




Coroners Administration  
North Yorkshire and York  
The Old Court House  
3 Racecourse Lane  
Northallerton  
DL7 8QZ

Dear HM Assistant Coroner Broadbridge

**Inquest touching upon the death of Zoe Zaremba  
Regulation 28 Report**

I am in receipt of the Regulation 28 Report relating to the inquest touching upon the death of Zoe Zaremba. Please could I firstly take the opportunity to pass my condolences to Zoe's family, particularly to her mother who has met with the CCG both before and subsequent to the inquest proceedings. Thank you for taking the time to draw your concerns to my attention.

This response is addressed as coming from NHS Humber and North Yorkshire Integrated Care Board. On 1 July 2022 CCGs ceased to exist and were replaced with Integrated Care Boards. I can see from the evidence provided by  that there was a view given that the relevant CCG for this inquest was North Yorkshire and York CCG; to clarify, there was no such CCG. The relevant CCG for the purposes of the inquest was NHS North Yorkshire CCG as you identified in your Regulation 28 report. It is right to say that NHS Vale of York CCG also commissioned services from Tees Esk and Wear Valley NHS Foundation Trust ("TEWV") however this was through a separate and different contract (albeit with some similarities).

When the ICB was established on 1 July 2022 the contracts in existence in CCGs were novated to the ICB and therefore the previous contract between NHS North Yorkshire CCG and TEWV novated to be between NHS Humber and North Yorkshire ICB and TEWV.

Having reviewed the evidence which was heard at the inquest and the documents which your office has helpfully supplied us with I would just wish to observe that the CCG would have welcomed the opportunity to support you with your investigation and attended the inquest with interested person status. Please could consideration be given to this in the future where there may be questions about commissioned services. I believe that our legal team have written to Mr Heath, Senior Coroner for



[REDACTED]

York and North Yorkshire, separately providing contact details and reiterating a willingness to support any investigations that you may have.

I have responded specifically to two elements of the Regulation 28 report as I believe these are the elements which you are specifically addressing to the commissioners of services. These 2 sections are 6D and 6H:-

'6D there was no local provision within TEWV for specialist autism assessment and adapted psychological therapy. Commissioned providers of these essential cares were outwith TEWV, requiring specific Funding Request (which was granted) for a course of assessment and therapy. Those providers did not offer statutory acute mental health services support, including out of hours/crisis support. TEWV did not provide what the commissioned providers were supplying. There was a want of effective communications between these 'teams' not least as patient data was not accessible by one to the others electronic records (patient consent permitting) and the fact of disengagement. There was a sense of 'silo' working, militating against partnership working, that encouraged unfavourably the undesirable 'uncoupling' of experiences';

NHS North Yorkshire CCG commissioned the Retreat (Tuke) Centre to provide an assessment and diagnosis service for autism spectrum disorder. It does provide some post diagnostic support and where a need for additional therapy is identified, can be commissioned separately to provide some specific therapies as happened in Zoe's case.

This is therapy which is beyond that which TEWV can provide as the primary mental health provider. That does not change the expectation that TEWV be in a position to make appropriate adjustments to their mental health support for those with any neuro development diagnosis. By this we mean that we would expect TEWV to be in a position to support those with a mental health condition even where they have a diagnosis of autism spectrum disorder however it is recognised by the CCG/ICB that there may be cases where there is additional specialist input required. This is when IFR requests are made. The CCG/ICB accepts that this is becoming more frequent and the reasons for this are not clear but are sufficient for the CCG/ICB to be considering the commissioned pathway for this type of therapy.

Although not specifically referred to within the Regulation 28 it is clear from the evidence which we have reviewed that one of the concerns you had was whether or not the service available to patients in Zoe's position would have been better if this had been 'in housed' rather than what appears to be an arbitrary divide of service



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delivery between the Retreat (Tuke) Centre and TEWV. I trust that the explanation above addresses those concerns and provides an explanation as to why there are additional services provided by other organisations. The CCG/ICB commissions services based on a number of factors, understanding of population need is one factor and value for money is another; these factors are sometimes competing. The CCG/ICB reviews decisions it makes on a regular basis (within contracting requirements) and addresses concerns as I have already described (reviewing the commissioned service for specialist autism therapy for example)

To be clear, the CCG commissioned TEWV to provide mental health services for the population regardless of whether someone also has a diagnosis of a neuro developmental disorder/condition. The ICB have now had that contract novated to them upon the establishment of the ICB on 1 July 2022.

