**London People Board – Minutes**

**Monday 16th September 2024**

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| **1.** | **Welcome and apologies** | |
|  | Marie Gabriel (MG) Welcomed Board members to the meeting. |  |
| **2.** | **Review minutes from London People Board held on 15th July 2024** | |
|  | Minutes approved |  |
| **3.** | **Response to national riots** |  |
|  | **Discussion**  Immediate Response and Support  MG opened the discussion about the recent national riots that occurred over a six-day period during the summer and noted these riots had a significant impact on staff.  A letter was circulated from the London People Board to offer support to staff who were directly affected. The importance of reinforcing the board’s anti-racist framework was highlighted, with a focus on addressing the immediate psychological and emotional trauma experienced by staff during and after the riots.  Ongoing Challenges  The discussion acknowledged that while immediate responses were crucial, there are ongoing challenges related to the riots. These include the need to address the deeper racist sentiments that were exposed and the continued anxiety among staff.  There was concern about the broader impact, noting that the riots not only involved physical damage and abuse but also encouraged widespread conversations revealing unsettling racist attitudes.  Developing a Response  The board discussed an approach for responding to future incidents. The meeting agreed on a coordinated strategy to ensure that any response is both comprehensive and consistent across different sectors and organisations within the region.  Key Points Raised  Visibility and Feedback: Kevin Fenton (KF) emphasised the need for increased visibility of actions taken in response to the riots, as well as the importance of communicating progress to staff with tangible data and addressing concerns about the slow pace of change in meeting workforce standards.  Future Initiatives: The upcoming systematic review by the Institute of Health Equity was noted. This review will assess the impact of structural racism on health and will provide valuable insights. Additionally, the launch of the London Anti-Racism Collaboration for Health Network was highlighted as a key opportunity to share best practices and enhance anti-racism efforts.  Integration of Services: Jonathan Sampson (KS) pointed out the importance of integrating primary care, social care, and voluntary sector organisations in anti-racism efforts. The meeting acknowledged the challenge of engaging smaller organisations that may lack resources and policies.  The board discussed the need for a strategic approach to anti-racism training. It was noted that many current training programmes are superficial and that there is a need for more in-depth and impactful training. This training should be seen as a fundamental duty of employers and should be integrated into broader organisational practices.  **Actions**  Develop a Coordinated Response Plan   * Formulate a comprehensive response plan for future incidents of a similar nature. This plan should include clear protocols for communication, support for staff, and coordination across all relevant organisations in London.   Enhance Visibility and Feedback Mechanisms:   * Implement systems to regularly update staff on anti-racism efforts and progress. This includes the development of a reporting framework that uses data to demonstrate progress and impact, ensuring transparency and accountability.   Revise Anti-Racism Training Programs:   * Review and enhance anti-racism training programmes to ensure they are comprehensive and impactful. |  |
| **4.** | **EDI Performance Pack** |  |
|  | **Discussion**  Overview of EDI Performance Pack  The meeting began with a presentation on the National EDI Improvement Plan, which includes six high-impact options. The goal is to evaluate the current status and effectiveness of these actions across London.  Current Status and Data  The presentation highlighted the extensive work ongoing in London and the availability of a considerable amount of data. This data will help assess whether the high-impact actions are being implemented effectively  An overview of current data sources was provided, including where systems and providers can access this information and how the regional team can offer support.  Challenges Identified  There were discussions about the challenges faced in implementing EDI initiatives. Specific issues mentioned included barriers related to national terms and conditions, such as outdated discrimination policies in the Agenda for Change framework.  The difficulty in accessing systems on different devices, such as Android phones, was noted as a significant barrier, particularly affecting staff from the global majority.  Concerns were raised about the effectiveness of benchmarks and the need for more meaningful indicators. It was noted that while some areas are performing better, there are still significant issues, such as a high percentage of staff experiencing bullying.  The discussion included examples of local initiatives, such as City and Hackney’s decolonisation approaches, and the challenge of integrating these with national EDI strategies.  The potential influence of local data and experiences on national EDI policies was highlighted. There was a call for leveraging insights from London’s diverse experiences to inform broader national strategies.  Recruitment and Accessibility Issues  Recruitment challenges were discussed, particularly the barriers to accessing NHS jobs due to outdated requirements and limited digital accessibility.  The importance of collaborating with local authorities and utilising resources such as the GLA’s funding for health and social care hubs was noted. There is potential to better use these assets to improve community engagement and job accessibility in the NHS.  **Actions**  EDI performance pack to be included in a future ICS CPO Agenda  Silvio Giannotta and Edmund King to work together to finalise the approach to incorporating EDI reporting into the regional focus meetings with systems. |  |
