

MAPPA

Multi-Agency Public Protection Arrangements

Humberside Area
Annual Report 2016/17





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Introduction

It is a pleasure to present the 2016/17 annual report of the Humberside Multi-Agency Public Protection Arrangements (MAPPA).

Over the years, MAPPA in Humberside has grown in strength, developing into a consistent and nationally recognised framework for the management of sexual and violent offenders and those who present the greatest risk to our communities. Strong alliances across a wide range of key agencies and providers of services and the voluntary sector have been established to enable effective, defensible information sharing and joint risk management planning. As a result, our key objectives to safeguard victims and successfully resettle offenders back into the community has been achieved. Where MAPPA managed offenders fail to comply or their risk escalates, swift action is taken.

This annual report once again provides highlights of the innovative and relentless work undertaken by all our committed Responsible Authority agencies of Police, Prisons and the National Probation Service and Duty to Co-operate agencies including Local Authorities, Clinical Commissioning Groups, Fire and Rescue Services, Health Providers, Education, Immigration, Electronic Monitoring providers, Department of Work and Pensions and the Voluntary Sector.

In commending this report to you, I would like to take the opportunity to thank all those involved in working with MAPPA for their professionalism, commitment and collaboration which ensures Humberside's Multi-Agency Public Protection Arrangements remain robust and fit for purpose.

Kate Munson
Head of Humberside NPS (Hull and East Riding LDU),
National Probation Service, North East Division



Kate Munson
Chair of the MAPPA
Strategic Management Board

Head of Humberside NPS
National Probation Service
North East Division



Lee Freeman
Chief Constable
Humberside Police



Tony Oliver
Deputy Governor
HMP Hull

What is MAPPA?

MAPPA background

MAPPA (Multi-Agency Public Protection Arrangements) are a set of arrangements to manage the risk posed by the most serious sexual and violent offenders (MAPPA-eligible offenders) under the provisions of sections 325 to 327B of the Criminal Justice Act 2003.

They bring together the Police, Probation and Prison Services in each of the 42 Areas in England and Wales into what is known as the MAPPA Responsible Authority.

A number of other agencies are under a Duty to Co-operate (DTC) with the Responsible Authority. These include Social Services, Health Services, Youth Offending Teams, Jobcentre Plus and Local Housing and Education Authorities.

The Responsible Authority is required to appoint two Lay Advisers to sit on each MAPPA area Strategic Management Board (SMB) alongside senior representatives from each of the Responsible Authority and DTC agencies.

Lay Advisers are members of the public appointed by the Minister with no links to the business of managing MAPPA offenders who act as independent, yet informed, observers; able to pose questions which the professionals closely involved in the work might not think of asking. They also bring to the SMB their understanding and perspective of the local community (where they must reside and have strong links).

How MAPPA works

MAPPA-eligible offenders are identified and information about them is shared between agencies to inform the risk assessments and risk management plans of those managing or supervising them.

That is as far as MAPPA extend in the majority of cases, but some cases require structured multi-agency management. In such cases there will be regular MAPPA meetings attended by relevant agency practitioners.

There are 3 categories of MAPPA-eligible offender:

- **Category 1** – registered sexual offenders;
- **Category 2** – mainly violent offenders sentenced to 12 months or more imprisonment or a hospital order; and
- **Category 3** – offenders who do not qualify under categories 1 or 2 but who currently pose a risk of serious harm.

There are three levels of management to ensure that resources are focused where they are most needed; generally those involving the higher risks of serious harm.

- **Level 1** involves ordinary agency management (i.e. managed by the lead agency with no MAPPA formal meetings);
- **Level 2** is where the active involvement of more than one agency is required to manage the offender.
- **Level 3** is where risk management plans require the attendance and commitment of resources at a senior level.

