

**London People Board – Minutes**  
**Monday 15<sup>th</sup> September 2025**

**Welcome and apologies**

The chair Dame Marie Gabriel MG) Welcomed Board members to the meeting.

**Review minutes from London People Board held on 13<sup>th</sup> July 2025**

Minutes approved

**10 Year Plan Delivery**

**Presentation**

Jo Lenaghan (JL) introduced the work to develop a 10-Year NHS Plan, highlighting its scale and ambition as well as the tight timeframe, with the national plan expected to be completed by December 2025. The 10-Year Workforce Plan will be integral to the wider strategy and must be credible, politically sustainable, and deliverable, while also setting a bold vision for the future.

Key points from JL's presentation included:

- The plan will require a fundamental reframing of workforce planning, shifting the focus from a narrow supply-based model to one that also addresses population demand, need, and new models of care delivery.
- Alongside the NHS workforce, the plan will include carers, volunteers, communities, and patients as co-producers of health, broadening the definition of workforce.
- Technology, AI, genomics, and digital transformation will be embedded throughout the plan, including their impact on workforce productivity, skills requirements, and service delivery.
- A set of minimum standards for staff experience and wellbeing will be developed, covering basic needs such as hot food, rest areas, occupational health, and sexual safety. These standards will be linked to performance and regulatory frameworks and are expected to launch in April 2026.
- Curriculum reform will be a priority, ensuring future training pathways are aligned with emerging service models and new technologies.
- The plan will take a multi-professional approach, avoiding over-reliance on a doctor- and nurse-centric model and fully integrating the contributions of AHPs, pharmacy, and healthcare science.
- A call for evidence will shortly be launched to gather best practice examples and innovative approaches that could inform delivery of the three central shifts in the 10-Year Plan.
- JL emphasised the need to flush out key structural choices, such as whether NHS England should take a more direct role in commissioning workforce education and training, to ensure the plan addresses systemic barriers rather than preserving legacy structures.
- Workforce modelling will consider neighbourhood and primary care models, as well as the broader landscape, ensuring solutions are designed around local population needs rather than defaulting to large hospital-based models.

JL acknowledged the challenges of alignment between national, regional, and local plans, stressing that local plans must inform the national strategy, and vice versa, to avoid duplication and ensure coherence.

## Discussion

Marie Gabriel (MG) emphasised the importance of explicitly addressing culture change within the plan, as cultural barriers have historically undermined workforce transformation. JL confirmed that culture and values would be embedded throughout.

Ify Okocha (IO) expressed concern about the ambitious December 2025 timeline, suggesting that the plan may need to be structured in two phases (e.g., 3-year and 7-year segments) to ensure deliverability. IO stressed the need for clear sequencing, as regional and provider plans will need to align closely with the national vision.

- JL acknowledged this challenge and agreed that sequencing would be critical, with national planning shaped by local demand signals and realistic timeframes.

Rachel Evans (RE) reflected on three key areas:

1. Innovation and AI- the difficulty of translating technological innovation into recurring productivity savings, rather than short-term operational relief.
2. Safe staffing guidance- current ambiguities create risk and constrain workforce planning; clear national guidance is urgently needed.
3. Equity across settings- wellbeing standards (e.g., hot food provision) must apply to community and primary care as well as acute hospitals.

JL agreed, noting that productivity gains must be embedded structurally and that staff wellbeing must be prioritised across all settings, not just hospitals.

Jonathan Sampson (JS) noted the advantage of embedding primary care and neighbourhood health models at the heart of workforce planning, rather than starting with hospitals. He highlighted the complexity of aligning workforce planning across 1,100 London GP practices, community pharmacies, and other providers.

- MG supported this view, emphasising that planning must begin at the community level, not at the top of the system.

Karen Bonner (KB) underlined the importance of producing a plan that is credible and politically sustainable. She encouraged the group to look beyond the NHS and learn from other sectors that have successfully implemented large-scale transformation. KB also stressed the centrality of people, diversity, and wellbeing, linking workforce transformation directly to safe, high-quality care.

Nnenna Osuji (NO) posed several key questions:

- How will the plan define workforce, ensuring it includes carers and communities as contributors to health outcomes?
- How will granular diversity data be captured to support inclusion and belonging, ensuring no communities are left behind?
- How can planning move beyond supply and demand to focus on future population need and skills requirements, shifting the emphasis from qualifications to competencies?
- The need to prepare the workforce for an AI-enabled future, addressing inequalities in digital literacy and access.
- The importance of embedding curiosity, resilience, and challenge as core competencies to equip staff to thrive in a rapidly evolving health and care landscape.