| **5.** | **High Cost Area Supplement** |  |
|  | MW presented a paper on HCAS. This paper will not be circulated and was brought to the board for discussion only.  **Discussion**  The discussion focused on the justification for continued HCAS on AFC contracts. It was noted that since the introduction of current working practices, the nature of work has significantly shifted. There is a need to reassess whether the cost of employment in central locations remains justified, particularly as remote and hybrid working patterns have become more prevalent.  Hybrid Working  There was a proposal to consider a more unified approach to hybrid working across the London NHS region. Currently, there are variations in hybrid working policies across different areas, with some organisations requiring staff to attend the office more frequently than others. Concerns were expressed about this inconsistency leading to confusion and discontent among staff.  Broader Implications for Primary Care and Local Employment  JS highlighted potential unintended consequences of hybrid working policies on broader NHS initiatives, particularly the anchor programme, which aims to position the NHS as a key local employer. It was noted that entry-level roles within the NHS are already difficult to fill, particularly in areas with high cost-of-living pressures. There are concerns that changes to working patterns could exacerbate these challenges, particularly in more vulnerable communities.  Next Steps   * **Mapping of Hybrid Working Policies:** A mapping exercise will be conducted to assess the different hybrid working policies in place across London NHS organisations. * **Review of Cost Implications:** Further evidence will be gathered on the cost implications of working in central London versus outer London areas,. |  |
|  | **Government Briefing, Regional growth plan & health mission** |  |
|  | **Discussion**  Lizzie Smith (LS) recently circulated a one page briefing document on recent updates from the government, including new policies and regional growth plans. This discussion was influenced by the outcomes of the general and mayoral elections and aimed to provide a narrative for stakeholders to use in their discussions with politicians and other influential leaders..  The board reviewed a draft briefing statement, which outlines the London People Board's priorities and collaborative opportunities with both London and national government. There was emphasis on economic growth and the alignment of health missions with the government’s broader goals.  Members were encouraged to review the draft statement, which includes key areas such as workforce transformation, apprenticeships, and health prevention strategies. The discussion highlighted the importance of showcasing how London's unique attributes, such as its diverse population and economic impact, should be reflected in the briefing.  The board discussed aligning the briefing with the Secretary of State’s three key shifts: prevention to treatment, hospital to community, and analogue to digital. There was a suggestion to capture the implications of these shifts on the workforce and how London can lead and innovate in these areas.  It was noted that the draft document might benefit from additional data highlighting London’s unique position and challenges.  **Actions**  Update the draft briefing statement to include feedback from the meeting and additional data on London’s unique attributes.  Circulate briefing to CPOs and CEOs to help inform their conversations. |  |
|  | **London People Board Communications Plan** |  |
|  | MG noted the board requires volunteers to have a few short sessions to develop a comms plan  **Action**  New communications manager (CC to identify) to run working group with MG, Nichole McIntosh (NM) to begin to develop a plan. |  |
| **10.** | **Additional Items to note** |  |
|  | Following the retention data presented to the Board in May, the board requested further analysis to be undertaken focusing on churn within London, leavers out of London, data on reasons for leaving/staying, and more data to compare by system and provider within the profession/protected characteristic groupings you used in the initial analysis. ​  ​  High level overview for refreshed data below:​   * London turnover is 12.8% in June 2024 down from 16.8% in September 2022.​ * 26.2% of trust level leavers move to another London organisation.​ * Turnover of female staff is higher than male staff in all systems except SEL.​ * White staff have a higher turnover than BAME staff although turnover of BAME staff in higher in South London systems.​ * Turnover of disabled staff is 2.9% higher than that of non-disabled staff.​   The meeting asked if this refreshed data can illustrate if retention has improved with the exclusion of international recruitment.  ​  **Action**  Take to system and wider CPO- next steps for this pack |  |
| **11.** | **Any Other Business** |  |
|  | None raised |  |