

**REPORT TO THE TRUST BOARD - PUBLIC
23 FEBRUARY 2017**

Title	Safeguarding Adults and Prevent Training
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Purpose of the Report:

The purpose of the report is to inform the Trust Board of the latest requirements from NHS England sent to mental health trusts in November 2016 aimed at strengthening the mental health response for people at risk of radicalisation . The trust has developed an action plan to address these issues for approval.

Summary of Key Issues:

1. Due to a number of high profile cases associated with the NHS, there is a clear need for Trusts to support the Governments counter-terrorism strategy.
2. There is emerging evidence from international studies that suggests that for some people with specific diagnosis such anti-social personality disorder or schizophrenia they may have an increased risk of vulnerability
3. Only 59% of NHS staff in key areas including mental health have received basic prevent training and only 52% have accessed the workshop to raise awareness of Prevent (WRAP) training.
4. Mental health trusts need to ensure there is a robust Prevent training programme in place and that all relevant staff undergo Prevent training
5. The process for identification and referral of individuals thought to be at risk of radicalisation to the Prevent programme is coherent, effective and well understood by staff
6. Trust boards ensure that the referral processes are well managed and have relevant clinical oversight.
7. Ensure senior clinical representation from mental health trusts at all Channel Panels at which there is a relevant case

Strategic priorities this paper supports (Please check box including brief statement)

Improving service user satisfaction	<input checked="" type="checkbox"/>	The promotion of safeguarding and prevent which will identify Service Users who are vulnerable and at risk of radicalisation
Improving staff satisfaction	<input checked="" type="checkbox"/>	Delivery of high quality training
Maintaining financial viability	<input type="checkbox"/>	

Committees/Meetings where this item has been considered:

Date	Committee/Meeting
	The report has not been considered by other committees

Implications:

Equality Analysis	The Trust has a duty to promote equality. Has this report been impact assessed? a) This report has no direct impact on equalities. The Trust Training Programmes have been subject to equality analysis
Risk and Assurance	This report seeks to give an assurance that there is adequate

	Safeguarding Adult and Prevent training across the trust. This includes providing tailored training for all grades of staff depending on their exposure to Safeguarding adult situations
Service User/Carer/Staff	The Safeguarding Adult and Prevent training is focused on staff across all the directorates. The Safeguarding Adults / Prevent training has implications for Service Users and others that maybe at risk of radicalisation.
Financial	There are no immediate financial issues arising from this report
Quality	The Safeguarding adults and children teams support the delivery of the Trust's wider service and quality goals.

Supporting Documents and Research material

a. NHS England Gateway REF 06105 (Nov 2016) appendix 1
b. Action Plan appendix 2

Glossary

Abbreviation	In full
WRAP training	Workshop to Raise Awareness of Prevent

1. Background/Introduction

- 1.1. The NHS is a key partner in the successful implementation of the PREVENT agenda particularly as healthcare professionals routinely come into contact with people who may be vulnerable to radicalisation. Service Users and patients who access mental health or learning disability services may be more easily drawn into terrorism and it is also known that staff working within NHS services have previously taken part in terrorist activities.
- 1.2. The key challenge for the NHS is to ensure that where there are signs that someone has been, or is being drawn into to terrorism; healthcare staff have the skills to interpret these signs correctly, are aware of the support that is available and are confident in referring the person(s) for further support.
- 1.3. PREVENT aims to protect those who are vulnerable to exploitation from those who seek to get people to support or commit acts of violence and healthcare staff are well placed to recognise individuals, whether service users, patients or staff, who may be vulnerable and therefore more susceptible to radicalisation by violent extremists or terrorists.
- 1.4. Every member of staff has a role to play in protecting and supporting vulnerable individuals who use our services and the implementation of the PREVENT agenda is fundamental to our duty of care to such individuals. The Government's Prevent strategy aims to reduce the threat to the UK from terrorism by stopping people becoming radicalised or supporting terrorism. The Counter Terrorism and Security Act, which came into force in March 2015, includes a duty which places a general requirement on specified authorities to 'have due regard to the need to prevent people from being drawn into terrorism'. This applies to NHS Trusts and NHS Foundation Trusts.
- 1.5. Within ELFT, the Executive lead for Safeguarding is the Executive lead for Prevent, on behalf of the Chief Executive, supported by the Associate Director for Safeguarding Adults.
- 1.6. Prevent awareness training is included in the mandatory safeguarding training for children and adults (level 1 & 2). WRAP training has previously been provided by NHSE and aimed at staff requiring level 3 safeguarding training; however this training is no longer available 43.10%
- 1.7. The trust produces quarterly report to NHS England on Prevent activity and the Associate Director for Safeguarding Adults attends NHS England Safeguarding and Prevent Forum
- 1.8. NHS England has announced that they are developing a set of e-learning tools designed specifically for mental health professionals and these are currently being tested.