JL agreed these were essential considerations and confirmed that AI and health inequalities would be integrated into the plan's approach.

Nichole McIntosh (NM) highlighted assumptions about digital literacy, sharing an example of a student who was unfamiliar with basic tools such as track changes. She urged the group to include diverse voices, including students and junior staff, in curriculum reform discussions and digital skills planning.

Laura Leadsford (LL) advocated for multi-professional recognition, stressing that the previous workforce plan was doctor- and nurse-centric. She highlighted the contributions of AHPs, pharmacy, and healthcare science professionals to integrated care and urged that their voices be included at leadership level.

MG added that social care must also be part of the planning conversation to achieve fully integrated neighbourhood teams.

Lizzie Smith (LS) welcomed JL's leadership and reflected on the political and organisational barriers that can obstruct reform. Examples include royal colleges and universities, whose conflicts of interest can slow or block progress. LS suggested that this plan could challenge these dynamics directly, using the current political climate to accelerate necessary change.

- JL agreed, noting that the plan would explicitly surface these choices and create space for honest conversations about systemic reform, including whether NHS England should take a more direct role in commissioning education and training.
- JL referenced previous decisions, such as the removal of nurse commissioning in 2016, and stressed that the plan must identify what should be restored or redesigned.

NO added a final point about celebrating the NHS and promoting it positively to younger generations. She highlighted the need to counter negative media narratives, presenting the NHS as a place of opportunity and purpose while remaining honest about challenges.

- JL acknowledged the tension, noting that while issues such as poor staff experiences must be addressed transparently, they must not overshadow NHS strengths, framing the NHS as "the place where everyone learns and everyone teaches", creating a positive, compelling offer to attract future generations.

## Conclusion

JL thanked members for their thoughtful contributions, noting the breadth of ideas and perspectives. She confirmed that this feedback would inform the next phase of planning and committed to returning to the LPB as work progressed.

MG expressed appreciation for JL's early engagement with the Board and invited her to return later in the year to test emerging ideas with a wider group of stakeholders, including social care and AHP representatives.

## Actions

- LPB members to share local workforce plans and data to inform national modelling and assumptions.
- CC to coordinate a follow-up session later in 2025 with broader stakeholder representation, including social care and professional bodies.
- JL to return to LPB to present early draft proposals and test them with members.

## Feedback from Integrated Neighbourhood Teams workshop

## Presentation

Silvio Giannotta (SG), provided feedback following the July workshop on neighbourhood health workforce implications.

The session brought together leaders from across ICBs, acute, primary care and other partners to explore the workforce opportunities and challenges linked to neighbourhood health.

- A London Neighbourhood Delivery Board, chaired by Paul Nazareth, has now been established with subcommittees, including one dedicated to People, which will align closely with the London People Board. The People subcommittee will focus on:
- Culture and leadership,
- Workforce planning,
- Education and training,
- Funding flows and contracting.

SG highlighted gaps in data quality and representation (e.g., social care and voluntary sector) and confirmed the importance of regional support providing frameworks and shared learning, without duplicating local work.

### **Discussion**

- JS noted that seven London boroughs will take part in a national pilot scheme and emphasised the opportunity to use London funding to support leadership development across all boroughs. A community of practice will be created to share learning and innovative approaches.
- Louise Whitley (LW) stressed the need for social care to be integral to planning and offered to contribute directly.
- Rachel Evans (RE) welcomed the balance between local flexibility and shared best practice and asked about links between the subcommittee and London People Board, and support for borough-level integrator roles.
- Gary Wares (GW) raised the need for a strong clinical voice, including secondary care clinicians.
- LS confirmed strong clinical representation at the workshop and committed to establishing clear governance links between the subcommittee and the London People Board.
- Karen Bonner (KB) emphasised early and concurrent engagement with clinicians to avoid decisions being made in isolation, and highlighted the cultural and mindset shift required.
- Ify Okocha (IO) supported the focus on communities of practice, raised challenges around regulation, OD across multiple organisations, and the risk of postcode variation in services.

Members supported a model combining local bespoke design with regional consistency and support, with governance co-designed alongside frontline staff. Pay disparities between NHS, local government and social care were highlighted as a practical challenge to integration. MG confirmed this work will remain a standing agenda item given its significance for future workforce models.

### **Actions**

- SG to refine governance, ensuring strong clinical, social care and local representation.
- Confirm reporting line between the People subcommittee and London People Board.
- SG and JS to develop wider engagement workshops and communities of practice.
- Updates to be provided to the Board at future meetings.

## Presentation

GW introduced the Capital Doctor programme, providing context from previous long-term workforce plans and emphasising London's commitment to supporting international medical graduates, refugee doctors, SAS doctors, and locally employed doctors. He highlighted that the programme builds on key pillars from previous initiatives and aligns with national workforce priorities.

