

	Health & Wellbeing Board 25 January 2018
Title	Update on delivery of the Prevent agenda in Barnet
Report of	Barnet Prevent Coordinator
Wards	All
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Urgent	No
Key	Yes
Enclosures	Prevent Presentation
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Summary
<p>This paper provides :</p> <ul style="list-style-type: none"> • An overview of Barnet’s ‘Strategic Review of Prevent to inform Prevent Delivery 2017-2020’ • Recommendations relevant to the Health and Wellbeing Board following this strategic review on how the Council and Partnership has delivered Prevent since the introduction of the statutory duty in 2015.

Recommendations
<ol style="list-style-type: none"> 1. That the Board comment and support the actions identified following the recent publication of the Counter Terrorism Local Profile (CTLP). 2. That the Board endorse the proposed method of training delivery set out in this report to ensure that the Barnet workforce is trained and skilled in identifying, recording and referring children who are vulnerable to radicalisation or are suspected of having been radicalised.

1. WHY THIS REPORT IS NEEDED

- 1.1 An updated Counter Terrorism Local Profile (CTLP) has recently been published. Barnet, together with four other London boroughs comprise the

London North CTLP quadrant. The CTLP identifies high instances of mental health issues being prevalent in cases referred to Channel.

1.2 NHS England published the '*Guidance for mental health services in exercising duties to safeguard people from the risk of radicalisation*' document in November 2017 which states the following:-

- *'There is a need for further research on links between terrorism and mental health. The data available on the mental health of terrorists is limited given the small number of terrorists relevant to the population. Existing evidence suggests that while there is no link between mental disorder and group-based terrorism, terrorists who act alone may be more likely to have a background that includes mental ill health.'*
- *'There should be no conflation of mental ill health and terrorism. There should be no assumption that an individual who carries out a terrorist attack is suffering from mental ill health, nor that someone with poor mental health is likely to carry out a terrorist act. However, mental ill health may contribute to the risk of making an individual susceptible to adverse influences and exploitation.'*

1.3 The CTLP notes that there are concerns about other environmental and safeguarding factors which may be increasing some individuals' vulnerability to radicalisation e.g. History of abuse victimisation, domestic violence, homelessness, child sexual exploitation, and isolation of resettled refugees.

1.4 The Barnet Channel Panel has representation from the Barnet Clinical Commissioning Group Adult Safeguarding Lead, and the Barnet/Enfield, Haringey Head of Non Clinical Risk/Local Security Management Specialist. Where mental health concerns are evident in cases at Channel, these representatives provide the panel with advice and oversee referrals to local mental health services as required. The outcomes of those assessments are then feedback to the Channel Panel.

1.5 In situations where the Channel Panel assess the risk of radicalisation to be low, these cases are then discharged from Channel on the understanding that the safeguarding concerns will continue to be managed by the appropriate staff /agency. This could be departments within the local authority such as Children's or Adult Social Care, or external agencies such as the National Probation Service or substance misuse agencies. Should further concerns in relation to radicalisation be identified in the future, the case can be re-referred to Channel based on new information. While the CTLP notes that there is some variance in the process applied by local authorities across London in such situations, the above approach is endorsed by the SO15 Superintendent of Operations.

1.6 There is also concern that a proportion of mental health subjects referred to Channel are being referred in the hope that Channel may give them faster or

easier access to mental health services that might otherwise be difficult to reach through the normal referral process. This can present difficulties for the Channel Panel as it can often be challenging to discern between some mental health symptoms and truly held radical ideology. There have also been instances of mental health practitioners referring subjects back to Channel when the mental health assessment has proven inconclusive, believing that Channel has the resources to manage the subject.¹

1.7 Two CTLP recommendations address the points raised above:-

- 1) The Office of Security and Counter Terrorism (OSCT) and NHS England to provide clear guidance to ensure a consistent approach to deciding on the primary management response to Prevent referrals with a Mental Health concern e.g. through existing Mental Health clinical pathways or via Prevent/Channel.
- 2) OSCT to provide guidance on the management of Prevent/Channel referrals where Mental Health is the predominant concern. This is to ensure consistency in response across Local Authorities & Police, in how long referrals are kept open, and the frequency of reassessment.

1.8 The response to both of these recommendations has been addressed by NHS England publishing guidance regarding pathways for Prevent referrals with mental health concerns.

2. ALTERNATIVE OPTIONS CONSIDERED AND NOT RECOMMENDED

2.1 Barnet Community Safety Team have considered how to respond to situations where a Channel referral is assessed as low, or no risk in terms of radicalisation, but where other safeguarding concerns (including mental ill-health) persist and impact upon the individual's level of risk and vulnerability.

2.2 A decision has been made locally by the Channel Panel Chair, supported by the Prevent Delivery Group, to remove such cases from the Channel process with the management ownership returning to the most appropriate organisation, or local authority department. This is often the referring agency/department.

2.3 In such cases, should specific evidence emerge of a radicalisation concern in the future, the case should be re-referred to Channel via the Prevent coordinator.

2.4 This decision is in alignment with Office for Security and Counter Terrorism and SO15 guidance.

3. Progress in relation to delivery of Prevent Training

3.1 All health partners have received notification from NHS England regarding WRAP Training compliance. Those providers who are at present not

¹ SO15 London Intelligence Unit, North Area of London, Counter Terrorism Local profile, November 2017.

achieving required compliance levels have sent action plans to NHS England which are being monitored by the CCG and NHS England.

4. POST DECISION IMPLEMENTATION

- 4.1 Barnet Channel Panel processes are to continue as currently being implemented as they are in line with recent guidance from NHS England.
- 4.2 WRAP delivery plans are to be implemented in Barnet Enfield & Haringey Mental Health Trust and the Royal Free NHS trust.

