Prevent Policy

Ratified	Approved
Status	Final
Issued	November 2017
Approved By	Governance and Risk Committee
Consultation	Governance and Risk Committee CCG Governance Manager CCG Safeguarding Lead
Equality Impact Assessment	Section 10
Distribution	All Staff
Date Amended following initial ratification	None applicable
Implementation Date	November 2017
Planned Review Date	November 2019
Version	V1.1
Author	Barbara Potter - Head of Quality and Adult Safeguarding
Reference No	CO25

Policy Validity Statement
This policy is due for review on the date shown above. The policy will remain valid, but must be reviewed within each 3 year period.

Policy users should ensure that they are consulting the currently valid version of the documentation.

Version Control

Version	Release Date	Author	Update comments
1	October 2016	CCG Head of Safeguarding	First Issue
1.1	November 2017	CCG Head of Safeguarding	Reviewed in line with natural expiration date. Minimal amendments.

Approval

Role	Name	Date
Approval	Governance & Risk Committee	9 November 2016
Approval	Governance & Risk Committee	8 November 2017

Review

This document will be reviewed twelve months from its issue date and annually after its first review.

The policy will remain valid, including during its period of review. However, the policy must be reviewed at least once in every 3 year period.

Contents

1. Introduction

Prevent is part of the Government's Counter-Terrorism Strategy (2011) CONTEST, which is led by the Home Office. The health sector has a non-enforcement approach to Prevent and focuses on support for vulnerable individuals and healthcare organisations in helping stop them from becoming terrorists or supporting terrorism.

CONTEST also includes the following elements in addition to Prevent:

- Pursue: to stop terrorist attacks.
- Protect: to strengthen our protection against a terrorist attack.
- Prepare: to mitigate the impact of a terrorist attack.

In order to deliver the Prevent agenda, three national objectives have been identified:

- Objective 1: respond to the ideological challenge of terrorism and the threat we face from those who promote it.
- Objective 2: prevent people from being drawn into terrorism and ensure that they are given appropriate advice and support.
- Objective 3: work with sectors and institutions where there are risks of radicalisation which we need to address.

"Channel" forms a key part of the National Prevent Strategy. This is a multi-agency process to identify and provide support to individuals who are at risk of being drawn into terrorism.

Prevent Duty Guidance for England and Wales: Guidance for specified authorities in England and Wales on the duty in the Counter-Terrorism and Security Act 2015 to have due regard to the need to prevent people from being drawn into terrorism has been published and the Prevent Duty came into force on 1st July 2015.   Prevent Duty Guidance for England and Wales

CCGs are not specifically captured in either the Prevent or the Channel Duty however they have responsibilities as result of their role within the health system. See Appendix 1 for CCG Prevent Duties Responsibilities.

1.1 Status

This policy is a corporate policy.

1.2 Purpose and Scope

This policy outlines South Tees Commissioning Group (CCG) approach to supporting the Prevent agenda.

The policy applies to all staff working within the CCG whether employed, contracted or on a voluntary basis.

The CCG Prevent Lead is The Head of Quality and Adult Safeguarding who's responsibility it is to ensure all CCG staff have an awareness of the Prevent agenda and that all members of staff who have contact with members of the public receive Health WRAP training.

2.   Definitions

The following terms are used in this document:

2.1   Terrorism

Actions of individuals or groups who seek to being about social or political change through actions intended to cause harm, loss of life disruption or raise attention through fear and/or damage to property

2.2   Radicalisation

The process of grooming an individual to support, encourage or condone violence to advance terrorist ideology.

2.3   Extremism

Vocal or active opposition to fundamental values including democracy, the rule of the law, individual liberty, and mutual respect and tolerance of different beliefs and faiths.

2.4   Contest

 Strategy sits under the home office and is a national strategy or long term plan of action designated to reduce the risk of terrorism, by stopping people becoming terrorists, preventing terrorist attacks, strengthening the UKs resilience to terrorism and facilitating emergency preparedness procedures in the event of an attack.

