APPENDIX 1

Health Scrutiny Committee report

Information for Health Scrutiny Panel: Report from the Nottingham City and Nottinghamshire County Female Genital Mutilation (FGM) Board highlighting Important Developments in Mandatory FGM Data Collection and Details on the Serious Crime Act 2015	
Date of meeting:	December 2015
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Portfolio Holder:	Cllr Alex Norris

Summary

Female genital mutilation (FGM) is a serious form of child abuse. Multiagency collaboration and good communication is essential to develop and deliver a robust strategy to prevent babies, infants, children and young women from undergoing this illegal procedure and identify and support women affected by FGM. This paper will give some brief information on FGM, the purpose of the Nottingham City and Nottinghamshire County FGM Board, provide information on the Enhanced FGM data collection due to be collected nationally from October 2015 and detail the FGM elements of the Serious Crime Act 2015.

Recommendations:

1. **Support the Nottingham City and Nottinghamshire County FGM Board to:** *'Develop and deliver a robust strategy to prevent babies, infants, children and young women from undergoing this illegal procedure and identify and support women affected by FGM.'*
2. **Note and implement locally the national mandatory enhanced FGM data collection**
3. **Note and ensure awareness locally of the FGM safeguarding elements of the Serious Crime Act 2015 in particular, Section 74.**

1. Introduction

Female Genital Mutilation (FGM) is a serious form of child abuse. FGM is a procedure which is carried out on infants, children and young girls (normally up until puberty but, it can be performed at any age). The aftermath of such a procedure is felt for a lifetime. It is illegal in the UK and in many of the countries where it is practiced widely yet, it continues. The resulting serious physical, psychological and social effects are devastating to all women involved. Many of these women do not access services or treatment until it becomes absolutely necessary; normally during pregnancy or where there has been recurrent pain, infections, etc.

2. Background

The number of girls and women world-wide who have undergone genital mutilation is estimated at between 100 and 140 million, with 3 million young girls undergoing it each year. It is found mainly in 28 African countries, and also in South East Asia and the Middle East. The highest prevalence rates, of 90% or more, are found in Djibouti, Egypt, Guinea, Sierra Leone, Somalia and Sudan. Eritrea and Mali both also have very high prevalence rates of

around 80%. It is found in Europe and elsewhere amongst communities originating from these parts of the world. In Britain, female genital mutilation is seen in some ethnic groups that have migrated to this country. The majority are refugees. The main groups in the UK are from Egypt, Eritrea, Ethiopia, Gambia, Iraq, Kenya, Kurdistan, Liberia, Mali, Nigeria, Northern Sudan, Sierra Leone and Somalia. Dispersal of asylum seekers across the UK makes increasing numbers of doctors and other health professionals more likely to come into contact with girls and women who have been mutilated and girls who might be.

In England and Wales it is estimated that approximately 137,000 women and young girls are living with FGM or they are at risk of being subjected to it. Nevertheless, this data was estimated from the 2011 census population therefore, it is certain to have increased. In Nottingham University Hospitals we have had a specialist FGM service for many years. The specialist Midwife sees on average 150 women each year (these are not all new cases and women are examined during each subsequent pregnancy). The majority of the women accessing this service are pregnant but, around 15% are not and the age range of her clients varies from 2 to 43 years of age.

The FGM prevalence dataset which commenced in Sept 2014 identified 849 newly identified individuals with FGM within the Midlands and East area between Sept 14 and March 15 (there were 3963 new cases in England). Nottingham University Hospitals recorded 36 new cases during the same time period; neither Sherwood Forrest Hospitals nor Doncaster Bassetlaw Hospitals recorded any cases of FGM. We can clearly see that current data collection and synthetic estimates of prevalence are inaccurate and a more robust method is necessary to improve our understanding of the scale of the problem and allow us to prevent FGM happening in the first place and better support those women affected. It is most likely that children will be taken back to their parents countries of origin to undergo FGM however, there are 'cutters' known to be operating in countries such as Dubai. It is illegal to perform FGM in the UK and illegal to take a child abroad to have this procedure nonetheless, we do know that this happens, to date there have been no successful prosecutions in the UK (Female Genital Mutilation Act 2003).

World Health Organization (WHO) classification of female genital mutilation:

Type I: Partial or total removal of the clitoris and/or the prepuce (clitoridectomy).

Type II: Partial or total removal of the clitoris and the labia minora, with or without excision of the labia majora (excision).

