

Corporate	ICBP045 Prevent Policy
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Version Number	Date Issued	Review Date
V3	September 2025	September 2027

Prepared By:	Designated Nurse Safeguarding Adults
Consultation Process:	Designated Nurse Safeguarding Adults
Formally Approved:	11 September 2025
Approved By:	Quality and Safety Committee

EQUALITY IMPACT ASSESSMENT

Date	Issues
May 2022	No issues identified.
June 2025	No issues identified

POLICY VALIDITY STATEMENT

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

ACCESSIBLE INFORMATION STANDARDS

If you require this document in an alternative format, such as easy read, large text, braille or an alternative language please contact nencicb.comms@nhs.net

Version Control

Version	Release Date	Author	Update comments
V1	July 2022	Designated Nurse Safeguarding Adults	First Issue
V2	January 2023	Designated Nurse Safeguarding Adults	Policy reviewed within the first 6 months of establishment; no amendments required
V3	June 2025	Designated Nurse Safeguarding Adults	Policy reviewed and updated in line with legislative changes

Approval

Role	Name	Date
Approver	Executive Committee	July 2022
Approver	Executive Committee	January 2023
Approver	Quality and Safety Committee	September 2025

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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 recognising and helping stop vulnerable individuals 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 outlines the duty in the Counter-Terrorism and Security Act 2015 which requires specified authorities, which includes health, to help prevent the risk of people becoming terrorist or being drawn into terrorism. The Prevent Duty came into force on 1st July 2015 with the latest update March 2024

<https://www.gov.uk/government/publications/prevent-duty-guidance/prevent-duty-guidance-for-england-and-wales-accessible>

Specified health authorities have a core role in leading multiagency initiatives to counter terrorism at a local level.

The Prevent duty guidance for England and Wales sets out the expectations that ICBs have oversight of fulfilling the Prevent duty and ensuring delivery.

See Appendix 1 for ICB Prevent Duties Responsibilities.

1.1 Status

This policy is a corporate policy.

1.2 Purpose and Scope

For the purposes of this policy, Integrated Care Board will be referred to as "the ICB". This policy outlines the ICB approach to supporting the Prevent agenda.

The policy applies to all staff working within the ICB whether employed, contracted or

on a voluntary basis, including those on temporary or honorary contracts, secondments, contractors and students.

Every ICB staff member has a duty and must take responsibility for identifying, responding and sharing information that they have regarding Prevent safeguarding concerns and should not assume that someone else will make the necessary enquiries or referrals.

The ICB Chief Executive Nurse has accountability for the Prevent agenda and a designated Prevent lead has been identified at place, who's responsibility is to ensure ICB staff have Prevent training in accordance with the "Prevent Training and Competences Framework" NHS England 2017 (refresh 2022).

<https://www.gov.uk/government/publications/nhs-prevent-training-and-competencies-framework/nhs-prevent-training-and-competencies-framework>

The overarching Prevent Standard for commissioner is

'The organisation can clearly demonstrate visibility and oversight of delivery of the Prevent duty. Prevent is incorporated as business as usual within safeguarding processes and structures.'

<https://www.gov.uk/government/publications/prevent-duty-core-standards-for-healthcare-commissioners-and-providers/prevent-duty-core-standards-for-healthcare-commissioners-and-providers>

2. Definition

The following terms are used in this document

2.1 Terrorism

The current UK definition is set out in the Terrorism Act 2000

<https://www.legislation.gov.uk/ukpga/2000/11/section/58> which in summary defines terrorism as 'the use or threat of serious violence against a person or serious damage to property to influence governmental organisation or intimidate the public, for the purposes of advancing political, religious, racial or ideological cause'.

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 UK's resilience to terrorism and facilitating emergency preparedness procedures in the event of an attack. It has four strands: Prevent: Pursue: Investigate and Disrupt

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). It sits alongside long-established safeguarding duties for specified authorities.

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 because of age, disability, risk of abuse or neglect

2.7 Susceptibility

Refers to the fact that a person may be likely or liable to be influenced or harmed by terrorist and extremist ideologies that support or radicalize people into terrorism. A person's susceptibility may be linked to their vulnerability, but not all susceptible people will be vulnerable.