MAPPA are supported by ViSOR. This is a national IT system to assist in the management of offenders who pose a serious risk of harm to the public. The use of ViSOR increases the ability to share intelligence across organisations and enable the safe transfer of key information when high risk offenders move, enhancing public protection measures. ViSOR allows staff from the Police, Probation and Prison Services to work on the same IT system for the first time, improving the quality and timeliness of risk assessments and interventions to prevent offending.

All MAPPA reports from England and Wales are published online at: www.gov.uk

A message from the Head of Public Protection

Dear MAPPA colleagues,

As the current Head of Public Protection for the North East (NE) Division of the NPS, I would like to take this opportunity to say thank you for being part of your local MAPPA.

The MAPPA are fundamental to the effective protection of the public, management of offenders and the support of victims. This is not a task any of us can take on alone. MAPPA is composed of experienced and specialist Police and Probation staff working comprehensively to be the single point of contact for all cooperating agencies, Prisons, Youth Offending Services, Job Centres, Education, Housing and Health Services. Together we can share significant information, provide advice and training to the agencies managing the risk posed by the most serious and complex offenders.

Key developments relating to MAPPA that I will oversee in the next 12 months are:-

- Ensuring any MAPPA Level 3 offenders have the appropriate input from the NE NPS Division Psychologist, Karen Saxby.
- Implementation of a consistent Job Description for MAPPA Managers via the Strategic MAPPA Boards.
- Embedding the new Child Sexual Exploitation definition in NPS practice and that offender managers are confident in working with this group of offenders.
- Ensuring the continuous improvement of the 20 Approved Premises (Hostels) in the NE Division and maximising the usage of the 328 bed spaces we have.
- Effective identification and management of extremist offenders in the NE Division.
- Implementation and oversight of the new NE wide contract for Circles of Support and Accountability.

Thank you again for your continued commitment to MAPPA and to the MAPPA staff for their professionalism and hard work. I look forward to working with you over the next 12 months.

Sarah Mainwaring
Head of Public Protection
National Probation Service



Sarah Mainwaring
Head of Public Protection
sarah.mainwaring@probation.gsi.gov.uk



Karen Saxby
Division Psychologist
karen.saxby@probation.gsi.gov.uk

MAPPA Case Study

X was sentenced to an extended sentence for public protection for offences relating to sexually grooming female children on the internet.

Over the years he has had extensive involvement with MAPPA at both level 2 and 3 and has also been registered as a CPPC¹ case whilst on licence for a previous offence of rape against a vulnerable female.

During this sentence, his behaviour had calmed down significantly and he was no longer assessed as a critical risk to other prisoners, residents and staff due to his violent outbursts and attacks on them. Due to the level of historical MAPPA oversight in the past, he is well known to all agencies regarding his health needs, learning difficulties (LD) and personality disorder. He was assessed as a MAPPA level 2 case for his most recent release.

X was assessed as motivated to engage with staff from all agencies and a robust risk management plan was formulated, including an extended stay at the Approved Premises. The first two months of X's release went smoothly and he continued to demonstrate a positive and responsible 'New Me', and engaged well with staff and residents with supervision. In the third month, staff at the Approved Premises alerted his Offender Manager to a change (almost overnight) in his behaviour, as he was spending less time at the Approved Premises and was becoming aggressive with them. This behaviour was usually witnessed when he had access to the internet (he had a licence condition restricting this). Further information was received from another resident that X had an internet enabled mobile phone that he was using when outside of the Approved Premises. A room search failed to find the phone and he denied owning one. His negative behaviour continued and his Offender Manager and MOSOVO Officer (Police) deemed that a MAPPA core group, with all the core staff working with X was necessary to reinforce both his extensive licence conditions and Sexual Harm Prevention Order (SHPO) and to ask all agencies to monitor any mobile phone use.

The following day, a representative from the LD team informed that he had witnessed X that morning use an internet enabled mobile phone. Given this more reliable source of information X was further visited and he finally admitted to possessing the phone and being in breach of both his licence and SHPO. He handed over the phone and accepted he had been using it to access chat rooms, talk to females and watch pornography on a daily basis, all of which are critical risk factors. Without the continued oversight of MAPPA and sharing information, this would not have come to such a swift conclusion and X admits that he was on the road to further sexual offending. X has been returned to custody and is now engaging with assessments for his suitability to transfer to a therapeutic community as part of the Offender Personality Disorder Pathway.