2.5   Prevent Strategy

Challenging terrorist ideologies, supporting those who are vulnerable to these ideologies and working with institutions where radicalisation may occur (including the internet and social media)

2.6   Vulnerability

In the context of Prevent is a person who is susceptible to extremists' messages and is at risk of being drawn into terrorism or supporting terrorism at a point in time.

2.7   Channel

Multi-agency approach to protect people at risk from radicalisation. Channel uses existing collaboration between local authorities, statutory partners (such as education and health sectors, social services, children's and youth services and offender management services, the police and the local community to:

- Identify individuals at risk of being drawn into terrorism
- Assess the nature and extent of that risk and
- Develop the most appropriate support plan for the individual concerned

Channel is about safeguarding children and adults form being drawn into committing terrorist-related activity. It is about early intervention to protect and divert away from the risk they face before illegality occurs.

3.   Understanding and Recognising the Risks and Vulnerabilities of Radicalisation

There is no such thing as a 'typical extremist' and those involved in extremism come from a range of backgrounds and experiences.

Adults at risk can be drawn into violence or they can be exposed to the messages of extremist groups by many means. These can include through the influence of family members or friends and/or direct contact with extremist groups and organisations or, increasingly, through the internet. This can put a person at risk of being drawn into criminal activity and has the potential to cause significant harm.

The risk of radicalisation is the product of a number of factors and identifying this risk requires that staff exercise their professional judgement, seeking further advice as necessary. It may be combined with other vulnerabilities or may be the only risk identified

Children and young people can be drawn into violence or they can be exposed to the messages of extremist groups by many means. These can include exposure through the influence of family members or friends and/or direct contact with extremist groups and organisations or, increasingly, through the internet. This can put a young person at risk of being drawn into criminal activity and has the potential to cause significant harm.

Children and young people are vulnerable to exposure to, or involvement with, groups or individuals who advocate violence as a means to a political or ideological end. Safeguarding children and young people from radicalisation is no different from safeguarding them from other forms of harm.

4.   What to do if you are concerned

If a member of staff has concerns that a member of the public or another member of staff has been or is in the process of being radicalised then the Prevent lead must be contacted. Appendix 2 flow chart

Once information has been received, the Prevent lead will determine if it meets the threshold for it to be considered for submitting to a formal multi-agency process. Within Teesside this is currently managed through a formal Channel process,

There are currently no thresholds in place as to what level of concerns require a Channel process; this is determined locally by the Prevent Team.

Safeguarding children referral and safeguarding adult alerts may be considered necessary.

5.   Duties and Responsibilities

Council of Members	The council of members has delegated responsibility to the Governing Body (GB) for setting the strategic context in which organisational process documents are developed, and for establishing a scheme of governance for the formal review and approval of such documents.
Chief Officer	The Chief operating officer devolves the responsibility for compliance and monitoring to the Executive Nurse ensuring that the organisation meets its statutory and non-statutory obligations in respect of maintaining appropriate standards of safeguarding adults and children at risk, privacy and confidentiality for patients and their carers. The Chief Officer has overall responsibility for the strategic direction and operational management, including ensuring that CCG process documents comply with all legal, statutory and good practice guidance requirements
Executive Nurse	Board level leadership and responsibility for Prevent rests with the Executive Nurse, ensuring the CCG meets its statutory and non-statutory responsibilities
Head of Quality and Adult Safeguarding	Head of Quality and Adult Safeguarding as the Prevent Lead will work in partnerships with safeguarding colleagues across the CCG and for the training of all staff in the CCG .

All Staff	All staff, including temporary and agency staff, are responsible for:
	• Compliance with relevant process documents. Failure to comply may result in disciplinary action being taken.
	• Co-operating with the development and implementation of policies and procedures and as part of their normal duties and responsibilities.
	• Identifying the need for a change in policy or procedure as a result of becoming aware of changes in practice, changes to statutory requirements, revised professional or clinical standards and local/national directives, and advising their line manager accordingly.
	• Identifying training needs in respect of policies and procedures and bringing them to the attention of their line manager.
	• Attending training / awareness sessions when provided.
CSU Staff	Whilst working on behalf of the CCG, CSU staff will be expected to comply with all policies, procedures and expected standards of behaviour within the CCG, however they will continue to be governed by all policies and procedures of their employing organisation.

