

# Death of vulnerable 69-year-old man in terrible conditions exposes UK's social care, housing and local government crises

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The horrific death of a 69-year-old man in Oldham exposes the consequences of the social care, housing and local government funding crisis confronting millions of working-class people across Britain.

John (a pseudonym from a safeguarding review) was found by his daughter on November 5, 2024, lying on the floor of a bedsit in a house in multiple occupation (HMO), covered in urine and faeces and with maggots in his wounds after being left unable to care for himself following discharge from hospital. He died two days later on November 7.

The safeguarding review presented to the Oldham Safeguarding Adults Board in August 2025, and made public last month, acknowledged that public agencies missed opportunities to intervene and monitor his welfare.

On October 3, 2024, John was admitted to the Royal Oldham Hospital following a decline in his physical and mental health. He had been diagnosed with an acute kidney injury, a urinary tract infection and was found to be malnourished and suffering from low mood. He was seen by the Tissue Viability Team because he had a pressure ulcer.

While in hospital, an Adult Safeguarding referral—John's third in just over a year—was completed by staff in the Emergency Department after he raised concerns about returning to his home of 14 years, shared by five other people who were alcoholics and intravenous drug users. An Integrated Therapy Team which assessed him prior to his discharge offered a stairs assessment and equipment for his home, including a commode. John declined both, requesting to be rehoused. Staff informed him that his application was unlikely to be accepted.

On October 18, 2024 he was discharged from hospital and provided with a food package and follow-up support from Oldham Age UK.

John was readmitted to hospital on November 5 following the visit from his daughter, who found John on the floor where he had lain for several days after falling over, unable to get up from the floor or call for help—with several pressure ulcers, covered in faeces and significantly malnourished. He died two days later on November 7.

As the safeguarding review later discovered, the authorities were not aware that when John was discharged back to his property, it had no central heating or hot water because of a broken boiler. He had no means of cooking or reheating food as there was no cooker, kettle, or microwave. The adult social care team which visited John's address and called after he returned from hospital failed to inform other agencies that their attempts to contact him had been unsuccessful.

This horrible death points to the failure of the entire welfare and social housing system, which has been systemically gutted to the point where it is unable to provide adequate care for many. The fact that Age UK Oldham, part of the Age UK *charity*, was enlisted to provide support for John says everything about the enormous crisis in social services provision.

The safeguarding report states that “Age UK Oldham had to contact the referrer [hospital team] on Friday afternoon [October 18] to establish whether John needed support that day. They were assured that he was being sent home with food and he did not need to be seen until after the weekend. Due to a lack of information about John's vulnerabilities at the point of referral, Age UK Oldham did not raise any further concerns about John when they were unable to contact him after his discharge, therefore, health and social care staff were not aware that he was not responding to care calls.”

The report notes: “No agency saw John following his

discharge from hospital until he was readmitted to Royal Oldham Hospital on November 5 2024 following a visit from his daughter who called an ambulance.”

The expansion of houses in multiple occupation (HMOs) has become one of the most notable developments in Britain’s housing sector, with growing numbers of vulnerable tenants relying on this form of accommodation. It is estimated that between 470,000 and 500,000 HMO properties exist in England alone.

HMOs often realise greater rental yields than standard buy-to-let properties and are a lucrative part of the rental sector for landlords seeking to maximise profits. A large Victorian house converted into multiple units can realise up to five or more separate rooms, each of which is then rented out to a tenant.

There have been growing concerns about lack of regulation and oversight, resulting in poor living conditions in which tenants are expected to live. HMOs are legally required to be licensed, but many are not, with tenants living in overcrowded and unsafe accommodation.

Last year a BBC One London investigation, part of “For Rent: Rooms Under the Radar”, uncovered how thousands of people across London were living in unlicensed HMO properties. These homes include some of the most vulnerable renters, including migrants, students and low-income workers, who were living in poorly maintained properties, often while paying high rents.

The investigation found that in the London borough of Newham the number of unlicensed properties outnumbered licensed properties by nearly 10 to one and in another borough, Southwark, there were some streets, including Old Kent Road, where there were numerous unlicensed HMOs.

A significant factor in the growth of this type of housing is the collapse in social housing provision over the last 40 years.

According to the Shelter housing charity, Britain has seen a net loss of close to 270,000 social homes since 2012/13. It estimates that there are 1.4 million fewer households in social housing than in 1980. The primary culprit was the Right to Buy scheme introduced by the 1979 Conservative government allowing discounted private sales of council stock and forbidding the local authorities from investing sale receipts into house building.

Another critical factor in John’s death is the fact that frontline services are at breaking point, meaning that in some cases councils are barely able to provide the most

basic services to many vulnerable people. A report published by the Institute for Fiscal Studies before the 2024 general election found that councils’ overall core funding in England was still set to be 9 percent lower in real terms than in 2010–11, despite years of rising demand for social care and other essential services.

A report published by the Unison trade union shows the funding gap for local governments across England, Wales and Scotland in 2026/27 stands at £4.1 billion. Token increases from the Labour government have made no difference. The funding gap of £3.4 billion for England alone in 2026/27 is expected to rise cumulatively by £6 billion over the period 2026 to 2028.

Councils are legally required to set a balanced budget, meaning they must cut services, shed jobs, raise charges and sell assets to keep essential services functioning. In 2023, Labour-controlled Birmingham City Council, the largest single authority in the UK, announced £148 million worth of cuts, including £43 million from the adult social care budget, £43 million from children’s and families’ services and £18.2 million from housing.

From 2011–2024, Labour Party-controlled Oldham Council—covering the area where John lived—lost more than £200 million in central government funding. Cuts followed inexorably, continuing to this day.

In its 2024/25 budget, Oldham Council proposed cutting £2.8 million from health and social care, reducing care contracts, and cutting 12 social worker posts. This despite the council stating that demand for adult social care had risen 10.5 percent over the preceding eight years, while funding and staffing had not kept pace. Over 9,000 people—a staggering 5 percent of Oldham’s population, above the national average of 4.4 percent—had requested social care in the preceding year alone.



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