RB outlined the scope and structure of the programme, describing six integrated workstreams:

1. Improving Resident Doctors' Working Lives - implementing the National 10-Point Plan, addressing rotas, scheduling, study leave, payroll errors, and well-being, with an oversight group and regional webinars supporting trusts and educators.
2. Lead Provider Rollout - linking to the Medical Training Review to minimise unnecessary rotations and optimise training curricula.
3. International Medical Graduate Induction - enhancing induction programmes for doctors new to the NHS, in partnership with the GMC and local trusts, ensuring alignment with refugee doctor support.
4. SAS Doctor Network - celebrating and developing support for SAS doctors, including targeted events and network-building.
5. Consultant and Senior Doctor Education - focusing on multi-professional educator workforce strategy, ensuring time and resources for education delivery across all clinical settings.
6. Digital Workforce Integration - exploring the use of digital tools and AI to support education and reduce time away from clinical care, while ensuring safe and effective clinical practice.

The meeting noted that approximately 5,500 locally employed doctors in London form a significant portion of the workforce and are included in development and support initiatives. An overarching EDI framework underpins all workstreams, covering cultural diversity, protected characteristics, and neurodiversity. Resources and a public-facing NHS Futures platform are being developed to support community-of-practice learning and innovation sharing.

LS provided an update on the Refugee Programme, noting one completed roundtable and plans for a mid-September follow-up. The programme focuses on supporting refugee healthcare professionals into NHS roles, either by returning to their clinical field or developing new NHS careers.

Emphasised alignment with the Capital programmes to ensure cohesive support across workforce initiatives and highlighted opportunities to update previous initiatives in line with current London-wide strategies, including Place of Sanctuary and homeless health initiatives.

## Discussion

Board members welcomed both programmes. KW and NM emphasised the importance of extending Capital branding across professional groups and promoting multi-professional collaboration. NO and GW highlighted the opportunity to position London as a career destination and ensure high-quality learning environments. MG emphasised ongoing coordination with wider London strategies, including Place of Sanctuary and homeless health initiatives.

## Actions

- Integrate Capital Doctor workstreams with other Capital programmes (Nurse, Midwife, AHP) to promote multi-professional collaboration.
- Progress refugee programme roundtables and initiatives to support refugee entry into NHS roles.

## Sub Committee Updates

## **EDI Steering Group**

NO provided an update from the EDI Steering Group meeting held on 4 September. A paper summarising discussions will be circulated following the meeting. The meeting covered four main areas:

1. System Reconfiguration:
  - The group reviewed progress on system reconfiguration and discussed increased involvement of CPO providers in task and finish workstreams to ensure sustainability and longevity.
2. Resin and Staff Survey Data:
  - Cumulative trends show overall improvement but persistent disparities remain.
  - Areas with worsening trends included staff-on-staff disciplinary issues and bullying/harassment.
  - Representation on boards has improved but still does not reflect the composition of the population.
  - Consideration was given to including GMC and NMC referrals to integrate primary care insights and align social care data with cumulative analysis.
3. Pay Gap Analysis:
  - Providers submitted gender (100%), ethnicity (67%), and disability (45%) data.
  - Analysis showed that organisations providing more granular data often revealed greater disparities, highlighting areas for further improvement.
4. Sexual Safety Training:
  - A bespoke core managers' training programme on sexual safety will be released on 25 September. The programme aims to enhance delivery of sexual safety initiatives across London.

## **Digital Subcommittee**

SG reported that the digital subcommittee met to review alignment with the 10-year plan and reassess priorities. Key updates include:

- Revising the membership structure to a “network of networks,” including representation from finance, medical, nursing, AHP, COOs, and site executives to ensure cross-cutting perspectives.
- Developing a work plan focusing on:
  - Maximising use of AI tools (e.g., Copilot, ChatGPT) and ambient voice technologies.
  - Optimising utilisation of electronic patient record systems.
  - Integrating digital skills development and education/training opportunities.
- Aiming to address short-term priorities around current technologies and long-term planning for emerging digital innovations.
- The work plan will be taken back to the subcommittee for sign-off in October.

## **London Talent Board**

LS noted that the second meeting of the London Talent Board took place last week. Written feedback from the meeting is pending.

## **Discussion**

- Members emphasised the importance of circulating papers ahead of meetings to allow for reflection and meaningful contributions.
- NO highlighted the need for consistent reporting and communication of data across London to support informed decision-making.

## **Any Other Business**

**Actions**

Meeting papers to include brief context sheets with meeting papers to support new members and focus discussion.

**Close**