

NOVEMBER 2025

CB-NSG Policy Paper

Introduction

This overview paper summarises relevant policy updates that have taken place since our last meeting on 1st May 2025.

For more information about the work of the CBF/CB-NSG to influence national policy, please visit the [Strategic Influencing](#) page of the CBF's website.

National Policy Updates

Mental Health Bill

The Mental Health Bill was recently considered at report stage and the third reading in mid-October, and was passed with amendments. Next, it will be passed to the House of Lords to consider these amendments on the 24th November.

One of the key changes that the Bill will make to the Mental Health Act will be to prevent is that people with a learning disability and autistic people being detained under section 3 of the Mental Health Act unless they have a co-occurring mental health condition which needs treatment. Other parts of the Bill put Care (Education) and Treatment Reviews and Dynamic Support Registers on a statutory footing. Whilst these changes are welcome, the Government does not intend to 'switch on' the changes in legislation until there is "strong community support" available.

As a result, Jen Craft MP, chair of the All-Party Parliamentary Group on Learning Disability, tabled an amendment during the third reading, which was supported by 17 MPs. She asked the Government to publish a roadmap outlining its plans to ensure that sufficient community services become available, so that the Act's provisions on ending the detention of autistic people and people with a learning disability can take effect. In response, Stephen Kinnock MP, Minister for Care [committed to working with people with lived experience to co-develop a roadmap](#).

The CBF is one of a group of learning disability and autism organisations and campaigners that have been working together to ensure that the Mental Health Bill – and the work to implement it – meets the needs of children, young people and adults with a learning disability and/or who are autistic, and that plans are coproduced. We previously produced joint briefings on the Bill and community support which you can read [here](#).

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Casey Commission – Reforming Adult Social Care

The Casey Commission, led by Baroness Louise Casey, has been asked by the Government to look at reforming adult social care in England. The first stage, producing a plan for a national care service, will be reported on in 2026.

The terms of reference for the Commission say that the plan must give those needing care and their families “more power in the system”. In addition, it must also be affordable and feasible “[within the constraints set by the Government’s forthcoming spending review, which will set public expenditure limits from 2026-29](#)”.

The second stage, which will look at longer-term recommendations, will be reported on in 2028. More information on the aims and outcomes of both stages can be found [here](#).

Currently, the Casey Commission is looking to hear from carers, professionals, and anyone with lived experience of social care. The page for submissions can be found [here](#). It asks respondents to name 3 things that work well in social care, 3 things that do not work well in social care, and 3 things that waste time, money, or effort in social care, as well as share any relevant research. The page will be open throughout 2025.

SEND reforms

In October 2025, the Government announced that the long-awaited SEND White Paper would be delayed until 2026.

The Education Secretary, Bridget Phillipson, said that the delay will allow for a “[period of co-creation with parents, educators, experts and representative organisations](#)”. The delay was announced following a Westminster Hall debate on assessments and support for children with SEND in September, which was prompted by the [Save Our Children’s Rights](#) campaign. The debate was well-attended by a range of cross-party MPs, including Georgia Gould MP, the recently appointed Minister for School Standards, who said that her three key principles are:

- Listening to the voices of children, young people and their families, and of teachers and those supporting them
- Early intervention is central
- Children with special educational needs shouldn’t have to go miles away from their families and communities to get the right support

A full transcript of the debate can be found [here](#).

Although a further delay is not an ideal outcome for families who have been waiting with uncertainty for a long time, The CBF and CB-NSG will look to encourage the Government and key stakeholders to maintain this promise of involving families.

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Law Commission Review of Disabled Children's Social Care

The Law Commission recently published its [recommendations](#), following its review of disabled children's social care. The CBF, after consulting with family carers and other CB-NSG subgroup members, submitted a consultation response and was cited 11 times. Below are some of the main recommendations made:

- A simplified and unified legal framework for disabled children's social care law within the Children Act 1989 (Recommendation 1)
- Statutory guidance setting out the rights of disabled children and their families, and local authorities' responsibilities to meet these (Recommendation 2)
- National eligibility criteria for meeting the social care needs of disabled children (Recommendation 16)
- A right to independent advocacy for disabled children (where there is not already an appropriate person to represent and support the child), when the local authority is assessing and planning to meet their social care needs (Recommendation 31)
- A requirement that planning for disabled children to make the transition to adulthood should start by the age of 14 (Recommendation 33)

This final recommendation to amend the Care Act 2014 and introduce a statutory of 14 by which transition planning must begin was welcomed by the CBF (our statement on this can be found [here](#)).

The Law Commission settled specifically on the age of 14, as this aligns with the age that transition planning in education must begin, and would therefore allow for a consistent approach across SEND, health care, and social care. Starting at plan from age 14 would allow sufficient time to fully inform the young person and their family of all possible options in their local area, and factors in time for social workers and other practitioners to build a relationship with the individual they will be supporting.

The Transition Subgroup has been working to ensure this recommendation does not become forgotten and will be aiming to influence the Government, particularly in the period leading up to the delayed Schools White Paper publication. For more information on the Transition Subgroup's work, please refer to the CB-NSG Updates Paper.

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NHS England restructuring

It was announced by the Government in March of this year that NHS England (NHSE), the executive body responsible for oversight and commissioning within the NHS in England, would be abolished and that its functions and workforce will be integrated into the Department of Health and Social Care (DHSC). However, this will take several years; first, the Government needs to introduce a new Health Bill, which will not be introduced to Parliament until Spring 2026. This means that it may not pass until 2027.

NHS England is currently responsible for the Learning Disability and Autism Programme and it is not known at this stage which functions of the programme will be adopted by the DHSC or by other bodies.

