

North East London Integrated Care Partnership

24 October 2024; 10:00-12:00; **Venue** F01, 4th Floor, Unex Tower, Stratford

AGENDA

	Item	Time	Lead	Attached/ verbal	Action required
1.0	Welcome, introductions and apologies	10:00	Chair		
1.1.	Declaration of conflicts of interest			Attached	Note
1.2.	Minutes of last meeting – 18 July 2024			Attached	Approve
1.3.	Matters arising and action log			Attached	Note
1.4.	Feedback from the ICB			Verbal	Note
2.0	Questions from the public	10:10	Chair	Verbal	Discuss
3.0	Community Cohesion	10:25	Waltham Forest / City & Hackney	Presentation	Discuss
4.0	Wider determinants of health: Employment	10:45	Zina Etheridge / Charlotte Pomery	Attached	Discuss
5.0	Progress update on the VCSE collaborative and strategy	11:25	Charlotte Pomery / Najnin Islam	Presentation	Note
6.0	ICP Improvement Plan	11:45	Charlotte Pomery	Attached	Note
7.0	Any other business	11:55	Chair	Verbal	Discuss
8.0	Close	12:00	Chair		
Date of next meeting: 9 January 2025					

North East London Integrated Care Partnership Register of Interests

- Declared Interests as at 17/10/2024

Name	Position/Relationship with ICB	Committees	Declared Interest	Name of the organisation/business	Nature of interest	Valid From	Valid To	Action taken to mitigate risk
Caroline Rouse	Member of IC Board (VCS rep) Member of VCSE Collective	ICB Board ICP Committee	Financial Interest	Compost London CIC	As part of the VCSE Collective we may receive funds to promote and carry out activities as part of the VCSE Collective	2023-12-01	2023-12-30	
Christopher Kennedy	Councillor	City & Hackney ICB Sub-committee City & Hackney Partnership Board ICB Board ICB Finance, Performance & Investment Committee ICP Committee	Non-Financial Professional Interest	London Borough of Hackney	Cabinet Member for Health, Adult Social Care, Voluntary Sector and Leisure in London Borough of Hackney	2020-07-09	Active	Declarations to be made at the beginning of meetings
			Non-Financial Personal Interest	Lee Valley Regional Park Authority	Member of Lee Valley Regional Park Authority	2020-07-09	Active	
			Non-Financial Personal Interest	Hackney Empire	Member of Hackney Empire	2020-07-09	Active	
			Non-Financial Personal Interest	Hackney Parochial Charity	Member of Hackney Parochial Charity	2020-07-09	Active	
			Non-Financial Personal Interest	Labour Party	Member of the Labour Party	2020-07-09	Active	
			Non-Financial Personal Interest	Local GP practice	Registered patient with a local GP practice	2020-07-09	Active	
			Non-Financial Personal Interest	Hackney Joint Estate Charities	Sit in the board as trustee	2014-04-07	Active	
Dr Paul Francis Gilluley	Chief Medical Officer	Clinical Advisory Group ICB Board ICB Population, Health & Integration Committee ICB Quality, Safety & Improvement Committee ICP Committee ICS Executive Committee Mental Health, Learning Disability & Autism Collaborative sub-committee Primary care contracts sub-committee	Non-Financial Professional Interest	British Medical Association	I am a member of the organisation.	2022-07-01	Active	Declarations to be made at the beginning of meetings
			Non-Financial Professional Interest	Royal College of Psychiatrists	Fellow of the College	2022-07-01	Active	
			Non-Financial Professional Interest	Medical Defence Union	Member	2022-07-01	Active	
			Non-Financial Professional Interest	General Medical Council	Member	2022-07-01	Active	
			Non-Financial Personal Interest	Stonewall	Member	2022-07-01	Active	
			Non-Financial Personal Interest	National Opera Studio	Member	2023-08-01	Active	
Eileen Taylor	Joint Chair, East London NHS Foundation Trust and North East London NHS Foundation Trust	ICP Committee Mental Health, Learning Disability & Autism Collaborative sub-committee	Non-Financial Professional Interest	MUFG Securities EMEA PLC	Non Executive Director	2019-04-01	Active	Declarations to be made at the beginning of meetings
			Non-Financial Professional Interest	North East London NHS Foundation Trust	Chair from 1 January 2023	0202-01-31	Active	
			Non-Financial Professional Interest	Mid and South Essex ICS	Chair Community Collaborative	2023-07-01	Active	
Elspeth Paisley	Member of B&D Place Based Partnership	Barking & Dagenham ICB Sub-committee Barking & Dagenham Partnership Board ICP Committee	Non-Financial Personal Interest	Healthwatch	Member of the Healthwatch board	2021-01-04	Active	Declarations to be made at the beginning of meetings
			Indirect Interest	Community Resources	Health Inequalities Funding 2022-23 from NHS North East London to Community Resources for Change as the incumbent secretariat for the BD Collective	2022-07-06	Active	

Name	Position/Relationship with ICB	Committees	Declared Interest	Name of the organisation/business	Nature of interest	Valid From	Valid To	Action taken to mitigate risk
Gillian Ford	Councillor Deputy Leader, Cabinet Member for Adults and Wellbeing	Havering ICB Sub-committee Havering Partnership Board ICP Committee	Non-Financial Personal Interest	Avon Road surgery	Patient of the practice	2012-06-30-	2023-08-16	Declarations to be made at the beginning of meetings
Ian Buckmaster	Member of Committee	Havering ICB Sub-committee Havering Partnership Board ICB Finance, Performance & Investment Committee ICP Committee	Non-Financial Personal Interest	Healthwatch Havering	I am a director of Healthwatch Havering, which receives some funding from NHS NEL.	2023-04-01	Active	Declarations to be made at the beginning of meetings
Jenny Ellis	Member of Redbridge Partnership Board and ICB Sub committee, ICP Committee and NEL VCSE Collaborative Leadership Group	ICP Committee Redbridge ICB Sub-committee Redbridge Partnership Board	Financial Interest	Redbridge Council for Voluntary Service (Redbridge CVS)	Some RedbridgeCVS services are funded by NEL ICB and Redbridge Placebased Partnership.	2020-01-19	Active	Declarations to be made at the beginning of meetings
			Financial Interest	Odd Eyes Theatre Company	Trustee of a charity that may be eligible for some NEL ICB and partnership committee funding schemes	2018-05-24	Active	
Johanna Moss	Chief strategy and transformation officer	Acute Provider Collaborative Joint Committee ICB Board ICB Population, Health & Integration Committee ICB Quality, Safety & Improvement Committee ICP Committee ICS Executive Committee Primary Care Collaborative sub-committee	Non-Financial Professional Interest	UCL Global Business School for Health	Health Executive in Residence	2022-09-01	Active	Declarations to be made at the beginning of meetings
			Non-Financial Personal Interest	Q2 consulting	I know one of the business owners, Amanda Quincy, in a personal capacity. We trained together and have been friends for over twenty years.	2024-04-01	Active	
John Gieve	Chair of Homerton Healthcare	Acute Provider Collaborative Joint Committee City & Hackney ICB Sub-committee City & Hackney Partnership Board ICP Committee	Non-Financial Professional Interest	Homerton Healthcare NHS Foundation Trust	I am Chair of Homerton Healthcare whose interests are affected by ICP and City and Hackney Partnership decisions	2019-03-01	Active	Declarations to be made at the beginning of meetings