Offender Manager
National Probation Service

¹Critical Public Protection Case (Critical few cases requiring national co-ordination for offenders who present extreme resettlement challenges and require additional support to manage ongoing risk)

HMP Hull PIPE Unit – Psychologically Informed Planned Environment A Progressive Regime

A PIPE Unit is a specifically designed environment where staff members have additional training to develop an increased psychological understanding of their work. This understanding enables them to create an enhanced, safe and supportive environment, which can facilitate the development of those who live there. It is designed to have a particular focus on the environment in which it operates; actively recognising the importance and quality of relationships and interactions. It aims to maximise ordinary situations and to approach these in a psychologically informed way, paying attention to interpersonal difficulties.

The men that reside on the PIPE Unit are generally those who have a longer sentence for the most serious of crimes. HMP Hull PIPE is known as a progressive PIPE, therefore the majority of the men are ones who have undertaken all or most of their treatment and are now practising and 'trying out' the new skills they have gained in a safe and supportive environment.

The Components of PIPE

The PIPE Unit is a self-contained unit, integrated within the establishment. Core components in the PIPE Unit regime include structured sessions, semi-structured sessions, personal officer sessions and wing/community forums. These key components run alongside the ordinary prison regime, such as attendance at education and employment. Below provides an overview of each of these key components of a progressive PIPE Unit:

- **Structured sessions** – Structured sessions are a compulsory component on the unit. PIPE residents are required to attend one session per fortnight. The subject for discussion is decided either by staff or prisoners. The structured sessions aim to bring together experiences, ideas, support and advice in a group setting so that participants can share and learn together.
- **Semi-structured sessions** – These sessions provide opportunities for positive social interaction whilst still having the focus of a 'task.' Creative sessions aid prisoners in attaining goals and provide the opportunity for staff and prisoners to interact in a less formal way. Tasks range from activities promoting competition, to opportunities to explore and reflect on creative talents. All activities have a primary focus of supporting and monitoring relational activity. Creative sessions are voluntary.

- **Personal Officer sessions** – All PIPE residents have a dedicated hour each fortnight with their Personal Officer. This session provides an opportunity for collaborative reflection, feedback, and goal setting; the focus being on providing support to the individual in continuing to work through post-treatment targets and objectives.
- **Wing/Community Forums** – A number of community meetings and committees are held on a regular basis on the Unit. All residents are encouraged to become involved in committees or committee meetings in order to explore ways of enhancing the sense of 'community' in the Unit. Specifically, committees provide opportunities for residents and staff to reflect upon factors supporting the 'enabling environment' which underpins the Unit.

Over the past two years, PIPE staff and residents have continued to work together to achieve goals that are difficult in an institution like the Prison Service. One example is the introduction of communal dining and the kitchen for socially creative cooking. Additionally, encouraging residents to make issues 'live' and 'talk through' problems rather than hide them away or avoid them is something which has started to be a key feature of the Unit. This can be difficult particularly for men in a 'macho' culture such as prison, where historically, sharing their thoughts and feelings has been viewed as a sign of weakness. The ethos of taking personal responsibility continues to be a strong message communicated throughout the unit and one which encourages people to see that their own behaviour affects others in both positive and negative ways. A shift towards us all being responsible for the progress or deterioration of the unit is also being experienced which is a move away from staff often being the focus of responsibility. It is these key messages which we believe makes the unit feel enabling, motivating and progressive. Regular supervision sessions with the staff team, as well as regular key work sessions with the staff members and the residents, help these key messages to be upheld in the facilitation of the unit. Men who have successfully completed their 2 years on the PIPE Unit will, in general, come out as "better citizens" and this is recognised by the Parole Board as a reduction in the risk posed by the individual.

