

## London People Board – Minutes

Monday 19th January 2026

### 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> September 2025

Minutes approved.

### Progress on the 10 Year Plan Delivery

#### Presentation

Giles Denham (GD), NHS England, presented on the development of the national Ten Year Workforce Plan, on behalf of Jo Leneghan. 10YP is being developed as a key delivery plan for the 10YP and will go beyond the previous Long Term Workforce Plan by looking more broadly at service changes, prevention and neighbourhood working.

The plan aims to:

- Model future workforce demand and supply at national level with an intention that the model can also be applied regionally.
- Align with the Ten Year Health Plan's "three shifts" in service model and include both formal and informal workforce.
- Take account of digital and technological developments and their implications for workforce roles.
- Be deliverable within the government's Spending Review settlement, especially for the first three years of education and training investment.

In terms of process, GD reported that:

- A call for evidence ran in autumn and closed in early November, attracting over 900 responses.
- The Number 10 Strategy Unit is supporting analysis of responses to inform modelling assumptions.
- External experts have been brought in to review the modelling approach and assumptions, addressing issues raised previously by the National Audit Office and making the model more sophisticated and integrated.
- Engagement is ongoing with the Social Partnership Forum, Royal Colleges, trade unions, higher education colleagues and regional partners.

GD indicated that the plan is expected to be published in spring 2026 and not before March, noting further work is required before a final date is confirmed.

#### Case for change and thematic areas

Over the last decade, NHS workforce numbers have grown faster than activity (as best measured) and faster than demographic adjusted demand, even allowing for pandemic impacts, creating a productivity and affordability gap for a tax funded NHS.

The plan therefore needs to rebalance workforce growth, activity, and demographic pressures while still delivering elective recovery and wider service reforms.

Emerging working themes for the plan include

1. Becoming a great employer, including:
  - Minimum employment standards and improved staff support.
  - Greater flexibility.
  - Streamlined HR processes.
  - Longer term thinking on pay and contract models, recognising the current industrial relations context.
2. Leadership and performance management:
  - Implementing the Messenger review.
  - Developing a new College of Leadership.
  - Strengthening appraisals and performance processes.
3. Digital, data and AI:
  - A substantial chapter on digital, including both new opportunities and the need to get basics right.
  - Ensuring all staff improve digital skills, not just specialist groups.
  - Understanding and mitigating impacts on particular staff groups.

#### 4. Neighbourhood and preventive health service:

- Making real the ambition for a neighbourhood focused, prevention-oriented NHS.
- Considering the balance between nationally led and locally led design.
- Addressing how to make community and neighbourhood roles attractive and sustainable, including shifts away from acute settings more ambitious than assumed in the Long Term Workforce Plan.
- Reforming education and training:
- Preparing staff for future service models, including inter-professional education and better support for team working.

#### 5. Social mobility, inclusion and domestic supply:

- Increasing domestic training and self sufficiency while recognising and valuing the contribution of overseas trained staff.
- Ensuring the workforce better reflects local populations and supports social mobility.

### Board discussion

Board members provided detailed feedback. Key themes were:

**Equity, inclusion and EDI** Board members, including Nnenna Osuji (NO) and KB, emphasised that equity and inclusion must be explicitly and visibly embedded rather than assumed as a “golden thread”. They stressed that delivering the NHS Constitution fairly is impossible without an equitable service and equitable treatment of staff, and that the plan should show clear accountability for EDI.

**Overseas workforce, diversity and social mobility** Members welcomed ambitions for greater domestic self sufficiency but cautioned that much of the NHS’s beneficial diversity has historically come via international recruitment. Public health representatives noted that their workforce has been heavily domestically grown and urged that any shift away from international recruitment must be matched with intentional domestic strategies to maintain diversity and social mobility.

**Public health and population health** Concerns were raised that the narrative remains too focused on NHS clinical workforce without adequately reflecting public health, population health management and commissioning, despite an emphasis on prevention and neighbourhood models. The Board asked for explicit recognition and modelling of public health and commissioning workforce requirements.

**Community and neighbourhood workforce** Members highlighted tensions between ambitions for neighbourhood based care and the realities of working in community settings, including:

- Isolation and perceived higher risk compared with acute settings.
- Experiences of racism and hostility in some neighbourhoods, including areas where staff may feel unsafe.
- Practical barriers such as parking and travel.
- The Board stressed the importance of strong supervision, team networks, and clear progression for those in community roles, especially new starters.

**Digital and AI** Members noted that AI is already in active use (e.g. ambient voice technology, radiology), sometimes increasing workload if poorly implemented. They highlighted risks of undermining entry level and administrative roles, potentially impacting social mobility, and called for a balanced narrative that positions AI as augmenting rather than replacing staff.