Name	Position/Relationship with ICB	Committees	Declared Interest	Name of the organisation/business	Nature of interest	Valid From	Valid To	Action taken to mitigate risk
Marie Gabriel	ICB and ICP Chair	ICB Board ICB Finance, Performance & Investment Committee ICB Population, Health & Integration Committee ICB Quality, Safety & Improvement Committee ICB Remuneration Committee ICP Committee NEM Remuneration Committee	Non-Financial Personal Interest	West Ham United Foundation Trust	Trustee	2020-04-01	Active	Declarations to be made at the beginning of meetings
			Non-Financial Personal Interest	East London Business Alliance	Trustee	2020-04-01	Active	
			Financial Interest	Race and Health Observatory	Chair of the Race and Health Observatory, (paid). The Race and Health Observatory are now considering the potential to enter into contracts with NHS organisations to support their work to tackle racial and ethnic health inequalities	2020-07-23	Active	
			Non-Financial Personal Interest	Member of the labour party	Member of the labour party	2020-04-01	Active	
			Non-Financial Professional Interest	NHS Confederation	Trustee Associated with my Chair role with the RHO	2020-07-23	Active	
			Financial Interest	Local Government Association	Peer Reviewer	2021-12-16	Active	
			Non-Financial Professional Interest	UK Health Security Agency	Associate NED, (paid), UKHSA works with health and care organizations to ensure health security for the UK population	2022-04-25	Active	
			Non-Financial Professional Interest	Institute of Public Policy Research (IPPR)	Commissioner on the IPPR Health and Prosperity Commission	2022-03-13	Active	
Mark Santos	Redbridge Cllr & Cabinet Member Adult Services & Public Health	ICP Committee Redbridge ICB Sub-committee Redbridge Partnership Board	Financial Interest	Positive East	I am the Executive Director of the HIV Charity Positive East. Positive East receives statutory income via NEL Local Authorities & NHS via London HIV Fast Track Cities & via ICB supporting opt out HIV testing in Emergency Departments	2022-04-01	Active	Declarations to be made at the beginning of meetings
			Indirect Interest	Bart's Health	My sister is a Finance Manager at Barts Health	2022-04-01	Active	
			Non-Financial Professional Interest	North East London Foundation Trust (NELFT)	I am an LA Governor for NELFT	2023-08-02	Active	
			Non-Financial Professional Interest	Redbridge Rainbow Community	Trustee Redbridge Rainbow Community previously received funding from Redbridge Council	2023-07-02	Active	

Name	Position/Relationship with ICB	Committees	Declared Interest	Name of the organisation/business	Nature of interest	Valid From	Valid To	Action taken to mitigate risk
Michael Armstrong	Co-Chair Care Providers Voice	Havering Partnership Board ICP Committee	Financial Interest	Havering Care Homes	Director of Havering Care Homes	2014-01-03	Active	Declarations to be made at the beginning of meetings
			Non-Financial Professional Interest	Havering Care Association/ CPV	Non exec Director	2018-11-01	Active	
			Non-Financial Professional Interest	NHS England - London Region	Care Home special advisor to Health and care in the community team	2018-11-01	Active	
			Financial Interest	NEL ICB	I am a paid Clinical and Care Lead in NEL ICB in Havering.	2023-04-01	Active	
Neil Wilson	Cabinet Member for Health and Adult Social Care	ICP Committee	Non-Financial Professional Interest	London Borough of Newham	Cabinet Member for Health and Adult Social Care	2022-05-25	Active	Declarations to be made at the beginning of meetings
			Non-Financial Personal Interest	The Labour Party	Member of The Labour Party	1981-09-01	Active	
			Non-Financial Personal Interest	The Co-operative Party	Member of the Co-operative Party	1990-01-01	Active	
			Indirect Interest	Barts Health	My nephew is a ST5 Registrar, Cardiology	2022-10-01	Active	
Vanessa Morris	Member of City and Hackney Neighbourhood Health and Care Board	ICP Committee Waltham Forest Health and Care Partnership Board Waltham Forest ICB Sub committee	Financial Interest	Mind in the City, Hackney and Waltham Forest	Employer	2019-12-09	Active	Declarations to be made at the beginning of meetings
			Financial Interest	Mind in North East London/ Mind in London	Direct and indirect potential interests through business and campaigning partnerships	2024-01-01	Active	
Zina Etheridge	Chief Executive Officer Designate of the Integrated Care Board for north east London	Acute Provider Collaborative Joint Committee Clinical Advisory Group ICB Audit and Risk Committee ICB Board ICB Population, Health & Integration Committee ICB Remuneration Committee ICP Committee ICS Executive Committee Mental Health, Learning Disability & Autism Collaborative sub-committee NEM Remuneration Committee	Indirect Interest	Royal Berkshire NHS Foundation Trust	Brother is employed as Head of Acute Medicine at Royal Berkshire hospital	2022-03-17	Active	Declarations to be made at the beginning of meetings
			Non-Financial Professional Interest	UCL Partners	Member of the Board of UCLP on behalf of NHS NEL and by extension a Director	2023-09-18	Active	

- Nil Interests Declared as of 17/10/2024

Name	Position/Relationship with ICB	Committees	Declared Interest
Dianne Barham	Healthwatch, Tower Hamlets	ICP Committee Waltham Forest Health and Care Partnership Board Waltham Forest ICB Sub-committee	Indicated No Conflicts To Declare.
Charlotte Pomery	Chief Participation and Place Officer	Barking & Dagenham ICB Sub-committee Barking & Dagenham Partnership Board City & Hackney ICB Sub-committee City & Hackney Partnership Board Community Health Collaborative sub-committee Havering ICB Sub-committee Havering Partnership Board ICB Audit and Risk Committee ICB Board ICB Population, Health & Integration Committee ICB Quality, Safety & Improvement Committee ICP Committee ICS Executive Committee Newham Health and Care Partnership Newham ICB Sub-committee Patient Choice Panel Redbridge ICB Sub-committee Redbridge Partnership Board Tower Hamlets ICB Sub-committee Tower Hamlets Together Board Waltham Forest Health and Care Partnership Board Waltham Forest ICB Sub-committee	Indicated No Conflicts To Declare.
Cathy Turland	Member of a committee	ICP Committee Redbridge ICB Sub-committee Redbridge Partnership Board	Indicated No Conflicts To Declare.
Catherine Perez Phillips	Committee member	ICP Committee	Indicated No Conflicts To Declare.
Gulam Kibria Choudhury	Member	ICP Committee	Indicated No Conflicts To Declare.
Vicky Scott	CEO	ICP Committee Tower Hamlets ICB Sub-committee Tower Hamlets Together Board	Indicated No Conflicts To Declare.
Rachel Cleave	Member of NEL ICB and ICP	City & Hackney ICB Sub-committee City & Hackney Partnership Board ICB Population, Health & Integration Committee ICP Committee	Indicated No Conflicts To Declare.
Paul Rose	Chair of the Havering Compact	Havering Partnership Board ICP Committee	Indicated No Conflicts To Declare.
Jenny Hadgraft	Partnership working	Barking & Dagenham ICB Sub-committee Barking & Dagenham Partnership Board ICB Board ICP Committee	Indicated No Conflicts To Declare.
Mary Durcan	Member of a committee	City & Hackney ICB Sub-committee ICP Committee	Indicated No Conflicts To Declare.
Maureen Worby	Member of committee	Barking & Dagenham ICB Sub-committee Barking & Dagenham Partnership Board ICB Board ICB Population, Health & Integration Committee ICB Quality, Safety & Improvement Committee ICP Committee	Indicated No Conflicts To Declare.
Matthew Adrien	Partnership working	ICB Quality, Safety & Improvement Committee ICP Committee Tower Hamlets ICB Sub-committee Tower Hamlets Together Board	Indicated No Conflicts To Declare.

