Department of Health & Social Care

From Minister Stephen Kinnock MP
Minister of State for Care

39 Victoria Street
London
SW1H 0EU

Our ref: [redacted]

HM Coroner Graeme Irvine
East London Coroner's Court
Queens Road
Walthamstow
E17 8QP

By email: [redacted]

13 September 2024

Dear Graeme,

Thank you for the Regulation 28 report of 7 July, sent to the Department of Health and Social Care (DHSC), about the death of Mr Omar Abdi Ahmed**.** I am replying as the Minister with responsibility for adult social care.

Firstly, I would like to say how saddened I was to read of the circumstances of Mr Ahmed's death; I offer my sincere condolences to his family and loved ones. The circumstances your report describes are very concerning and I am grateful to you for bringing these matters to my attention.

The report raises concerns over:

1. Poor standards of communication between the domiciliary care company, Local Authority (LA) and NHS trust resulted in a failure to identify the deterioration in Mr Ahmed's living conditions and health.
2. An under-resourced and demoralised district nursing team that lacked the clinical curiosity to predict the harm that would befall Mr Ahmed should he be allowed to disengage from treatment.
3. An unwillingness by domiciliary carers to challenge Mr Ahmed's poor decision-making in how he budgeted, leading to a lack of nutritious food and cleaning materials, and a reluctance to switch on his central heating, the latter being a contributary factor in his death from hypothermia.

In preparing this response, departmental officials have made enquiries with NHS England (NHSE) and the independent chair of Newham Safeguarding Adults Board (SAB).

In response to your first concern, section 6(7) of the Care Act 2014 states LAs must co-operate with relevant partners, such as domiciliary care companies and NHS trusts, and those partners must co-operate with the LA in the exercise of their functions to protect adults.

The Care Act 2014 requires each LA to set up a SAB in its area. SABs are required to carry out a Safeguarding Adult Review (SAR) where an adult has died, and the SAB knows or

suspects the death resulted from abuse or neglect (whether or not they knew this at the time of death). The SAR should identify the lessons to be learnt from the adult's case and apply those lessons to future cases. To understand the communication failures related to your first concern, DHSC contacted the independent chair of Newham SAB asking whether they are considering doing a SAR. The chair shared they are collecting information on the case before deciding what to do next.

In response to your second concern, NHSE shared details of their Community Nursing Safer Staffing Tool to support organisations to triangulate their nursing staffing numbers. This will create availability for more nursing staff to meet increasing patient demand. NHSE are also looking to scope and commission future educational support for district nursing, and within the Long-Term Workforce Plan there is an ambition to increase training places for district nurses by 41%.

NHSE also reached out to the East London Foundations NHS Trust directly – my officials await their response and will consider how to learn from any information that is relayed. To note the Trust, Council, and private care provider are also recipients of this PFD and will be developing their own responses, which officials expect to be sighted on in due course.

Your third concern was regarding Mr Ahmed's carers' failure to challenge his poor decision-making. I infer from this that you feel Mr Ahmed may have lacked the relevant mental capacity and that you feel professionals responsible for his care should have assessed his mental capacity. I note professionals should start by presuming capacity and that poor decision-making does not necessarily equate to a lack of mental capacity to make those decisions. These are two of the five principles under the Mental Capacity Act (MCA) which is strongly supported by experts by experience. However, I am aware these principles have been used to justify a lack of clinical curiosity from health and social care workers in several cases. I can say that using the presumption of capacity and the freedom to make unwise decisions to avoid challenging poor decision-making is not in line with the MCA guidance or case law. Government is clear that professionals applying the MCA are expected to keep up to date with the guidance and not misuse the principles within the Act.

While employers in the health and care sector have ultimate responsibility to satisfy themselves regarding the skills and competence of their staff, DHSC also provides support. On January 10th, 2024, the DHSC published the first part of the Care Workforce Pathway, a new national career framework for the adult social care sector. This pathway defines knowledge, skills, values, and behaviours of those working in, or wanting to work in adult social care, should have. Although not mandatory, it is designed to improve how providers can support and develop their workforce. The Pathway is being developed to work in conjunction with existing standards and competency frameworks. The Care Quality Commission (CQC) will look at a provider's approach to staff induction, support and training using CQC's key lines of enquiry.

I hope this response is helpful. Thank you for bringing these concerns to my attention.

Yours sincerely,

STEPHEN KINNOCK MP