

IN THE INQUIRY INTO MENTAL HEALTH DEATHS IN ESSEX

(THE LAMPARD INQUIRY ('the Inquiry'))

SUBMISSIONS

Introduction

1. These submissions address the Inquiry's draft Investigative Strategy published to Core Participants ('CPs') on 13 November 2025 ('**the Strategy**'), as well as matters which will be addressed orally at the hearing on 8 December 2025. Separately, with permission, a skeleton argument on the law is to be produced in advance of the hearing touching upon human rights which are arguably engaged and need to be addressed (as foreshadowed in Opening Submissions appended only for ease of reference).
2. Hodge Jones Allen ('**HJA**') represents the largest cohort of Core Participants in the inquiry in terms of bereaved families and those with lived experience and it is on their behalf that these submissions are made. It is understood that all of the HJA CPs are to be treated as illustrative cases as to which confirmation would be welcomed.

Timing

3. The publication of the Strategy comes very late in the day, being more than a year after the Inquiry opened and with less than a year before the Inquiry is said to come to an end. It brings into question the purpose of public evidence heard to date insofar as this appears to have been intended to do no more than surface concerns, often in the absence of relevant disclosure. It means that, for all practical purposes, there is insufficient time for there to be a complete and public inquiry into matters of substance involving witness testimony before the projected end of the Inquiry. Even if there had been some merit in holding limited trauma-focussed 'behind closed doors' sessions with prospective witnesses designed to surface their concerns before turning to more focused investigations and holding public evidence sessions, to address matters in the way proposed appears topsy turvy in the context of a public inquiry. To the extent that the

Strategy is but one strand of the contemplated streams of work to be undertaken by the Inquiry, HJA's clients do not know what those other plans may be and have no choice but to comment on the Strategy in a silo. It begs the question as to when any other plans are to be released and what meaningful opportunity can be afforded to CPs to provide input in the time remaining.

4. Many HJA witnesses have already given evidence in public without even knowing what the Inquiry's strategy for investigation is, and, contrary to previous assurances given to them that their evidence was not limited to simply surfacing their concerns in a vacuum of relevant and adequate disclosure or information, it appears, at least from the Strategy, that this is the sum total of their expected input in terms of public hearings. It leaves those witnesses yet to give evidence in February and / or April 2026¹ under duress of time and completely at sea as to what their role really is, having now received the Strategy. It also means that there has been a lack of parity of treatment of witnesses with those waiting to give live evidence either not being given the same opportunity as those who have already been called or not being called at all. We note the recent change to the Inquiry's website in respect of published dates for hearings and their status beyond February being left in abeyance.
5. We urge the Chair to consider whether this is fair to the CPs including by reference to s.17(3) Inquiries Act 2005 and whether this is likely to fulfil the Inquiry's objectives by reference to the Terms of Reference in all the circumstances. Insofar as the Chair is already apprised of other streams of work, which HJA's client are not privy to, it is submitted that it is important to provide clarity and transparency as soon as possible.

¹ The letter from ILT dated 14 November 2025 stated: "*As you will have noted in CTT's closing, it is intended that February will be the final hearing in which evidence from bereaved families will be heard.*" HJA raised with the ILT the discrepancy between this statement and the Inquiry website. The website anticipates potential evidence from bereaved families in April 2026. In our submission, it is highly unlikely – given the Inquiry's progress to date – that every bereaved CP who wishes to give evidence will be in a position to do so in February. The majority of bereaved CPs have not yet been heard from. Of the public evidence sessions held so far, twelve CPs were heard from in just over a week in July 2025 and a further eighteen over three weeks in October 2025. This number, thirty CPs, obviously falls far short of the total number of bereaved CPs, quite apart from those who have lived experience. It is understood that the position has changed since that correspondence of 14 November 2025.

Key Concerns

6. Whilst the Strategy, as drafted, sets out broad principles and does not commit to what will be done in any particular CP's case, HJA's clients are extremely concerned about three things in particular:
 - i. their level of proposed involvement;
 - ii. the lack of disclosure and
 - iii. the potential for a serious lack of transparency.
7. The broadness of the principles and absence of guarantees does not reassure them. Their concerns must be understood in the wider context of their concerns about the Inquiry to date, including the very limited disclosure so far (most of it in the run up to the April 2025 hearings) and the lack of any disclosure plan or roadmap for the future conduct of the Inquiry. Material gathered by the Inquiry (and previous independent inquiry) has not been fully disclosed to them; instead, the Inquiry has been asking for documents from the clients themselves. The experience of the October 2025 hearings suggests strongly that the Inquiry cannot take NHS Trust documents at face value. A paper exercise is inappropriate where important facts are disputed, and in the context of NHS Trusts which have previously breached duties of candour. Concomitantly, the Inquiry has little by way of HJA's clients' comments on documents, as CPs were instructed to focus on feelings and impressions in their witness statements in the absence of disclosure.
8. The current plan for the Inquiry consists of the Strategy, which is heavily dependent on a paper exercise with few further guarantees, some hearing dates and a date for final submissions. This does not give HJA's clients confidence that an appropriately thorough investigation will be conducted,² and there is scant discussion of the practicalities and timescales for CPs' involvement in the present draft. Neither does the present timeline leave sufficient time for them to comment meaningfully on their "Case Summaries", and many are not satisfied with making comments solely in writing. Many HJA CPs have suffered trauma, and some are living with mental health conditions, which exacerbates the associated prejudicial effect on them. In that regard, the draft

² See for example the independent submissions of Melanie Leahy.