2. Report Content

- 2.1. In November 2016, the National Medical Director for NHS England Professor Sir Bruce Keogh and Jane Cummings Chief Nursing Officer, sent a letter to all NHS mental Health Chief Executives, seeking support in ensuring that NHS mental health services play their part in supporting individual at risk of radicalisation to improve their mental health and play their full part in the Government's Prevent agenda.
- 2.2. The letter sets out three key actions for the trust to implement in support of this agenda. Raising awareness of Prevent (basic training) and WRAP training; ensure the process for identification and referral of individuals thought to be at risk of radicalisation is coherent and, effective and well understood by staff and have relevant clinical oversight; and that there should be relevant multi agency and expertise representation at Channel panels which includes mental health input.
- 2.3. NHS England have indicated that will be working with partners to develop further guidance for mental health services on responding to risk of radicalisation in the context of the day –day business and priorities of the trust.
- 2.4. Whilst the trust awaits the guidance, a review of the current Trust systems and processes has taken place and an action plan developed to ensure that the trust fulfil its role as a key partner in supporting the Prevent agenda.

3. "The Board/Committee is asked to

- a) RECEIVE the report and APPROVE the recommendations proposed

To: Mental health trust chief executives
CC: Mental health trust medical directors

18 November 2016

Dear colleagues,

Strengthening the mental health response for people at risk of radicalisation

You will be aware of the increased interest and scrutiny of the potential link between mental health conditions, radicalisation and terrorist activities, following recent incidents in the United Kingdom and across Europe. This letter is to seek your support in ensuring that NHS mental health services play their part in supporting individuals at risk of radicalisation to improve their mental health.

It is clear that for the vast majority of people with diagnosable mental health conditions, there is no relationship between that condition and a risk of radicalisation or extremism. However, emerging international evidence suggests that in some cases, specific conditions such as schizophrenia and anti-social personality disorder may contribute to an increased risk or vulnerabilityⁱ. Identifying and treating people rapidly is likely to reduce this risk, as well as improving their own wellbeing.

In order to effectively support those with diagnosable mental health conditions who are thought to be at risk of radicalisation, it is critical that mental health trusts play their full part in the Government's Prevent agenda. All NHS trusts are bound by duties under the Counter Terrorism and Security Act to have regard to the need to prevent people being drawn into terrorismⁱⁱ.

For mental health trusts, this means ensuring robust processes are in place locally for training of staff. Most recent figures suggest that 59% of NHS staff working in priority areas (including mental health) have received basic Prevent training and 52% have accessed the Workshop to Raise Awareness of Prevent (WRAP) training – suggesting that more can be done to raise awareness. Planned e-learning tools designed specifically for mental health professionals, currently being tested by staff focus groups before wider roll out in November, provide a further opportunity to develop understanding and **I should be grateful for your support in ensuring all relevant staff undergo Prevent training.**

It is also important that the process for identification and referral of individuals thought to be at risk of radicalisation to the Prevent programme is coherent, effective and well-understood by staff. Two thirds of all referrals from the NHS to the Prevent programme are made by mental health trusts; and therefore there is a particular **responsibility for chief executives and their boards to ensure that such referral processes are sufficient, well-managed, and have relevant clinical oversight.** Trusts should agree senior, Board-level accountability for the operation of the referral process, and monitor its application over time. This is likely to be a role for trust medical directors or directors of nursing, in line with their lead role for safeguarding.

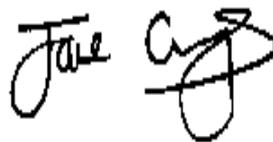
For individuals referred to the Prevent programme with a suspected mental health issue, whether the referral originated in a mental health trust or not, it is imperative that there is relevant clinical expertise within multi-agency Channel panels. A recent Home Office survey suggested that at around one in three panels over the last year there was no mental health representation. Whilst mental health will not be considered a potential factor in most cases, clearly decisions cannot be taken about whether there is a mental health condition, or what impact if any this has on the individual's vulnerability or risk of radicalisation, without clinical input. My colleague Hilary Garratt, NHS England's Director of Nursing and Deputy Chief Nursing Officer, wrote to CCGs in September to ask for their support in ensuring mental health engagement and representation at these panels; through this letter I am asking again that you support these local processes by **ensuring senior clinical representation from mental health trusts at all Channel panels** at which there is a relevant case.

