

HL HEALTH BOARD CIC

Investigation of:

National Health Service Act 2006

**Psychological Health, Safety and Wellbeing Improvement Across the
Life Course**

**Focused on Children, Adults, and Elders of the Windrush
Generation within the Commonwealth Realm**

Full Scrutiny Plan 2026–2028

Prepared for: Parliament and Local Authorities (England, Wales, Scotland and Northern Ireland
where applicable)

**Prepared by: Lancelot Webb the Programme Leader of HL HEALTH BOARD CIC independent
scrutiny board.**

HL Health Board CIC: Registered number 16043352

Contents

- 1. Foreword**
- 2. Executive Summary**
- 3. Terms of Reference**
- 4. Governance and Assurance**
- 5. Methodology and Evidence Standards**
- 6. Workplan (2026-2028)**
- 7. Stakeholder Engagement Plan**
- 8. Deliverables**
- 9. Budget and Value for Money**
- 10. Risk Register (with Mitigations)**
- 11. Monitoring, Evaluation and Learning (MEL)**

Annexes

Annex A: Authority and Status

Annex B: Purpose of the Call

Annex C: Who Is Invited to Submit Evidence

Annex D: Types of Evidence Requested

Annex E: Key Questions (Optional Guidance)

Annex F: Trauma-Informed Safeguards

Annex G: Data Protection and Confidentiality

Annex H: Use of Evidence

Annex I: Submission Process

Annex J: Publication and Feedback

1. Foreword

This scrutiny plan is established to examine how the National Health Service Act 2006 is interpreted, applied, and experienced in relation to psychological health, safety, and wellbeing, with particular attention to children, working-age adults, and elders of the Windrush generation across the Commonwealth realm.

The plan recognises historic injustice, systemic inequality, and cumulative trauma, and is grounded in health and safety law, public health psychology, safeguarding, and equality duties.

Lancelot Webb



Programme Leader
H L Health Board CIC

2. Executive Summary

This three-year independent scrutiny will:

- Review legislation, statutory guidance, and operational delivery
- Identify gaps in psychological safety and trauma-informed care
- Assess compliance, outcomes, and unintended harms
- Provide evidence-based recommendations for Parliament and Local Authorities

Key outputs include interim reports, legislative impact findings, and a final parliamentary submission with reform options.

3. Terms of Reference

The scrutiny will:

- Examine implementation of the NHS Act 2006 affecting mental and psychological health
- Evaluate protections for vulnerable age groups
- Investigate systemic barriers faced by the Windrush generation
- Consider cross-government and local authority duties
- Produce recommendations for legislative, policy, and practice reform

4. Governance and Assurance

- **Independent Programme Board** (law, health, psychology, safeguarding)
- **Chair:** Appointed independent legal authority
- **Programme Lead:** Lancelot Webb
- Ethics & Safeguarding Sub-Committee
- Audit & Assurance Panel

All decisions will follow Nolan Principles, public sector equality duty, and safeguarding law.

5. Methodology and Evidence Standards

- Mixed-methods approach
- Legal analysis of primary and secondary legislation
- Qualitative testimony (survivors, families, practitioners)
- Quantitative service-use and outcome data
- International comparative analysis (Commonwealth jurisdictions)

Evidence standards:

- Transparent sourcing
- Trauma-informed handling
- Corroboration where possible
- Clear distinction between fact, lived experience, and expert opinion

6. Workplan (2026–2028)

Phase 1 – Scoping & Call for Evidence (Q1–Q2 2026)

- Terms confirmed
- Public and targeted evidence call launched
- Data protection protocols implemented

Phase 2 – Evidence Collection (Q3 2026–Q2 2027)

- Oral hearings
- Written submissions
- Local authority and NHS case studies

Phase 3 – Analysis & Interim Reporting (Q3–Q4 2027)

- Legislative impact analysis
- Interim findings to Parliament

Phase 4 – Final Report & Reform Proposals (2028)

- Final scrutiny report
- Policy and legislative options
- Feedback and dissemination

7. Stakeholder Engagement Plan

- Windrush elders and families
- Children and youth advocacy groups
- NHS trusts and Integrated Care Systems
- Local authorities
- Psychologists, safeguarding leads, and H&S professionals
- Community and faith organisations

Engagement will be **accessible, culturally competent, and trauma-aware**.

8. Deliverables

- Call for Evidence documentation
- Interim Report (2027)
- Final Scrutiny Report (2028)
- Legislative reform options paper
- Public-facing summary and feedback report

9. Budget and Value for Money

Grant Budget (3 Years): £3.85 million

Category	Cost (£)
Programme Management & Governance	650,000
Legal & Legislative Analysis	720,000
Research & Evidence Collection	1,050,000
Safeguarding & Trauma Support	380,000
Community Engagement & Accessibility	420,000
Data Protection & Secure Systems	180,000
Reporting & Parliamentary Submission	270,000
Total	£3,850,000

Value for Money:

- Time-limited programme
- Reusable evidence base
- Preventative impact on long-term health costs
- Supports statutory compliance and risk reduction

10. Risk Register (with Mitigations)

Risk	Mitigation
Re-traumatisation of participants	Trauma-informed protocols, clinical oversight
Low trust or engagement	Community-led outreach
Legal challenge	Independent legal review
Data breaches	GDPR-compliant systems
Political sensitivity	Cross-party briefing and transparency

11. Monitoring, Evaluation and Learning

- Quarterly assurance reviews
- Independent evaluation partner
- Learning logs and adaptive planning
- Post-programme impact review

Annexes

Annex A: Authority and Status

Independent scrutiny commissioned for parliamentary and local authority consideration.

Annex B: Purpose of the Call

To gather evidence on how the NHS Act 2006 affects psychological health and safety outcomes.

Annex C: Who Is Invited to Submit Evidence

Individuals, organisations, professionals, public bodies, and community groups.

Annex D: Types of Evidence Requested

Written, oral, data-based, expert, and lived experience evidence.

Annex E: Key Questions (Optional Guidance)

- Where does the Act protect or fail psychological safety?
- How are Windrush elders affected?
- What reforms are required?

Annex F: Trauma-Informed Safeguards

Consent, choice, confidentiality, and access to support.

Annex G: Data Protection and Confidentiality

Full GDPR compliance and secure handling.

Annex H: Use of Evidence

Evidence will inform reports, not individual case judgments.

Annex I – Submission Process

Secure digital and supported submission routes.

Annex J: Publication and Feedback

Transparent publication with participant feedback loops.