Ian O'Leary
Head of Offender Management
HMP Hull

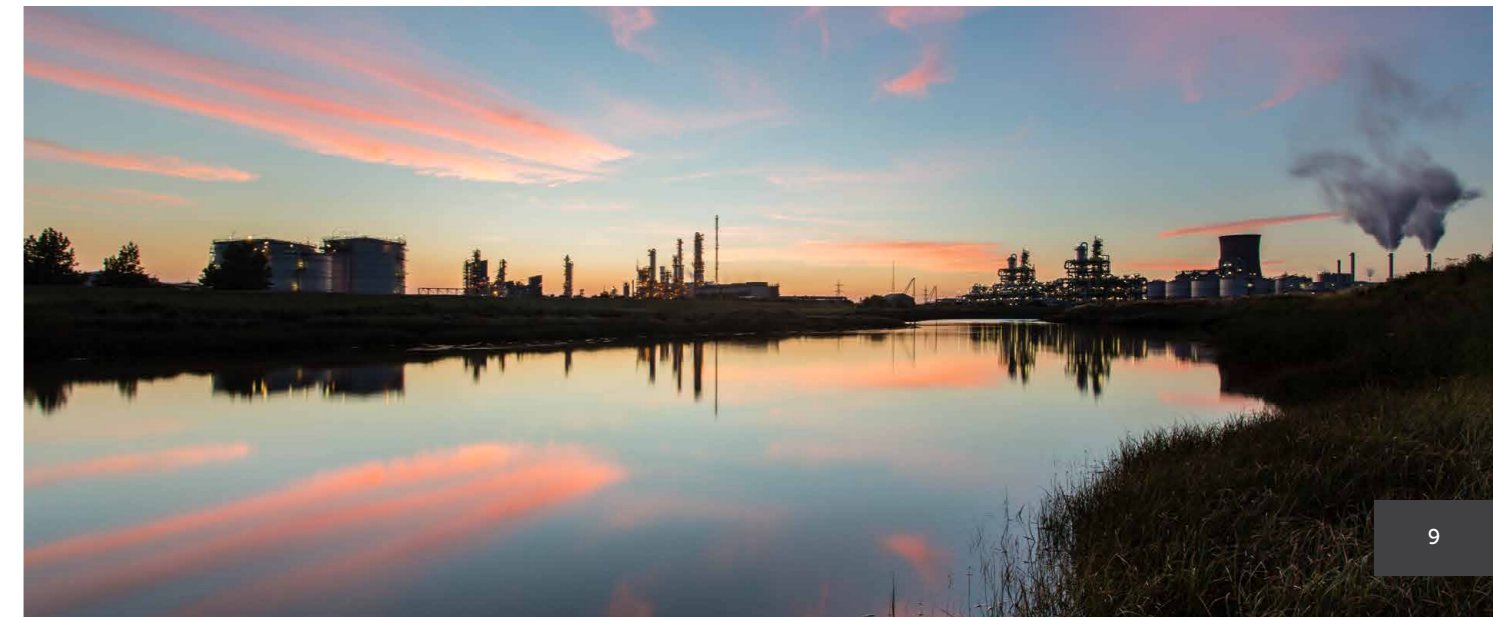
The Voice of the Victim

The victims of offenders managed through the Multi Agency Public Protection Arrangements (MAPPA) have a statutory entitlement to information about the offender. This information service is provided by Victim Liaison Officers located within every division of the National Probation Service. Every victim is assigned their own Victim Liaison Officer to enable them to speak confidentially about any issue or concern they may have about the offender. Working with victims in this way enables us to;

- Take account of any changing circumstances of the victim,
- Develop a better understanding of the impact of the offence on the victim and their family,
- Be mindful of the challenges victims face as a consequence of the harm caused by the offender,
- Share information with victims about an offender's progression through their sentence,
- Work sensitively with victims in respect of proposed resettlement and rehabilitative plans for the offender.