6. Implementation

This policy will be available to all Staff for use in relation to the specific function of the policy.

All directors and managers are responsible for ensuring that relevant staff within their own directorates and departments have read and understood this document and are competent to carry out their duties in accordance with the procedures described.

7. Training Implications

The Safeguarding Team have a trainer who is Home Office approved to facilitate workshops to Raise Awareness of Prevent (WRAP) South Tees CCG will ensure that all staff receive basic Prevent awareness during corporate induction and staff who have contact with members of the public receive Health WRAP training provided by the CCG Head of Quality and Adult Safeguarding.

All staff are to be made aware of the Prevent strategy and how it is being implemented within the CCG.

All CCG staff will have access to a Health WRAP /Prevent awareness session.

These sessions will ensure that staff are:

- Aware of their professional responsibilities, particularly in relation to safeguarding of vulnerable adults and children.
- Familiar with the CCG's relevant protocols, policies and procedures.
- Aware of whom they should contact to discuss concerns.
- Aware of the processes and support available when they raise a concern
- Aware of current patient confidentiality policy

Training requirements: All staff groups within the CCG

How often should this be undertaken	Initially within 6 months in post and every 3 years
Length of training	1-2 hours
Delivery method	Face to face is preferable E-learning training is also available: follow link below: http://course.ncalt.com/Channel General Awareness
Training delivered by	Prevent health WRAP facilitators or E-learning
Training records stored	CCG Electronic training record on Corporate shared drive

Prevent training for all staff groups are essential on induction and will be undertaken every 3 years.

8. Related Documents

8.1 Other related policy documents

8.1.1 Legislation and statutory requirements

The following legislation, regulation and guidance has been used to inform this policy

- Prevent Training and Competencies Framework June 2017
- Data protection Act `1998
- Human rights Act 1998
- Terrorism Act 2006
- Equality Act 2010
- Care Act 2014
- Counter-terrorism & security Act 2015 and prevent duty guidance
- Department of health safeguarding adults; the role of health services,2011

8.2 Best practice recommendations

8.2.1 Partnership working and information sharing

It should be stressed that there is no expectation that the CCG will take on surveillance or enforcement role as a result of prevent. Rather it must work with partner organisations to contribute to the prevention of terrorism by safeguarding and protecting vulnerable individuals and making safety a shared endeavour.

The Prevent Lead will engage with partnership groups with the responsibility to share concerns raised within the organisation including the local authority Prevent silver group.

The Prevent lead will represent the organisation on the Prevent Regional Group and as appropriate Channel meetings.

9. Monitoring, Review and Archiving

9.1 Monitoring

The Governing Body will agree a method for monitoring the dissemination and implementation of this policy. Monitoring information will be recorded in the policy database.

9.2 Review

The Governing Body will ensure that this policy document is reviewed in accordance with the timescale specified at the time of approval. No policy or procedure will remain operational for a period exceeding three years without a review taking place.

Staff who become aware of any change which may affect a policy should advise their line manager as soon as possible. The Governing Body will then consider the need to review the policy or procedure outside of the agreed timescale for revision.

For ease of reference for reviewers or approval bodies, changes should be noted in the 'document history' table on the front page of this document.

NB: If the review consists of a change to an appendix or procedure document, approval may be given by the sponsor director and a revised document may be issued. Review to the main body of the policy must always follow the original approval process. The Governing Body will ensure that archived copies of superseded policy documents are retained in accordance with Records Management: NHS Code of Practice 2009.

10.   Equality Impact Assessment

A full Equality Impact Assessment has been completed.

Introduction - Equality Impact Assessment

An Equality Impact Assessment (EIA) is a process of analysing a new or existing service, policy or process. The aim is to identify what is the (likely) effect of implementation for different groups within the community (including patients, public and staff).