In light of the importance of this issue, NHS England intends to work rapidly with partners to develop further guidance for mental health services on responding to risks of radicalisation in the context of the day-to-day business and priorities of trusts. This will set expectations for the involvement of services in multi-agency processes, as well as the response required in cases where individuals with a mental health condition are considered at risk of radicalisation, based on the available evidence.

I am grateful for your support in meeting the requirements of this agenda.



Professor Sir Bruce Keogh KBE
National Medical Director
NHS England



Jane Cummings
Chief Nursing Officer
NHS England

ⁱ See, for example, Corner and Gill (2015): *A false dichotomy? Mental illness and lone-actor terrorism*, Law and Human Behaviour 39(1); and Ellis et al. (2016): *Lone-Actor Terrorism Analysis Paper*, RUSI Publications. Further detail on the emerging evidence base will be included in the guidance document described above.

ⁱⁱ <https://www.gov.uk/government/publications/prevent-duty-guidance>

Action Plan to strengthen the Trust response to PREVENT

Actions

Recommendation	Relevant Directorate or Core Service	Action required	Action owner	Target completion date	Progress
1. There is a national requirement for NHS Trusts to support the Government's counter terrorism – strategy	Corporate	<ol style="list-style-type: none"> To raise awareness of the Prevent agenda to Trust Executive and Non-executive members Produce a Trust Policy on PREVENT To produce an internal briefing on PREVENT for staff and publish this on the intranet 	Director of Nursing /Associate director for safeguarding adults	March 2017	<p>Report to the Trust Board February 2017</p> <p>Draft Policy developed overseen by the Safeguarding Adults Committee and to be ratified by Quality Committee March 2017</p> <p>A staff briefing has been produced and will be launched alongside policy launch and available in the trust Intranet.</p>
2. To ensure all staff receive basic PREVENT awareness training	Corporate	<ol style="list-style-type: none"> Basic PREVENT awareness training is mandatory and delivered through LEVEL 1 & 2 safeguarding children and adult training To increase compliance, Directorates to ensure that all staff complete level 1&2 training Submit Trust Prevent dashboard to NHSE on quarterly basis 	Training Department/ directorate	April 2017	<p>Monthly monitoring of compliance</p> <p>Report quarterly to NHSE</p>
3. To ensure relevant staff have accessed the workshop to raise awareness of PREVENT (WRAP) training	Directorate	<ol style="list-style-type: none"> Identify availability of WRAP training courses to increase numbers of trainers in the trust Identify existing staff who have 	Training Department/ Directorates	April 2017	<p>DoH no longer providing WRAP training programmes</p> <p>Identification of existing staff</p>

Recommendation	Relevant Directorate or Core Service	Action required	Action owner	Target completion date	Progress
		<p>undertaken the WRAP training.</p> <p>3. Review training needs analysis of staff required to attend the WRAP</p> <p>4. Utilise training resources produced by NHSE</p>			<p>who have undertaken the WRAP training and arrange staff to deliver workshops locally</p> <p>NHSE have indicated that new training materials for Mental Health Trusts will be available in early 2017.</p>
<p>4. There is a Local Prevent lead identified to represent each directorate at all channel panels</p>	<p>All trust services</p>	<p>1. Each Directorate to provide details of named clinical Professional who will take responsibility for leading on local Prevent matters</p> <p>2. Each Directorate to provide details of named Senior Professional who attends the channel panel to the Safeguarding Adults Team</p> <p>3. Each Directorate to provide details of Provides the Associate Director of Safeguarding Adults with a monthly list of Channel meetings attended</p>	<p>Directorates</p>	<p>February 2017</p>	<p>Associate Director for Safeguarding adults will liaise with directorate Prevent leads to co-ordinate the submission the Channel Dashboard for NHSE.</p>
<p>5. Ensure that the pathway regarding raising concerns about a SU who might be at risk of radicalisation is clear for all staff.</p>	<p>All trust Services</p>	<p>1. Safeguarding Adult Team to provide flow chart. All staff to be reminded of the pathway at business meetings on a quarterly basis (to be minuted as evidence)</p>	<p>Directorates</p>	<p>June 2017</p>	<p>Directorates will provide quarterly feedback</p>