

Mental Health Working Group

Terms of Reference

Reducing Variation in Mental Health Services: Delivering National Reform Locally

In collaboration with Curia | Chair: Steve Gilbert OBE | July 2026

1. Central outcome and purpose

The Group exists to reduce unwarranted variation in mental health services, so that where a person lives no longer determines the quality, timeliness or safety of the care they receive.

The Mental Health Act 2025, the Health Bill 2026-27 and devolution and place-based decision-making are the principal mechanisms through which more consistent services can be delivered. They are means to this outcome, not ends in themselves, and not the only routes available. The Group keeps the outcome fixed and stays open-minded about which mechanisms best achieve it.

In support of that outcome, the Group will:

- Support organisations across the NHS, independent sector, local government and voluntary sector to use the Mental Health Act 2025 as a driver of more consistent service delivery, not as compliance activity.
- Connect Mental Health Act 2025 implementation, the Health Bill 2026-27 and the NHS 10 Year Health Plan so that reform reduces variation as one coherent package rather than parallel initiatives.
- Ensure mental health remains prioritised and visible as functions move from NHS England into the Department of Health and Social Care, integrated care boards and devolved and mayoral structures, with consistency of provision as the test.
- Advocate to government and Parliament for the resources and practical support needed to close variation before statutory provisions switch on.

2. Objectives

- Establish a shared, evidence-based picture of where unwarranted variation exists in access, assessment and care, and why.
- Identify good practice, the conditions that let it spread at pace, and the barriers that prevent wider adoption.
- Test how the Mental Health Act 2025, the Health Bill 2026-27, integrated care board reform and devolution can be used to reduce variation in commissioning, financial flows and pathway design.
- Gather intelligence from participating leaders on readiness, workforce, digital maturity and cost, and feed it back to government and Parliament in anonymised form.

- Protect patient voice, lived experience, safeguarding and safety learning as national scrutiny structures change.
- Rebuild the cross-system community of practice that has weakened since the 2018 Independent Review.

3. Scope

- Reducing unwarranted variation in adult mental health services at trust, system and neighbourhood level.
- The Mental Health Act 2025 and its Code of Practice as a mechanism for more consistent assessment, detention and community provision.
- The interaction between the Mental Health Act 2025, the Health Bill 2026-27 and the NHS 10 Year Health Plan.
- Devolution and place-based decision-making, including how greater local control could be used to reduce, rather than widen, variation.
- Autism and learning disability, reflecting the reformed Act's changes to detention criteria and the need for consistent community alternatives.
- A focused children and young people element, limited to the three items set out in Section 4.
- All relevant settings: NHS, independent sector, primary and community care, social care, local government and the voluntary sector.

Potential enablers to be tested, not predetermined solutions

The Group treats digitisation and the single patient record, workforce culture and capability, assessment tools, and Mental Health Act processes as potential enablers of more consistent services. Each is a hypothesis to be tested against the evidence the Group gathers, not a solution the Group has already adopted. The Group will report on what the evidence shows, including where an enabler does not deliver the expected reduction in variation.

4. Children and young people (focused element)

The Group's core work is adult-facing. It will nonetheless address a tightly limited set of children and young people issues, where they directly affect variation in adult and crisis services:

- transitions from children's to adult services;
- differences in how people are assessed and what medication they are offered as they move from childhood into adulthood; and
- how limited access to early intervention increases pressure on adult and crisis services.

The Group will not reopen broad CAMHS or SEND debates. Wider children's matters are referred to appropriate bodies.

- **Recommendation:** run this as a discrete, time-limited task-and-finish strand reporting into the main Group.

5. Out of scope

- Broad CAMHS and SEND policy and service design beyond the three items in Section 4.
- General mental health policy debate already covered elsewhere; the Group is not a general campaigning body.
- Procurement, commissioning or funding decisions; the Group is not a decision-making body of this kind.
- Endorsement of any product, service or supplier.

6. Membership

- The Group is small, senior and delivery-focused. Participants are responsible for implementation, not observers.
- Core membership: NHS mental health trust leaders (clinical, operational, digital); integrated care system representatives; national policymakers and advisers; primary care, community and social care leaders; local government and voluntary sector partners; lived experience and carer representatives; patient safety expertise; and data, digital and single patient record leads.
- Founding members: Cygnet, Psyomics and Thalamos participate on exactly the same transparent, procurement-neutral basis as every other member, under the participation clause below.

Participation clause

Participation in the Group is voluntary and confers no commercial advantage, preferential procurement access, endorsement or entitlement of any kind. Founding and commercial members take part on exactly the same transparent basis as every other member. All interests are recorded on a public register. Where a member has a material interest in a matter, that member takes no part in the related discussion or recommendation. The Group operates in the public interest, and its independence is safeguarded by the Chair or Vice/Deputy Chair.

Criteria for membership

- Direct responsibility for, or demonstrable influence over, reducing variation in mental health services.
- Willingness to share practical examples, data and honest intelligence on barriers, under the Group's information-sharing conventions.
- Commitment to the central outcome and to keeping the Group focused rather than broadening its remit.
- Agreement to the code of conduct, the register of interests and the transparency provisions.
- Seniority sufficient to act on and carry forward the Group's conclusions within their own organisation.