It has been announced that 'Mental Health, Learning Disability and Autism' is going to be one of the DHSC's '[National Priority Programmes](#)'. At the time of writing, this is the only National Priority Programme to not have a recruited lead or interim lead.

NHS 10 Year Plan

On 3rd July 2025, the Department for Health and Social Care published the Government's [10-year health plan for England](#), "Fit for the Future". This plan was published in response to a review, commissioned by the Secretary of State for Health and Social Care, which was undertaken by Lord Darzi in 2024.

There are 3 main principles, or "shifts", of this plan:

1. Shift from hospitals to communities (increasing the amount of care that people receive from community services compared to services in hospitals)
2. Shift from analogue to digital
3. Shift from sickness to prevention

The 10 Year Health Plan says that neighbourhood health teams will tackle health inequalities affecting people with learning disabilities, including the fact that people with learning disabilities die approximately 20 years earlier than people without learning disabilities. The plan aims to "improve ... life outcomes through more holistic, on-going support". The move away from "short-termism" is detailed more in the recently-published [Medium Term Planning Framework](#).

The 10 Year Health Plan also introduces new financial incentives to encourage investing in neighbourhood health, which could ultimately reduce reliance on inpatient services for people with learning disabilities. The CBF have a list of asks re: the 10 Year Health Plan which can be viewed [here](#).

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Changes to integrated care boards

One major change in the 10 Year Health Plan surrounds the structure and roles of integrated care boards (ICBs). ICBs will need to make a 50% reduction in running costs. The Government has also stated that ICBs need to be “strategic commissioners of local health services, responsible for all but the most specialised commissioning using multi-year budgets”.

A summary of the new expectations for ICBs can be found [here](#), and a more detailed Strategic Commissioning Framework can be found [here](#).

A [Model ICB blueprint](#) has been published. This has created some uncertainty, as ICBs have statutory responsibilities relating to SEND and safeguarding. The Model ICB blueprint says that these are due to be transferred, although it has not been confirmed where these responsibilities will be transferred to, and what impacts this may have.

Other updates

Supreme Court Case – Deprivation of Liberty Safeguards (DoLS)

The Department of Health and Social Care (DHSC) has intervened in a [Supreme Court Case](#) brought by the Attorney General for Northern Ireland (AGNI), which aims to change the Deprivation of Liberty Safeguards (DoLS) procedure. The DHSC has asked the Supreme Court to set aside the 2014 Cheshire West ruling, which stated that individuals lacking capacity living in care homes or supported living, who are under continuous supervision and control, not free to leave, and who do not have the capacity to consent to their living arrangements, are deprived of their liberty.

The Cheshire West case established a level of legal safeguarding protection; any decision to deprive somebody of their liberty is subject to independent checks to ensure that this is done in that individual’s best interests. Since its ruling in 2014, there has been a sharp increase in the number of DoLS applications, which the DHSC have argued is not sustainable. They have therefore asked the Supreme Court to set aside the 2014 Cheshire West ruling, calling it “wrongly decided”.

Mencap, Mind, and the National Autistic Society, who also intervened in the case, argued that the Cheshire West ruling should not be overturned as it would remove a key safeguard from vulnerable people.

The outcome of this Supreme Court Case is not expected until 2026. You can read a BBC article on this case [here](#) and watch the recordings of the hearings or read the written arguments [here](#).

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Learning Disability Professional Senate Briefing

The Learning Disability Professional Senate, which consists of members of the various colleges and societies that represent clinical professionals providing specialist health support to children and adults with learning disabilities in the UK (including CB-NSG core members), published a [briefing](#) in September setting out actions that should be taken to address the “implementation gap” between policies that aim to address health inequalities for people with learning disabilities, and practice.

This briefing drew on advice from Viv Cooper (CBF Founder), Jacqui Shurlock (CBF Chief Executive), and other CB-NSG core members.

Facilitated Communication

Facilitated Communication is a discredited communication technique – it relies on a facilitator giving physical assistance (such as supporting to point to letters or pictures on a keyboard) to communicate. However, it has been criticised for a long time by numerous organisations; it may well be the facilitator who is responsible for any messages. [This recent article](#) highlights the dangers in facilitated communication; you can also read the family sharing their experiences in [our newsletter](#).

In October 2025, the Royal College of Speech & Language Therapists reviewed the evidence and published guidance recommending against the use of facilitated communication for autistic people, describing it as a “a discredited technique that should not be used in any circumstance”. You can read the full statement [here](#).

Restraint and seclusion in schools

Following work over the previous 2 years, Daniel Johnson MSP’s [Member’s Bill on Restraint and Seclusion in Schools](#) has been formally introduced to the Scottish Parliament. The Bill, which would require all education providers to record all incidents of restraint or seclusion and report this to the Scottish Government each year, is currently at stage 1, where it is being scrutinised by the Education, Children and Young People Committee. You can read The CBF’s evidence to the committee on the Bill [here](#).

Kate Sanger, a member of The CBF’s Protecting Rights; Eliminating Restraint Group (PR;ERG) gave evidence to the committee, citing from The CBF and PABBS’s report, [Reducing Restrictive Intervention of Children and Young People](#). You can watch Kate and others give evidence [here](#).

The Department for Education (DfE) have also announced that, from 1st April 2026, schools in England will be required to record and report instances of restraint and seclusion to parents and carers. The DfE have said that new guidance will be published by the end of the year. While we welcome these change, The CBF and PR;ERG continue to advocate for a greater focus on the rights of the child, an overall ban on seclusion, and the removal of the power for staff to use force to “maintain good order and discipline”.