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Minutes of the North East London Integrated Care Partnership

Thursday 18 July 2024; 10:00-11:30 4th floor, Unex Tower, Stratford

Members:		
Marie Gabriel	(MG)	Chair, NHS North East London
Cllr Neil Wilson	(NW)	Cabinet Member, London Borough of Newham (Vice Chair)
Cllr Maureen Worby	(MW)	Cabinet Member, London Borough of Barking & Dagenham
Cllr Mary Durcan	(MD)	Cabinet Member, London Borough of City of London
Cllr Christopher Kennedy	(CK)	Cabinet Member, London Borough of Hackney
Cllr Mark Santos	(MS)	Cabinet Member, London Borough of Redbridge
Cllr Louise Mitchell	(LM)	Cabinet Member, London Borough of Waltham Forest
Adam Sharples	(JS)	Acting Chair, Barts Health
Sir John Gieve	(JG)	Chair, Homerton Healthcare
Zina Etheridge	(ZE)	Chief Executive Officer, NHS North East London
Paul Gilluley	(PG)	Chief Medical Officer, NHS North East London
Eileen Taylor	(ET)	Joint Chair, East London Foundation Trust and NELFT
Sally Beaven	(SB)	Healthwatch Hackney
Rachel Cleave	(RC)	Healthwatch City of London
Cathy Turland	(CT)	Healthwatch Redbridge
Matthew Adrien	(MA)	Healthwatch Tower Hamlets
Dianne Barham	(DB)	Waltham Forest Healthwatch
Tony Wong	(TW)	Hackney CVS
Jenny Ellis	(JE)	Redbridge CVS
Vicky Scott	(VS)	Tower Hamlets CVS
Attendees:		
Charlotte Pomery	(CP)	Chief Participation & Place Officer, NHS North East London
Diane Jones	(DJ)	Chief Nursing Officer, NHS North East London
Anne-Marie Keliris	(AMK)	Head of Governance, NHS North East London
Keeley Chaplin	(KC)	Minutes – Governance Systems Lead, NHS North East London
Gladys Xavier	(GX)	Director of Public Health, London Borough of Redbridge
Ian Diley	(ID)	Consultant in Public Health, London Borough of Redbridge
Gita Hargun	(GH)	Head of Service Early Help & Prevention, London Borough of Redbridge
Elizabeth Owen	(EO)	Public Health Consultant, London Borough of Newham
Apologies:		
Cllr Gillian Ford	(GF)	Cabinet Member, London Borough of Havering
Mike Armstrong	(MA)	Care Providers Voice
Jasmine Smith	(JS)	Healthwatch Newham
Jenny Hadgraft	(JH)	Healthwatch Barking & Dagenham
Ian Buckmaster	(IB)	Healthwatch Havering
Pip Salvador-Jones	(PSJ)	Barking & Dagenham CVS
Elspeth Paisley	(EP)	Barking & Dagenham CVS and ICP steering group rep
Paul Rose	(PR)	Havering Compact
Caroline Rouse	(CR)	Newham CVS
Vanessa Morris	(VM)	Waltham Forest CVS
Johanna Moss	(JM)	Chief Strategy & Transformation Officer, NHS North East London

Item No.	Item title	Action
1.0	Welcome, introductions and apologies	
	<p>The Chair welcomed everyone to the meeting of the Integrated Care Partnership (ICP) which was held in person at Unex Tower.</p> <p>Apologies were noted as above.</p>	
1.1.	Declaration of conflicts of interest	
	<p>The Chair reminded members of their obligation to declare any interest they may have on any issues arising at the meeting which might conflict with the business of the Integrated Care Partnership.</p> <p>Declarations made by members of the ICP are listed on the Register of Interests. No further declarations were advised.</p> <p>The register is also available from either the Governance Team or on the ICB's website (northeastlondonicb.nhs.uk)</p>	
1.2.	Minutes of last meeting	
	<p>The minutes of the meeting held on 25 April 2024 were noted as a correct record.</p>	
1.3.	Matters arising	
	<p>Members reviewed the action log and noted all actions were completed with the exception of:</p> <p>ACT016 – The system finance workshop had been held in May 2024 and this action is now closed.</p> <p>ACT017 – CP, DB and the Head of Communications and Participation have met and discussed the plan to feedback on the success measures agreed following the Big Conversation. Healthwatch colleagues have met with engagement leads and feedback should commence from August.</p>	
2.0	Questions from the public	
	<p>No questions were submitted in advance of the meeting.</p>	
3.0	Wider determinants of health: Housing, Health and Wellbeing	
	<p>The ICP has recognised the importance and impacts of the wider determinants of health on health and wellbeing outcomes for local people. Acknowledging the breadth of housing as an area, the committee focused on the impact of poor quality and insecure accommodation on children, young people and families, with a particular highlight on:</p> <ul style="list-style-type: none"> • Quality of housing and the effect of damp and mould on children's health including respiratory conditions • How temporary and insecure accommodation affects children and young people's general health and wellbeing outcomes (looking at access to green spaces and leisure; feeling of belonging and identity) <p>Presentations were received from Newham and Redbridge local authorities, highlighting the following:</p> <ul style="list-style-type: none"> • The impact of insecure housing on children and young people can have far reaching consequences on their lives. It can impact their physical and mental health, education, increased risk of exploitation, social impact and strained family dynamics. Access to services is also 	

Item No.	Item title	Action
	<p>impacted through a lack of WiFi and challenged in home service delivery.</p> <ul style="list-style-type: none"> • Families in temporary accommodation have said they would like improved accommodation, access to education, training and employment support, delivery of services onsite, access to Wi-Fi and safe places for their children to study. • Dampness and mould are likely to exacerbate health conditions and frequently this affects children and people with pre-existing respiratory and immune system conditions. • There are mitigating actions that can be taken, particular on prevention. However, challenges include the cost of living crisis, increases in health inequalities increasing overall burden of ill health and increased pressure on primary and secondary care services during Winter. • The London Directors of Public Health have developed a damp and mould toolkit based on primary, secondary and tertiary prevention to help minimise adverse impacts. <p>Issues across NEL were discussed. Housing can be a barrier to discharging patients and temporary accommodation can be longer term for some residents due to lack of supply of safe and affordable homes.</p> <p>Examples were provided of good practice within and outside of north east London including pioneering registration requirements for private landlords, an early help housing model, environmental health referrals which began locally and now are being adopted nationally, dedicated advice in hostels, training for residents who can also become community champions and a one key visitor model being developed by another ICB.</p> <p>Members discussed what the ICP can do to make a difference including:</p> <ul style="list-style-type: none"> • Ensuring consistency across the partnership in messaging and sharing of good practice. • Embed health and housing in joint programmes of work from neighbourhood teams, through place and to collaborative and systems. • Bring social care and housing into workshops and conferences arranged by health partners. • Create a framework for training health colleagues to ask patients questions relating to their housing conditions. <p>The ICP noted the report and presentations provided and the ways the ICP can contribute to improving health and wellbeing outcomes for those most affected by poor quality and insecure housing.</p> <p>The ICP recommends to the Integrated Care Board that it adopt housing as a key issue to embed it across joint programmes of work.</p>	
4.0	<p>System approach to co production</p> <p>The ICP Steering Group had discussed the importance of taking forward co-production across governance and other settings recognising there are benefits to the commissioning cycle, use of assets and improving health and wellbeing.</p> <p>CP presented the background to the discussions and highlighted the following:</p>	