2.8 Channel

Multi-agency approach to protect people at risk from radicalisation.

Channel processes are a key element of the Contest strategy and is a multi-agency approach to receiving referrals from agencies to protect and prevent those at risk of radicalization. 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/looked after children and adults from 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, there is no obvious profile of a person likely to become involved in terrorist-related activity, or single indicator of when a person might move to support extremism. Vulnerable individuals who may be

susceptible to radicalisation can be patients and/or staff.

Radicalisers often use a persuasive rationale or narrative and are usually charismatic individuals who are able to attract people to their cause which is based on a particular interpretation or distortion of history, politics or religion.

Organisations/Trusts should exercise due diligence when they invite or are asked to host external speakers to ensure that the purpose of the use is appropriate.

Vulnerable adults 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 several 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/looked after children and young people from radicalisation is no different from safeguarding them from other forms of harm.

Where a concern is identified relating to a child, the Child safeguarding process must also be followed.

4. Training, Compliance and Implementation

4.1 In England, all staff working in health settings must complete training on preventing radicalisation

4.2 The ICB will ensure that all staff receive basic Prevent awareness during corporate updates and staff who have contact with members of the public receive training as appropriate to role, directed by the ICB Prevent Lead(s) via ESR and as identified in mandatory training which includes:

- Policies that include the principles of the Prevent NHS guidance and toolkit, which are set out in Building Partnerships, Staying Safe: guidance for healthcare organisations [dh-131912](#)
- A programme to deliver Prevent training, resourced with accredited facilitators;
- Processes in place to ensure that using the intercollegiate guidance, staff receive Prevent awareness training appropriate to their role; and
- Procedures to comply with the Prevent Training and Competencies Framework

ICBP045 Prevent Policy (3)

Official

(currently under review).

4.3 All staff are to be made aware of the National Prevent strategy and Local Partnership Counter Terrorism Response and how it is being implemented within the ICB.

4.4 All ICB staff will have access to Prevent awareness sessions or eLearning in accordance with the training needs analysis. This will include as a minimum:

Level 1/2 Training

- Face to face Basic Prevent Awareness: Induction training, children and adult safeguarding training etc
- E-Learning (e-learning for healthcare) Preventing Radicalisation Level 1 and 2: <https://portal.e-lfh.org.uk/Component/Details/459770> .
- E-Learning Basic Prevent Training: <https://www.elearning.prevent.homeoffice.gov.uk/>

Level 3 Training

- E-Learning (e-learning for healthcare) Preventing Radicalisation Level 3: <https://portal.e-lfh.org.uk/Component/Details/511790>
- E-Learning Mental Health Prevent Training: <https://www.elearning.prevent.homeoffice.gov.uk/mentalhealth>

These sessions will ensure that staff are: -

- Aware of their professional responsibilities, particularly in relation to safeguarding adults at risk and children.
- Familiar with the ICB'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
- **Level 4, 5 and 6 (Specialist and Board)** Training commensurate with roles and responsibilities in the ICB will be undertaken in accordance with the Prevent Training & Competencies Framework, 2017 (currently under review).

Prevent training for all staff groups is essential on induction and annual updates will be provided with training undertaken every 3 years.

Line managers will be responsible for ensuring compliance with Prevent training and the level required for each role

4.5 To ensure consistency in training and competency development, the framework should be used in conjunction with the intercollegiate documents

- [adult safeguarding: roles and competencies for healthcare staff](#) (Royal College of Nursing, 2018) (2018)
- [safeguarding children and young people: roles and competencies for healthcare staff](#) (2019)
- [looked after children: roles and competencies for healthcare staff](#) (2020)

5. Permissive Environments

Within the ICB understanding and addressing permissive environments is a critical aspect of the Prevent strategy, aimed at safeguarding individuals from the risk of radicalisation. Permissive environments refer to settings or conditions where individuals may feel supported, tolerated, or unchallenged in expressing or developing views or behaviours

The ICB will ensure safe and inclusive spaces that promote environments that uphold diversity and equality whilst discouraging harmful ideologies. By fostering vigilant and inclusive environments the ICB can help prevent conditions that may enable radicalisation and ensure the safety and wellbeing of patients, staff and the wider community.

