

**SOMERSET ICB PREVENT POLICY**

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**PREVENT POLICY**

**1 INTRODUCTION**

1.1 This policy aims to make clear the duties of NHS Somerset Integrated Care Board (“The ICB”) who supports, coordinates and provides strategic assurance regarding the delivery of the statutory Prevent duty across the Integrated Care System (ICS), primarily the NHS Foundation Trust, and the local Prevent multi-agency board, who have statutory requirements outlined in the Prevent duty guidance.

1.2 It is the role of the ICB to have strategic oversight and coordination functions with regards to the delivery of the Prevent duty by specified authorities, service providers commissioned on Standard NHS Contracts and other local health providers or services. It is not responsible for ensuring providers that are specified authorities are paying due regard to stopping individuals from being drawn into terrorism. That responsibility lies with the individual specified authorities.

**2 CONTEXT AND LEGAL FRAMEWORK**

2.1 The need for all specified authorities to evidence that they are paying due regard to the statutory duty placed them, is defined by the Counter-Terrorism & Security Act 2015 (CTSA 2015), which mandates that all specified authorities have “due regard to the need to prevent people from being drawn into terrorism”, (Section. 26, CTSA 2015). These procedures, practices and processes are based on the CONTEST Strategy 2023, the statutory Prevent Duty Guidance 2023, the Channel Guidance 2023, and the Home Office Benchmarking Tool.

 [Prevent duty guidance 2023](https://assets.publishing.service.gov.uk/media/64f8498efdc5d10014fce6d1/14.258_HO_Prevent_Duty_Guidance_v5c.pdf)

 [Prevent duty guidance: Local authority toolkit](https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/1182802/Prevent_duty_guidance_toolkit_for_local_authorities.pdf)

 [Channel Duty Guidance: Protecting people susceptible to radicalisation](https://assets.publishing.service.gov.uk/media/651e71d9e4e658001459d997/14.320_HO_Channel_Duty_Guidance_v3_Final_Web.pdf)

 [NHSE prevent-mental-health-guidance](https://www.england.nhs.uk/wp-content/uploads/2017/11/prevent-mental-health-guidance.pdf)

 [Dept for Health Building Partnerships, Staying Safe](https://assets.publishing.service.gov.uk/media/5a7c243eed915d1b3a307ab8/dh_131912.pdf) (under review and will be Prevent Core Standards in Health)

2.2 The aim of the Prevent strategy is to reduce the threat to the UK from terrorism by stopping people becoming terrorists or supporting terrorism. It is part of a wider non-criminalising early response to raising concerns and helping people. 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.

**3 ROLES AND FUNCTIONS FOR THE ICB**

3.1 The roles and functions of the ICB are indicated below. Please note that the CTSA 2015 directs that all NHS Trusts and Foundation Trusts are designated as specified authorities and have a statutory responsibility in relation to the Prevent Duty.

 **ICB Chief Nurse**

3.2 This role will be the strategic lead for Prevent for the ICB and is responsible for providing assurance at board level. The role will, on behalf of the ICB board:

* have oversight of this policy and be responsible for the governance of this policy.
* coordinate the resolution of any relevant issues regarding the statutory delivery of Prevent by the Foundation Trust and the contractual delivery of Prevent by any health providers commissioned by the ICB delivered under the Standard NHS Contract.

 **Associate Director for Safeguarding**

3.3 The role will oversee the Prevent arrangements and delivery of Prevent across the system and ensure that all governance reporting processes are adhered to.

 **Operational Prevent Lead(s)**

3.4 The NHS Safeguarding Prevent Duty Protocol for Integrated Care Boards, (NHS England March 2024) states that all ICB organisations will have an Operational Prevent Lead responsible for delivery of the Prevent agenda (supported by the Designated Safeguarding Nurses/Leads at each place), including:

* a clear understanding of their leadership role within the organisation and to any locally managed contracts as needed
* work with their wider healthcare partners across their partnership geography to support the development of a community of practice for Prevent, supporting key partners to come together to develop shared understanding of roles and responsibilities, accountability, skills development, threat management, risk and issues oversight
* attending and contributing to their respective Prevent Partnership Board at the Community Safety Partnership Level
* attending and contributing to their respective CONTEST boards
* responsive to Channel requests and work with multi-agency partners to respond to threats, risks and issues as required. They will ensure there are effective mechanisms in place for sharing/storing and managing information
* identify a clear line of accountability to their ICB Board to enable notification of high-risk issues and escalation of concerns.