Type III: Narrowing of the vaginal orifice with creation of a covering seal by cutting and appositioning the labia minora and/or the labia majora, with or without excision of the clitoris (infibulation).

Type IV: All other harmful procedures to the female genitalia for non-medical purposes, for example: pricking, piercing, incising, scraping and cauterization.

Following the international Girl Summit held in summer 2014 a range of measures were launched by the Department of Health to tackle FGM including:

- £1.4m funding to launch the FGM prevention programme was announced
- The introduction of improved data collection across the NHS to help understand the prevalence of FGM in England
- Increased availability of improved training packages to enable frontline health workers to respond appropriately in the face of FGM
- Developing work to clarify the safeguarding role of health professionals in the prevention and identification of FGM.

This work focused on prevention and care, with the ultimate aim to get a better response to FGM from the health services. From April 2014, all NHS acute hospitals started to record patients who had suffered FGM, if there is a family history of FGM, or if an FGM-related

procedure has been carried out on a woman (deinfibulation). This was the first stage of a wider ranging programme of work to improve the way in which the NHS responds to the health needs of girls and women who have suffered FGM and actively support prevention.

Further information on FGM is available from:

Key Facts about Female Genital Mutilation from the World Health Organisation: http://www.who.int/mediacentre/factsheets/fs241/en/

Safeguarding National Information:
https://www.gov.uk/government/uploads/system/uploads/attachment_data/file/380125/MultiAgencyPracticeGuidelinesNov14.pdf
Multi Agency Practice Guidelines:
https://www.gov.uk/government/uploads/system/uploads/attachment_data/file/216669/dh_124588.pdf
Female Genital Mutilation/Cutting: A statistical overview and exploration of the dynamics of change UNICEF 2013:
http://www.unicef.org.uk/Documents/Publications/UNICEF_FGM_report_July_2013_Hi_res.pdf

3. Creating the Nottingham City and Nottinghamshire County Female Genital Mutilation Board

The joint Nottingham City and Nottinghamshire County Female Genital Mutilation Board was set up in January 2015. The aim of the FGM Board is to:

'Develop and deliver a robust strategy to prevent babies, infants, children and young women from undergoing this illegal procedure and identify and support women affected by FGM.'

Successfully tackling FGM in Nottingham and Nottinghamshire can be achieved through multi agency coordinated and integrated working practices in conjunction with robust community engagement, consultation and development. When we started the FGM Board we were aware that a lot of excellent work was already happening across the city and county. Nevertheless, it was at times disparate and developing in isolation. The FGM Board is chaired by a Consultant in Public Health and its governance is directly to the Children and Adults Safeguarding Boards of both Nottingham City and Nottinghamshire County

An overarching action plan has been agreed:

Epidemiology / Data	• Analysis of demographic data: ethnicity, age, gender, geographies of at risk populations across Nottingham • Analysis of current FGM data • Data sharing between agencies: health, police, social care, schools, third sector intelligence • Clear Information Sharing Protocols agreed • Robust Case Management system established • Implementation of the Enhanced national dataset
Safeguarding: Adults and Children	• Pathways and Protocols developed across agencies and over life course to recognise the short and long-term threat of FGM
Domestic Violence (including children)	Ensure risk factors for FGM are part of initial assessment And central reporting system includes FGM risk factors
Training	Mandatory Training across all agencies: • FGM E-learning package Home Office: http://www.virtual-college.co.uk/ • Health Education England FGM training: http://www.e-lfh.org.uk/programmes/female-genital-mutilation

Community Engagement	Community engagement strategy established with Mojatu and their Chair Valentine Nkoyo sits as a member of the board. Must include men within all engagement
Commissioning Systems	Commissioning: FGM data within reporting KPIs, specifications include FGM training, etc.

In the first instance we have recruited the following people to be involved within the Nottingham City and Nottinghamshire County FGM Board:

- Public Health
- Police and Crime Commissioner
- Crime and Drugs Partnership
- Police
- CCG
- NHSE
- Safeguarding Boards
- Paediatricians
- GPs
- Obstetrics and Midwifery
- Health Visiting
- School Nursing
- Sexual Health
- Migrant Health Forum
- Children's Social Care
- Children's Centres
- Education
- Third Sector: Women's Aid
- Health Care Trust: Mental Health and Wellbeing
- Community Steering Group