6. Guidance for Raising Concerns

6.1 Concern that an individual may be vulnerable to radicalisation does not mean that you think they are a terrorist, it means that you are concerned they are prone to being exploited by others and so the concern is a safeguarding concern. In the event of being concerned, the individual member of staff should raise the issue with their Line Manager (appendix 3 flow chart)

6.2 The Designated Professionals at place (Adults and Children's) leading on Prevent at place within the ICB will be informed and will liaise with the Local Police Prevent Lead Referrals can be made using local referral documents.

6.3 Channel, alongside other supportive processes, provides a clear framework in which to respond to safeguarding concerns for those adults and young people who may be particularly susceptible to terrorist ideology and thereby at risk of becoming involved in terrorism. Intervention must include the individual's consent (Code of Practice on Confidentiality)

6.4 Where there are concerns that there is imminent danger to either the individual or to public safety then the Police should be contacted directly on 999 in addition to the standard process being followed.

6.5 Escalating concerns 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 organisation needs to be aware of and have processes within which to manage any concerns.

Where an employee expresses views, brings materials into the organisation, uses or directs patients to extremist websites or acts in other ways to promote terrorism, the organisation will look to use human resources processes in order to address the concerns (see pathway)

6.6 Staff Support

All staff will be supported through this process by their line manager, the relevant HR and the Prevent Lead.

7. Monitoring, Review

7.1 Monitoring

The ICB will agree with the Nurse Directors a method for monitoring the dissemination and implementation of this policy. Monitoring information will be recorded in the policy database.

7.2 Review

The ICB 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.

7.3 Archiving

The ICB will ensure that archived copies of superseded policy documents are retained in accordance with Records Management

<https://digital.nhs.uk/binaries/content/assets/legacy/pdf/n/b/records-management-cop-hsc-2016.pdf>

8. References and resources

Please refer to Place based procedures for Prevent referral pathways at Appendix 3.

- Prevent Duty Guidelines for England and Wales 2015
https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/215251/dh_131934.pdf
[https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/736759/Prevent Duty Toolkit for Local Authorities.pdf](https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/736759/Prevent_Duty_Toolkit_for_Local_Authorities.pdf)
- Counter-Terrorism and Security Act 2015
- GDPR
https://www.gov.uk/government/uploads/system/uploads/attachment_data/file/711097/guide-to-the-general-data-protection-regulation-gdpr-1-0.pdf

Appendix One: Schedule of Duties and Responsibilities

Through day-to-day work, employees are in the best position to recognise any specific fraud risks within their own areas of responsibility. They also have a duty to ensure that those risks, however large or small, are identified and eliminated. Where it is believed fraud, bribery or corruption could occur, or has occurred, this should be reported to the CFS or the chief finance officer immediately.

	Duties and Responsibilities
ICB Chief Executive	The Chief Executive 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.
Executive Chief Nurse	The Chief Executive Nurse and AHP Officer has overall accountability and responsibility for the strategic direction and operational management, including ensuring that process documents comply with all legal, statutory and good practice requirements. The Executive Chief Nurse and AHP Officer is accountable for ensuring that the health contribution to PREVENT and Child and Adult Safety is discharged effectively across the whole local health economy through ICB commissioning arrangements. Board level leadership and responsibility for Prevent rests with the Chief Executive which is devolved to the Executive Chief Nurse and AHP Officer, ensuring the ICB meets its statutory and non-statutory responsibilities. Also responsible for monitoring progress against the Delivery of the Prevent agenda within the ICB.
Nurse Directors	Nurse Directors hold devolved responsibility and are the leads for Safeguarding Adults and Children/Looked After Children and will provide advice to the ICB Board on Prevent matters.
Policy Author	The Designated Safeguarding Adult and Children's professionals at place are responsible for: - generating and formulating this policy document - identifying the need for any change to the document as a result of becoming aware of changes in practice, changes to statutory requirements, revised professional standards and local/national directives - establishing mechanisms for regular monitoring of compliance - notifying the Nurse Director should any revision to this document be required.

