

H L HEALTH BOARD CIC

Investigation of the Mental Health Act 2025 to support health, safety, and psychological improvement for children, adults, and the elderly, with specific attention to the Windrush generation across the Commonwealth realm.

Full Scrutiny Plan 2026–2028

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

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HL Health Board CIC: Registered number 16043352

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1. Foreword

This scrutiny programme is established in response to the enactment of the Mental Health Act 2025, recognising Parliament's duty and local authorities' responsibility to ensure that legislation delivers equitable, safe, psychologically informed outcomes across generations.

Particular attention is given to children, adults, and elders of the Windrush generation, whose lived experience of migration, institutional bias, and intergenerational trauma presents unique health and safety challenges within statutory mental health systems.

This plan sets out an independent, evidence-led, trauma-informed scrutiny designed to inform Parliament, support local authorities, and strengthen public trust.

Lancelot Webb



Programme Leader
H L Health Board CIC

2. Executive Summary

Purpose:

To evaluate the effectiveness, safety, equity, and psychological impact of the Mental Health Act 2025 during its first three years of operation, with a specific focus on Commonwealth communities and the Windrush generation.

Scope:

- Legislative intent vs lived outcomes
- Health and safety compliance
- Psychological harm prevention
- Disparities in detention, assessment, and care pathways
- Safeguarding of children and elders

Duration:

January 2026 – December 2028

Grant Budget:

£4.85 million (3 years)

Outputs:

- Annual scrutiny reports to Parliament
- Local authority implementation guidance
- Evidence-based reform recommendations

3. Terms of Reference

The scrutiny will examine:

1. Whether the Mental Health Act 2025 improves psychological safety across age groups
2. Whether children, adults, and elderly Commonwealth citizens experience equitable treatment
3. Whether health and safety duties are met in institutional and community settings
4. Whether trauma-informed practice is embedded in statutory decision-making
5. Whether oversight, accountability, and redress mechanisms are effective

4. Governance and Assurance

Oversight Structure:

- Independent Scrutiny Panel (legal, clinical, safeguarding, lived-experience experts)
- Programme Board chaired by Programme Leader
- Ethics and Safeguarding Sub-Committee

Assurance Mechanisms:

- Quarterly independent audits
- Annual parliamentary briefing
- External legal and data protection review

5. Methodology and Evidence Standards

Methods:

- Legislative analysis
- Quantitative data review (detentions, outcomes, appeals)
- Qualitative testimony (survivors, families, practitioners)
- Local authority case studies
- Comparative analysis with prior legislation

Evidence Standards:

- Corroboration requirements
- Peer review
- Equality impact assessment
- Trauma-informed validation

6. Workplan (2026–2028)

Year 1 – Foundation & Baseline

- Establish governance and safeguards
- Baseline data collection
- Initial call for evidence

Year 2 – Deep Scrutiny

- Thematic investigations
- Site visits and authority reviews
- Interim findings published

Year 3 – Synthesis & Reform

- Final evidence analysis
- Drafting of reform recommendations
- Parliamentary and local authority dissemination

7. Stakeholder Engagement Plan

Key Stakeholders:

- Parliamentarians and Committees
- Local Authorities
- NHS and Integrated Care Systems
- Voluntary and community organisations
- Windrush families and elders
- Children and youth advocacy groups

Engagement Methods:

- Public hearings
- Confidential testimony sessions
- Community forums
- Practitioner roundtables

8. Deliverables

- 3 Annual Scrutiny Reports
- 1 Final Legislative Impact Review
- Local Authority Implementation Toolkit
- Trauma-Informed Practice Framework
- Public Evidence Archive (redacted)

9. Budget and Value for Money

Grant Budget: £4.85m

Category	Cost (£)
Staffing & Expert Panels	1,850,000
Research & Data Analysis	950,000
Community Engagement	620,000
Safeguarding & Ethics	380,000
Legal & Parliamentary Liaison	420,000
Publications & Dissemination	350,000
Contingency	280,000

Value for Money:

- Prevents costly legal challenges
- Reduces long-term mental health harm
- Improves statutory decision quality

10. Risk Register (with Mitigations)

Risk	Impact	Mitigation
Re-traumatisation of witnesses	High	Trauma-informed protocols
Data access restrictions	Medium	MOUs with authorities
Political sensitivity	Medium	Independent governance
Low community trust	High	Community-led facilitation
Legal challenge	Low	Continuous legal review

11. Monitoring, Evaluation and Learning

- Quarterly KPIs
- Annual independent evaluation
- Continuous learning loops
- Adaptive methodology updates

Annexes

Annex A: Authority and Status

Independent scrutiny commissioned to inform Parliament and statutory bodies.

Annex B: Purpose of the Call

To gather credible evidence on lived impact of the Mental Health Act 2025.

Annex C: Who Is Invited to Submit Evidence

- Individuals with lived experience
- Families and carers
- Professionals and institutions
- Community organisations

Annex D: Types of Evidence Requested

- Written submissions
- Oral testimony
- Case documentation
- Research and audits

Annex E: Key Questions (Optional Guidance)

- Does the Act reduce psychological harm?
- Are safeguards applied consistently?
- Are cultural and historical factors recognised?

Annex F: Trauma-Informed Safeguards

- Consent-first engagement
- Choice and withdrawal rights
- Specialist support availability

Annex G: Data Protection and Confidentiality

- GDPR compliance
- Secure storage
- Anonymisation protocols

Annex H: Use of Evidence

Evidence used solely for scrutiny, reform, and public accountability.

Annex I – Submission Process

Secure digital and postal submission routes with support options.

Annex J: Publication and Feedback

Transparent publication with right of reply and community feedback loops.