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## **Update to the HASC Select Committee**

**Title:** Update on the partnership approach to tackling Female Genital Mutilation in Buckinghamshire

**Committee date:**

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**Cabinet Member sign-off:**

Lin Hazell/ Martin Philips

### **Purpose of Agenda Item**

To provide members of the committee with an update on the partnership approach to tackling Female Genital Mutilation in Buckinghamshire following the joint hosting of a challenge event with key partners by the Buckinghamshire Safeguarding Children Board and Health and Wellbeing Board on 18 September.

### **Background**

The Buckinghamshire Safeguarding Children Board and Health and Wellbeing Board are jointly hosting an FGM Challenge Session to:

- Seek clarity and assurance around the work taking place in each agency to tackle FGM.
- Facilitate focused challenge and thinking with the aim of agreeing a proportionate partnership approach to FGM.

This challenge session is an opportunity for agencies to share good practice as well as identify any challenges or changes that need to be made to enable professionals to recognise the risks and signs of FGM and respond appropriately.

## Summary

### Definition of FGM

The World Health Organisation states that female genital mutilation '*comprises all procedures (not operations) that involve partial or total removal of the external female genitalia, or other injury to the female genital organs for non-medical reasons*'.

### FGM in the UK and Buckinghamshire

The prevalence of FGM is difficult to establish because of the hidden nature of the crime, but it is estimated that:

- Approximately 60,000 girls aged 0-14 were born in England and Wales to mothers who had undergone FGM.
- Approximately 103,000 women aged 15-49 and approximately 24,000 women aged 50 and over who have migrated to England and Wales are living with the consequences of FGM.
- Approximately 10,000 girls under 15 who have migrated to England and Wales are likely to have undergone FGM. <sup>1</sup>

Due to population growth and immigration from practising countries since 2001, these figures may underestimate the prevalence of FGM.

FGM is more likely to occur in those areas of the UK with larger communities from practicing countries. Whilst this would not make Buckinghamshire an area of high FGM prevalence, there are some areas close by who are likely to have far more cases. In particular, Oxford, Reading, Slough and Milton Keynes.

Since April 2014 all NHS hospitals have been required to record:

- If a patient has had FGM
- If there is a family history of FGM
- If an FGM related procedure has been carried out on a patient.

From September 2014, all acute hospitals have been required to submit this data to the Department of Health on a monthly basis.

The FGM Prevalence dataset for September 2014 – March 2015 is now available (see [www.hscic.gov.uk/catalogue/PUB16773](http://www.hscic.gov.uk/catalogue/PUB16773) ). This shows 0 new cases were reported by Buckinghamshire Healthcare NHS Trust during this period. Data on active caseloads are also collected, but data for BHT has been suppressed for statistical reasons.

The FGM Enhanced Dataset Information Standard contains more detailed information and the first report, based on the April – June 2015 quarter is due to be published in September . It includes data collection from mental health trusts and GP practices.

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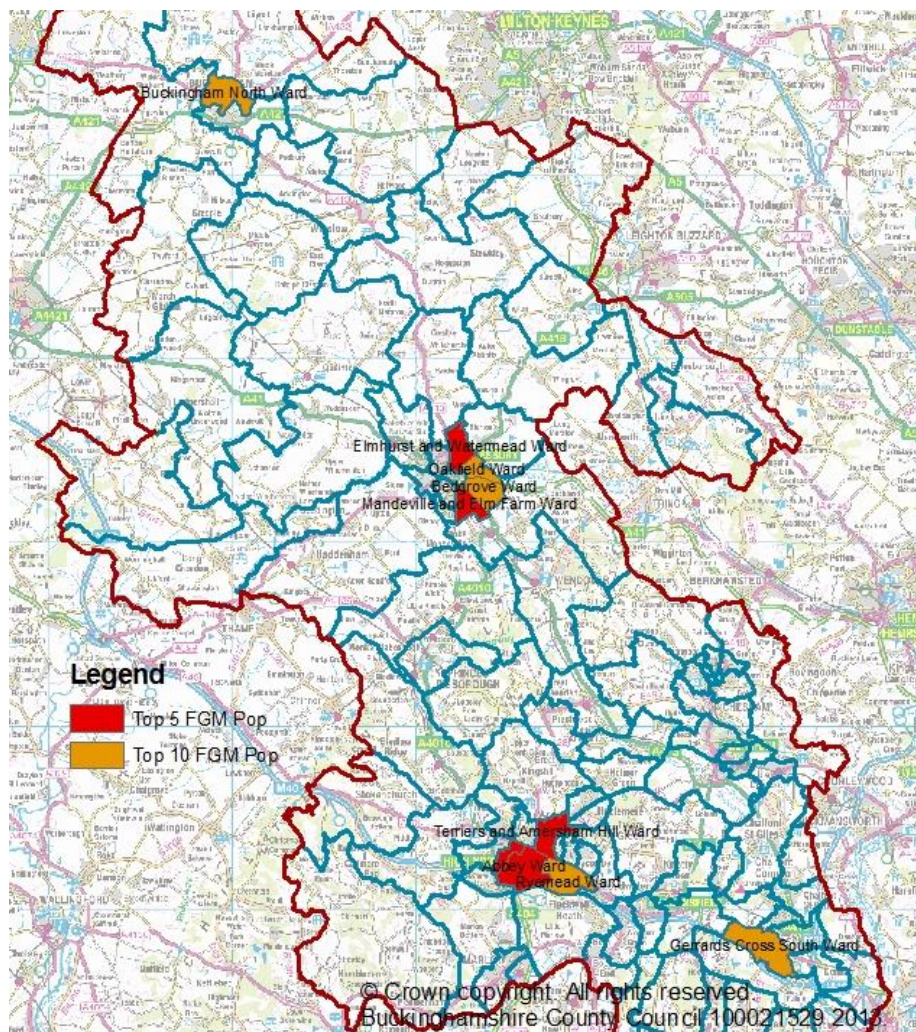
<sup>1</sup> *Multi-agency Practice Guidelines: Female Genital Mutilation*. London: Home Office, 2014.