As such, Victim Liaison Officers (VLOs) are uniquely placed to champion the victim's perspective through representations made on behalf of them at locally convened MAPPA meetings. VLOs can provide advice and guidance on any case to assist an Offender Manager in ensuring that victim issues are taken into account and managed sensitively. In a case where a victim has chosen not to engage with Victim Services this could mean offering advice around the inclusion of a condition prohibiting contact with a named party, or prohibiting the offender from a specific area of the local community. Where victims are actively engaged with their VLO this could mean sharing the victim's views and concerns by reading out a pre-prepared statement of the victim (Victim Personal Statement). Although the victim's VPS is used at the Court prior to sentencing or at Parole Board hearings we are increasingly using their statements (with a victim's permission) at the MAPPA meeting. The statement provides the victim with an opportunity to directly address the MAPPA panel members with their expressed views and concerns. Such statements are a powerful reminder to panel members of the significant physical, emotional and psychological trauma victims have had to cope with in a recovery journey that may prove extremely challenging if not impossible. In such cases we have received positive feedback from victims that they have felt reassured that their views were taken into account in the risk management arrangements agreed through such MAPPA meetings. Additionally, MAPPA panel members have also reported that hearings such statements made them more mindful of the victim in their overall deliberations. We recognise that such statements are not easy documents for the victim to write but equally where a victim feels able to do so this should be facilitated by the VLO. The VPS also becomes a permanent record of the MAPPA meeting.

Pam Dent
Victims Manager
National Probation Service



Circles of Support and Accountability

The conviction of a sex offender may be, for most of the community, the end of the story – a victim has been listened to and justice delivered. The imposition of a lengthy prison sentence reinforces the “end of the story” perception.

In reality, for the risk management agencies, this will be the beginning of a process which will endeavour to protect the public from further harm.

Circles of Support and Accountability (COSA) is one of the “other bodies” (“MAPPA – a Basic Guide (2012)”) working with the local criminal justice agencies to manage the risks presented by sexual offenders (core members).

Circles aims to reduce the risk of future sexual harm by supporting and holding to account those who have acknowledged their sexually harmful thoughts and actions and who are committed to safely leading responsible, non-harmful lives.

Working as a group, the circle consists of volunteers meeting weekly with a sex offender. A Circle lasts about a year. Trained and with ongoing support and supervision, they are tasked to support and hold to account the core member.

Core members are often socially isolated and emotionally lonely; family and friends a distant memory, and the prospect of work highly unlikely.