Strategy is reminiscent of investigations carried out by the NHS Trusts themselves, which did not foreground families' views.

9. The net effect of the publication of the Strategy this month is that it leaves HJA's clients feeling sidelined in this Inquiry which is about the death of or harm to people who are their nearest and dearest. Moreover, the majority of HJA's clients still have unresolved questions, some larger and some smaller, which they look to this Inquiry to seek answers to. These are set out in their rule 9 statements, which can be discussed further if this would be helpful to the Inquiry.
10. No one wishes to give evidence in a public forum in less than a meaningful way. That has been the main gist of the representations made to date as to the need for medical disclosure in particular (which is not repeated here as it was the subject of recent submissions and correspondence to the Inquiry Legal Team for the attention of the Chair). While it is not suggested that the Inquiry should routinely go behind the findings and conclusions reached in inquests and civil proceedings, in many cases there have been no such inquests or proceedings and such medical records that exist have not been disclosed to CPs as a matter of course. This means that they have not been able to offer vital testimony as to their (i) accuracy, (ii) veracity and (iii) context; itself a vital exercise in any investigation seeking to triangulate information in order to reach reliable conclusions. Furthermore, as the Inquiry has itself recognised, in many cases the documentary record is incomplete for a variety of reasons and / or the Inquiry has not obtained records held only in hard copy (perhaps at various different sites). No solutions to these problems have been proposed in the Strategy, despite them being raised in CPs' oral submissions in April 2025.
11. The bulk of the investigative work of the Inquiry ought not to be a paper exercise carried out away from the eyes of the public. This is inimical to the very purpose of a statutory inquiry further to the formal conversion of the independent inquiry to a statutory inquiry on 23 October 2023.
12. Taken as a whole, the Strategy is not suitable to discharge the Inquiry's obligations under the Terms of Reference and arguably also the European Convention on Human Rights ('ECHR'). The inquiry, as a public authority within the meaning of the Human Rights Act 1998 ('HRA'), has a duty to determine for itself its obligations. There has

to date been no published Note from Counsel to the Inquiry as to the arguable engagement of, in particular, Articles 2, 3 and 8 ECHR, whereas it appears that on the face of the evidence received to date and the Terms of Reference which are focused on systemic failures, it is strongly arguable that the Inquiry has a heightened investigative duty for this very reason. The fact of a changed national risk assessment model as of April 2025, together with the reforms to the Mental Health Bill and evidence to date strongly indicate that the legal and regulatory framework during the relevant period was inadequate.

13. In brief, it is submitted that greater, meaningful CP involvement and engagement is necessary now in order to fulfil both the Terms of Reference and the CPs' ECHR rights. It is important to pause and address this now, if it has not already been considered by the Chair and her team, because it will be too late to pivot towards or at the end of the Inquiry should it then become apparent that the Inquiry is under such an investigative duty. Conversely, adjusting course now to ensure that if necessary the Inquiry is ECHR compliant is not only the right course of action but it is one that is costs and time efficient and in the public interest overall.
14. HJA has many clients who have had no inquests or investigations or manifestly inadequate ones, have received barely any disclosure and possess little first-hand memory of events. Others have outstanding questions about what in fact happened to their loved one(s), despite many processes and investigations, and there are many CPs who have questions they want the NHS Trusts to answer, for the first time, candidly or at all.
15. It is important to note that the raising of ECHR rights at this stage is not because HJA's clients wish to bog down the investigative work of the Inquiry in excessive detail, or to derail the important focus that must be given to concluding the Inquiry in a reasonable and appropriate timescale. They also understand that the purpose of the Inquiry is not to re-run inquests or descend into a level of minutiae in individual cases that risks compromising an appreciation of the systemic issues. However, they would rightly be criticised if their concerns were to be raised later when, as stated above, it is simply too late for the Inquiry to apply its mind to the question of the investigative duty in connection with systemic and operational failures and to pivot accordingly.

Next Steps

16. HJA's clients wish for there to be a determination as to whether Convention rights are arguably engaged and for the Strategy to take this and any other streams of work planned into account as well as allowing for greater involvement of CPs in finalising the Strategy and remaining plans and greater involvement in the Inquiry overall. By increasing clarity and transparency, and ensuring fairness, the Inquiry can meet the Terms of Reference without, it is submitting, losing momentum or efficiency.
17. HJA remains committed to constructive discussions and a meeting with ILT to look at concrete steps to address what it is anticipated will be concerns shared by other CPs too, if desired. A short pause and reset is likely to be in the public interest all round.

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