



Department
of Health &
Social Care

[REDACTED]
Minister of State for Social Care

39 Victoria Street
London
SW1H 0EU

[REDACTED]
HM Coroner James Thompson
Coroner's Service, Town Hall and Civic Offices,
Westoe Road, South Shields, Tyne and Wear NE33 2RL
0191 426 8181
[REDACTED]

1 October 2026

Dear Mr Thompson,

Thank you for the Regulation 28 report of 17th June 2026 sent to the Secretary of State / the Department of Health and Social Care about the death of Malcolm Campbell. I am replying as the Minister with responsibility for Social Care.

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

The report raises concerns over NHS patient records flagging to medical professionals where a patient is seen to be at risk of injury/death due to fire, allocation of a named social workers or equivalent for the duration of someone's care, and the aim of the 'Home First' principle and the consideration of alternative discharge pathways.

In preparing this response, my officials have made enquiries with NHS England, who have provided a separate response, to ensure we adequately address your concerns.

For the first concern in regard to flagging risk due to fire in patient records, NHS England have provided details in their separate response. This includes warning labels when prescribing a Paraffin based emollient and the capability to add a 'Reasonable Adjustments Flag' to a patient's medical record through the National Care Records Service (NCRS). NHS England's response describes this in more detail.

In reference to the second concern raised, whilst DHSC does not mandate named social workers it is good practice which local authorities should aim to adopt according to people's needs and local service arrangements.

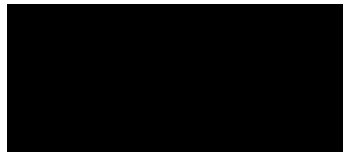
The Home First approach is intended to support people to recover in the least restrictive environment that is safe and appropriate for their individual needs. The Discharge to Assess (D2A) model promotes discharge home as the default pathway where this is safe and appropriate, with alternative pathways available for people whose needs cannot be

safely met at home. These alternative discharge pathways may include bed-based intermediate care, residential or nursing care where clinically indicated.

It is vital that discharge planning and processes must remain person-centred and take into account an individual's clinical needs, risks, functional ability, available support and the wishes of the individual. NHS England have provided more detail on discharge pathways and alternatives to Home First in their separate response.

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

Yours sincerely,



MINISTER OF STATE FOR SOCIAL CARE