**Education system and neurodiversity** Higher Education colleagues reported that up to around 30% of students on some programmes require reasonable adjustments, often for neurodiversity, and that a number leave once they experience NHS placements that cannot accommodate their needs. The Board argued that the education system and NHS workplaces must jointly adapt to support this cohort so the NHS becomes an employer of choice for neurodiverse people and those with long term conditions.

**Discretionary effort and expectations** Members reflected that workforce data does not capture changes in expectations and the reduction in discretionary overtime, particularly post COVID, with staff now working closer to contracted hours. They emphasised the need for the plan to consider workload, morale and realistic expectations alongside headline workforce numbers.

### Offer from London

NO and others offered that the London People Board, as a diverse and mature regional board, be involved in formally support testing and final sense checking of the 10YP before publication.

### **Response and next steps**

GD thanked members for their thoughtful challenge and offers, acknowledging:

- The need for stronger and more explicit treatment of EDI and public health.
- The importance of carefully managing AI/digital and overseas recruitment messages.
- The value of London's offer to help test the emerging plan.
- He undertook to feed LPB's feedback into the national process and welcomed further engagement with a subset of the Board as the plan is refined.

### **Actions and Next Steps**

Identify a subset of the people Board and share detailed feedback with GD.

## **Connection to delivery of the 10 year plan in London**

### **Presentation**

Gareth Arthur (GA), Director of Strategy and Transformation (London), presented an overview of work to develop a London Health Plan.

GA explained that the London Health Plan aims to:

- Bring together the 10YP, medium term planning guidance and London specific priorities into a single document.
- Set out priorities for London around themes such as prevention ("Million Hearts and Minds"), Neighbourhood NHS, digital access and other key programmes.
- Clarify what should be done "once for London" versus at system or provider level, particularly for workforce.

GA noted strong feedback from systems that some issues, for example, digital workforce, staff passporting, and strategic workforce planning are best tackled at a London level with coordinated leadership with ICBs, Places and Trusts.

### **Discussion**

Members welcomed the London Health Plan and its potential to create coherence between national priorities and local delivery.

Points raised included:

- The importance of aligning with existing work, including the digital workforce sub-committee's programme and existing passporting initiatives, building on what already works rather than creating parallel structures.
- The need to fully involve social care, public health and wider partners so neighbourhood ambitions reflect the whole health and care system.

### **Agreed Actions and Next Steps**

GA's more detailed slides will be circulated to Board members.

A substantive discussion on LPB's role and priorities within the London Health Plan will be scheduled for a future meeting, allowing time to reflect on today's national inputs and wider stakeholder engagement.

Next meeting update on social care and how that plays into LTWP priorities.

## **Activities to support London graduates into employment**

### **Presentation**

Karen Bonner (KB), Regional Chief Nurse provided an update on activities to support London graduates into employment, in the context of the national Graduate Guarantee and London's position.

Key points were:

- The Government's Graduate Guarantee Scheme launched in August 2025 is funded for midwifery but not for nursing. London has therefore had to design its own approach for nursing graduates.

- London faced an unexpected situation where:
  - Turnover and vacancy levels were lower than forecast.
  - Financial pressures led some organisations to hold or reduce establishment, and to redeploy staff into existing vacancies, reducing the posts available for new graduates despite underlying demand.

KB described the regional response:

- A task and finish group was formed, involving the regional team, Capital Nurse and workforce analysts, to:
  - Gather data from universities on graduates still seeking posts in London.
  - Triangulate with information from Chief Nurses on available posts.
- London has performed better than some other regions in placing graduates, including via offers in neighbouring regions such as East Kent where accommodation was available, though a number of graduates remain without posts.
- For midwifery, Graduate Guarantee funding has enabled expansion of posts and transition of maternity support workers into midwife roles, with trusts such as Barts utilising this effectively.

#### Proposed recruitment model

Nichole McIntosh (NM) outlined a proposed consortium recruitment model, informed by previous London approaches to international recruitment.

The proposal includes:

- Graduates interviewing once for an ICB (and ultimately potentially for London), giving ranked preferences for trusts or locations.
- Candidates who pass the process being offered posts across the ICB, reducing duplication and competition between trusts.
- A structure analogous to UCAS matching, with central coordination of offers to avoid multiple acceptances and lastminute withdrawals that leave some candidates with no post.

Rationale:

- Current arrangements allow candidates to accept several offers and then withdraw late from all but one, leading to inefficiency and inequity across London.
- If universities have confirmed fitness to practise, there is a strong case for trusting a shared selection process.