Designated Nurse for Adult Safeguarding/Designated Nurse Safeguarding & Looked After Children	The Designated Adult and Children's professionals at place for Prevent are responsible for ensuring that all ICB staff have an awareness of the Prevent Agenda and receive training appropriate to their role. The Designated Adult and/or Children professional represents ICB at the partnership based strategic multi-agency meetings and will work closely with Prevent Leads in other organisations to ensure that appropriate processes and policies are in place and that there is a robust and effective training plan in place for key staff.
All Staff	All staff, including temporary and agency staff are responsible for: • 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. • 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 and procedures as a result of becoming aware of changes in practice, changes in 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.
Commissioning staff	As commissioners of local health care, the ICB will be responsible for safeguarding quality assurance through contractual arrangements with all provider organisations. It has a duty to ensure that all health providers with whom they have commissioning arrangements discharge their functions regarding the need to safeguard and promote the welfare of adults at risk .
CSU STAFF	Whilst working on behalf of the ICB, CSU staff will be expected to comply with all policies, procedures and expected standards of behaviour within the ICB, however they will continue to be governed by all policies and procedures of their employing organisation.

Appendix 1

Equality Impact Assessment **Initial Screening Assessment (STEP 1)**

As a public body organisation, we need to ensure that all our current and proposed strategies, policies, services and functions, have given proper consideration to equality, diversity and inclusion, do not aid barriers to access or generate discrimination against any protected groups under the Equality Act 2010 (Age, Disability, Gender Reassignment, Pregnancy and Maternity, Race, Religion/Belief, Sex, Sexual Orientation, Marriage and Civil Partnership).

This screening determines relevance for all new and revised strategies, policies, projects, service reviews and functions.

Completed at the earliest opportunity it will help to determine:

- The relevance of proposals and decisions to equality, diversity, cohesion and integration.
- Whether or not equality and diversity is being/has already been considered for due regard to the Equality Act 2010 and the Public Sector Equality Duty (PSED).
- Whether or not it is necessary to carry out a full Equality Impact Assessment.

Name(s) and role(s) of person completing this assessment:

Name: Louise Mason-Lodge

Job Title: Director of Nursing for Safeguarding

Organisation: ICB NENC

Title of the service/project or policy: PREVENT

Is this a;

Strategy / Policy ☒

Service Review ☐

Project ☐

Other [Click here to enter text.](#)

What are the aim(s) and objectives of the service, project or policy:

To set out the policy for health to meet its statutory responsibilities of PREVENT as set out within the Government's Counter-Terrorism Strategy (2011) CONTEST,

Who will the project/service /policy / decision impact?

(Consider the actual and potential impact)

- **Staff** ☒
- **Service User / Patients** ☒
- **Other Public Sector Organisations** ☒
- **Voluntary / Community groups / Trade Unions** ☐
- **Others, please specify** [Click here to enter text.](#)

Questions	Y e s	N o
Could there be an existing or potential negative impact on any of the protected characteristic groups?	☐	☒
Has there been or likely to be any staff/patient/public concerns?	☐	☒
Could this piece of work affect how our services, commissioning or procurement activities are organised, provided, located and by whom?	☐	☒
Could this piece of work affect the workforce or employment practices?	☒	☐
Does the piece of work involve or have a negative impact on: • Eliminating unlawful discrimination, victimisation and harassment • Advancing quality of opportunity • Fostering good relations between protected and non-protected groups in either the workforce or community	☐	☒

If you have answered no to the above and conclude that there will not be a detrimental impact on any equality group caused by the proposed policy/project/service change, please state how you have reached that conclusion below:

No detrimental impact identified.

