

HL HEALTH BOARD CIC

Investigation of the Health and Social Care Act 2006 for health, safety, and psychological improvements for children, adults, and the elderly of 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)

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

HL Health Board CIC: Registered number 16043352

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1. Foreword

The Health and Social Care Act 2006 established fundamental responsibilities for public health, safety, and wellbeing. Yet lived experience within Windrush Generation communities and their descendants suggests systemic disparities remain — particularly in psychological health, occupational safety, and culturally competent care.

This Scrutiny Plan (2026–2028) establishes an independent, trauma-informed investigation to:

- Examine legislative implementation gaps
- Identify barriers faced by children, adults, and elderly individuals of the Windrush Generation
- Recommend statutory improvements for Parliament and Local Authorities
- Strengthen psychological health and safety protections

This programme seeks to ensure justice, accountability, and evidence-based reform within the Commonwealth Realm.

Lancelot Webb



Programme Leader
H L Health Board CIC

2. Executive Summary

Purpose:

To conduct a 3-year independent legislative scrutiny of the Health and Social Care Act 2006 focusing on its impact on Windrush communities.

Scope:

- Psychological safety
- Occupational and environmental health
- Access to culturally competent services
- Local authority compliance
- NHS and care provider accountability

Outcomes:

- Legislative amendment recommendations
- National health and psychological safety framework
- Local authority compliance toolkit
- Parliamentary report (2028)

Grant Request: £4.85 million (2026–2028)

3. Terms of Reference

- Examine the implementation of the Health and Social Care Act 2006 across England and relevant Commonwealth jurisdictions.
- Assess psychological harm linked to systemic failures.
- Evaluate local authority safeguarding mechanisms.

Identify disparities affecting:

- Children
- Adults
- Elderly Windrush generation citizens

Produce recommendations for:

- Parliament
- Department of Health and Social Care
- Local Authorities
- NHS Trusts
- Care regulators

4. Governance and Assurance

Oversight Structure:

- Programme Leader: Lancelot Webb
- Independent Scrutiny Panel (legal, clinical, psychological experts)
- Ethics Advisory Board
- Community Reference Group (Windrush representatives)
- Parliamentary Liaison Officer

Compliance Standards:

- Equality Act 2010
- Data Protection Act 2018
- UK GDPR
- Public Sector Equality Duty

Quarterly independent audit and annual parliamentary update.

5. Methodology and Evidence Standards

Approach:

- Mixed-method legislative review
- Public Call for Evidence
- Oral hearings
- Community listening sessions
- Trauma-informed interviews
- Statistical analysis (health outcomes data)
- Comparative Commonwealth review

Evidence Standards:

- Peer-reviewed research
- Government data
- Testimonies (with safeguarding protocols)
- Independent expert analysis
- NHS and Local Authority compliance reports

6. Workplan (2026–2028)

Phase 1 – Scoping & Evidence Collection (Q1–Q4 2026)

- Launch Call for Evidence
- Parliamentary briefing
- Stakeholder mapping
- Community forums

Phase 2 – Analysis & Interim Reporting (2027)

- Legislative gap analysis
- Thematic reports (children, adults, elderly)
- Psychological harm impact assessment
- Interim Parliamentary Report

Phase 3 – Recommendations & Reform Framework (2028)

- Draft legislative amendments
- Local authority compliance framework
- National Psychological Safety Charter
- Final Report to Parliament

7. Stakeholder Engagement Plan

Engagement with:

- Windrush community groups
- NHS England
- Local Authorities
- Care Quality Commission
- Commonwealth representatives
- Trauma specialists
- Trade unions
- Children's safeguarding boards

Community engagement will include culturally sensitive outreach and translation support.

8. Deliverables

- Interim Report (2027)
- Final Parliamentary Scrutiny Report (2028)
- Legislative Amendment Proposals
- Psychological Safety Framework Toolkit
- Local Authority Compliance Guidance
- Public Impact Summary

9. Budget and Value for Money

Grant Request: £4,850,000

Category	3-Year Cost
Staff & Expert Panel	£1,750,000
Community Engagement	£600,000
Research & Data Analysis	£750,000
Legal & Parliamentary Advisory	£500,000
Trauma-informed Safeguarding Services	£350,000
Communications & Publications	£300,000
Independent Audit & Evaluation	£200,000
Contingency (10%)	£400,000

Value for Money Justification:

- Prevention of long-term NHS psychological harm costs
- Reduced litigation risk for local authorities
- Strengthened compliance
- Improved safeguarding outcomes

Projected long-term public savings exceed £20m over 10 years through preventative reform.

10. Risk Register (with Mitigations)

Risk	Likelihood	Impact	Mitigation
Community retraumatisation	Medium	High	Trauma-informed protocols, counselling support
Political resistance	Medium	High	Cross-party engagement strategy
Data access limitations	Medium	Medium	MOUs with NHS & councils
Budget overrun	Low	Medium	Quarterly audit & contingency
Legal challenge	Low	High	Independent legal oversight

11. Monitoring, Evaluation and Learning

- Quarterly KPI tracking
- Psychological safety indicators
- Annual independent evaluation
- Parliamentary review sessions
- Public transparency dashboard

Key metrics:

- Service accessibility rates
- Mental health referral uptake
- Local authority compliance improvements
- Stakeholder satisfaction

Annexes

Annex A: Authority and Status

This scrutiny is commissioned under charitable and community interest governance of H L HEALTH BOARD CIC and aligned with Parliamentary oversight standards.

Annex B: Purpose of the Call

To gather evidence on legislative impact and identify systemic barriers affecting Windrush communities.

Annex C: Who Is Invited to Submit Evidence

- Individuals of Windrush generation
- Families and carers
- NHS bodies
- Local authorities
- Academic researchers
- Legal practitioners
- Community organisations

Annex D: Types of Evidence Requested

- Written submissions
- Statistical data
- Case studies
- Expert opinions
- Policy analyses

Annex E: Key Questions (Optional Guidance)

- Has the Act adequately protected psychological health?
- Are local safeguarding duties effectively implemented?
- Where are compliance gaps?
- What legislative amendments are required?

Annex F: Trauma-Informed Safeguards

- Voluntary participation
- Confidentiality guarantees
- Counselling access
- Cultural sensitivity
- Safe reporting mechanisms

Annex G: Data Protection and Confidentiality

- GDPR compliance
- Anonymised reporting
- Secure encrypted storage
- Independent data officer

Annex H: Use of Evidence

Evidence will inform:

- Parliamentary reports
- Legislative recommendations
- Public guidance

Annex I – Submission Process

- Online secure portal
- Postal submissions
- Oral evidence hearings
- Clear submission deadlines

Annex J: Publication and Feedback

- Public release of findings (except confidential evidence)
- Executive summary for communities
- Feedback sessions
- Parliamentary presentation