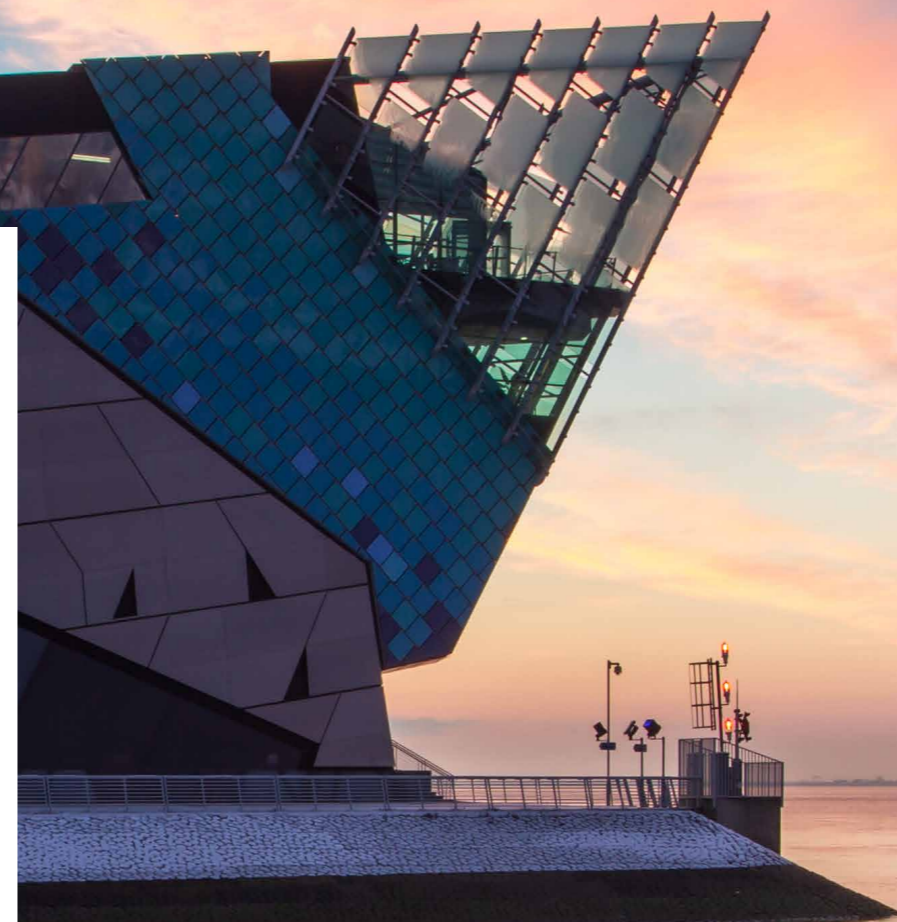
Case Study

Michael was dismissed from the armed services for a sexual offence. He received a prison sentence then a few years later repeated the offence and was again sent to prison. His probation officer referred him to Circles, seeking help to reduce the social isolation and help him to get involved in pro-social activities. The Circle has been meeting with Michael for almost a year. There has been an improvement in his health, and he is taking more exercise. He has begun to attend church services. He will shortly be starting as a volunteer with a local charity. The Circle remains vigilant, but there is hope that Michael has turned a corner. The future for him is more hopeful.

The search continues for those volunteers, of all ages and from all walks of life, to join COSA and help to achieve its objective - “No More Victims”.

John McNally

Circles Co-ordinator
Circles of Support and Accountability



Personality Disorder

Over the past 18 months, Humber NHS Foundation Trust has demonstrated a firm commitment to enhancing service provision and strengthening the clinical pathway for patients with a Personality Disorder (PD).

PD in Department of Health commissioning guidance has been defined as: 'the problematic ways of coping with everyday life and dealing with self, others and the world which result from the interplay between genetic and environmental factors and disrupted early development' (DoH, 2009).

Borderline Personality Disorder (BPD) is generally the most prevalent category of personality disorder in non-forensic mental healthcare settings.

NICE guidelines describe the key features of BPD as:

- Significant instability of interpersonal relationships, self-image and mood, and impulsive behaviour.
- A pattern of sometimes rapid fluctuation from periods of confidence to despair, with fear of abandonment and rejection, and a strong tendency towards suicidal thinking and self-harm. Transient psychotic symptoms, including brief delusions and hallucinations.
- Substantial impairment in social, psychological and occupational functioning and quality of life.
- High risk of suicide.

Many, but not all, people with borderline personality disorder recurrently harm themselves, usually to provide relief from intolerable distress, which for many can lead to significant physical impairment and disability.

Key areas were identified to develop and support the understanding, management and treatments for this patient group aiming to address some of the significant challenges associated with this complex cohort.

Training

The knowledge and Understanding Framework (KUF) has been delivered nationally across a range of Criminal justice agencies since (1999). Over the past year, KUF has also been firmly established as part of the core PD training program across Humber NHS Foundation Trust. As Health, Probation and the Prison service all use the KUF as a training program, this provides a locally coherent understanding of the skills and knowledge required to work with this complex population, and enables a consistent approach to people who receive input from a variety of partnership agencies.

Humber NHS Foundation Trust have invested in developing their own KUF trainer who has successfully passed the National training program and we are hoping to secure places on a 4 day enhanced women's KUF, the degree and MSc modules alongside a brand new KUF program which has been developed specifically for administration staff.