If you have answered yes to any of the above, please now complete the 'STEP 2 Equality Impact Assessment' document

Accessible Information Standard	Y e s	N o
Please acknowledge you have considered the requirements of the Accessible Information Standard when communicating with staff and patients. https://www.england.nhs.uk/wp-content/uploads/2017/10/accessible-info-standard-overview-2017-18.pdf	☒	☐
Please provide the following caveat at the start of any written documentation: "If you require this document in an alternative format such as easy read, large text, braille or an alternative language please contact NECSU.comms@nhs.net		
If any of the above have not been implemented, please state the reason: Not applicable		

Governance, ownership and approval

Please state here who has approved the actions and outcomes of the screening		
Name	Job title	Date
Hilary Lloyd	Executive Chief Nurse and AHP Officer NENC ICB	June 2025

Publishing

This screening document will act as evidence that due regard to the Equality Act 2010 and the Public Sector Equality Duty (PSED) has been given.

If you are not completing 'STEP 2 - Equality Impact Assessment' this screening document will need to be approved and published alongside your documentation.

Equality Impact Assessment: Policy – Strategy – Guidance (STEP 2)

This EIA should be undertaken at the start of development of a new project, proposed service review, policy or process guidance to assess likely impacts and provide further insight to reduce potential barriers/discrimination. The scope/document content should be adjusted as required due to findings of this assessment.

This assessment should then be updated throughout the course of development and continuously updated as the piece of work progresses.

Once the project, service review, or policy has been approved and implemented, it should be monitored regularly to ensure the intended outcomes are achieved.

This EIA will help you deliver excellent services that are accessible and meet the needs of staff, patients and service users.

This document is to be completed following the STEP 1 – Initial Screening Assessment

STEP 2 EVIDENCE GATHERING

Name(s) and role(s) of person completing this assessment:

Name: Louise Mason-Lodge

Job Title: Director of Nursing for Safeguarding

Organisation: ICB NENC

Title of the service/project or policy: PREVENT

Existing ☐ **New / Proposed** ☐ **Changed** ☒

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

To set out the policy for health to meet its statutory responsibilities of PREVENT as set out within the Government's Counter-Terrorism Strategy (2011) CONTEST,

Who will the project/service /policy / decision impact?

(Consider the actual and potential impact)

- **Consultants** ☒
- **Nurses** ☒
- **Doctors** ☒
- **Staff** ☒
- **Service User / Patients** ☒
- **Others, please specify** [Click here to enter text.](#)

Current Evidence / Information held	Outline what current data / information is held about the users of the service / patients / staff / policy / guidance? Why are the changes being made?
(Census Data, Local Health Profile data, Demographic reports, workforce reports, staff metrics, patient/service users/data, national reports, guidance, legislation changes, surveys, complaints, consultations/patient/staff feedback, other)	To update policy in line with current legislative requirements

STEP 3: FULL EQUALITY IMPACT ASSESSMENT

The Equality Act 2010 covers nine ‘protected characteristics’ on the grounds upon which discrimination and barriers to access is unlawful. Outline what impact (or potential impact) the new policy/strategy/guidance will have on the following protected groups:
Age <i>A person belonging to a particular age</i>
Not Applicable
Disability <i>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</i>
Not Applicable
Gender reassignment (including transgender) and Gender Identity <i>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.</i>
Not Applicable
Marriage and civil partnership <i>Marriage is defined as a union of a man and a woman or two people of the same sex as partners in a relationship. Civil partners must be treated the same as married couples on a wide range of legal matters</i>
Not Applicable
Pregnancy and maternity <i>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.</i>
Not Applicable

Race <i>It refers to a group of people defined by their race, colour, and nationality, ethnic or national origins, including travelling communities.</i>
Not Applicable
Religion or Belief <i>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.</i>
Not Applicable
Sex/Gender <i>A man or a woman.</i>
Not Applicable
Sexual orientation <i>Whether a person's sexual attraction is towards their own sex, the opposite sex or to both sexes</i>
Not Applicable
Carers <i>A family member or paid helper who regularly looks after a child or a sick, elderly, or disabled person</i>
Not Applicable
Other identified groups relating to Health Inequalities <i>such as deprived socio-economic groups, rural areas, armed forces, people with substance/alcohol abuse and sex workers. (Health inequalities have been defined as "Differences in health status or in the distribution of health determinants between different population groups." Health inequalities can therefore occur across a range of social and demographic indicators, including socio-economic status, occupation, geographical locations.)</i>
Not Applicable

