



39 Victoria Street London SW1H 0EU



Ms Alison Mutch HM Senior Coroner, Greater Manchester South HM Coroner's Court 1 Mount Tabor Street Stockport SK1 3AG

09 July 2021

Dear Ms Mutch,

Thank you for your correspondence of 26 April 2021 to Matt Hancock and the Prevention of Future Deaths report relating to the death of Alan Massam. I am replying as Minister with responsibility for adult social care and I am grateful for the additional time in which to do so.

Firstly, I would like to say how sorry I was to learn the circumstances of Mr Massam's death and I would like to take this opportunity to offer my sincere condolences to his family, friends and loved ones.

I wish to reassure you that promoting integrated care is a priority for this Government. We are continuing to drive increased integration between health and social care by removing barriers to data sharing and enabling joint decision-making.

I have noted carefully your concerns about information sharing between agencies involved in providing complex care and the approach to managing risk, and communication between acute hospitals and care homes regarding the discharge of patients.

Your letter also raises concerns about escalation processes when care home residents refuse medication and fluids; and the availability of care home beds for adults with complex care needs.

In preparing this response, my officials have made enquiries with NHS England and NHS Improvement (NHSE & NHSI) and their regional and local partners; and the Care Quality Commission (CQC).

All regulated providers of adult social care have a key role in safeguarding adults and should promote the wellbeing of the people in their care within safeguarding arrangements.

The Health and Social Care Act 2008 (Regulated Activities) Regulations 2014: Regulation 9¹ sets out the actions that care providers must take to ensure all users receive appropriate care and treatment based on an assessment of their needs and preferences.

Providers must also work within the requirements of the Mental Capacity Act 2005², which includes the duty to consult others such as carers, families and/or advocates where appropriate.

Under the Care Act 2014³ local authorities and their relevant partners have reciprocal responsibility to cooperate to promote the wellbeing of adults with care and support needs.

This integrated approach to person-centred care will bring together actors in health and social care, alongside local and voluntary partners, to support people to retain their independence, health and wellbeing for longer.

The Act requires each local authority to establish a Safeguarding Adults Board (SAB) to provide assurance that local safeguarding arrangements and partners are acting to support and protect adults who may be at risk of abuse or neglect. These Boards have the authority to carry out a Safeguarding Adult Review (SAR) in instances when serious harm or a fatality has occurred and there is concern that providers could have worked more effectively to have better protected the vulnerable adult.

If it has not already been done, the relevant SAB may wish to undertake a SAR, to identify effective learning and improvement action across all relevant local agencies. We are therefore copying this response to Stockport Metropolitan Borough Council for information.

In relation to communication between acute hospitals and care homes at the point of discharge, I understand from your report that Mr Massam was seen and treated within the emergency department at Stepping Hill Hospital, Stockport before returning to Lisburne Court residential home the same day. Mr Massam was not admitted to hospital and I understand from information provided by the CQC that the hospital was unaware of any concerns about the home being unable to continue to meet Mr Massam's care needs.

National guidance is available to support local health and care systems to facilitate good practice when patients are discharged from hospital. In March 2020, we published – and have since updated – the *Hospital Discharge Service: policy and operating model*⁴ guidance for NHS Trusts and care home providers, although this guidance predominantly applies to the discharge of patients who have been admitted to hospital, which does not appear to be the case here.

The guidance covers the discharge of patients from hospital to care homes, including confirming that the care provider is able to receive the patient. In addition, information essential to the continued delivery of care and support must be communicated and transferred to the relevant care provider on discharge.

¹ The Health and Social Care Act 2008 (Regulated Activities) Regulations 2014 (legislation.gov.uk)

² https://www.legislation.gov.uk/ukpga/2005/9/contents

³ https://www.legislation.gov.uk/ukpga/2014/23/contents

⁴ Hospital discharge service: policy and operating model - GOV.UK (www.gov.uk)

Additional guidance available includes the *High Impact Change Model*⁶ – developed in 2015 by the Local Government Association (LGA), the NHS and other key partners – which provides a framework for a practical approach to supporting local health and care systems to manage patient flow and discharge. The LGA also provides online tools and guidance on *Working with hospitals*⁶.

