



Department
of Health &
Social Care

*From Maggie Throup MP
Parliamentary Under Secretary of State for Vaccines and Public Health*

*39 Victoria Street
London
SW1H 0EU*

[REDACTED]

[REDACTED]

Mr Ian Pears
HM Assistant Coroner, West Yorkshire (Western)
City Courts
The Tyrls
Bradford, BD1 1LA

13 December 2021

Dear Mr Pears,

Thank you for your letter of 16 September 2021 to the Department of Health and Social Care about the death of Maya Zab. I am replying as Minister with portfolio responsibility for Child Health and I am grateful for the additional time in which to do so.

I would first like to say how deeply saddened I was to read the circumstances of baby Maya's death. To lose a child, and at such a young age, must be devastating and I offer my heartfelt condolences to her parents and all who loved and knew Maya.

In preparing this response, my officials brought your concerns to the attention of the Regional Director of Public Health in the North East and Yorkshire, and made enquiries with NHS England and NHS Improvement (NHSEI), to which you also issued your report.

NHSEI advises that data relating to diagnoses of iron deficiency anaemia¹ does not show any significant increase nationally or regionally. The numbers regionally, by month, are generally quite low and can vary considerably month by month. However, the overall trend shows no significant increase. I hope this information is helpful.

Of course, it is distressing that some infants suffer serious harm or even death as a result of poor nutrition, and I wish to assure you that we are determined to do all we can to prevent these deaths.

¹ Secondary User Service (SUS) data, NHS England national clinical data repository. ICD diagnosis codes D508 'Other iron deficiency anaemias', and D509 'Iron deficiency anaemia, unspecified, primary and secondary care.'

We recognise the need to offer universal support to families with infants. The *Healthy Child Programme: 0-5 years*² aims to offer every family five health and wellbeing reviews (from prenatal to infant) that are universal in reach and personalised in response. These should be face-to-face, delivered by a health visitor, or by another qualified professional under their supervision. There may also be more intensive home visiting support for vulnerable families. Where necessary, health visitors offer additional support to families and refer them onto other services.

In the course of their reviews, health visitors use clinical judgement alongside formal screening and assessment tools to identify health and development needs, safeguarding concerns and provide personalised advice and guidance to families.

Universal services remain essential for keeping children safe and for primary prevention, identifying needs and areas for support before a situation becomes an issue that needs to be addressed. Health visiting services are targeting resources to those where support is most needed. The spend per head in the most deprived areas is higher compared to the least deprived areas where spend per head is lower.

We recognise the impact the pandemic has had on the delivery of health visiting services. With the onset of COVID-19, some public health nurses were redeployed, but were repatriated by the end of July 2020.

In response to winter planning in 2020, Public Health England and NHSEI Chief Nurses, together with the Local Government Association, wrote to Directors of Nursing to advise that professionals supporting children and families, such as health visitors, school nurses, designated safeguarding officers and nurses supporting children with special educational needs should not be redeployed to other services and should be supported to provide services through pregnancy, early years and to the most vulnerable families³.

An updated health visiting and school nurse service delivery model, together with commissioning guidance, was published in March 2021⁴.

Even before the start of the pandemic, local authorities had a mixed model of delivery for health visitors. Specialist community public health nurses should use their clinical judgement to identify whether virtual, other digital or blended approaches can be used to support the needs of a child or family. During the pandemic, community health services have continued to provide support, with greater use of digital and remote technologies and prioritisation of higher needs families.

We are working with academics from Keele University to identify currently available evidence on the impact of digital technologies on public health service delivery to children, young people and families. The specific objective of this work is to identify the quality of digitally delivered services in relation to quality of engagement and development of

² [Policy paper overview: Healthy Child Programme: Pregnancy and the First 5 Years of Life - GOV.UK \(www.gov.uk\)](https://www.gov.uk/government/policy-papers/healthy-child-programme-pregnancy-and-the-first-5-years-of-life)

³ <https://www.local.gov.uk/joint-letter-winter-planning-support-children-and-families-7-october-2020>

⁴ <https://www.gov.uk/government/publications/commissioning-of-public-health-services-for-children/health-visiting-and-school-nursing-service-delivery-model>

therapeutic relationships. This evidence will be made available to local service commissioners, their providers and professionals to inform future service design.

The Government does not have any plans to introduce policies to specifically target nutritional anaemia in children. However, the Government's efforts to promote a healthy balanced diet for children contribute to this goal by encouraging the intake of food rich in nutrients essential to preventing anaemia, such as iron.

Government advice on a healthy, balanced diet is encapsulated in the UK's national food model, the Eatwell Guide⁵. The Eatwell Guide is a visual representation of the types and proportions of foods needed for a healthy balanced diet. The Eatwell Guide includes a variety of iron rich foods, such as, fortified cereals, red meat, vegetables, nuts, eggs and fish.

In addition, the Healthy Start Scheme supports hundreds of thousands of pregnant women and families on lower incomes to make healthier food choices. Pregnant women and families with children aged under four and over receive one voucher per week, worth £4.25, and families with children under one receive two vouchers, worth £8.50 in total, every week. These vouchers can be used to buy, or be put towards the cost of, fresh, frozen or tinned fruit and vegetables, fresh, dried and tinned pulses, plain cow's milk and infant formula. Healthy Start beneficiaries also receive free vitamins.

The NHS Business Service Authority's work to digitise the Healthy Start scheme is well underway and this will make it easier for families to apply for, receive and use Healthy Start benefits. Digitisation will replace the current paper application form, with an online application and replace the paper vouchers with a prepaid card.

I hope this information is helpful and demonstrates the range of action being taken to raise awareness and target action to prevent the risk of future tragic deaths such as that of Maya Zab.

Thank you for bringing these concerns to my attention.

Yours Sincerely,



MAGGIE THROUP

⁵ [The Eatwell Guide - NHS \(www.nhs.uk\)](http://www.nhs.uk)