## Activity Relating to FGM in Buckinghamshire

### Buckinghamshire County Council Community Safety Team

- Produced data showing the areas of Buckinghamshire where we might expect a higher prevalence of FGM based on the number of individuals born in countries where FGM is practiced (see below). This shows that these communities are small and concentrated in some parts of High Wycombe and Aylesbury.
- Disseminated Home Office posters on FGM to GP surgeries in red areas on the map below.
- Added FGM to the Domestic Violence training catalogue for 2015/16.

Diagram 1: Areas of Buckinghamshire where we might expect a higher prevalence of FGM based on the number of individuals born in countries where FGM is practiced (based on 2011 Census data)



**Table 1: Areas of Buckinghamshire where we might expect a higher prevalence of FGM based on the number of individuals born in countries where FGM is practiced (based on 2011 Census data)**

Ward Name	LPA	Number of people born in countries detailed below					Total
		Africa; North Africa	Other Central and Western Africa	Somalia	Other South and Eastern Africa	Other Middle East	
Abbey Ward	Wycombe	18	13	5	50	31	117
Oakridge and Castlefield Ward	Wycombe	14	9	1	62	21	107
Terriers and Amersham Hill Ward	Wycombe	32	7	3	31	23	96
Elmhurst and Watermead Ward	Aylesbury Vale	39	3	2	31	20	95
Mandeville and Elm Farm Ward	Aylesbury Vale	29	2	0	40	24	95
Bedgrove Ward	Aylesbury Vale	14	3	0	53	9	79
Ryemead Ward	Wycombe	18	5	0	39	15	77
Gerrards Cross South Ward	South Bucks	17	3	0	41	15	76
Buckingham North Ward	Aylesbury Vale	5	11	0	22	34	72
Oakfield Ward	Aylesbury Vale	16	10	5	27	9	67

### Thames Valley Police and Crime Panel

FGM is one of the priorities for action in the revised Thames Valley Police and Crime Plan 2013-17.

In 2014, the Panel wrote to Clinical Commissioning Groups (CCGs) across the Thames Valley requesting that they attend a meeting in September 2014 to discuss how they are combatting and working in partnership with the Police to prevent FGM. As no responses were received, in September 2014 the Panel requested that the Buckinghamshire County Council Overview and Scrutiny Committee should write to all CCGs and Hospital Trusts so that they may provide a regular overview item at their Health Scrutiny Committees of measures taken to identify cases of FGM. The Overview and Scrutiny Team subsequently contacted CCGs and Public Health and are currently deciding on any future work they may wish to do in this area.

## Aylesbury Vale and Chiltern Clinical Commissioning Group

Aylesbury Vale and Chiltern CCGs have gathered information from the main Buckinghamshire health providers on the actions they are taking, or planning to take, to tackle FGM. This information is shared below:

### **Minor Injury and Illness Unit (MIIU)**

- Posters and patient information leaflets are displayed in the unit – these have the support contact numbers on.
- The information about the change in laws around FGM has been cascaded to all the clinical team.
- Lead nurse is attending training that will be disseminated to the team
- A Care UK medical lead has been collaborating with the GMC on FGM and will be delivering teaching sessions locally.

### **South Central Ambulance Service (SCAS)**

- Section on FGM included in updated Safeguarding Policy
- FGM incorporated in new training package ready for 2015/16 programme

### **Clinical Commissioning Groups**

- Monitoring provider services training and reporting of cases through contracts
- Contributing to the work of children and adult Safeguarding Boards to increase awareness of FGM and improve response to cases.

### **Buckinghamshire Healthcare NHS Trust**

- Safeguarding training to all midwives includes FGM and all suspected cases as reported to the specialist.
- All expectant mothers are questioned about FGM at booking and the outcome of discussion recorded in the patient record.
- Policies on FGM and Domestic Violence are available to staff.
- FGM is in the Safeguarding Level 1 and 2 training and in the programme for CYP Community Staff for 2015.
- School nurses are looking at incorporating FGM into PSHE

### **Oxford Health Foundation Trust**

- OHFT have an operational procedure flow chart for FGM across service.

## Buckinghamshire Local Safeguarding Children Board

The Board has produced an FGM Procedure ([Safeguarding Girls and Young Women at Risk of Abuse through Female Genital Mutilation](#)), which was revised in January 2014. This

is available on the BSCB website, which also signposts to a number of other national resources around FGM. The website also links to the Home Office online FGM training, and Board partners were asked to promote this via their agencies in September 2014.

The Board recognises its role in scrutinising local arrangements across the partnership and evidence from the challenge session is one mechanism to do this.

### **Resource implications**

None

### **Next steps**

Katie McDonald, Health and Wellbeing Lead Officer will provide an update to members of the committee on the outcome of the challenge session held on 18 September and detail on the next steps to be taken.