STEP 4: ENGAGEMENT AND INVOLVEMENT

Have you engaged stakeholders in testing the policy/guidance or process proposals including the impact on protected characteristics? <u>Guidance Notes</u> - List the stakeholders engaged - What was their feedback? - List changes/improvements made as a result of their feedback - List the mitigations provided following engagement for potential or actual impacts identified in the impact assessment.
CCG representatives, NHSE and NECS have all been involved and in agreement with the amendment of this policy
If no engagement has taken place, please state why:

STEP 5: METHODS OF COMMUNICATION

What methods of communication do you plan to use to inform service users/staff about the policy/strategy/guidance?

- ☒ Verbal – meetings ☐ Verbal - Telephone
☐ Written – Letter ☐ Written – Leaflets/guidance booklets
☐ Written - Email ☒ Internet/website ☒ Intranet page
☒ Other

If other please state: Available in other formats on request

Step 6 – Accessible Information Standard Check

From 1st August 2016 onwards, all organisations that provide NHS care and / or publicly- funded adult social care are legally required to follow the Accessible Information Standard. The Standard sets out a specific, consistent approach to identifying, recording, flagging, sharing and meeting the information and communication support needs of patients, service users, carers and parents with a disability, impairment or sensory loss.

<https://www.england.nhs.uk/wp-content/uploads/2017/10/accessible-info-standard-overview-2017-18.pdf>

Tick to confirm you have you considered an agreed process for:

- ☒ Asking people if they have any information or communication needs, and find out how to meet their needs.
☒ Have processes in place that ensure people receive information which they can access and understand, and receive communication support they need it.

If any of the above have not been implemented, please state the reason: Not applicable

STEP 7: POTENTIAL IMPACTS IDENTIFIED; ACTION PLAN

Ref no.	Potential/actual Impact identified	Protected Group Impacted	Action(s) required	Expected Outcome	Action Owner	Timescale/ Completion date
Click here to enter text.	Click here to enter text.	Click here to enter text.	Click here to enter text.	Click here to enter text.	Click here to enter text.	Click here to enter text.

GOVERNANCE, OWNERSHIP AND APPROVAL

Please state here who has approved the actions and outcomes of the screening		
Name	Job title	Date
Hilary Lloyd	Executive Chief Nurse and AHP Officer NENC ICB	June 2025

Presented to (Appropriate Committee)	Publication Date
NENC ICB QSC	July 2025

1. Please send the completed Equality Impact Assessment with your document to: necsu.equality@nhs.net
2. Make arrangements to have the Equality Impact Assessment added to all relevant documentation for approval at the appropriate Committee.
3. Publish this Equality Impact Assessment alongside your document.
4. File for audit purposes as appropriate

For further advice or guidance on this form, please contact the NECS Equality Team:
necsu.equality@nhs.net

Appendix 2

The Duty as it applies to ICBs (taken from NHS England ICB Prevent Duties Responsibilities published July 2015 and revised April 1st 2021)

ICBs 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.

1. 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, ICBs have a responsibility to 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, ICBs are among the organisations that need to provide oversight to the implementation of the duty in the system.

As part of the NHS ICB Assurance Framework, ICBs 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 ICBs regarding how they undertake these duties and fulfil their requirements.

2. Key Considerations for monitoring provider performance

- Are providers meeting the training requirements in line with PREVENT training and Competencies Framework –NHS England,2017 (refresh 2021)
- Do providers have up to date and relevant policies and procedures which reflect national guidance?
- Are providers identifying Prevent concerns and making Channel referrals?
- Are providers engaging with Channel Panel when relevant?

3. Governance Oversight

ICBs. 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.

4. Partnership Working

As partners to Channel panels, ICBs 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 manage and support patients.

https://www.gov.uk/government/uploads/system/uploads/attachment_data/file/711097/

ICBs 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 brought 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 ICBs 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 ICBs engage in these local partnerships in line with local policy requirements

5. ICB Internal Training

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

Consideration should be given to:

- 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 overview, what are the groups and boards that will provide this, and who will the ICB 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.