7. Governance

General

- The Group operates under the joint auspices of Curia and UK Healthcare and Life Sciences Innovation, as a practical delivery forum rather than a statutory body.
- A public register of members' interests is maintained and reviewed at every meeting.
- Commercial members hold no decision rights over procurement, endorsement or the Group's recommendations.
- Outputs are agreed by consensus of core members and signed off by the Chair before circulation or publication.

Core membership and decision-making

- Core members are those with implementation responsibility. They alone take decisions.
- Decisions are reached by consensus of core members. Where consensus is not possible, the Chair decides and records the rationale.
- Advisory participants and observers may contribute but do not take decisions.

Lived experience and carer representatives: Charity Representation

- One or two chosen and carefully selected charities will act as the voice of individuals with lived experience; those charities will bring forward datasets and statistics to support the working group.
- Utilising the regional constituencies and local authorities and/or the hub of hope to invite representation from source smaller charitable organisations across the UK to participate

Handling of sensitive local intelligence

- Local intelligence shared with the Group is treated as sensitive by default.
- The Secretariat anonymises returns before they are discussed or circulated, removing organisation and individual identifiers unless the source has given explicit consent to be named.
- Aggregated, anonymised briefings are the normal output; no local source is identifiable without consent.

Approval of case studies and publications

- Case studies and publications follow a defined approval process: draft by the Secretariat or author; factual clearance by the named local source; review by core members; and final sign-off by the Chair before release.
- Any organisation featured in a case study sees and clears the text before publication.

Confidentiality and the Chatham House Rule

- Meetings operate under the Chatham House Rule: participants may use the information received, but neither the identity nor the affiliation of any speaker may be revealed.
- More restrictive confidentiality applies to identified local intelligence, as set out above.

Data protection and record-keeping

- The Group and Secretariat comply with UK GDPR and the Data Protection Act 2018. A named data controller and a plain-English privacy notice are in place.
- Personal data is minimised, held securely, and retained only as long as needed.
- Papers, the register of interests, decisions and actions are recorded and retained by the Secretariat.

8. Support available to participating parliamentarians

The Group offers practical support to parliamentarians who choose to engage, to help them serve their constituents and develop policy. This is support offered, not something expected in return. Examples include:

- local and regional evidence on variation in mental health services, in accessible form;
- constituency-level insight drawn from anonymised intelligence, where available;
- introductions to system leaders and frontline services;
- briefings and practical help with policy development on mental health reform; and
- an invitation to the Group's roundtable and community events.

Naming of parliamentary champions

No parliamentarian is named publicly as a champion of the Group without their prior agreement. In particular, Paul's public naming as a parliamentary champion should be cleared with him first.

9. Priorities for the first six months

The Group's first six months focus on three deliverables:

1. a summer survey and analysis of service variation, focused on severe mental illness;
2. three local case studies showing what works in reduced unwarranted variation, and what prevents wider adoption; and
3. an October roundtable, followed by a concise implementation paper with practical asks of government, systems and parliamentarians.

The group will review progress against these deliverables and set out a revised plan for the next 6-12 months.

10. Chairing arrangements

- The Group is chaired by Steve Gilbert OBE, Vice Chair of the Independent Review of the Mental Health Act, providing continuity from review to implementation.
- A Vice Chair or Deputy may be appointed to ensure cover and continuity.
- The Chair sets the agenda with the Secretariat, safeguards scope, rules on conflicts of interest, and holds the casting position on scope and purpose.
- **Chair's declared interest:** The Chair, Steve Gilbert OBE, holds a paid advisory role with Thalamos, a founding member, which includes a shareholding in the company. Full details, including the fee and shareholding, are recorded on the public register of interests. The role is advisory and carries no commercial or procurement decision-making authority at Thalamos. To safeguard the Group's independence, the Chair takes no part in any discussion or decision in which Thalamos has a material interest, including recommendations, endorsements or procurement-related matters. For any such item, the Vice Chair or Deputy takes the chair, and the recusal is minuted.

11. Secretariat

- Curia provides the Secretariat, supported by UK Healthcare and Life Sciences Innovation.
- The Secretariat convenes meetings, circulates papers at least five working days ahead, maintains the register of interests and records actions.
- It owns the intelligence-gathering process, collates returns into anonymised briefings, and is the named channel for feeding insight to government departments.
- It manages the hybrid community-building programme, including regional hubs, virtual working groups and the annual summit.

12. Frequency of meetings

- The full Group meets quarterly, alternating between virtual meetings and in-person or hybrid sessions at member premises, charity head offices or within regional constituencies that are keen to participate.
- Workstream and task-and-finish sub-groups meet as required between full meetings.
- Annual in parliament summit anchors the community each year.
- Cadence is reviewed against Health Bill milestones and Mental Health Act 2025 switch-on dates, and may be increased at critical points.
- This cadence is an initial proposal for the Group to confirm.