**4 DELIVERY OF PREVENT BY HEALTH PROVIDERS / SERVICES WITHIN THE ICS**

4.1 The ICB will provide the coordination role in terms of the health-related specified authorities within the ICS and all service providers contracted on the Standard NHS Contract. The ICB support the delivery of Prevent within the ICS by:

 **Understanding Risk**

4.2 The ICB will provide the health representative that attends the annual local Counter Terrorism Local Profile (CTLP) briefing to understand the local Counter Terrorist (CT) threat and risk and will monitor the local threat and risk perspective by receiving the updated local CT threat/risk delivered by the local CT policing at each partnership meeting.

4.3 The ICB will ensure that all relevant health leads, both within the ICB and local health provider/services, are briefed appropriately on the annual CTLP briefing and any subsequent significant changes to local CT threat/risk. This would include ensuring the ICB Exec Prevent lead is briefed, as well as appropriate representatives from local health specified authorities.

4.4 The ICB will support the local partnership (the Somerset Prevent Board) in producing a local Situational Risk assessment that identifies and agrees the local Prevent priorities on an annual basis based on the partnership’s risk assessment.

4.5 The ICB will support individual health provider Prevent Leads in utilising the local risk assessment in reviewing and assessing that the level of delivery by the provider is proportionate and appropriate for the local level of threat/risk.

4.6 Following the production of the Situational Risk Assessment the ICB Operational Lead will assess, based on the local threat/risk, if there is an any additional engagement required with local health providers/services that are not specified authorities to encourage and support them to take proportionate and appropriate actions that will support mitigating against the local CT threat/risk in terms of the Prevent strategy.

4.7 The ICB will ensure that at least one of their safeguarding team is appropriately security vetted to receive relevant sensitive material from CTP or other local partners.

 **Prevent multi-agency groups**

4.8 The ICB will represent the ICB and ICS organisations at the Somerset Prevent Board.

4.9 The ICB will provide to the board, at least annually, appropriate information to assure the local partnership how health related specified authorities are paying due regard to the duty. The ICB Operational Lead will also provide such assurance to the ICB Exec Prevent lead and leadership team via the annual report.

4.10 The ICB’s Prevent Workstream arrangements will ensure that all health providers are routinely updated of local threat and risk, aware of the Somerset Prevent Annual Plan, especially any actions which require the contribution of local health providers and assure them that they have the opportunity to raise any relevant issues regarding Prevent delivery or local information via the ICB Operational Lead at these meetings.

 **Somerset Prevent Board Plan**

4.11 The ICB Operational Lead will support the local Prevent Multi-Agency groups in developing appropriate partnership action plans and will actively support the development of any actions that require the support/contribution of health providers from within the ICB.

4.12 The ICB Operational Lead will monitor, track and assess the impact of any health specific actions in the partnership plan with due regard to equality duties and health inclusion

4.13 The ICB Operational Lead via the Prevent Work Stream arrangements will ensure that all relevant local health providers are aware of any actions that require their support and the ICB will provide relevant and timely updates on the progress of any such actions to the local Prevent Board.

 **Referral Pathway**

4.14 The ICB will promote the local Prevent referral pathway with health providers within the ICS and encourage providers to have the pathway within relevant local policies or guidance and on appropriate websites for staff to access.

4.15 The ICB will lead on the assessment and analysis of referral data provided by health providers, local CT police and Local Prevent board. It will utilise the Prevent Work Stream arrangements to involve relevant health providers managing any issues including equality and inclusion-based issues that are identified by the assessment and analysis of any referral data.

 **Channel Panel**

4.16 The ICB Operational Lead will support the Channel Chair for the Channel Panels held within the ICB area to ensure appropriate representation and attendance from relevant local health organisations at each Channel Panel.

4.17 The ICB will support Channel Chairs and local providers to ensure that any personal data shared is done so in compliance with relevant data protection legislation.

4.18 The ICB Operational Lead will support the Channel Chair in resolving any issues regarding attendance by health representative/professionals at Channel or information/support provided to Channel.

 **Training**

4.19 The ICB Operational Lead will monitor and assess the training data submitted by local NHS Foundation Trust to ensure local health specified authorities have proportionate and appropriate training plans based on a robust training needs analysis, which complies with the current intercollegiate guidance. This plan should be proportionate and appropriate for the local threat/risk. They will also monitor the level of training using the same data returns.

4.20 The ICB Operational Lead will seek similar assurances from appropriate local providers/services within the ICB area regarding their training plan and training levels via contract monitoring routes.

4,21 The ICB Operational Lead will provide, at least annually, relevant information to the local Prevent Board to provide assurance of the training levels within the ICB. They will provide such assurances to the Exec Prevent lead for the ICB.

