

# HL HEALTH BOARD CIC

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**Investigation of the Public Health Act 1848 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)

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## 1. Foreword

The Public Health Act 1848 laid the foundation for modern public health in Britain and across the Commonwealth. Yet, its long-term psychological, social, and safety implications—particularly for marginalised populations—have never been fully scrutinised through a contemporary, trauma-informed lens.

This programme commits to a rigorous, independent, and ethical examination of how historic public health legislation has shaped present-day health, safety, and psychological outcomes for:

- Children
- Working-age adults
- Older people
- The Windrush generation and their descendants

This scrutiny will support Parliament and local authorities to develop evidence-based, psychologically safe, and culturally competent policy reforms.

Lancelot Webb



Programme Leader  
H L Health Board CIC

## **2. Executive Summary**

This Full Scrutiny Plan establishes a three-year national and Commonwealth-wide investigation into the legacy and modern applicability of the Public Health Act 1848.

### **Objectives:**

- Examine legislative impact on health, safety, and psychological wellbeing
- Identify structural inequalities affecting the Windrush generation
- Support lawful, ethical, and trauma-informed policy development
- Produce actionable recommendations for Parliament and local authorities

### **Scope:**

- England, with comparative Commonwealth evidence
- Public health, occupational safety, housing, environmental health
- Psychological and intergenerational harm

### **Grant Budget:**

**£3,750,000 (2026–2028)**

### **3. Terms of Reference**

The scrutiny will:

- Review historical intent vs. lived outcomes of the Public Health Act 1848
- Assess downstream impacts on modern public health systems
- Evaluate psychological safety and institutional trust
- Examine disproportionate effects on racialised communities
- Recommend legislative, regulatory, and operational reforms

## 4. Governance and Assurance

### **Oversight Structure:**

- Programme Board (Independent Chair)
- Ethics & Safeguarding Panel
- Community Advisory Council (Windrush-led representation)
- Legal & Parliamentary Liaison Group

### **Assurance Mechanisms:**

- Quarterly independent audits
- Ministerial briefings (non-interference basis)
- Compliance with UK GDPR, Equality Act 2010, and Human Rights Act 1998

## 5. Methodology and Evidence Standards

### **Methodological Approach:**

- Mixed-methods research
- Historical legislative analysis
- Lived-experience testimony
- Psychological harm and resilience assessment
- Comparative Commonwealth policy review

### **Evidence Standards:**

- Peer-reviewed or verifiable sources
- Survivor-centred testimony protocols
- Corroboration where possible (without retraumatisation)
- Transparency and reproducibility

## **6. Workplan (2026–2028)**

### **Phase 1 – Foundation (Q1–Q2 2026)**

- Governance set-up
- Ethics approval
- Call for evidence issued

### **Phase 2 – Evidence Gathering (Q3 2026–Q4 2027)**

- Public hearings
- Community-led sessions
- Archival and legal analysis

### **Phase 3 – Analysis & Synthesis (Q1–Q2 2028)**

- Thematic analysis
- Impact modelling
- Draft recommendations

### **Phase 4 – Reporting & Dissemination (Q3–Q4 2028)**

- Final report to Parliament
- Local authority toolkits
- Public summaries

## **7. Stakeholder Engagement Plan**

### **Core Stakeholders:**

- Windrush communities
- Children's and elder advocacy groups
- Local authorities
- NHS and public health bodies
- Commonwealth civil society organisations

### **Engagement Methods:**

- Trauma-informed listening sessions
- Written and oral submissions
- Youth and elder-specific forums
- Culturally competent facilitators

## **8. Deliverables**

- Interim findings report (2027)
- Final Parliamentary report (2028)
- Policy reform recommendations
- Local authority implementation framework
- Educational and safeguarding guidance

## 9. Budget and Value for Money

**Grant Allocation: £3,750,000**

Category	Cost (£)
Programme staff & researchers	1,200,000
Community engagement & hearings	750,000
Legal, ethics & safeguarding	400,000
Data management & analysis	350,000
Publications & dissemination	250,000
Independent audit & evaluation	200,000
Contingency (10%)	400,000

**Value for Money Measures:**

- Open procurement
- Shared public datasets
- Community co-production reducing duplication
- Clear policy impact metrics

## 10. Risk Register (with Mitigations)

<b>Risk</b>	<b>Likelihood</b>	<b>Impact</b>	<b>Mitigation</b>
Re-traumatisation of witnesses	Medium	High	Trauma-informed protocols
Political interference	Low	High	Independent governance
Low trust participation	Medium	High	Community-led facilitation
Data misuse	Low	High	GDPR-compliant controls

## **11. Monitoring, Evaluation and Learning**

- Quarterly progress reviews
- Independent evaluator
- Lived-experience feedback loops
- Adaptive learning framework

# **Annexes**

## **Annex A: Authority and Status**

Commissioned to provide independent evidence to Parliament and local authorities.

## **Annex B: Purpose of the Call**

To gather evidence on historic and ongoing impacts of public health legislation.

## Annex C: Who Is Invited to Submit Evidence

- Individuals
- Community organisations
- Academics
- Public bodies
- Commonwealth representatives

## **Annex D: Types of Evidence Requested**

- Written submissions
- Oral testimony
- Archival documents
- Research studies

## **Annex E: Key Questions (Optional Guidance)**

- How has the Act shaped trust in public health?
- What psychological harms persist today?
- Where do children and elders face systemic risk?

## **Annex F: Trauma-Informed Safeguards**

- Opt-out rights
- Emotional support access
- Survivor-controlled narratives

## **Annex G: Data Protection and Confidentiality**

Full compliance with UK GDPR and ethical anonymisation.

## **Annex H: Use of Evidence**

Evidence used solely for public interest, policy reform, and education.

## **Annex I – Submission Process**

Secure digital portal and assisted submission routes.

## Annex J: Publication and Feedback

- Public release of findings
- Community validation sessions
- Formal Parliamentary response requested