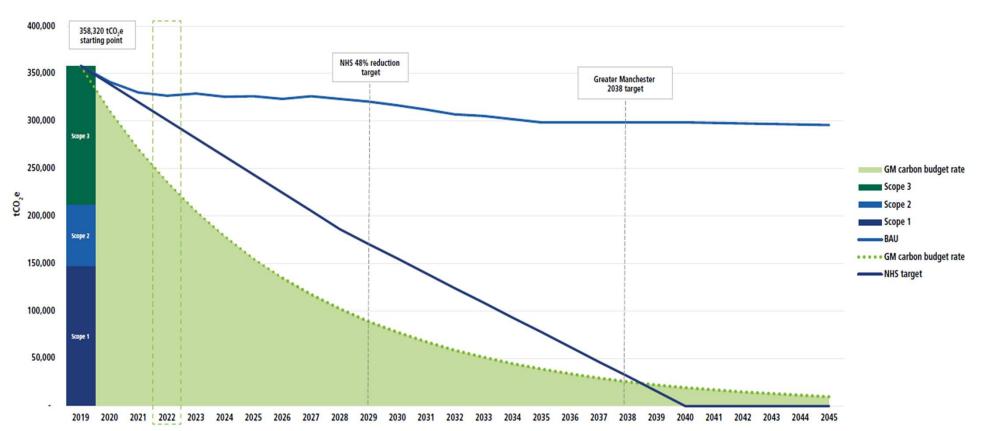
Best Practice - Wigan Ethical Care Review



NHS carbon hotspots



Greater Manchester Health and Social Care Partnership NHS Decarbonisation trajectory

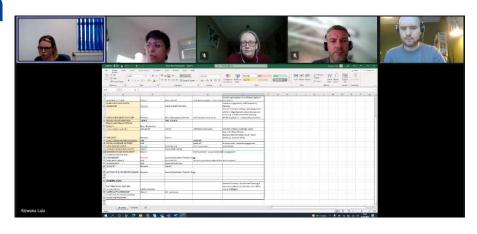






Engagement Approach

- MF 'Mobility Forums'
- CI 'City Integrators'
- CEP 'Citizen Engagement' -



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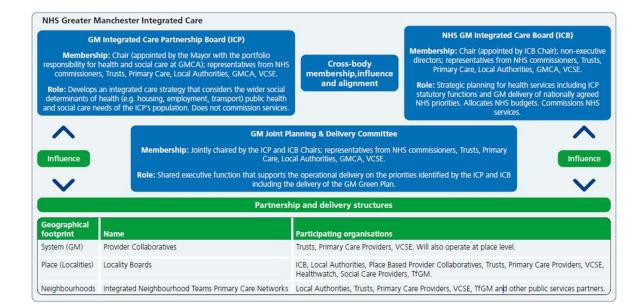




Links established - Governance

Governance

- NHS GMIC Green Plan:
- NHS Net Zero Delivery Board
- Transport Subgroup
- TfGM on Locality Boards & Integrated Neighbourhood Team Primary Care Networks
- GMHSCP/GMCA Joint Policy Group
- GM NHS Operational Sustainability Leads
- Health System Transport and Travel Collaborative Board (?)
- Cycle to Work / Active Travel scheme lead



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Links established - Delivery

- Working closely with Wrightington, Wigan and Leigh (WWL) NHS FT on trialling customer travel information, new mobile network data for staff, active travel promotion
- Supporting Northern Care Alliance (NCA) NHS FT Community Diagnostic Centre citizen engagement & public transport customer travel information
- GM NHS ICS Social Value procurement Strategy, learning from TfGM 2040
- DemonstratingTravel Planning Toolkit in Primary Care
- Collaboration on the GM NHS GMIC Green Plan, (+ aligned 2038 target)
- Various other engagement...







The Green Plan at a glance

Our vision is to improve the health and wellbeing of all residents of Greater Manchester whilst minimising environmental impact through the delivery of sustainable healthcare. We have set out ambitions and intended outcomes for each area of focus that aim to reduce our carbon footprint and promote health equity through the delivery of sustainable healthcare.



Reduce the need for healthcare related travel and promote sustainable and active travel.



Work collaboratively on sustainable and ethical food procurement, and drive down food waste.



Upskill the workforce to understand how they can save carbon and help tackle the climate crisis.



Reduce carbon emissions from existing building estates, and ensure all new healthcare buildings are energy efficient and low or zero carbon



Support the development of plans and infrastructure to mitigate against the impacts of climate change.



Redesign care pathways to be less carbon intensive.



Focus on preventing disease whilst reducing medicine waste and the use of medicines that have a high global warming potential (GWP).



Take an active role in the development of new accessible green spaces and biodiversity on our Estate.



Embed digital transformation in healthcare pathways to reduce carbon footprint.



Influence procurement spend to drive down the carbon impact.



Embed social value in the GM Green Plan delivery programme; providing training and developing networks to build capacity.

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Conclusions and recommendations

- Businesses developing carbon audits at Scope 3 level provide a unique opportunity for cities to work with major trip-generating sectors, to help them meet their carbon reduction targets
- Cities should pro-actively engage with these other sectors, encouraging them particularly to look at 'Avoid' strategies, and identify ways in which reducing trip numbers and trip lengths can help them deliver their services more efficiently and effectively, while also contributing to transport's targets
- Currently there are a lack of examples and evidence this gap needs to be filled urgently

Thank you for your attention!

For questions:

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