In line with strengthening the PD pathway, an additional training program has been devised to further enhance staff knowledge and experience of working with self-harm and suicide. The program follows the framework used to deliver KUF, and has been co-produced, and is co-delivered by experts by profession and experts by experience. The 1 day training program has been rolled out across Humber NHS Foundation Trust, and feedback to date has been extremely encouraging and positive.

Treatment

A skills Audit was completed across all the clinical staff within the care group looking at their skills and competencies in the delivery of treatments and interventions. This exercise did highlight a number of deficits across the Trust, but also illuminated other areas where staff was highly trained and skilled. This overview showed that some teams had developed their own treatment pathways delivering gold standard treatments and interventions within small areas (i.e., Mentalisation Based Therapy (MBT) in East Yorkshire, but also highlighted broader inequalities across the Trust.

Resource was made available and a number of staff have undertaken training in Dialectic behavioural therapy (DBT), and are now running a trust wide DBT service taking referrals for both 1:1 and group therapy. Similarly, additional finance has been allocated to further develop MBT so the treatment can be offered across Hull and East Riding. Future service transformations aim to increase access to longer term psychological therapies.

Co-ordination

Four Specialist PD care co-ordinator posts are currently being recruited into. The post holders will work across Hull and East Riding, offering consultation and support both internally and to partnership agencies that have complex patients on their caseloads; they will advise and in some cases jointly work with other professionals to help develop confidence and competence across the workforce.

Each care co-ordinator will develop therapeutic working relationships with their patients offering intensive and consistent engagement. They will carry out comprehensive assessments of needs and risk, developing (and reviewing) psychologically informed formulations and management plans.

The care co-ordinators will take a key role in Out of Area (OOA) patients, working closely with patients and their families/carers aiming to provide care and treatment as close to home wherever possible. The care co-ordinators will take an active role reviewing all requests for OOA placements, ensuring that local service provision has been exhausted before alternatives are considered.

The care co-ordinators will also be involved with patients who are transitioning between services (ie. Child & Adolescent Mental Health services (CAMHS) – Adult services, or Adult – Older Peoples Mental Health Services (OPMHS) ensuring that transitions are timely and well-co-ordinated.

Jo Wolfe

Service Manager (PD, Complex interventions and MAPPA) Humber NHS Foundation Trust



NICE: National Institute for Health and Clinical Excellence (2009). Borderline Personality Disorder: treatment and management. Clinical Guideline 78.

Department of health (2009) Recognising complexity: commissioning guidance for personality disorder services. Guidance Gateway reference:11909.

MAPPA Statistical Tables 2016/17

Area: Humberside MAPPA-eligible offenders on 31 March 2017

	Category 1: Registered sex offenders	Category 2: Violent offenders	Category 3: Other dangerous offenders	Total
Level 1	1253	272	-	1525
Level 2	4	4	0	8
Level 3	0	1	0	1
Total	1257	277	0	1534

MAPPA-eligible offenders in Levels 2 and 3 by category (yearly total)

	Category 1: Registered sex offenders	Category 2: Violent offenders	Category 3: Other dangerous offenders	Total
Level 2	23	31	13	67
Level 3	6	7	1	14
Total	29	38	14	81

RSOs cautioned or convicted for breach of notification requirements	46
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Restrictive orders for Category 1 offenders SHPOs & NOs imposed by the courts

SHPOs	68
SHPOs with Foreign Travel Restriction	0
NOs	1

Level 2 and 3 offenders returned to custody Breach of licence

	Category 1: Registered sex offenders	Category 2: Violent offenders	Category 3: Other dangerous offenders	Total
Level 2	2	2	2	6
Level 3	2	2	1	5
Total	4	4	3	11

Breach of SOPO/SHPO

	Category 1: Registered sex offenders	Category 2: Violent offenders	Category 3: Other dangerous offenders	Total
Level 2	1	-	-	1
Level 3	1	-	-	1
Total	2	-	-	2

Total number of Registered Sexual Offenders per 100,000 population	153
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This figure has been calculated using the mid-2015 estimated resident population, published by the Office for National Statistics on 23 June 2016, excluding those aged less than ten years of age.