4.22 The ICB Operational Lead will encourage local providers to engage in local or more focused Prevent training, if it is felt that such additional training is required in terms of the local threat/risk.

4.23 The ICB will support ICS providers/services that are not specified authorities in accessing any additional Prevent training that is not provided by the NHS.

 **Reducing Permissive Environments**

4.24 The ICB Operational Lead will utilise the Prevent Work Stream arrangements to promote local providers the need to report relevant information to local the CT police. This will relate to any concerns they may have regarding situations or issues that may indicate extremist or terrorist groups/influencers that they believe are indicators that such an environment or situation is being or at risk of being exploited by such groups or individuals to draw people into terrorism.

4.25 The ICB will provide appropriate support to the local Prevent Board if any such environments are identified as being of such a risk that the partnership needs to take lawful, proportionate and effective actions to mitigate against the risk posed by it.

4.26 On a need-to-know basis, the ICB Operational Lead will brief appropriate individuals within the ICB or local providers if any such environments have been identified that relate to the services they provide or communities they serve - if the ongoing management of the risk requires support by the ICB and/or relevant local providers.

4.27 The ICB will, on an annual basis, seek to gain assurances for health specified authorities and any other relevant local health providers/services that their IT policy, firewall and filters are in line with current standards to ensure individuals using these systems cannot access violent extremist or terrorist sites, and with regards to any filters that they are using the latest phrases, words or sites identified by the Home Office’s CT Internet Referral Unit.

 **Engagement and Communications**

4.28 The ICB Operational Lead will support the local Prevent Board in delivering their engagement and communication strategy for Prevent.

4.29 Utilising the Prevent Work Stream arrangements the ICB will encourage all providers/services to update their staff, at least annually (ideally after the latest Situational Assessment has been produced), on the current local threat and risk.

4.30 The ICB will encourage all local health specified authorities and other relevant local health providers/services to provide assurances via the Prevent Work Stream arrangements that they reviewed any relevant website or policies that the information within them relating to Prevent is current and up to date.

4.31 Using the same arrangements, the ICB and all local providers should routinely review any relevant planned communication or engagement activities to assess if Prevent could be incorporated.

4.32 The ICB Operational Lead will provide relevant updates relating to any communication or engagement activities carried out within the ICS to the relevant Prevent Board.

**5 STRATEGIC ASSURANCE**

5.1 The ICB will provide relevant reports and information that provides appropriate assurances at a strategic level that the local health specified authorities and other relevant local providers/services are paying due regard to ensuring that individuals are not being drawn into terrorism. These reports will be shared with the ICB Exec Leads and the local Prevent Board.

5.2 The ICB will seek to gain appropriate assurances from local health specified authorities and other local health providers/services that they have, at least annually, provide an assurance report to their respective exec team with regards to their compliance with the Prevent duty.

5.3 The Safeguarding Performance Framework (Safeguarding Dashboard) is an ICB contractual requirement for NHS Providers. The Prevent Indicators will be analysed, and exceptions reported via the ICB’s internal governance processes. Local contracts should include quality checks, to ensure provider staff are appropriately trained and are considering Prevent alongside other safeguarding considerations.

5.4 Assurances should also be sought that if any issues for development have been identified that an appropriate action plan is in place and is being monitored by the relevant provider Prevent Lead.

5.5 If the ICB is not assured that a health specified authority is not paying due regard to the Prevent duty it will support the Prevent lead within the Trust to address the areas in which it is felt the Trust is not paying due regard. The ICB Operational Lead should, if necessary, seek the support of NHSE, the local Prevent Board, local CT police and/or the local Home Office Prevent Advisor to ensure that the Trust is paying due regard to the duty at the earliest opportunity.

5.6 The ICB Operational Lead will ensure that the regional Safeguarding Team for NHSE are provided with appropriate assurances regarding the delivery of Prevent within the ICS.

**6 EMBEDDING PREVENT WITHIN EXISTING PRACTICES, POLICIES AND GUIDANCE**

6.1 The ICB Operational Lead will ensure that Prevent is appropriately referenced or incorporated into other relevant policies, guidance or practices within its own organisation.

6.2 They will encourage all local health specified authorities and other relevant local health providers/services to ensure that Prevent is appropriately referenced or incorporated into other relevant policies, guidance or practices within its own organisation. The ICB should seek, at least annually, assurances from relevant provider/service leads that all such policies, guidelines and practices have been reviewed to ensure any references to Prevent are still current and relevant.

**7 ICB PREVENT DELIVERY**

7.1 The ICB will have a Prevent training plan that reflects the current guidance to ensure staff are appropriately trained regarding the Prevent duty.