Item No.	Item title	Action
	<ul style="list-style-type: none"> • The NEL ICS Strategy: Working with People and Communities 2022 – 2025 was the first strategy agreed by the new ICB Board. • It was recognised that there was work to do to develop and to embed co-production as an approach. Since then, there have been, supported and enabled many examples of co-production. • There is currently no shared definition of co-production for the system and definitions from across the system were shared. • Examples of co production in Healthwatch and Community Voluntary Services were also shared as well as the locality leads model, which is a new approach to building community resilience in Barking & Dagenham. • The multiplicity of approaches and models are welcome, and it was recognised that not all parts of the system are equally mature in their approach but there is learning to be taken from colleagues locally and wider. • It is suggested that a shared definition of co-production for north east London is agreed that reflects the diversity of our communities and embraces the inclusiveness we are keen to embed in our culture. <p>Members discussion points were:</p> <ul style="list-style-type: none"> • There is a need for wider dissemination, avoiding duplication, and reaching underrepresented groups. • The issue of community representation was raised, with a concern that there is a lack of resident involvement on the steering group and emphasised the need for local voices. Elected members reminded the meeting that they are local residents and it was also noted that voluntary sector and Healthwatch ICP members are mandated by the groups they represent to speak for their local communities. • Asking people ‘what matters to you’ encourages meaningful community conversations. • Insights from community feedback could define and discuss what constitutes good care to local people. • A challenge is underestimating resources required for effective co-production, and a need to plan in advance and manage expectations. • It is important to gain trust from the community and an example was through community-created charters on how residents wish to be treated and involved. • Some duplication can be avoided by using existing NHS England principles for co-production. • Use various communication methods, including social media, for broader engagement. • Integration of different groups differs and there is a need to involve diverse community leaders. • There should be consistency regarding payment for engagement as this differs across the system. • It is important to be transparent about budget constraints and the necessity for tailored co-production principles. • It was noted that discussions on a consistent co-production payment policy across the system are underway. <p>The ICP noted the report and endorsed the direction of travel proposed. This is to develop a system approach and ambition for co-production with principles to provide a framework for honest, evidence driven, focused co-production that reflects the diversity of our communities and embraces the inclusiveness we are keen to embed in our culture.</p>	

Item No.	Item title	Action
5.0	Any other business	
5.1.	Members noted that following the election and a new government there will be a greater understanding of what the new policy is and what the ask will be of the partnership in due course.	
	Date of next meeting – 24 October 2024	

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Integrated Care Partnership Actions Log

OPEN ACTIONS

Action ref:	Date of meeting	Item no	Action required	Lead	When	Status
ACT016	10/01/24	7.3	<p>Financial position</p> <p>Reflect on the discussions held on patient discharge and implications for social care and where to take this next, given the existing high level of focus on UEC at Place, Collaborative and System</p> <p>Update: A system finance workshop was held in May where this was raised.</p>	CP	Completed	System discussion on finance now moved to May, from 16 April and to ensure wider health system representation (DPH and DACS) Action completed
ACT017	25/04/24	3.0	<p>Success measures</p> <p>To discuss detail to feedback to communities and to the collaboratives. CP, DB and the Head of Communications and Participation have met and discussed the plan to feedback on the success measures agreed following the Big Conversation. Healthwatch colleagues have met with engagement leads and feedback should commence from August.</p>	CP/DB	Completed	Action completed.

Integrated Care Partnership

24 October 2024

Title of report	Wider Determinants of Health: Employment
Author	Laura Anstey, Chief of Staff
Presented by	Zina Etheridge/Charlotte Pomery
Contact for further information	Laura.anstey@nhs.net
Executive summary	The attached presentation sets out the national and London context and what we are doing in north east London.
Action / recommendation	<p>The ICP is asked to consider the following questions:</p> <ul style="list-style-type: none"> · What reflections do you have on the connection between health and employment? · What reflections do you have on the data for NEL boroughs? What more do we need in order to understand the areas we need to focus on? · What examples can you share of health related employment pilots and schemes supporting people back in to work · What can we do as partners in this space? Where are the opportunities to join up and where do we need to prioritise to have most impact? Are there other partners we need to draw in?
Previous reporting	None
Next steps/ onward reporting	As identified in the report.
Conflicts of interest	None identified
Strategic fit	<p>This report aligns with all aims to:</p> <ul style="list-style-type: none"> · improve outcomes in population health and healthcare · tackle inequalities in outcomes, experience and access · enhance productivity and value for money · support broader social and economic development
Impact on local people, health inequalities and sustainability	
Has an Equalities Impact Assessment been carried out?	An Equalities Impact Assessment is not required for this report.
Impact on finance, performance and quality	There are no immediate financial implications.
Risks	There are no immediate risks identified.