Engagement to date:

- Initial expressions of interest were received from North West London, but they subsequently highlighted local challenges and did not proceed.
- North East London indicated a preference to retain current systems.
- North Central London expressed interest in exploring the model further.

The team is keen to pilot the approach with the smaller spring cohort and invited ICBs interested in testing the model to make contact.

#### Medical and AHP graduates

The Board had requested information on doctors and AHPs.

- For medical graduates, foundation and specialty training placements follow national allocation processes and are therefore being handled separately.
- There are significant numbers of AHP graduates, for example physiotherapists, requiring posts; work is less advanced than for nursing, and further detailed proposals will be brought back.

#### **Board discussion**

Members raised the following points:

- Data and cohorts:
  - Concern about differences between spring and summer data and the need for robust analysis to avoid misinterpretation.
  - Importance of better understanding attrition, particularly for professions beyond nursing and midwifery.
- Education and workforce alignment:
  - University representatives noted pressure to increase student numbers while provider ability to employ graduates is constrained, risking repeated annual crises.
  - The Board called for more strategic join up between education commissioning, workforce planning and financial planning at regional level.
- Neurodiversity and inclusive employment:

- Members highlighted the high proportion of neurodiverse students and those requiring reasonable adjustments, and the drop off when workplaces cannot accommodate them.
- The Board agreed the NHS must strengthen its ability to employ and support neurodiverse staff and those with long term conditions if it is to benefit from the full graduate pipeline.
- Reputation and public messaging:
  - Concerns were expressed about the reputational risk of graduates being unable to find posts, which may deter future applicants.
  - Members stressed the need for clear, positive messaging and visible solutions as part of the Ten Year Workforce Plan narrative.

### **Agreed / next steps**

The Board noted the progress made in placing graduates and endorsed continued work on a “once for London” or consortium approach, recognising that culture and trust in shared processes will be critical to success.

Further work on AHP and medical graduate employment, and on longer term alignment between education supply and workforce demand, will come back to a future LPB meeting.

### **LPB 5 year look back to renew ambitious focus and deliverables**

Item deferred to 18 March meeting

### **Sub Committee Updates**

#### EDI Sub Committee

#### **EDI and emergency preparedness (EPR)**

Work is underway to develop a joint EDI–EPR approach and toolkit to support organisations when largescale events (such as riots or highly polarised international conflicts) have racialised or politically sensitive impacts on staff and communities.

#### **London workforce race strategy and annual plan**

The subcommittee is reviewing the London workforce race strategy to ensure a strong end to the current phase, with clear articulation of impact, data and future focus.

A more visible annual plan is being developed.

#### **Collaboration with the Chief People Officer (CPO) group**

There is growing alignment between the EDI subcommittee and the London CPO group, ensuring EDI is central to wider workforce plans.

#### **Development programmes**

The Board heard about programmes such as the PULSE network supporting diverse medical leaders and agreed modest LPB funding to sustain this work.

#### Digital sub committee

The subcommittee has been refreshed with broad professional representation, including CEOs, CFOs, CPOs, CNs, CMOs and AHP leads.

Initial engagement has identified three priority themes:

- Digital literacy and skills for all staff.
- Digital leadership.
- The impact of AI on roles, particularly nonclinical and administrative roles.

A time limited programme is underway with London’s Health Innovation Networks to:

- Examine current AI tools and their impact on non clinical roles, focusing on process optimisation and job design.
- Use findings to inform a second phase from April 2026, extending to other staff groups.

The Board noted the update and requested a fuller report at a future meeting, including practical examples and recommendations.

#### Talent Sub Committee

Lorissa Page (LP) provided an update on the London Talent Board, refreshed in July 2025, highlighting:

- Ambition for London to be a leader in executive talent development and deployment, making better use of existing aspiring executive and CEO pools.
- Work to reduce reliance on high cost external search agencies and shorten recruitment times by drawing more systematically on internal London pools.
- Development offers, including access to business school programmes, and moves towards an alumni model that supports continuity for past participants while making space for new cohorts.
- Plans to develop an assessment centre route to identify future talent and to share good practice in succession planning, with GSTT highlighted as an exemplar.

The Board noted the update and emphasised the importance of also considering nonexecutive talent, given anticipated turnover among Chairs and NEDs.

#### **Any Other Business**

The Board noted that Dame Marie Gabriel (MG) will step down as Co-Chair of the London People Board following the March 2026 meeting. Members expressed their appreciation for MG's leadership over the last five years, highlighting her role in strengthening the Board's focus on staff wellbeing, inclusion and equity, and in positioning the London People Board as a more purposeful, action-oriented forum. MG will continue as a member of the Board.

**Close**