7.2 The ICB Operational Lead will, at least annually, update ICB staff regarding the current local CT threat/risks with regards to Prevent.

7.3 The ICB Operational Lead will ensure the referral pathway is known and available to staff to make referrals.

7.4 The other activities carried out by the ICB Operational Lead outlined in this policy will evidence that the ICB is paying due regard to the Prevent duty.

**8 INFORMATION SHARING**

8.1 The ICB Operational Lead will support provider leads to promote that Data sharing is an explicit professional standard requirement to protect people from exploitation and violence, and it is a statutory requirement when it relates to children. Also, they will promote that data protection legislation is not a barrier to information sharing, it is a guide to proportionality.

8.2 The ICB will identify how specific Prevent concerns will be documented / recorded/ stored.

8.3 The ICB Operational Lead will ensure that appropriate local information protocols are in place, and they will support provider leads to ensure that they know how to get advice and support on confidentiality, information sharing and data protection legislation relevant to the Prevent duty.

8.4 The NHS has produced guidance that provides help to healthcare staff that are involved in information sharing and information governance for the purposes of safeguarding people from radicalisation. The General Medical Council has also produced advice on Confidentiality in handling patient information, which is another tool the ICB Lead can encourage provider leads to access, if they have concerns regarding data sharing.

 [Prevent and the Channel process in the NHS: information sharing and governance](https://www.gov.uk/government/publications/prevent-and-the-channel-process-in-the-nhs-information-sharing-and-governance/prevent-and-the-channel-process-in-the-nhs-information-sharing-and-governance)

 [GMC- Confidentiality-good-practice-in-handling-patient-information](https://www.gmc-uk.org/-/media/documents/gmc-guidance-for-doctors---confidentiality-good-practice-in-handling-patient-information----70080105.pdf)

8.5 The ICB will support CT Police in addressing any concerns they may have regarding information sharing regarding individuals referred into Prevent as being potentially susceptible to radicalisation.

**9 RAISING CONCERNS**

9.1 The ICB Operational Lead will the encourage all local health Prevent leads raise concerns they may have over the delivery of Prevent. The ICB Operational Lead should endeavour to address those concerns, or if appropriate escalate them to either NHSE and/or the local Prevent partnership Group.

9.2 Information and Guidance for ICB Staff about how to act should concerns arise about individuals can be seen in appendix A.

9.3 When a concern is identified, the ‘notice, check, share’ procedure should be applied:

 **Notice** Notice something of concern

 **Check** Discuss your concern with your Designated Safeguarding Lead/Operational Prevent Lead

 **Share** Share your concerns with the Police using the form found here: [Prevent in Somerset](https://www.somerset.gov.uk/health-safety-and-wellbeing/prevent-in-somerset/) section how to report a concern.

9.4 The process following a referral is indicated in Diagram 1 below.



9.5 Please refer to the ICB’s Safeguarding Children Policy if a referral is made for anyone under the age of 18 and follow the local place safeguarding children’s referral process.

**10 EQUALITY STATEMENT**

10.1 The ICB Operational Lead will support provider leads to ensure that when carrying out the Prevent duty, specified authorities are ensuring that they comply with other legal obligations, particularly those under the Equality Act 2010 (for example, the Public Sector Equality Duty) and the Human Rights Act 1998.

**11 MONITORING AND REVIEW**

11.1 The ICB will review this policy and any relevant associated policies, practices or guidance at least annually, and ideally after the annual partnership Situational Assessment has been agreed and published to ensure that the policy remains appropriate and relevant to local Prevent partnership delivery.

11.2 It should also be reviewed following the publication of any revised Prevent duty guidance, revised Channel guidance, NHSE or DHSC Prevent related guidance or any other relevant amendments/changes to relevant legislation or national guidance.

**12 GLOSSARY**

12. Statutory Guidance (Gov.uk) Glossary of Terms, Sept 2023 <https://www.gov.uk/government/publications/prevent-duty-guidance/glossary-of-terms>

**13 FURTHER READING**

 NHS Prevent training and competencies framework - GOV.UK [www.gov.uk](http://www.gov.uk)

 Prevent duty training - GOV.UK [www.gov.uk](http://www.gov.uk)

Independent Review of Prevent - One year on progress report <https://www.gov.uk/government/publications/independent-review-of-prevents-report-and-government-response/independent-review-of-prevent-one-year-on-progress-report-accessible>

***This policy has been adapted from the NHS Black Country integrated care board Prevent Policy. Thanks to the authors.***

**HOW TO ESCALATE / REPORT A CONCERN IN RELATION**

**TO A PATIENT OR EMPLOYEE**

Concern identified that an individual is being radicalised or self-radicalised into extremist activities.