Wider determinants of health: Employment

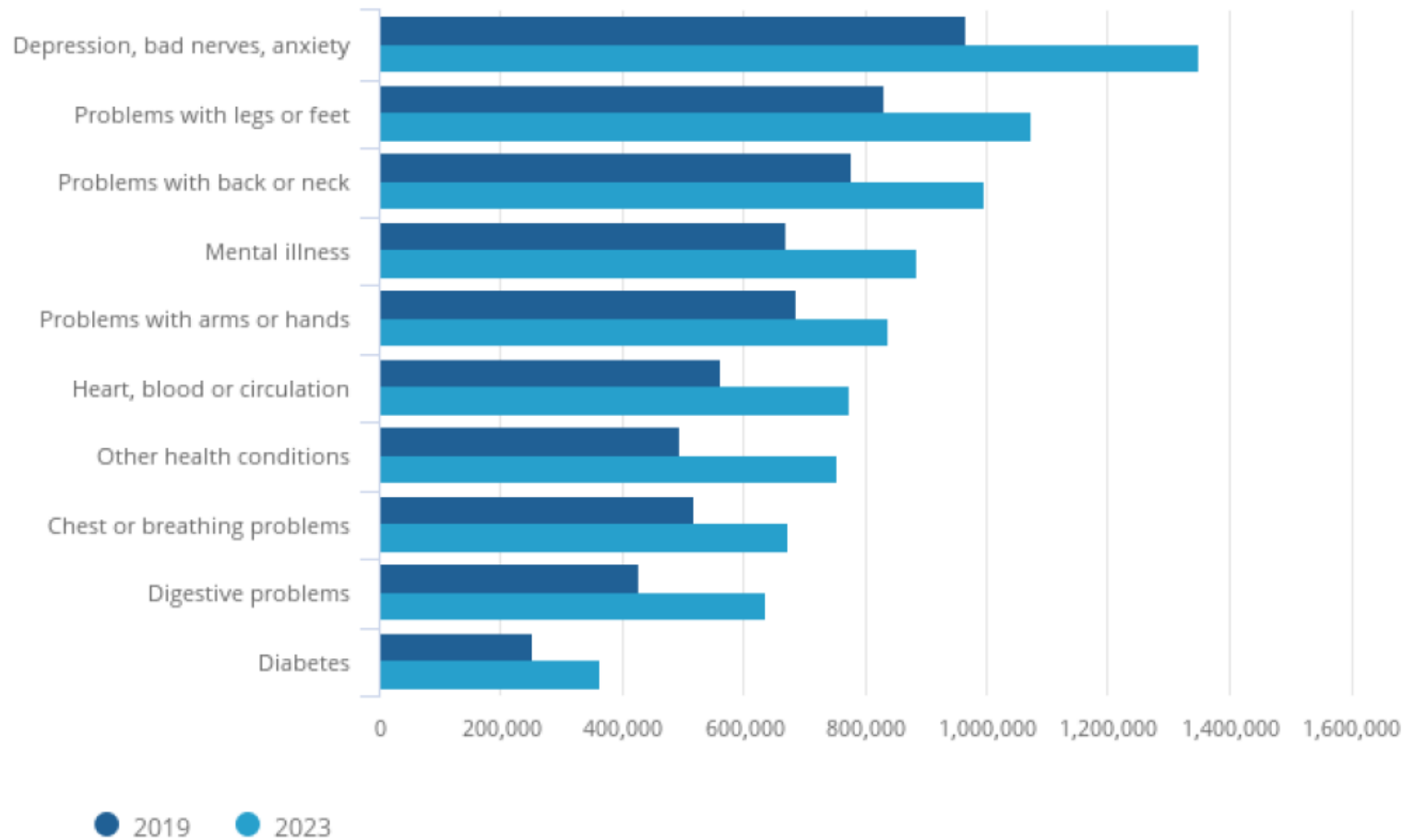
24 October 2024

National context

- Analysis and focus on the link between investing in health and economic growth is not new and there have been various findings shared over recent years. For example In 2022 the [NHS Confederation and Carnall Farrar](#) undertook some work which found that increasing spending on the NHS results in a healthier population with higher levels of workforce participation.
- More recently [the IPPR](#) has concluded a three year cross party commission on health and prosperity looking at the interaction between health and the economy. This found that health could solve many of Britain's most pressing economic challenges, including low growth and productivity. It found that If trends continue, economic inactivity due to sickness could hit 4.3m by the end of this Parliament (up from 2.8m today). As of the end of 2023 there were an estimated 900k extra workers missing from work. At the core of their recommendations is to move from a reactive, sickness orientated 20th century healthcare system in to a proactive 21st century health creation system, this includes a more integrated health and employment support services alongside a number of other suggestions.
- Following the election in July the new Government has made it clear that driving economic growth is a key priority for them. In his response to the Darzi investigation the Prime Minister referenced 2.8 million people being economically inactive because of long term sickness and outlined that the NHS as it stands is not contributing to national prosperity as it could. He said “getting people back to health and work would not only reduce the costs on the NHS but it would help drive economic growth and fund public services”.
- Since July there have been various announcements focussed on supporting people back in to work:
 - In September, the Secretary of State for Health announced he was sending clinicians in to hospitals across the country to roll out reforms – developed by surgeons, to treat more patients and cut waiting lists. The first twenty hospitals targeted by these teams will be in areas with the highest number of people off work sick.
 - In October the Work and Pensions Secretary spoke about job coaches visiting mental health patients in hospital to help them get back to work. She announced that trials of employment advisers giving CV and interview advice in hospitals had produced good results. The plan is based on a model used at the Maudsley psychiatric hospital in South London which deploys employment support, such as job seeking, CV writing and interview training.
 - The Secretary of State for Health has recently suggested weight-loss injections could be used to support people back in to work. He said “Our widening waistbands are also placing significant burden on our health service, costing the NHS £11bn a year – even more than smoking. And it's holding back our economy”. A study by Health Innovation Manchester and the pharmaceutical company Lily will examine whether being put on the drugs will reduce worklessness and the impact on NHS service use and will take place in Greater Manchester.
- The Government have also announced they will produce a Get Britain Working White Paper to set out how it will tackle economic inactivity, support people in to good work and help them to progress. They are focussed on a cross-government strategy to help people in to work including the launch of Skills England, the Industrial Strategy, the Plan to Make Work Pay and DHSC reforms to support people into work quicker.

National context

Health issues contributing to economic inactivity



The main health issues contributing to economic inactivity in the UK include musculoskeletal and mental health.

Top 10 types of health conditions, people aged 16 to 64 years economically inactive because of long-term sickness, UK, Jan-March 2019 to March 2023

Source: ONS. [Rising ill-health and economic inactivity because of long-term sickness, UK: 2019 to 2023, July 2023](#)

London context (from the Office for Health Improvement and Disparities)

- Economic growth is a priority for London, but this goal will be easier to achieve if the health of Londoners is improved so the workforce is healthy. The proportion of workers off due to long-term sickness has been rising over recent months, and this needs to be addressed so that people can start, stay and succeed in work.
- The new government has committed to give local places the responsibility and resources to design a joined-up work, health and skills offer that's right for local people. There are currently a range of different programmes supporting people with health conditions into work and the systematic integration of health and employment services will be vital in achieving inclusive economic growth in London.
- An individual's health and the economy are inextricably linked. Analysis by the NHS Confederation [1] showed that the economic activity of a local area is heavily influenced by the area's health status. The proportion of workers off due to long-term sickness is a recognised proxy measure for general morbidity. Additionally, the NHS is an important local employer itself. Its employees significantly contribute to the productivity and economic activity of local areas, but is currently experiencing labour and skills shortages. Improving individuals' health can drive an inclusive economy and promote the role of the NHS as an anchor institution.
- London boroughs, working individually and collectively through Sub-Regional Partnerships (SRPs), are working with the most disadvantaged Londoners to get them into good work. In 2023/24, the boroughs supported over 56,000 Londoners through their non-statutory employment programmes. Plus, the delegated Work and Health Programme, managed by the SRPs, has supported over 65,000 disabled and long-term unemployed Londoners into work over five years [2].
- There is a range of different programmes supporting people with health conditions into work –WHP Pioneer, employment advice in MSK and talking therapies services, Individual Placement Support (IPS) in primary care, for people with drug and alcohol dependency and mental health issues, WorkWell Partnerships and Universal Support (US) or its successor. The new government has committed to give local places the responsibility and resources to design a joined-up work, health and skills offer that's right for local people.
- The systematic integration of health and employment services will be vital in achieving inclusive economic growth in London.

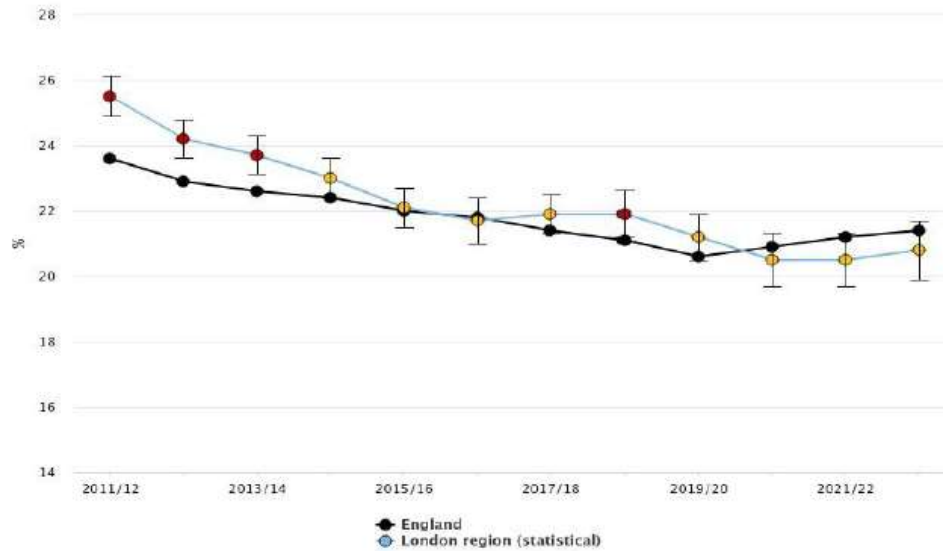
London context

Work and Health: High Level Data for England and London

Economic inactivity – current trends

Although lower than for England, economic activity rates have been rising for London although not significantly. They have reduced overall in the last decade.

Economic inactivity rate for London region (statistical)



Recent trend: ➡ No significant change

Period	London region (statistical)				England
	Count	Value	95% Lower CI	95% Upper CI	
2011/12	1,440,700	25.5%	24.9%	26.1%	23.6%
2012/13	1,372,400	24.2%	23.6%	24.8%	22.9%
2013/14	1,361,300	23.7%	23.1%	24.3%	22.6%
2014/15	1,333,600	23.0%	22.4%	23.6%	22.4%
2015/16	1,298,900	22.1%	21.5%	22.7%	22.0%
2016/17	1,284,000	21.7%	21.0%	22.4%	21.8%
2017/18	1,303,400	21.9%	21.3%	22.5%	21.4%
2018/19	1,320,100	21.9%	21.2%	22.6%	21.1%
2019/20	1,289,800	21.2%	20.5%	21.9%	20.6%
2020/21	1,253,900	20.5%	19.7%	21.3%	20.9%
2021/22	1,255,500	20.5%	19.7%	21.3%	21.2%
2022/23	1,281,300	20.8%	19.9%	21.7%	21.4%

Source: NOMIS, Official Census and Labour Market Statistics, [Economic inactivity rate](#)

Definition: The percentage of the population aged 16-64 years who are economically inactive (i.e. neither in employment nor unemployed). There are many reasons for economic inactivity, some positive (those looking after family/home, students, retired), and others negative (long-term/temporary sick, disabled, or workers not looking because they believe no jobs are available). In the UK, long-term sickness accounts for the highest proportion of those economically inactive. However, higher inactivity at local authority or regional level is strongly associated with negative health outcomes.