We need to:

- Eliminate unlawful discrimination, harassment and victimisation and other conduct prohibited by the Equality Act 2010
- Advance equality of opportunity between people who share a protected characteristic and those who do not
- Foster good relations between people who share a protected characteristic and those who do not

This is the law. In simple terms it means thinking about how some people might be excluded from what we are offering.

The way in which we organise things, or the assumptions we make, may mean that they cannot join in or if they do, it will not really work for them.

It's good practice to think of all reasons why people may be excluded, not just the ones covered by the law. Think about people who may be suffering from socio-economic deprivation or the challenges facing carers for example.

This will not only ensure legal compliance, but also help to ensure that services best support the healthcare needs of the local population.

Think of it as simply providing great customer service to everyone.

As a manager or someone who is involved in a service, policy, or process development, you are required to complete an Equality Impact Assessment using this toolkit.

Policy	A written statement of intent describing the broad approach or course of action the Trust is taking with a particular service or issue.
Service	A system or organisation that provides for a public need.
Process	Any of a group of related actions contributing to a larger action.

STEP 1 - EVIDENCE GATHERING

Name of person completing EIA:	Barbara Potter
Title of service/policy/process:	PREVENT Policy

Existing: ☐   **New/proposed: x**☐   **Changed:**

What are the intended outcomes of this policy/service/process? Include outline of objectives and aims

The key aim of this policy is to identify how staff will be supported to develop an understanding of the Prevent Strategy And how they can utilise their existing knowledge and skills to recognise that someone may have been or is being radicalised

Who will be affected by this policy/service /process? (please tick)

☐ **Consultants**   ☐ **Nurses**   ☐ **Doctors**
x☐ **Staff members**   ☐ **Patients**   ☐ **Public**
☐ **Other**

 If other please state:

 What is your source of feedback/existing evidence? (please tick)

☐ **National Reports** ☐ **Internal Audits**
☐ **Patient Surveys** ☐ **Staff Surveys** ☐ **Complaints/Incidents**
☐ **Focus Groups** ☐ **Stakeholder groups** ☐**Previous EIAs**
☐ **Other**

If other please state:

STEP 2 - IMPACT ASSESSMENT

What impact will the new policy/system/process have on the following: (Please refer to the 'EIA Impact Questions to Ask' document for reference)

Age A person belonging to a particular age

Applicable to all ages

Disability A person who has a physical or mental impairment, which has a substantial and long-term adverse effect on that person's ability to carry out normal day-to-day activities	
Applicable to all groups	
Gender reassignment (including transgender) Medical term for what transgender people often call gender-confirmation surgery; surgery to bring the primary and secondary sex characteristics of a transgender person's body into alignment with his or her internal self perception.	
Applicable to all	
Marriage and civil partnership Marriage is defined as a union of a man and a woman (or, in some jurisdictions, two people of the same sex) as partners in a relationship. Same-sex couples can also have their relationships legally recognised as 'civil partnerships'. Civil partners must be treated the same as married couples on a wide range of legal matters	
Applicable	
Pregnancy and maternity Pregnancy is the condition of being pregnant or expecting a baby. Maternity refers to the period after the birth, and is linked to maternity leave in the employment context.	
Applicable	
Race It refers to a group of people defined by their race, colour, and nationality, ethnic or national origins, including travelling communities.	
Applicable	
Religion or belief Religion is defined as a particular system of faith and worship but belief includes religious and philosophical beliefs including lack of belief (e.g. Atheism). Generally, a belief should affect your life choices or the way you live for it to be included in the definition.	
Applicable	
Sex/Gender A man or a woman.	
Applicable	
Sexual orientation Whether a person's sexual attraction is towards their own sex, the opposite sex or to both sexes	
Applicable	
Carers A family member or paid helper who regularly looks after a child or a sick, elderly, or disabled person	
applicable	
Other identified groups such as deprived socio-economic groups, substance/alcohol abuse and sex workers	
Applicable	

