Department of Health & Social Care

[redacted]
Minister of State for Social Care and Mental Health

39 Victoria Street
London
SW1H 0EU

[redacted]

HM Coroner Emma Whitting
The Court House, Woburn Street, Ampthill, Bedfordshire MK45 2HX

By email: [redacted]

5th November 2026

Dear Ms Whitting,

Thank you for the Regulation 28 report of 14 September 2026 sent to the Secretary of State for Health and Social Care about the death of Sarah Marie Albone. I am replying as the Minister with responsibility for adult social care.

Firstly, I would like to say how saddened I was to read of the circumstances of Sarah Albone's death, and I offer my sincere condolences to her 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 whether essential clinical, safeguarding and attendance information relating to Ms Albone was sufficiently visible across the different care settings and agencies involved in her care, so that escalating risks could be identified and acted on. In particular, the report identifies that information held by the police about Ms Albone's partner was not shared through the Multi-Agency Risk Assessment Conference (MARAC) process.

The report also raises the wider question of whether current information-sharing arrangements adequately protect people at risk of ongoing domestic abuse and highlights that there is a national IT system for child protection health settings[1], but no equivalent system for victims of ongoing domestic abuse.

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

1. Existing arrangements for recording safeguarding information

Patient records

[1] The national Child Protection – Information Sharing service (CP-IS) is a National IT System managed by NHS England. It helps health and social care professionals share information securely about children and young people who are known to social care.

All NHS staff attend mandatory safeguarding training that includes domestic abuse, and information about safeguarding risk can be recorded in electronic patient records in a number of ways. This can include narrative information about concerns relating to abuse, Systematized Nomenclature of Medicine Clinical Terms (SNOMED CT) codes relating to safeguarding risk, and safeguarding flags. Work is ongoing to ensure that SNOMED CT codes reflect contemporary safeguarding harms.

Electronic patient records may also contain relevant information received from other agencies, including Multi Agency Risk Assessment Conferences (MARACs), where local agencies share information about high-risk domestic abuse cases, police domestic incident notifications, and documentation relating to adult social care safeguarding processes. This can provide healthcare professionals with wider context about known safeguarding risks alongside information recorded directly by health services.

It is not clear from the report what information about domestic abuse or the risks posed by her partner was recorded in Ms Albone's health records.

Single Patient Record

DHSC has committed to implementing a single patient record that will securely join up a person's health and social care information from 2028. However, it is likely that the record will not share highly sensitive information across all settings, which may include information about domestic abuse. Work is ongoing to decide an appropriate policy for handling such sensitive information, which will draw on existing policies, such as that which applies for providing patients with access to their GP record via the NHS App.

2. Existing arrangements for sharing safeguarding information

Sharing information between agencies

Information recorded within the healthcare system about adults experiencing Domestic Abuse is routinely shared with partners, such as Independent Domestic Violence Advisors (IDVAs) or the police. In this case, it is not clear whether Ms Albone's health records contained information about her risk and history of suffering domestic abuse.

Adult safeguarding under the Care Act 2014

The Care Act 2014 requires local authorities and relevant partners to cooperate in exercising functions relating to care and support, including the protection of adults. These duties provide a statutory framework for multi-agency cooperation where the relevant criteria are met and provide a basis for appropriate information sharing.

Under section 42 of the Care Act 2014, a local authority must make, or arrange, safeguarding enquiries where it has reasonable cause to suspect that an adult in its area:

- has needs for care and support;
- is experiencing, or is at risk of, abuse or neglect; and
- is unable to protect themselves against the abuse or neglect, or the risk of it, as a result of those needs.

It is not possible from the information in the report to determine whether the section 42 criteria were met in Ms Albone's circumstances, what information was available to adult social care, or how the Care Act framework operated in her case. This uncertainty is separate from the report's specific finding that information held by the police was not shared with the Multi-Agency Risk Assessment Conference.

Multi Agency Risk Assessment Conferences (MARACs)

Multi Agency Risk Assessment Conferences (MARACs) provide a non-statutory process for agencies to share information and coordinate action in domestic abuse cases. They bring together relevant local partners, which can include the police, adult social care, housing and health, and an Independent Domestic Violence Advisor (IDVA), to build a shared understanding of risk and consider appropriate actions to improve the victim's safety.

The report identifies that information about Ms Albone's partner's history of violence was not shared with the MARAC by the police. Had that information been available, it could have contributed to agencies' understanding of the risks Ms Albone faced and their consideration of whether any further safeguarding action was required.

The report does not establish why this information was not shared by the police, and it is therefore not possible to determine whether was specific to the circumstances of the case or raises wider issues about the operation of information-sharing arrangements.

MARACs form part of the multi-agency response to domestic abuse, for which cross-government policy is led by the Home Office. A number of concerns identified in the report relate to police information sharing and the operation of the Multi-Agency Risk Assessment Conference process. I would recommend contacting the Home Office for any further concerns regarding the efficacy of the MARAC in this instance.

We are engaging with the Home Office to support the commitments in the VAWG Strategy. One of these commitments, led by Home Office, is to provide guidance on MARACs to improve consistency and effectiveness across the country and consider whether to place MARACs on a statutory footing.

3. Comparison with child safeguarding

The report draws a comparison with the national Child Protection – Information Sharing service, known as CP-IS, managed by NHS England. CP-IS links health and social care systems across England to enable the secure sharing of specified child safeguarding information. Local authorities upload information about children who are looked after or subject to a child protection plan, which authorised healthcare professionals can access when the child receives care.

Adult safeguarding and the wider domestic abuse response operate differently. Rather than relying on a directly equivalent national system, they involve a range of statutory and non-statutory arrangements for multi-agency cooperation and information sharing, including the Care Act framework and Multi-Agency Risk Assessment Conferences.

4. Assessment of the need for further information-sharing arrangements

In response to recommendations from Baroness Louise Casey, Chair of the Independent Commission into Adult Social Care, the Government is taking forward a programme of work to strengthen adult safeguarding. As part of this work, the Government has established a new National Adult Safeguarding Board and is undertaking a rapid review of adult safeguarding statutory duties and powers.

The wider programme will report back in March 2027 and will include consideration of multi-agency working and how information sharing can be improved, drawing on relevant evidence and learning, including from children's safeguarding. As part of this, we will consider the Coroner's recommendation on information sharing across all settings involved in an individual's care, informed by the approach in children's safeguarding.

5. Further action in the health system

The Department is taking further steps to strengthen the health system's response to domestic violence and abuse. Up to £34.4 million over three years will support 12 Integrated Care Boards (ICBs) to deliver the first phase of Steps to Safety, a new referral service helping women and girls experiencing violence and abuse to access specialist support through their GP. The commissioning service specification will recommend that GPs are trained to share relevant disclosures with MARACs, helping to strengthen information sharing between health and local agencies. The ambition is for the service to be available in every Integrated Care Board (ICB) in England by Spring 2029. A further £15 million over three years will be invested in victim support services through all ICBs across England.

The Department also announced the appointment of a National Clinical Lead for Violence Against Women and Girls, who will support a stronger and more joined-up health response. Alongside this, we will undertake targeted consultation with stakeholders on a national framework for a public health approach to VAWG, covering prevention, early identification, support and recovery.

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

Yours sincerely,



MINISTER OF STATE FOR SOCIAL CARE AND MENTAL HEALTH