4. Important developments for FGM 2015

Mandatory Enhanced FGM Data Collection

The FGM Prevalence dataset was established in Sept 2014 to help establish the national picture and develop the response to FGM. Nevertheless, this data was limited in its use as only women accessing acute care were included, it also did not specify patient identifiers therefore; double counting of data was an issue. The new FGM Enhanced Dataset (April 2015) requires organisations to record, collect and return detailed information about FGM within the wider NHS patient population. This collection will be mandatory for all partners from October 2015. The benefits will include:

A. Local sharing of FGM information for the provision of care

- Maternity Services recording FGM in maternity discharge summaries
- Recording FGM within the Red Book
- Updating clinical records (mother's and baby's) with FGM information
- Including FGM information in referrals (when applicable to do so)
- Inclusion of family history of FGM information

B. Central collection of FGM information from Acute, Mental Health & GPs

- Monitoring prevalence and incidence of FGM
- Utilise patient identifiable information and reducing double counting of data
- Improve the identification of FGM risk to young girls and increase the speed of multiagency safeguarding response

- Improved evidence to support the commissioning of FGM services by providing more accurate official statistics: Quarterly and Annual Report

What data will be collected, where will it be collected from and during which time period?

Data will be collected by Acute Trusts, Mental Health Trusts and GP Practices, there will be no 'null returns' and only recorded cases should be notified. The enhanced data collection will be mandatory for all partners by October 2015. There is no additional funding available to collect this FGM data.

How will the data be used?

This data will highlight where FGM has been identified, including; FGM Types, Deinfibulation procedures and FGM risk indicators (daughters born, family history of FGM), etc. Quarterly Official Statistics at Trust and CCG level will be produced however; no patient identifiable information or small numbers will be published.

Further information and guidance on the collection of FGM data through the enhanced data collection is available from the web pages below:

- FGM Enhanced Dataset: Implementation Guidance/ Requirements (DRAFT): www.hscic.gov.uk/fgm
- CAP Operational Guidance: www.hscic.gov.uk/fgm
- CAP Background information: http://www.hscic.gov.uk/clinicalauditplatform
- Existing FGM Prevalence Reports: http://www.hscic.gov.uk/fgm

Implications of the Serious Crime Act 2015 for FGM

The Serious Crime Act 2015, which received Royal Assent on 3 March 2015, contains a number of wide-ranging provisions to pursue, disrupt and bring to justice, serious and organised criminals and gangs. The Act strengthens the law around female genital mutilation (FGM) by extending the extra-territorial jurisdiction of the offence; provides anonymity for victims; creating a new civil protection order; and a new offence of failing to protect a girl from FGM and placing a new duty on professionals, including teachers, to notify the police of such offences.

- Extends the extra-territorial reach of female genital mutilation offences and providing anonymity to victims. (Section 70 and Section 71)

- A new offence of failing to protect a girl under 16 from the risk of female genital mutilation. (Section 72)

- Provision for female genital mutilation protection orders to protect victims and likely victims (Section 73)

- A new duty on professionals to notify the police of acts of female genital mutilation. (Section 74)

Please note that section 74 places a duty on persons who work in 'regulated professions' in England and Wales only, namely healthcare professionals, teachers and social care workers, to notify the police when, in the course of their work, they discover that an act of FGM appears to have been carried out on a girl who is under-18. Specifically this is where the victim discloses the offence to the professional or where the professional has observed the physical signs of FGM and has no reason to believe it was necessary for the girl's physical or mental health or for purposes connected with labour or birth. The duty does not apply where a professional has reason to believe that another individual working in the same profession has previously made a report to the police in connection with the same act of FGM.

A notification would not breach any duty of confidence or other restrictions on the disclosure of information. Failing to comply with the duty will be dealt with via existing disciplinary measures, which may include referral to the professional regulator and/or Disclosure and Baring Service as appropriate. No commencement date has yet been set for this measure.

5. Conclusion

Successfully tackling FGM in Nottingham can be achieved through multi agency and integrated working practices in conjunction with robust community engagement, consultation and development. Several key areas are part of an overarching action plan for the Nottingham and Nottinghamshire FGM Board:

Interpreting the epidemiology and improving data collection, ensuring safeguarding processes and pathways are in place to protect: Adults and Children, consider FGM in all Domestic Violence investigations (including children), develop training packages and curriculum support for primary and secondary schools, ensure FGM is embedded within all our commissioning systems, support women and children to access emotional or mental health services and most importantly engage with communities.

If we can successfully achieve these broad objectives in Nottingham and Nottinghamshire we will play a pivotal role in ending FGM in a generation.