The adapted psychological therapy that is referred to in the Regulation 28 as being commissioned through specific Funding Requests (also referred to as Individual Funding Requests) would be upon the identification of services required in addition to the core services provided by TEWV. The commissioning expectation is that TEWV would make reasonable adjustments to the core services to provide appropriate care and support for people presenting with a mental health issue even where that sits alongside a diagnosis of autism. The request for additional services can come from TEWV, a GP or from the Retreat (Tuke) Centre itself depending upon its previous interaction and contact with a patient. This does cause the ICB some concern about conflict of interests where there is an incentive for a referral to be made (ie generating business for an organisation through the referral process). This is the reason the referrals are scrutinised and considered on their own merits before approval is given.

Whilst the CCG/ICB recognises the concern about effective communication between the Retreat (Tuke) Centre and TEWV; the CCG/ICB also observes that this is the case in a number of sections of healthcare, and the issue of patient consent to sharing information is often problematic in cases like this. That said, the Retreat (Tuke) Centre were not providing core services to Zoe; this falls to TEWV and therefore the CCG would have expected TEWV to involve the Retreat (Tuke) Centre in any MDT or planning where this was deemed to be necessary to support Zoe's care. There is certainly nothing within the commissioning arrangements which would prevent this contact and MDT approach to care. Whether Zoe would have agreed to such an approach given her views about TEWV; and if she had refused how that should have been managed from a clinical risk perspective, are not matters that the CCG can comment on with the information available to us at this time.



The CCG/ICB are aware; from reviewing the evidence from the inquest and from discussions with TEWV that there are communication issues internally and externally which need to be resolved for the benefit of the patient. This appears to go beyond incompatibility of IT systems (for example within the inquest there is reference to the autism service provided to other geographical parts of TEWV but not being available within the North Yorkshire part of the organisation). Both TEWV and the ICB are committed to working closely to resolve this. It is anticipated that ultimately the establishment and development of Provider Collaboratives within the ICB will support with these type of issues in the future.

*'6H Zoe lurched from crisis to crisis remaining at high risk to her own safety; she died because she could no longer cope with the sense of injustice caused by others that overwhelmed her thinking. She felt she was not being listened to be community mental health services. Her therapy from outside providers – which was proving helpful to her – was disrupted by COVID-19 limitations on face to face consultations;*

Unfortunately the disruption to services caused by the Covid-19 pandemic was out of the control of the CCGs, TEWV and the Retreat (Tuke) Centre. That said, as the Retreat (Tuke) Centre was not providing core services to Zoe; there would be an expectation that she would be kept safe utilising core mental health services provided by TEWV. This should have meant that Zoe's core mental health care would have been provided by TEWV and risk assessed by them however as TEWV had adapted their model of care delivery for Zoe it may be that this was not appreciated in the usual practice of community mental health services.

*Actions which the CCG/ICB is taking moving forward:*

The CCG/ICB is heavily engaged in the national consultations on Liberty Protection Safeguards and the Mental Health Act presently. Both of these represent key policy changes for those with autism spectrum disorder. The CCG/ICB have also been working closely with TEWV to improve and support learning from SIs and other incidents and share that learning more widely. This includes information sharing between TEWV and the ICB where there are concerns about capacity and capability.

The CCG/ICB has audited the referrals for individual funding which it has received within the last 24 months and there is a trend for requests for therapy for those with autism spectrum disorder which appears to highlight a need for further consideration of the commissioned service. The CCG/ICB is clear that TEWV are the commissioned mental health provider of services and as such; even where a patient



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has a dual diagnosis of autism spectrum disorder and some other mental health condition; TEWV should be in a position to deliver adjusted services to support their needs. The level of requests for additional therapy for those with autism diagnosis suggests that this is not proving to be fully effective at this time. The CCG/ICB is therefore working on a series of learning events with both TEWV and service users at present whilst considering how services ought to be commissioned and delivered moving forwards, whilst also looking at more immediate and interim arrangements based on the findings in the regulation 28 notice and from direct discussions and queries with service users.

The CCG/ICB work on contracting cycles and therefore there are contractual requirements which prevent significant changes to the award of or specification of contracts mid way through. That said, where there are concerns about the delivery of contracts the CCG/ICB will manage these through contract management mechanisms and that is the basis of the ongoing discussions with TEWV and with the Retreat (Tuke) Centre following the issuing of this Regulation 28.

If I can assist you any further please do not hesitate to contact me via [Redacted]  
[Redacted]

Yours sincerely

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[Redacted]

Executive Director of Nursing and Quality  
NHS Humber and North Yorkshire ICB

This response has been developed in partnership with the previous NHS North Yorkshire CCG Director of Nursing

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Director of Nursing and Quality  
NHS North Yorkshire CCG