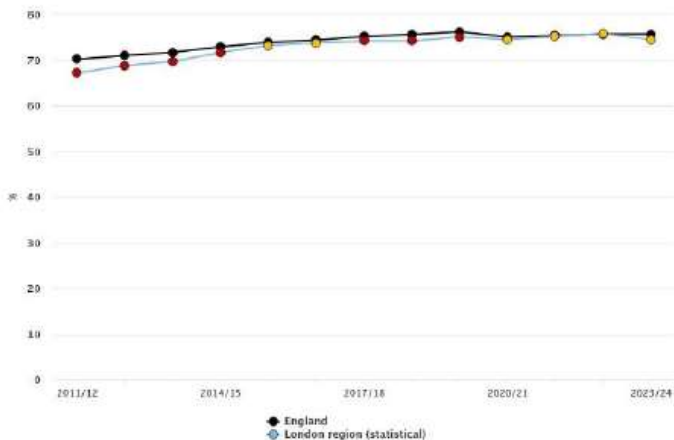
London context

Employment, and Unemployment

Sources: Fingertips, PHOF Indicator B08d, and Local Health profile

- 6 boroughs had significantly lower employment rates compared to England (2023/24)
- There has been no significant change in London's employment rate in recent years, though there has been an increase over time

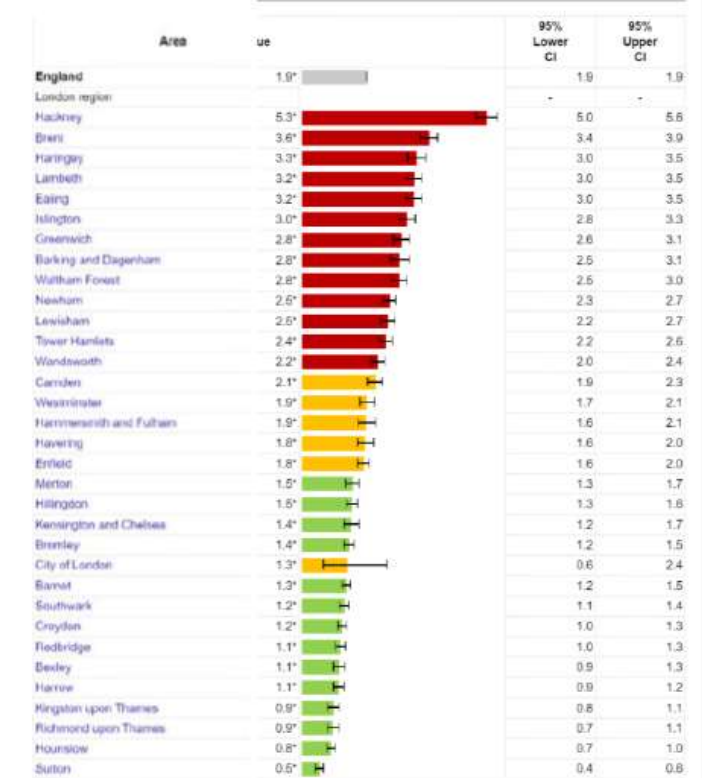
B08d - Percentage of people in employment for London region (statistical)



B08d - Percentage of people in employment New data 2023/24

Area	Recent Trend	Count	Value	95% Lower CI	95% Upper CI	Proportion %
England	↗	26,623,000	75.7	75.3	76.1	
London region (statistical)	↗	4,608,000	74.6	73.3	75.7	
Wandsworth	↗	194,800	81.9	79.6	87.2	
Havering	↗	135,300	81.0	77.3	86.6	
Greenwich	↗	162,700	81.0	75.9	86.1	
Kingston upon Thames	↗	97,100	80.6	74.0	87.2	
Ealing	↗	186,300	79.7	70.8	88.6	
Hackney	↗	169,300	79.4	72.5	86.3	
Merton	↗	111,500	78.6	71.9	85.1	
Southwark	↗	187,500	78.3	72.0	84.6	
Harrow	↗	122,400	78.3	70.8	85.8	
Bromley	↗	169,000	78.3	72.9	83.7	
Hammersmith and Fulham	↗	100,300	78.1	71.4	84.8	
Croydon	↗	198,100	78.0	72.7	83.3	
Hounslow	↗	140,800	77.2	69.7	84.7	
Waltham Forest	↗	149,100	77.1	71.2	83.0	
Sutton	↗	104,100	76.6	70.0	83.0	
Lewisham	↗	163,600	75.6	69.1	81.9	
Lambeth	↗	187,800	75.1	68.2	82.0	
Islington	↗	137,000	74.6	68.3	80.7	
Richmond upon Thames	↗	92,300	73.7	68.6	80.8	
Bexley	↗	117,400	72.6	66.2	79.4	
Hillingdon	↗	151,000	72.7	63.6	81.9	
Westminster	↗	125,300	72.5	65.0	80.0	
Haringey	↗	141,600	71.6	65.3	77.9	
Newham	↗	184,400	71.2	64.7	77.7	
Barking and Dagenham	↗	102,500	71.1	64.9	77.3	
Tower Hamlets	↗	168,000	68.6	62.2	74.8	
Redbridge	↗	142,800	68.6	62.6	74.4	
Brant	↗	146,100	67.7	59.2	76.2	
Enfield	↗	149,100	67.5	59.7	75.3	
Camden	↗	123,500	67.2	60.2	74.2	
Barnet	↗	172,700	67.0	60.2	73.8	
Kensington and Chelsea	↗	68,600	65.1	57.7	72.6	
City of London	-	-	-	-	-	

Long-Term Unemployment- rate per 1,000 working age population :



Nearly half of London boroughs had long-term unemployment rates higher than England (21/22)

Definitions: Employment - Percentage of respondents in Labour Force Survey employed (aged 16 to 64)
 Long-term unemployment - Average monthly claimants of Jobseeker's Allowance claiming for more than 12 months per 1,000 working age population.

London context

Skills and educational profile of the London population

Source: OHID Fingertips, PHOF, 2022/23
Indicator B05

- Although London region has the lowest percentage of 16-17 year olds not in education, employment or training (NEET), two boroughs have a significantly higher (worse) value than both London overall (3.4%) and England (5.2%): Lewisham and Enfield

Proportion of 16 to 17 year olds not in education, employment or training (NEET) or whose activity is not known, 2022/23

Area ▲▼	Recent Trend	Count ▲▼	Value ▲▼	95% Lower CI	95% Upper CI
England	↓	64,880	5.2	5.2	5.3
London region (statistical)	↓	6,360	3.4	3.3	3.4
Lewisham	↑	514	7.8	7.2	8.5
Enfield	↑	509	5.7	5.2	6.2
Hillingdon	→	429	5.6	5.1	6.2
Hounslow	→	366	5.6	5.0	6.1
Croydon	↓	457	4.8	4.4	5.2
Haringey	↓	259	4.8	4.2	5.4
Islington	→	153	4.5	3.8	5.2
Lambeth	↓	231	4.1	3.6	4.7
Hammersmith and Fulham	↑	110	4.1	3.4	4.9
Newham	↓	340	3.7	3.3	4.1
Tower Hamlets	↓	236	3.6	3.2	4.1
Kensington and Chelsea	→	51	3.6	2.7	4.7
Wandsworth	↓	152	3.5	3.0	4.1
Greenwich	↓	215	3.3	2.9	3.8
Westminster	→	86	3.3	2.7	4.0
Redbridge	→	253	3.1	2.8	3.5
Barking and Dagenham	→	200	2.9	2.5	3.3
Southwark	↓	151	2.6	2.2	3.1
Camden	↓	83	2.5	2.1	3.1
Havering	→	152	2.4	2.1	2.9
Hackney	↓	130	2.4	2.0	2.9
Ealing	↓	205	2.4	2.1	2.7
Bexley	→	143	2.4	2.0	2.8
Brent	→	192	2.3	2.0	2.7
Sutton	→	110	2.2	1.9	2.7
Waltham Forest	↓	127	2.1	1.8	2.5
Kingston upon Thames	→	67	1.9	1.5	2.4
Richmond upon Thames	→	64	1.9	1.5	2.4
Merton	→	84	1.9	1.5	2.3
Harrow	→	99	1.7	1.4	2.0
Bromley	→	114	1.6	1.3	1.9
Barnet	↓	77	0.9	0.7	1.1
City of London	-	0	0.0	0.0	6.0

