

**Adult Social Services
County Hall
Martineau Lane
NORWICH
NR1 2DH**

Tel: [REDACTED]

Yvonne Blake
Area Coroner
Carrow House
301 King Street
Norwich
NR1 2TN

Please ask for: [REDACTED]

Direct dial: [REDACTED]

Our ref:

11 March 2021

Dear Yvonne

I understand how busy your department is at present and have attempted to contact you several times by telephone. I had wanted to discuss this matter with you before putting it in writing, but given the difficulties with the telephone system I wanted to ask if you would be able to telephone me so we can discuss it further. My number is [REDACTED].

I am writing to express some concerns and to request your review of the evidence regarding the inquest held for Mr Michael Yemm on Tuesday 2 February 2021.

You will be aware that a Regulation 28 report to prevent future deaths has been issued to Norfolk County Council. However, I note that Norfolk County Council was not asked to provide a report for the Coroner about our involvement with Mr Yemm, nor to contribute to the inquest in any way.

There are a number of points I would like to raise with you regarding this matter from the perspective of Norfolk County Council's Adult Social Services Department, and to ask that you would re-examine the evidence using the information received by Adult Social Services from the Norfolk and Norwich University Hospital (NNUH).

You may be aware that in March 2020, the Department of Health and Social Care published guidance requiring hospitals and local authorities to work together to implement new Discharge to Assess (D2A) arrangements.

COVID-19 Discharge Service Requirements (March 2020, HM Government/NHS)
Hospital Discharge Service: Policy and Operating Model (August 2020, HM Government/NHS)

D2A is a concept whereby patients are transferred from acute hospital at the point where they no longer require acute hospital care through one of three pathways; either

at home with support (pathway 1), in community based sub-acute bed with rehabilitation and reablement (pathway 2) or in a care home sub-acute bed with recovery and complex assessment (pathway 3). Thereafter any further health or social care assessments are delivered outside of the acute hospital environment. There is a focus on the hospital's integrated discharge team who work with the ward to assess and define health care needs in order to identify which pathway it is most appropriate. At the point of discharge, care is fully funded by the NHS.

1) Mr Yemm was placed into a totally unsuitable and unsafe residential setting

On 24 May 2020, Adult Social Services was contacted by a member of the ward staff at Langley Ward, NNUH, advising that Mr Yemm required 'Support following hospital discharge. Unplanned admission to NNUH. **Short term 24 hour residential support required while delirium resolving.**' Mr Yemm had been placed on D2A pathway 2. Norfolk County Council is not able to place people in nursing home care without a nursing needs assessment carried out by a health professional. We were advised by health professionals that nursing care was not needed at this time and residential placement was sourced at Melton House, in line with the hospital's assessment.

As you are aware this placement broke down and Mr Yemm was readmitted to NNUH on 26 July 2020 following a fall. On 4 August a referral was received by Adult Social Services advising that Mr Yemm was now on the Discharge to Assess pathway 3 and required enhanced nursing care. It was noted at this point that Mr Yemm's delirium had resolved which raises a question about why a lower level of care had been requested by the hospital in May.

A total of 31 nursing homes were contacted but none considered that they would be able to meet Mr Yemm's needs.

On 2 September 2020, on receipt of Mrs Yemm's letter, the CCG agreed to fund a bed in a neurological unit. I suggest the need for a neurological specialist bed was evident prior to the initial discharge, as the behaviours were apparent at this point and an issue on the initial discharge.

2) Mrs Yemm wrote to the Director of Adult Social Services asking for help in finding a suitable placement and did not receive the courtesy of a reply

A letter has been identified which Mrs Yemm shared with the community response team social worker. The community response team social worker shared this with her senior managers and at that point the meeting was called with the CCG on 2 September 2020.

Mrs Yemm's letter was not escalated to [REDACTED] as it was received by the community response team and as a consequence, the matter was escalated appropriately and led to action by the CCG for an appropriate placement to be sourced and funded.

This case highlights a known issue where people with highly agitated behavioural needs due to dementia or other health conditions, whose needs are outside of the ability of registered dementia nursing homes to care for the needs being displayed. This is evidenced in that 31 homes were contacted and yet no placement was available

because the nursing homes were unable to meet Mr Yemm's level of need. Until the CCG agrees to fund a specialist neurological placement, adult social care is not able to source a placement with a higher level of care. It was not until Mrs Yemm complained that her husband's needs were assessed for specialist provision by healthcare services.

I would be grateful if you would give this matter your attention and consider reviewing the evidence taking account of information shared by Norfolk County Council. It would be most helpful if you would be able to contact me by telephone to discuss this further.

Kind regards

A handwritten signature in black ink, appearing to be 'Alan', written in a cursive style.


Director of Community Social Work