6. Prevent in the NHS Standard Contract

The NHS Standard Contract 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 include: -

- The Provider must ensure that Service Users are protected from abuse, exploitation, radicalisation, serious violence, grooming, neglect and improper or degrading treatment, and must take appropriate action to respond to any allegation or disclosure of any such behaviours in accordance with the Law.
- The Provider must nominate a Prevent Lead and must ensure that the Co-ordinating Commissioner is kept informed at all times of the identity of the persons holding those positions.
- The Provider must comply with the requirements and principles in relation to the

safeguarding of children, young people and adults, including in relation to deprivation of liberty safeguards, child sexual abuse and exploitation, domestic abuse, radicalisation and female genital mutilation (as relevant to the Services) set out or referred to in Prevent Guidance.

- The Provider must include in its policies and procedures, and comply with, the principles contained in the Government Prevent Strategy and the Prevent Guidance; and include in relevant policies and procedures a comprehensive programme to raise awareness of the Government Prevent Strategy among Staff and volunteers in line with the NHS England Prevent Training and Competencies Framework and Intercollegiate Guidance on Safeguarding Training.

✚ 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.
- The Counter Terrorism & Security Act 2015 places a legal duty on NHS trusts and foundation trusts to consider the Prevent strategy when delivering their services. The key elements of this duty are further outlined in the revised Prevent duty guidance which refers to the Department of Health's building partnerships staying safe guidance document as the way health organisations should deliver Prevent. The data/information subject to the data submission process (NHSE) is collected from all NHS Trusts and Foundation Trusts. This provides the necessary assurance that all organisations are compliant with the Prevent duty. The aim of the data collection is to demonstrate how NHS providers are delivering the key elements of the duty. These include identified Prevent leads, delivery of awareness training, the level of referrals made and the engagement with relevant partnership forums that coordinate the Prevent strategy at local and regional levels. The collection of this information is monitored by ICB on a quarterly basis.

7. The health sector

Healthcare professionals will meet and treat people who may be vulnerable to being drawn into terrorism. Being drawn into terrorism includes not just violent extremism but also non- violent extremism, which can create an atmosphere conducive to terrorism and can popularize views which terrorists exploit.

The key challenge for the healthcare sector is to ensure that, where there are signs that someone has been or is being drawn into terrorism, the healthcare worker is trained to recognise those signs correctly and is aware of and can locate available support, including the Channel programme where necessary. Preventing someone from being drawn into terrorism is substantially comparable to safeguarding in other areas, including child abuse or domestic violence.

There are already established arrangements in place, which we would expect to be built on in response to the statutory duty.

8. Health specified authorities

The health-specified authorities in Schedule 6 to the Act are as follows:

- NHS Trusts
- NHS Foundation Trusts

NHS England has incorporated Prevent into its safeguarding arrangements, so that Prevent awareness and other relevant training is delivered to all staff who provide services to NHS patients. These arrangements have been effective and should continue.

The Chief Nursing Officer in NHS England has responsibility for all safeguarding, and a safeguarding lead, working to the Director of Nursing, is responsible for the overview and management of embedding the Prevent programme into safeguarding procedures across the NHS.

Each regional team in the NHS has a Head of Patient Experience who leads on safeguarding in their region. They are responsible for delivery of the Prevent strategy within their region and the health regional Prevent co-ordinators (RPCs).

These RPCs are expected to have regular contact with Prevent leads in NHS organisations to offer advice and guidance.

In Wales, NHS Trusts and Health Boards have CONTEST Prevent leads and part of multi-agency structures where these are in place. This guidance should be read in conjunction with Building Partnerships-Staying Safe issued by the Department of Health and Social Services, which provides advice to healthcare organisations on their role in preventing radicalisation of vulnerable people as part of their safeguarding responsibilities.

In fulfilling the duty, we would expect health bodies to demonstrate effective action in the following areas.

9. Partnership

All Sub Regions within the NHS should, under the NHS England Accountability and Assurance Framework, have in place local Safeguarding Forums, including local commissioners and providers of NHS Services. These forums have oversight of compliance with the duty and ensure effective delivery. Within each area, the RPCs are responsible for promoting Prevent to providers and commissioners of NHS services, supporting organisations to embed Prevent into their policies and procedures, and delivering training.