The National Institute for Health and Care Excellence (NICE) published national guidance in 2015 on the *Transition between inpatient settings and community or care home settings for adults with social care needs*⁷. This guidance includes the over-arching principles of care and support and the importance of communication and information sharing between agencies involved in a person's care.

Turning to the matter of patients' refusal of medication and fluids, NICE's guidance on *Managing Medicines in Care Homes*⁸ recommends that health and social care practitioners should ensure care home residents have the same opportunities to be involved in decisions about their treatment and care as people who do not live in care homes, and are supported to take a full part in making decisions. The guidelines state that health professionals prescribing a medicine, must assess a care home resident's mental capacity in line with the Mental Capacity Act 2005.

The guidance states that care home staff should record the circumstances and reasons why a resident refuses medication in the resident's care record and medicines administration record, unless there is already an agreed plan, in the event that a resident refuses their medicines. If the resident agrees, care home staff should tell the health professional who prescribed the medicine about any ongoing refusal and inform the supplying pharmacy, to prevent further supply to the care home.

Whilst NICE guidelines are not mandatory, health and care commissioners are expected to take them fully into account.

I understand that the Greater Manchester Health and Social Care Partnership recommends that where a patient is not accepting prescribed medication or fluids, then contact should be made to the patient's GP so that a decision can be made in relation to next steps.

You also raise the matter of available adult social care beds for residents with complex care needs. Local authorities are best placed to understand and plan for the care needs of their populations. That is why under the Care Act 2014, local authorities are required to shape their local markets, and ensure that people have a range of high-quality, sustainable and person-centred care and support options available to them, and that they can access the services that best meet their needs. This includes ensuring adequate local provision of adult social care beds for residents with complex care needs.

 $^{^{5}\,\}underline{\text{https://local.gov.uk/our-support/our-improvement-offer/care-and-health-improvement/systems-resilience/refreshing-high}$

⁶ Working with hospitals | Local Government Association

⁷ https://www.nice.org.uk/guidance/ng27

 $^{{}^{8}\,\}underline{\text{https://www.nice.org.uk/guidance/SC1/chapter/1-Recommendations\#care-home-staff-administering-medicines-to-residents}$

A wide range of guidance and support about commissioning and market shapingdeveloped by my Department with the Association of Directors of Adult Social Services (ADASS), LGA, the care sector and other partners is available on the GOV.UK website⁹.

We support local authorities to manage their local markets effectively and are providing councils with access to over £1 billion of additional funding for social care in 2021-22.

I understand Greater Manchester Health and Social Care Partnership have provided a detailed response regarding Mr Massam's care, which I will not repeat here, with learning shared with the Greater Manchester Quality Board and local commissioners of services.

I have been informed that the Partnership have outlined a number of actions to prevent future deaths in similar circumstances, notably the introduction of a common system to allow various system partners to see each other's work. Work is also underway to review and update transfer and discharge processes.

The CQC made an inspection of Stepping Hill hospital in January and February 2020 and found improvements were required in several areas. These were found to have been acted upon during a further inspection in August 2020.

Following receipt of the Regulation 28 notice, the CQC have also decided to undertake an unannounced inspection of Lisburne Court. I am reassured that the CQC is to meet with the Chief Executive of Borough Care Ltd in the interim, to discuss these matters and to seek assurances around the lessons learned from this incident.

Improving the lives of people living with dementia continues to be a top priority for this Government. Later this year, we plan to bring forward proposals for a new Dementia Strategy to set out how we will continue to support people living with dementia and their carers in England for future years.

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

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⁹ https://www.gov.uk/government/publications/adult-social-care-market-shaping/adult-social-care-market-shaping