5. IMPLICATIONS OF DECISION

5.1 Corporate Priorities and Performance

- 5.1.1 The Council's Corporate Plan 2015-20 sets out the following strategic objectives:

That Barnet Council, working with local, regional and national partners, will strive to make sure that Barnet is the place:

- Of opportunity, where people can further their quality of life.
- Where responsibility is shared, fairly.
- Where people are helped to help themselves, recognising that prevention is better than cure.
- Where services are delivered efficiently to get value for money for the taxpayer.

5.2 Resources (Finance & Value for Money, Procurement, Staffing, IT, Property, Sustainability)

- 5.2.1 None identified.

5.3 Social Value

- 5.3.1 None identified at the time of this report being submitted.

5.4 Legal and Constitutional References

5.4.1 The Counter- Terrorism and Security Act 2015

- 5.4.2 The Counter-Terrorism and Security Act received Royal Assent on 12th February 2015. The Act will disrupt the ability of people to travel abroad to engage in terrorist activity and then return to the UK, enhance the ability of operational agencies to monitor and control the actions of those who pose a threat, and combat the underlying ideology that feeds, support and sanctions terrorism.

- 5.4.3 The 2015 Act has made the delivery of 'PREVENT' a legal requirement for statutory agencies. It:-

- creates a new duty on certain bodies to have due regard to the need to prevent people from being drawn into terrorism. The duty applies to bodies including local authorities, police forces, some NHS bodies, schools, further and higher education providers, prisons and young offender institutions and providers of probation services
- allows the Secretary of State to issue guidance to those bodies on how the duty should be fulfilled.
- gives the Secretary of State power to direct a body to take certain action, which would be used to enforce compliance where the Secretary of State is satisfied that the body has failed to discharge the duty. These directions would be enforceable by a court order.

5.4.4 All local areas need to ensure that, as a minimum, they understand the local threat and judge whether activities underway are sufficient to meet it.

5.4.5 The duty does not confer new functions on any specified authority. The term “due regard” as used in the Act means that the authorities should place an appropriate amount of weight on the need to prevent people being drawn into terrorism when they consider all the other factors relevant to how they carry out their usual functions. Statutory guidance has been issued to assist authorities to decide what this means in practice.

5.4.6 The *Prevent Strategy* is a key part of the Government’s overall counter terrorism strategy CONTEST. The aim of the Prevent strategy is to reduce the threat to the UK from terrorism by stopping people becoming terrorists or supporting terrorism. In the Act this has simply been expressed as the need to “prevent people from being drawn into terrorism”.

5.4.7 **The Government Counter- Extremism Strategy - CONTEST**

5.4.8 CONTEST aims to reduce the risk to the UK and its interests overseas from terrorism so that people can go about their lives freely and with confidence. CONTEST deals with all forms of terrorism and continues to be based on four strands:

- Pursue: the investigation and disruption of terrorist attacks
- Prevent: work to stop people becoming terrorists or supporting terrorism
- Protect: improving our protective security to stop a terrorist attack
- Prepare: working to minimise the impact of an attack and to recover as quickly as possible

5.4.9 **The Governments Prevent Strategy**

5.4.10 The Government's Prevent strategy was explicitly changed in 2011 to deal with all forms of terrorism and with non-violent extremism, which can create an atmosphere conducive to terrorism and can popularise views which terrorists then exploit.

5.4.11 It also made clear that preventing people becoming terrorists or supporting terrorism requires challenge to extremist ideas where they are used to legitimise terrorism and are shared by terrorist groups. The strategy also means intervening to stop people moving from extremist (albeit legal) groups into terrorist-related activity.

5.4.12 Prevent is the only element which operates in the pre criminal space i.e. before an illegal act has been committed. It aims to prevent people from becoming terrorists or supporting terrorism and covers all forms of terrorism, including far right extremism and some aspects of non-violent extremism. The work is prioritised according to the risks identified and is set out in three objectives around ideology, individuals and institutions.

5.4.13 Article 7 of the Council's Constitution sets out the terms of reference of the Health and Wellbeing Board which includes the following responsibilities.

To promote partnership and, as appropriate, integration, across all necessary areas, including the use of joined-up commissioning plans across the NHS, social care and public health. To explore partnership work across North Central London where appropriate.

5.5 Risk Management

5.5.1 A risk is inherent in any gap in terms of the delivery of WRAP training for NHS England, or NHS staff. Currently BEH report that they are on track to meet their target of 85% of frontline staff to be trained by March 2018. Current training performance stands at 78% across BEH trust.

5.5.2 The same target applies to the NHS trusts operating in Barnet for example The Royal Free Trust. All health partners have received notification from NHS England regarding their statutory obligation for WRAP Training compliance. Those providers who are at present not achieving required compliance levels have submitted their action plans to NHS England which are being monitored by the CCG and NHS England.

5.6 Equalities and Diversity

5.6.1 None identified.

5.7 Consultation and Engagement

5.7.1 None identified.

5.8 Insight

5.8.1 No data has been identified as relevant to this report at the time of

submission.

6. BACKGROUND PAPERS

- 6.1 HM Government “Channel Duty Guidance: Protecting vulnerable people from being drawn into terrorism. *Statutory guidance for Channel panel members and partners of local panels*” 2015

<https://www.gov.uk/government/publications/channel-guidance>

- 6.2 HM Government, ‘Revised Prevent Duty Guidance for England and Wales’, 2015

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

- 6.3 NHS England ‘Guidance for mental health services in exercising duties to safeguard people from the risk of radicalisation’ November 2017

<https://www.england.nhs.uk/wp-content/uploads/2017/11/prevent-mental-health-guidance.pdf>