STEP 3 - ENGAGEMENT AND INVOLVEMENT

How have you engaged stakeholders in testing the policy or process proposals including the impact on protected characteristics?
I have carried out a training session with all staff groiuos at South Tees and had feedback and the policy has been to OMT
Please list the stakeholders engaged:
All staff at South Tees CCG

STEP 4 - METHODS OF COMMUNICATION

What methods of communication do you plan to use to inform service users of the policy?
X☐ Verbal – stakeholder groups/meetings   ☐ Verbal - Telephone **☐ Written – Letter   X☐ Written – Leaflets/guidance booklets** **X☐ Email ☐ Internet   ☐ Other**
If other please state:

ACCESSIBLE INFORMATION STANDARD

The Accessible Information Standard directs and defines a specific, consistent approach to identifying, recording, flagging, sharing and meeting the information and communication support needs of service users.

Tick to confirm you have you considered an agreed process for:
☐ **Sending out correspondence in alternative formats.** ☐ **Sending out correspondence in alternative languages.** ☐ **Producing / obtaining information in alternative formats.** ☐ **Arranging / booking professional communication support.** ☐ **Booking / arranging longer appointments for patients / service users with communication needs.**
If any of the above have not been considered, please state the reason:

STEP 5 - SUMMARY OF POTENTIAL CHALLENGES

Having considered the potential impact on the people accessing the service, policy or process please summarise the areas have been identified as needing action to avoid discrimination.

Potential Challenge	What problems/issues may this cause?
1 Considered challenges	Government Strategy

STEP 6- ACTION PLAN

Ref no.	Potential Challenge/ Negative Impact	Protected Group Impacted (Age, Race etc)	Action(s) required	Expected Outcome	Owner	Timescale/ Completion date
	None identified					

Ref no.	Who have you consulted with for a solution? (users, other services, etc)	Person/ People to inform	How will you monitor and review whether the action is effective?
	None identified		

SIGN OFF

Completed by:	B Potter
Date:	10/10/2016
Signed:	
Presented to: (appropriate committee)	Governance and Risk Committee
Publication date:	November 2017

11. Associated Documents

- NHS England Prevent Training and Competencies Framework 2015

- UK Governments Counter-terrorism strategy (CONTEST)

- Terrorism Act 2000

- Counter-Terrorism and Security Act 2015

- Practical Guidance on the sharing of information and information governance for all NHS organisations specifically for Prevent and the Channel process

**The Duty as it applies to CCGs (taken from NHS England
CCG Prevent Duties Responsibilities published July 2015)**

CCGs are not specifically captured in either the Prevent or the Channel Duty; however they have responsibilities as result of their role within the health system.

Contract and Performance Management

As commissioners of services from NHS Trusts and Foundation Trusts named in the Prevent duty and contract holders of a number of health organisations utilising the NHS Standard Contract, CCGs have a responsibility provide oversight and performance management regarding implementation of the Prevent duty within provider organisations.

As Statutory partners of Safeguarding Boards for both adults and children, CCGs are among the organisations that need to provide oversight to the implementation of the duty in the system.

As part of the NHS CCG Assurance Framework, CCGs are required to ensure they are demonstrating they are a well led organisation, including meeting statutory requirements places upon them and that they are meeting NHS performance requirements, including safeguarding standards. NHS England will seek assurance from CCGs regarding how they undertake these duties and fulfil their requirements.

Key Considerations for monitoring provider performance

- Are providers meeting the training requirements in the NHS Training and Competencies Framework? Prevent awareness in line with Safeguarding levels 1 and 2 and 85% WRAP 3 for relevant staff.
- Do providers have policies and procedures in place?
- Are providers identifying Prevent concerns and making channel referrals?
- Are providers engaging with Channel Panel when relevant?
- All training data from providers to be uploaded to Unify electronically.

Governance Oversight

CCGs will need to ensure they have in place robust governance systems that provide both internal and wider system assurance that the statutory duties are being implemented and organisations are meeting their requirements to safeguard individuals at risk or radicalisation.