Source: Department for Education

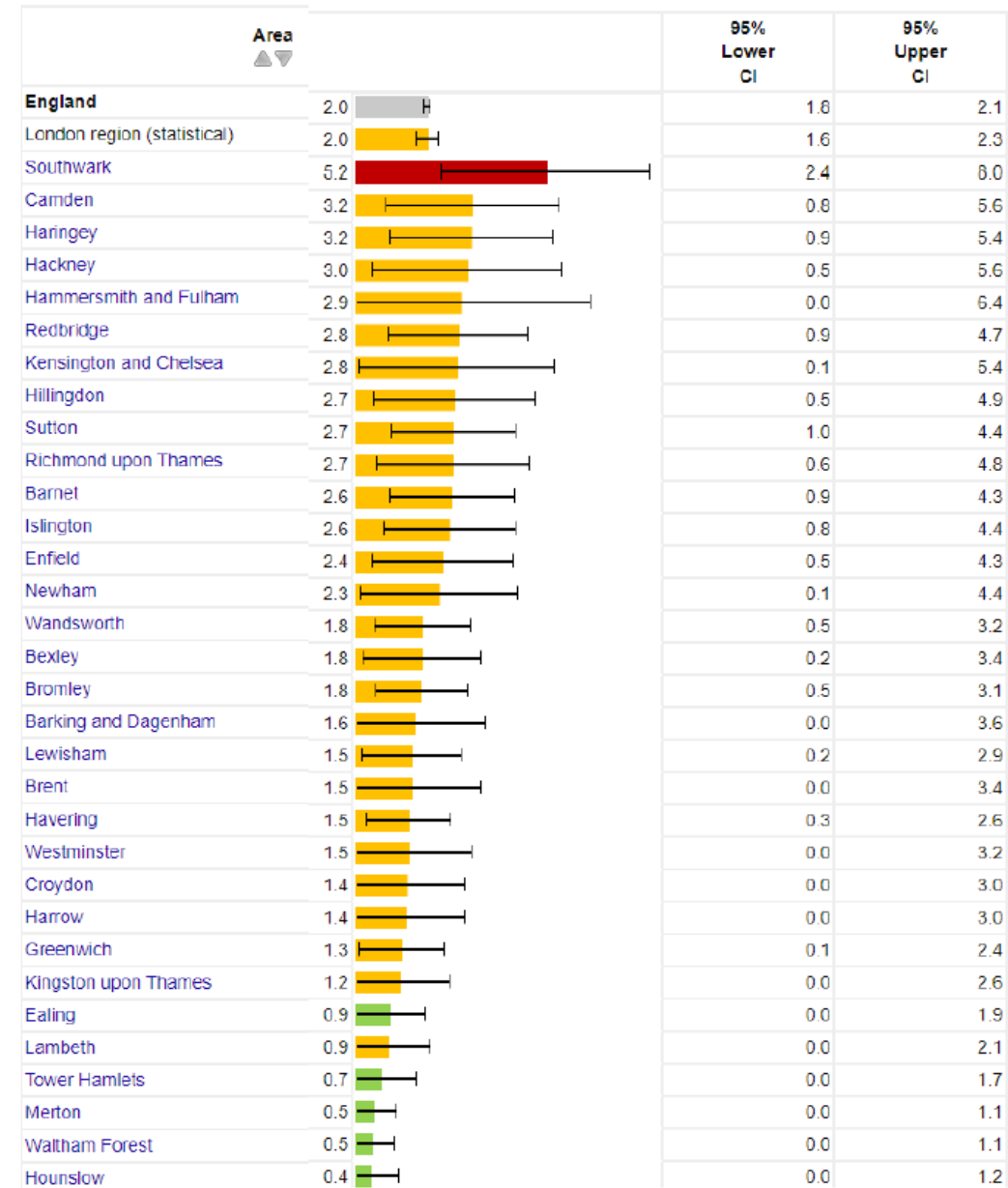
London context

Sickness absence: percentage of employees who had at least one day off in previous week

Source: OHID Fingertips, PHOF, 2020-22

Indicator B09a

- Rates are significantly higher compared to England in Southwark (South East London ICS)
- Significantly lower rates in Ealing, Tower Hamlets, Merton, Tower Waltham Forest and Hounslow



What are we doing in North East London



One of the four aims as an ICS is helping the NHS support broader social and economic development and locally one of our four flagship priorities is around employment and workforce – working together to create meaningful work opportunities for people in NEL. We have been focussed on a number of pilots and projects under this priority as outlined below.

Social Care

- GLA Mayors Academy programme with Care Providers Voice - NEL wide Job placement programme supporting residents with protected characteristics including LTC into pre job training, job placements and jobs in care sector. 250k funding.

Secondary Care

- NHSE Care experienced young people programme with Healthcare Horizons/Barts - NEL wide Job placement programme supporting care exp young people into pre job training, secondary care job placements and jobs. 40k funding.

Primary Care

- NHSE WRES supporting residents into work programme with Tower Hamlets Training Hub - NEL wide programme supporting local residents with protected characteristics including LTC into pre job training, secondary care job placements and jobs. 40k funding.

Other areas worth noting

- We are waiting on the outcome of a bid to DWP & DHSC to link up the Homerton MSK service with the Hackney local authority job brokerage service called Hackney Works. If successful patients in the MSK service or on the waiting list will be able to access specialised career/job support from a work coach at Hackney Works.
- Each borough/local authority has a job brokerage service. Over the past 6 months we have been inviting each borough service to our main careers group called BACS (Building Accessing Careers). The aim of this has been to try and connect in these job brokerage services with a partner organisation ranging from local employers, schools, colleges, JCP, Orgs like Care City, CPV, Skills for care etc.
- IPPR – we are hosting a roundtable of employability leads from our key partners. This roundtable will focus on how we can ensure our emerging integrated neighbourhood team approach will support economically inactive residents back into health and therefore into work.
- NWL ICS have run a successful employment programme supporting refugees into job placements, training and jobs. We have a working group established to look at how we can replicate this in NEL. We need to identify funding to pilot this or get it started.
- London wide we are active members of the DWP and DHSC working group and we are well linked into this work and future opportunities.

Next steps

- Through our work with local people we know there are three main areas which support their health and wellbeing: stable accommodation, social relationships and stable employment (live, love, do).
- We are now looking at how we can draw together all the work we are doing to create a NEL position on health and employment, particularly looking at what the role of integrated neighbourhood teams are in supporting economically inactive residents back in to work. We have some good examples of INT working in this area already which we can share.
- ICP members are asked to consider the following questions
 - What reflections do you have on the connection between health and employment?
 - What reflections do you have on the data for NEL boroughs? What more do we need in order to understand the areas we need to focus on?
 - What examples can you share of health related employment pilots and schemes supporting people back into work
 - What can we do as partners in this space? Where are the opportunities to join up and where do we need to prioritise to have most impact? Are there other partners we need to draw in?