We would expect there to be mechanisms for reporting issues to the National Prevent sub board.

We would also expect the Prevent lead to have networks in place for their own advice and support to make referrals to the Channel programme.

Since April 2013 commissioners have used the NHS Standard Contract for all commissioned services excluding Primary Care, including private and voluntary organisations. Since that time, the Safeguarding section of the contract has required providers to embed Prevent into their delivery of services, policies, and training. This should now be bolstered by the statutory duty.

10. Risk assessment

All NHS Trusts in England have a Prevent lead who acts as a single point of contact for the health regional Prevent co-ordinators and is responsible for implementing Prevent within their organisation. To comply with the duty, staff are expected, as a result of their training, to recognise and refer those at risk of being drawn into terrorism to the Prevent lead who may make a referral to the Channel programme. Regional health Prevent co-ordinators are able to provide advice and support to staff as required. In Wales, Health is a member of the Wales Contest Board and similar arrangements are in place.

11. Staff training

The intercollegiate guidance, Safeguarding Children/looked after children and Young people: roles and competences for health care staff includes Prevent information and identifies competencies for all healthcare staff against six levels.

The training should allow all relevant staff to recognise vulnerability to being drawn into terrorism, (which includes someone with extremist ideas that are used to legitimise terrorism and are shared by terrorist groups), including extremist ideas which can be used to legitimise terrorism and are shared by terrorist groups, and be aware of what action to take in response, including local processes and policies that will enable them to make referrals to the Channel programme and how to receive additional advice and support.

It is important that staff understand how to balance patient confidentiality with the duty. They should also be made aware of the information sharing agreements in place for sharing information with other sectors and get advice and support on confidentiality issues when responding to potential evidence that someone is being drawn into terrorism, either during informal contact or consultation and treatment.

We would therefore expect providers to have in place:

- Policies that include the principles of the Prevent NHS guidance and toolkit, which are set out in [Building Partnerships, Staying Safe: guidance for healthcare organisations](#)
- A programme to deliver Prevent training, resourced with accredited facilitators.
- Processes in place to ensure that using the intercollegiate guidance, staff receive Prevent awareness training appropriate to their role; and
- Procedures to comply with the Prevent Training and Competencies Framework.

12. Monitoring and enforcement

Within the NHS, we expect local safeguarding forums, including local commissioners and providers of NHS Services to have an oversight of fulfilling the duty and ensuring effective delivery.

Externally, Monitor is the sector regulator for health services in England ensuring that independent NHS Foundation Trusts are well led so that they can provide quality care on a sustainable basis. The Trust Development Authority is responsible for overseeing the performance of NHS Trusts and the Care Quality Commission is the independent health and adult social care regulator that ensures these services provide people with safe, effective and high-quality care. In Wales, the Healthcare Inspectorate Wales, and the Care and Social Services Inspectorate Wales could be considered to provide monitoring arrangements. We will work with the Welsh Government to consider the arrangements in Wales.

We are considering whether these internal arrangements are robust enough to effectively monitor compliance with the duty or whether the duty should be incorporated into the remit and inspection regimes of one of the existing health regulatory bodies, or another body.

Appendix 3

PREVENT Referral Pathways

- [Darlington Borough Council](#)
- [Durham County Council](#)
- [Gateshead Council](#)
- [Hartlepool Borough Council](#)
- [Middlesbrough Council](#)
- [Newcastle upon Tyne Council](#)
- [Northumberland County Council](#)
- [North Tyneside Council](#)
- [Redcar and Cleveland Borough Council](#)
- [South Tyneside Council](#)
- [Stockton Borough Council](#)
- [Sunderland City Council](#)
- [Cumbria Council](#)

Glossary of Terms

Accountable:

- subject to the obligation to report, explain, or justify something; responsible; answerable.
- capable of being explained; explicable; explainable.

Devolve:

- to transfer or delegate (a duty, responsibility, etc.) to or upon another; pass on.