Is person of concern at immediate risk? (is the person indicating/showing behaviours that indicate they are likely to be an immediate risk of initiating a violent extremist attack?)

Yes

Not immediate risk. However, there is a concern that someone is vulnerable/susceptible to being led into extremist activities?

Call 999 and request police presence.

Inform Somerset ICB Safeguarding team somicb.safeguardingandcla@nhs.net

Concern is regarding a patient

Concern is regarding a colleague

Discuss with manager, record concerns/observations

Manager to discuss with ICB safeguarding team and HR

ICB safeguarding team to undertake risk assessment and liaise with local authority prevent lead

Discuss with manager, record concerns/observations

Manager/colleague to discuss concerns with ICB safeguarding team

ICB safeguarding team to assess and complete a Prevent referral if required

If the individual is a Child is under 18 (Up to 25 with Special Educational Needs Disabilities—SEND) Complete an [Early Help Assessment](https://professionalchoices.org.uk/eha/)

Prevent referral form: [Prevent in Somerset](https://www.somerset.gov.uk/health-safety-and-wellbeing/prevent-in-somerset/)

**HOW TO ESCALATE / REPORT A CONCERN IN RELATION TO A PATIENT**

ICB colleagues may encounter situations that give them cause for concern about the potential safety of a patient, or their family, or the colleagues who work with them. Early intervention can re-direct a vulnerable individual away from being drawn into criminality and terrorism – thereby harming themselves and others. The health sector will need to ensure that the crucial relationship of trust and confidence between patient and clinician is balanced with the clinician’s professional duty of care and their responsibility to protect wider public safety. In the event that colleagues have concerns that a patient, or their carer may be at risk of being drawn into terrorism or may be becoming susceptible to grooming or exploitation by others, the reporting flowchart should be followed see above.

Prevent concerns should be discussed with the ICB safeguarding team and they will support/advise further action.

In the event of a significant concern or immediate risk to others, which needs a more urgent Prevent response (e.g., if there is a significant concern – particularly if it is out of hours) there are some useful telephone numbers that you can call:

* The 101 number is designed to encourage people to contact the police at an early stage to prevent or detect crime. In terms of Prevent, the earlier authorities can be involved the greater the chance we can intervene with partners and stop someone from being radicalised.
* Confidential Anti-Terrorist Hotline - If you are suspicious that someone is being radicalised or that the call is terrorism related you can call the confidential Anti-Terrorist Hotline on 0800 789 321. A textphone service is available for people with speech or hearing difficulties on 0800 0324539 (text messages from mobiles are not accepted).
* In an emergency where you feel that there is an immediate terrorist threat, call 999.
* Avon and Somerset Prevent Police advice:

Phone: 01278 647435 or email: PreventSW@avonandsomerset.police.uk

If an onward referral is required this is achieved through the completion the National Prevent referral form clearly identifying the precise nature of the concerns and reason for referral. The decision and rationale should also be clearly documented. Prevent form: [Prevent in Somerset](https://www.somerset.gov.uk/health-safety-and-wellbeing/prevent-in-somerset/)

All Prevent referrals are confidential and take place in the pre-criminal space. In many cases, no further action will be required, or the vulnerability is assessed as not related to radicalisation and the individual concerned is signposted to other support which may be required. All patient/colleagues information must be shared in accordance with General Data Protection Regulations (GDPR)/Data Protection Act 2018/Caldicott Principles and Human Rights legislation and meet the same rigour required for sharing information for any other safeguarding concern.

**HOW TO ESCALATE/ REPORT A CONCERN IN RELATION TO AN EMPLOYEE**

Although there are very few instances of healthcare staff radicalising others or being drawn into extremist acts, it is still a risk that the ICB needs to be aware of and have processes within which to manage any concerns.

Where a colleague expresses views, brings materials into the organisation, uses or directs patients to extremist websites or acts in other ways to promote terrorism, the ICB will look to use potential safeguarding and non-safeguarding processes to address the concerns. Linking to both the adults and children’s safeguarding polices as well as the managing allegations against staff policy.

Where a colleague has a concern about another colleague, this should be raised with their Line Manager. The Line Manager will discuss the concerns with the ICB Safeguarding Locality Lead and Human Resources Department in the first instance. If deemed necessary, the Safeguarding Lead will support the completion of or complete the relevant National Prevent Referral Form on behalf of the colleague.

The ICB Safeguarding Prevent Lead will liaise with the Local Authority Prevent Lead to assess and manage any related safeguarding risk. The Human Resources Advisor will lead on advising the Line Manager in relation to employment process; should this be appropriate.