Partnership Working

As partners to Chanel panels, CCGs can facilitate information sharing to ensure all relevant health partners are both providing relevant input into panel and that panel is sharing information to assist partners mange and support patients.

CCGs as the commissioners of health services for their local population are also well placed to provide advice to panel members regarding the health partners that should be bought into discussions and the health services that are available that may be appropriate to an individual's support package.

There is no statutory requirement for CCGs to engage with partners in local Prevent forums, to feed into Counter Terrorism Local Profiles and to work with health partners regarding Prevent. However, in order to have governance and oversight regarding provider performance, NHS engagement in Channel Panel and local risks and strategies it is strongly recommended that CCGs engage in these local partnerships.

Information Sharing
Practical Guidance on the sharing of information and information governance for all NHS organisations specifically for Prevent and the Channel process. July 2017:

https://www.england.nhs.uk/wp-content/uploads/2017/09/information-sharing-information-governance-prevent.pdf

CCG Internal Training

In order to undertake the responsibilities as outlined above CCGs and individual staff within the CCG will need to understand what prevent is, how it impacts the organisation and how it applied to different job roles.

Consideration should be given too:

- Providing returns for NHS England and providing assurance via the assurance framework.
- Contract management of providers and seeking assurance they are meeting their statutory requirements.
- Governance and strategic over view, what are the groups and boards that will provide this, and who will the CCG board assure themselves of system compliance with the duties.
- Linking contracts and commissioning teams, Prevent is part of the quality schedule
- Including Prevent in HR policies and procedures, giving consideration to NHS employees.
- Ensuring Prevent is linked to both adults and children's safeguarding
- Considering Prevent in quality and safety, including serious incidents and complaints.

Prevent in the NHS Standard Contract

The NHS Standard Contract 2015/16 outlines specific Prevent requirements under the Safeguarding and Safety section specifically SC32 Safeguarding, Mental Capacity and Prevent.

The requirements set out in the contract are generally in line with those detailed in the Prevent Duty which includes:

- Protecting individuals from abuse and improper treatment.
- Nominating a Prevent Lead.
- Developing a Prevent Policy and Procedure.

In addition the NHS Standard Contract requires commissioned services to;

- Provide evidence of addressing any Safeguarding concerns through multiagency reporting systems, which would include Prevent concerns.
- If requested participate in the development of local multi-agency safeguarding quality indicators and/or plan.
- Include in the Prevent Policy and Procedures a programme to raise awareness of Prevent as per the NHS England Prevent training and competencies.

South Tees CCG PREVENT Referral Pathway

Escalating

Staff member has a concern about staff/patient/visitor or a commissioned service

CCG: Report to Line Manager and the CCG Safeguarding Adult Lead (Prevent Lead)
CCG Safeguarding Adult Lead contact details:
barbarapotter@nhs.net

Assessing

CCG Safeguarding Adult lead:
Determine if the concerns raised need to be referred and shared with the multi-agency Channel panel.
Determine if the person of concern is a member of staff or patient/visitor or a commissioned service

If determined that there is nothing to report, document the concerns and decision making process and CLOSE

Activity

If determined that the concerns raised need to be referred and shared

Patient/Visitor or commissioned service

Member of Staff

Liaise with Human Resources Department and the Caldicott Guardian for the CCG

Sharing

Inform the Prevent team (police) via

Prevent.contest@cleveland.ppm.police.uk or the Channel co-ordinator

If the patient or visitor is under 18 in addition to above-consider a referral to children's social care:

Decision made that concern needs to be escalated & risk assessed.

Is the information you have shared appropriate and proportionate to the risk of serious crime posed by the individual to the wider public or to them self? Consider by making the referral, do you intend to protect the individual from criminal exploitation, grooming (being drawn into terrorism) or self-harm?

Safeguarding Adult Lead/Caldicott Guardian to inform the Prevent team (Police)   As above

Monitoring

Provide information as appropriate to inform the risk assessment process

NB: If imminent or actual harm to an individual or individuals is suspected at any time an immediate referral to the police must be made as a matter of urgency Tel: 101 or 999