THE LAMPARD INQUIRY

OPENING STATEMENT ON BEHALF OF THE MID AND SOUTH ESSEX INTEGRATED CARE BOARD HERTFORDSHIRE AND WEST ESSEX INTEGRATED CARE BOARD SUFFOLK AND NORTH EAST ESSEX INTEGRATED CARE BOARD

Introduction

1. The Mid and South Essex, Hertfordshire and West Essex and Suffolk and North East Essex Integrated Care Boards ("ICBs") would like to, at the outset of this opening statement, express their deepest sympathy to all those who have lost loved ones and those who have been, and remain affected by the matters that this Inquiry is examining. It is hoped that the Inquiry's robust investigation will provide the answers that many have been waiting for. The ICBs would like to recognise the courage of those engaging with this process, despite their loss and suffering.

2. The ICBs are committed to engaging with the Inquiry in full openness and transparency to assist it in discharging its Terms of Reference. The ICBs recognise the considerable work being done by the Inquiry and are keen to establish an ongoing dialogue to ensure that the ICBs can be as helpful as possible. To date, the ICBs have provided a draft Rule 9 statement with accompanying documents and stand ready to respond to further requests for evidence. The ICBs have been proactive in beginning a scoping exercise of potentially relevant material and by putting in place structures to ensure they can engage with and respond to the Inquiry as effectively and efficiently as possible.

3. The ICBs are grateful for the opportunity to participate in the Inquiry, to listen to those impacted, and to learn necessary lessons for the future. The ICBs are committed to better understanding and responding to the needs of people accessing mental health services in their areas of responsibility.

4. Throughout the remainder of this statement, I will provide a brief overview of the role and functions of ICBs, some background to the changing landscape that led to the establishment of ICBs in 2022 and, to assist the Inquiry and those listening to better understand where the ICBs fit within the context of the Inquiry's areas of consideration.

Integrated Care Boards

5. The three ICBs that have responsibility for the population of Essex (one within Essex and two that also have responsibility for the populations of Hertfordshire and Suffolk) were established in July 2022 as part of wide-ranging reforms introduced through the Health and Care Act 2022 ("the 2022 Act"). The Act legally established Integrated Care Systems ("ICSs"). There are 42 ICSs in England[1] and they consist of ICBs and Integrated Care Partnerships ("ICPs"). ICBs are required to work with local authorities to establish ICPs, drawing together a wider pool of representatives such as those from public health, social care, and housing providers. ICPs are responsible for developing an integrated care strategy to address the health needs of the population in the relevant area, which ICBs are required to have regard to when making decisions.

6. The 2022 Act abolished Clinical Commissioning Groups ("CCGs") and consequently, ICBs took on the commissioning functions of CCGs as well as some of NHS England's commissioning functions.

7. The 2022 Act outlines the general duties of ICBs including with regard to:
    a. Improvement in quality of services
    b. Reducing inequalities
    c. Promoting involvement of patients and carers
    d. Patient choice
    e. Obtaining appropriate advice to effectively discharge its functions
    f. Promoting innovation and research

[1] NHS England, 'What are integrated care systems?'

g. Promoting integration of health services

8. The explanatory notes to the 2022 Act outline that ICBs have the ability to exercise their functions through place-based committees, while remaining accountable for them, and they are directly accountable for NHS spend and performance within the system. In terms of structure, ICBs must have as a minimum a Chair, Chief Executive Officer and representatives from NHS Trusts and NHS Foundation Trusts, general practice, and local authorities. Local areas have the flexibility to determine any further representation in the area. ICBs are also required to ensure they have appropriate clinical advice when making decisions and that at least one ordinary member has knowledge and experience in connection with services relating to mental illness.

Commissioning

9. A core function of ICBs is commissioning. Their duty under section 3(1) National Health Service Act 2006 (as amended) ("the NHS Act 2006"), is to arrange for the provision of health services to such extent as it considers necessary to meet the reasonable requirements of the people from whom it has responsibility.

10. NHS England defines commissioning as follows:

'Commissioning is the continual process of planning, agreeing and monitoring services. Commissioning is not one action but many, ranging from the health-needs assessment for a population, through the clinically based design of patient pathways, to service specification and contract negotiation or procurement, with continuous quality assessment.'[2]

11. In summary, commissioning involves a range of activities including assessing needs, planning services, procuring services and quality assessment. There is an important distinction between the provision of health care services and their commissioning. Whilst

[2] NHS England, What is commissioning?

the particular statutory duties have changed over the years, the duty has been one of 'arrangement' rather than direct involvement in patient care, which is delivered by care providers such as an NHS Trust.

12. The commissioning arrangements are designed so that an individual ICB may not have, or need to have, knowledge of who or what services it is commissioning for each specific person that passes through them. This is intended to enable the efficient provision of services under existing contracting arrangements to best meet the needs of the population. The arrangements recognise that expertise in care, treatment and clinical decision making in individual cases is at the provider level, rather than the commissioner level. In cases where individuals have complex needs and require bespoke commissioned care, systems exist enabling commissioners to work collaboratively with providers to deliver this.

Changing Landscape

13. As the Inquiry is undoubtedly aware, significant reforms have taken place throughout the time period under examination. At the beginning of 2000, NHS providers were funded by Health Authorities and GP fundholders, rather than being paid directly by the Secretary of State. Primary Care Trusts ("PCTs") began to be established throughout 2000 and 2001, reflecting a desire to shift the balance of influence of services towards local communities.

14. PCTs became the lead NHS organisation in assessing need, planning, and securing all health services and improving health. Strategic Health Authorities were to be established to replace Health Authorities and led to the strategic development of the local health service and performance managed PCTs and NHS Trusts.

15. In 2010, the coalition government published the white paper '*Equity and Excellence: Liberating the NHS'*.[3] This was aimed at fundamentally changing the role of the Department of Health to become more strategic, while empowering clinicians to have a

[3] Department of Health, '*Equity and excellence: Liberating the NHS'* July 2010

greater say in commissioning as part of a move towards becoming more outcomes focused; and responsibility for public health moving to local authorities.

16. PCTs were formally disestablished and replaced by CCGs following the Health and Social Care Act 2012. CCGs were responsible for commissioning most NHS Services, supported by and accountable to the NHS Commissioning Board. Responsibility for some specialist services such as in-patient services for children and adolescents (Tier 4 services) transferred from PCTs to the NHS Commissioning Board.

17. As we know, the 2022 reforms then disbanded CCG's as ICB's, together with NHS England, became responsible for commissioning NHS services.

Conclusion

18. The various legislative and policy changes that have led to several structural changes over many years presents a complex picture. It is hoped that this brief overview provides a useful introduction in understanding the changing landscape, and the current picture in respect of ICBs. The ICBs look forward to providing further explanation and evidence as the Inquiry progresses.

19. The ICBs would like to reiterate their firm commitment to supporting the Inquiry in its investigation. In particular, the ICBs would like to highlight their willingness to reflect on key learning that emerges from the Inquiry, to enable them to ensure that the people they are responsible for can safely and confidently access mental health services in future. As such, the ICBs will listen carefully to the evidence and contributions from other Core Participants and look forward to the Inquiry's report and recommendations in due course.

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