



Department
of Health &
Social Care

From Jo Churchill MP
Parliamentary Under Secretary of State for Prevention,
Public Health and Primary Care

39 Victoria Street
London
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Your Ref: [REDACTED]

Our Ref: [REDACTED]

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

12 March 2021

Dear Ms Mutch,

Thank you for your correspondence of 18 November 2020 to Matt Hancock, relating to the death of Alfie Gildea. I am responding as Minister responsible for health visiting services and I am grateful for the additional time in which to do so.

Firstly, I would like to take this opportunity to offer my sincere condolences to baby Alfie's mother and family.

I wish to assure you that this Government is committed to ending violence against women and children and recognises the important role all statutory agencies play in helping to prevent the deaths of children in circumstances such as those suffered by Alfie and his family.

I have noted carefully your concerns about the actions of the Trafford health visiting service and the poor information sharing between Greater Manchester Police, Trafford Council and the health visiting service in this case, as well as your concerns about the numbers of health visitors nationally.

I have been made aware that the Trafford Strategic Safeguarding Partnership (TSSP), initiated a serious case review (SCR) into Alfie's case, published in December 2019. This recommended a number of actions for local agencies, including NHS providers and the local clinical Commissioning group, as well as actions for the TSSP itself, including an update of the multi-agency domestic abuse policy and guidance. I am also aware that the Greater Manchester Health and Social Care Partnership (GMHSCP), in its response to you, has advised that in light of the inquest findings, local agencies are reviewing the SCR action plan to ensure all local learning is ascertained, acted upon and shared.

I understand detailed information on the improvement actions that individual local organisations are taking to address the matters of concern in your report will be provided to you separately. In its response, the GMHSCP provided assurance that the actions will be closely monitored.

Health professionals, including health visitors and their teams, are in a unique position to identify and, where appropriate, support children and families with safeguarding issues. As professionals they are required to be competent in child protection and are expected to regularly participate in training to update and maintain their skills.

In March 2017, the Department published a resource for health professionals, *Responding to domestic abuse* ^[1], an update to a handbook for healthcare professionals published in 2005.

The resource drew on previous public health guidance published in 2014 by the National Institute for Health and Care Excellence (NICE) on *Domestic Violence and Abuse: Multi-agency working* ^[2], and the accompanying 2016 guide, *Quality Standard, Domestic Violence and Abuse* ^[3].

The Department's resource set out the responsibilities of providers and commissioners of health services, and of practitioners in responding to victims of domestic abuse. It included a new section offering practical guidance to healthcare professionals on dealing with the perpetrators of domestic abuse.

On confidentiality and sharing information, the guide acknowledges that while it is vital that information on domestic abuse is kept confidential to protect victims from injury or death, in some instances, failure to share information can put victims at risk.

Professionals may lawfully share information, without patient consent, if this can be justified in the public interest, or where they are required by law or court order. For example:

- Where there is risk of harm to the victim, any children involved or somebody else if information is not passed on as a referral;
- To inform a risk assessment (where the definition of 'harm' to a child includes impairment caused by seeing or hearing the abuse of another person); or
- When the courts request information about a specific case.

In order that organisations, agencies and practitioners collaborate effectively, it is vital that everyone working with children and families, including those who work with parents/carers, understands the role they play.

The inter-agency guide *Working Together to Safeguard Children* ^[4] (2018) strengthened the arrangements in this area. I would expect practitioners to be aware of, and comply

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https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/597435/DomesticAbuseGuidance.pdf

² <https://www.nice.org.uk/guidance/ph50/resources/domestic-violence-and-abuse-multiagency-working-pdf-1996411687621>

³ <https://www.nice.org.uk/guidance/qs116/resources/domestic-violence-and-abuse-pdf-75545301469381>

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https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/942454/Working_together_to_safeguard_children_inter_agency_guidance.pdf

with, the published arrangements set out by the local safeguarding partners as detailed in the inter-agency working guide.

The multi-agency guidance sets out specific details for practitioners on being aware of and developing their understanding of domestic abuse, which includes controlling and coercive behaviour from perpetrators of domestic abuse, and the impact this has on children.

Health visitors as leaders of the Healthy Child Programme (HCP) deliver the HCP zero to five and are equipped to work at community, family and individual levels. They are skilled in identifying issues early, determining potential risks, and providing early intervention to prevent issues escalating.

Since 2015, local authorities have been responsible for the commissioning of services for children between the ages of 0-5 and it is for local authorities to determine the required numbers of health visitors based upon local needs. All commissioning should be based on a robust Joint Strategic Needs Assessment and supported by local workforce plans. In this financial year, local authorities will receive a £3.279 billion public health grant for their public health duties for all ages ^[5].

There is no single source that counts health visitors across all the bodies local authorities commission services from. We do know that NHS workforce statistics for hospital trusts and clinical commissioning groups show 6,753 full-time equivalent health visitors deployed by Hospital and Community Health Services in September 2020.

Universal reviews provided by Health Visitor Services have been mandated, following the transfer of zero-to-five services to local authorities. This is to enable services to be delivered in the context of a national, standard format to ensure consistent delivery.

Finally, you may wish to note that we are awaiting a report from the Early Years Health Adviser, Andrea Leadsom MP, who has been leading a major review into improving health outcomes in babies and young children ^[6]. The review will consider the barriers that impact on early-years development, including social and emotional factors and early childhood experiences, and seek to show how to reduce the impacts of vulnerability and adverse childhood experiences in this stage of life.

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



JO CHURCHILL

⁵ <https://www.gov.uk/government/publications/public-health-grants-to-local-authorities-2020-to-2021>

⁶ <https://www.gov.uk/government/news/new-focus-on-babies-and-childrens-health-as-review-launches>