Thank You



North East London Health and Care Partnership is our integrated care system, which brings together NHS organisations, local authorities, community organisations and local people to ensure our residents can live healthier, happier lives.

www.northeastlondonhcp.nhs.uk | Follow us on Twitter [@nelhcp](https://twitter.com/nelhcp)

North East London Health and Care Partnership Citizen's Panel

Join our Citizen's Panel and help us shape health services in north east London.
Help create services that work for you and others in your area and get your voice heard.
enquiries@northeastlondonhcp.nhs.uk

Integrated Care Partnership

24 October 2024

Title of report	ICP Improvement plan
Author	Charlotte Pomery, Chief Participation and Place Officer, NHS NEL
Presented by	Charlotte Pomery
Contact for further information	annemarie.keliris@nhs.net
Executive summary	<p>At the last meeting held on 18 July, a development session was held to discuss the partnership's strengths and areas for development and what this means for our work programme and the year ahead. This was based on the recommendations from the NHS Confederation's report into integrated care partnerships and driving the future vision for health and care.</p> <p>Feedback from this discussion as well as from the committee effectiveness survey held earlier in the year have helped to shape the improvement plan presented here.</p>
Action / recommendation	The ICP is asked to and support the improvement plan.
Previous reporting	ICP Steering Group
Next steps/ onward reporting	Regular review of progress will be undertaken by the steering group
Conflicts of interest	None identified
Strategic fit	<p>This report aligns with all aims to:</p> <ul style="list-style-type: none"> · improve outcomes in population health and healthcare · tackle inequalities in outcomes, experience and access · enhance productivity and value for money · support broader social and economic development
Impact on local people, health inequalities and sustainability	The inclusive governance is designed to support the organisation and system to make improvements to access, experience and outcomes for local people - with an overall focus on tackling health inequalities.
Has an Equalities Impact Assessment been carried out?	An Equalities Impact Assessment is not required for this report.
Impact on finance, performance and quality	There are no immediate financial implications.
Risks	There are no immediate risks identified.

North East London Integrated Care Partnership: Improvement plan – 2024/2025

The Improvement Plan is structured into three themes:

- Strategy
- Governance
- Partnerships and Resident Engagement

Each theme has a number of linked issues and actions, which, when combined, are intended to address the concerns and comments of ICP members surfaced during the recent development session. The improvement plan touches on all members of the ICP and comments are sought to enable collective implementation

Theme	Issue	Background and what needs to be done	Lead	Time frame	Assurance mechanism	Current status
Strategy	Integrated Care Strategy	Review the Integrated Care Strategy and aligned Forward Plan. Forward Plan to reflect review in January 2025	CPPO	January	ICP	Date on forward planner
	Success Measures	Implement Integrated Care Strategy Success Measures and use to monitor impact of Strategy as part of review, above.	CPPO	January	ICP	Completed
		Confirm community support for success measures	CPPO	October 2024		Update to ICP
		Timetable focused reporting back on progress against the success measures aligned to review above	CPPO	At ICP meetings		To be added to forward plan

Theme	Issue	Background and what needs to be done	Lead	Time frame	Assurance mechanism	Current status
	ICP Member impact	<p>ICP members to identify strategic change in their own organisations which may have an impact on the Integrated Care Strategy and other strategies of the partners.</p> <p>Updates from partners and active participation in strategic discussions</p>	<p>All</p> <p>Chair/ All</p>	<p>Ongoing</p> <p>Ongoing from now</p>	ICP	<p>Identified at each meeting through presentations by constituent organisations</p> <p>Ongoing</p>
	Alignment of ICP with ICB	<p>Continue to influence the ICB and system with effective links to partnership and delivery structures.</p> <p>Chair actively to refer items between ICB and ICP and identify impact of discussion/work in one setting on the other</p> <p>Partners to include reference to ICP in wider system discussions and to bring strategic discussions into the ICP</p>	<p>All</p> <p>Chair/ CPPO</p> <p>All</p>	Ongoing from now	ICP	<p>Established reports from ICP to ICB with recommendations and feedback from ICB.</p> <p>Develop report back and briefings to ICP.</p> <p>Above to be implemented immediately</p>
	Effective forward planning	<p>Comprehensive forward plan to ensure in line with strategic direction of the ICP.</p> <p>Focus on themes at each meeting in line with work programme – contributions to be sought from all partners</p>	<p>CPPO</p> <p>CPPO</p>	<p>Ongoing</p> <p>At each ICP</p>	ICP	<p>Established and discussed at steering group and reviewed at ICP</p> <p>On forward plan</p>

Theme	Issue	Background and what needs to be done	Lead	Time frame	Assurance mechanism	Current status
	Good practice	<ol style="list-style-type: none"> All to share good practice initiatives with clearer opportunities for boroughs to 'level up' on provision of services. Ensure discussions on themes and items are followed through and translated to actions/next steps in a systematic way Prioritise items and themes to build impact over time in line with the Strategy 	CPPO CPPO CPPO	Ongoing from now	ICP	Continuous development through immediate actions including: 1. Key areas to level up being discussed by local government, 2. Clarity during the meeting on next steps 3. Priority setting through ICP work plan
Governance	ICP Development	<p>Ensure that the ICP has a programme of continuous development ensuring sufficient time is allocated to effectively establish understanding of the role and responsibilities of the ICP following the approval of the interim Integrated Care Strategy.</p> <p>Agree and programme development sessions throughout the year</p>	Chair/CEO CPPO	January & July 2025	ICP	Established - as part of forward plan Extend January and July meetings to accommodate.
	Style of meetings	Meetings in person allow for members to build on effective working relationships and thereby maximise opportunities for involving all in discussions. Holding meetings in a physical environment will allow for smaller breakout	Chair	Every meeting now held in person	ICP	Completed

Theme	Issue	Background and what needs to be done	Lead	Time frame	Assurance mechanism	Current status
		<p>discussions to take place in workshop-style sessions will ensure all voices are heard.</p> <p>Booking of meetings to reflect needs above All members to commit to in-person meetings at agreed frequency</p>	<p>CPPO All</p>			Requires continued support from members
	Lack of diversity in ICP	<p>ICP does not adequately reflect the diversity of populations across north east London</p> <p>Build diversity over time, recognising role of each partner in ensuring appropriate representation</p>	<p>All All</p>	<p>From now Review in July 2025 - development session</p>		Ensure governance representation reflected in NEL workforce strategy and considered as part of collaborative discussions
	Reflection of equal partnership in the ICP	<p>Active participation of all partners in presentations / preparation of papers / discussions</p> <p>Preparation of agenda items to include contributions from all members, with presentations/papers from across the ICP</p> <p>Papers to be focused, short and shared in advance</p> <p>Effective forward planning to ensure all partners, including smaller voluntary groups for example have the capacity and resources to contribute.</p>	<p>CPPO CPPO All contributors CPPO</p>	<p>From now Ongoing Ongoing Ongoing</p>		<p>Ensure this is considered as part of the forward plan work</p> <p>Use steering group to identify items from across partnership and set agendas</p>

Theme	Issue	Background and what needs to be done	Lead	Time frame	Assurance mechanism	Current status
	Chairing arrangements	Build equity of partnership through VCSE involvement in Vice Chairing arrangements. To be taken forward by April 2025	Chair	April 2025	ICP	In progress
Partnerships and Public Engagement	Resident at the heart of discussions	<p>Holding meetings in person and in public will enable local people to engage and participate more effectively with the ICP.</p> <p>Meetings to be promoted and advertised on ICB and Partner websites and at other meetings</p> <p>Agenda planning to reflect voice of local residents</p> <p>Big Conversation and co-production to be reflected in all papers and presentations</p>	<p>CPPO</p> <p>CPPO /All</p> <p>CPPO</p> <p>All</p>	Ongoing	ICP	Partially in place – engagement required to take forward in full
	Partnership input	<p>All partners to propose key agenda items and themes for discussion.</p> <p>Agenda to reflect partnership input whilst ensuring impact and prioritisation</p>	All	Ongoing	ICP	As part of forward plan
	Appropriate representation from all sectors	Review committee membership regularly, including review of chairing arrangements	Chair/CPPO	Annually	ICP	As part of development session