Notification Requirements

RSOs having had lifetime notification requirements revoked on application	2
People subject to notification requirements for breach of an SRO	0

Explanation Commentary on Statistical Tables

MAPPA background

The totals of MAPPA-eligible offenders, broken down by category, reflect the picture on 31 March 2017 (i.e. they are a snapshot). The rest of the data covers the period 1 April 2016 to 31 March 2017.

(a) MAPPA-eligible offenders – there are a number of offenders defined in law as eligible for MAPPA management, because they have committed specified sexual and violent offences or they currently pose a risk of serious harm, although the majority are actually managed under ordinary agency (Level 1) arrangements rather than via MAPPA meetings. These figures only include those MAPPA eligible offenders living in the community. They do not include those in prison or detained under the Mental Health Act.

(b) Registered Sexual Offenders (RSOs) – those who are required to notify the police of their name, address and other personal details and to notify of any subsequent changes (this is known as the “notification requirement.”). Failure to comply with the notification requirement is a criminal offence that carries a maximum penalty of 5 years imprisonment.

(c) Violent Offenders – this category includes violent offenders sentenced to imprisonment or detention for 12 months or more, or detained under a hospital order. It also includes a small number of sexual offenders who do not qualify for registration.

(d) Other Dangerous Offenders – offenders who do not qualify under the other two MAPPA-eligible categories, but who currently pose a risk of serious harm which requires management via MAPPA meetings.

(e) Breach of licence – offenders released into the community following a period of imprisonment will be subject to a licence with conditions (under probation supervision). If these conditions are not complied with, breach action will be taken and the offender may be recalled to prison.

(f) Sexual Harm Prevention Order (SHPO) (including any additional foreign travel restriction). Sexual Harm Prevention Orders (SHPOs) and interim SHPOs replaced Sexual Offence Prevention Orders. They are intended to protect the public from offenders convicted of a sexual or violent offence who pose a risk of sexual harm to the public by placing restrictions on their behaviour. It requires the offender to notify their details to the police (as set out in Part 2 of the 2003 Act) for the duration of the order.

The court must be satisfied that an order is necessary to protect the public (or any particular members of the public) in the UK, or children or vulnerable adults (or any particular children or vulnerable adults) abroad, from sexual harm from the offender. In the case of an order made on a free standing application by a chief officer or the National Crime Agency (NCA), the chief officer/NCA must be able to show that the offender has acted in such a way since their conviction as to make the order necessary.

The minimum duration for a full order is five years. The lower age limit is 10, which is the age of criminal responsibility, but where the defendant is under the age of 18 an application for an order should only be considered exceptionally.

(g) Notification Order – this requires sexual offenders who have been convicted overseas to register with the police, in order to protect the public in the UK from the risks that they pose. The police may apply to the court for a notification order in relation to offenders who are already in the UK or are intending to come to the UK.

(h) Sexual Risk Order (including any additional foreign travel restriction). The Sexual Risk Order (SRO) replaced the Risk of Sexual Harm Order (RoSHO) and may be made in relation to a person without a conviction for a sexual or violent offence (or any other offence), but who poses a risk of sexual harm.

The SRO may be made at the magistrates’ court on application by the police or NCA where an individual has done an act of a sexual nature and the court is satisfied that the person poses a risk of harm to the public in the UK or children or vulnerable adults overseas.

A SRO may prohibit the person from doing anything described in it, including travel overseas. Any prohibition must be necessary to protect the public in the UK from sexual harm or, in relation to foreign travel, protecting children or vulnerable adults from sexual harm.

An individual subject to an SRO is required to notify the police of their name and home address within three days of the order being made and also to notify any changes to this information within three days. A SRO can last for a minimum of two years and has no maximum duration, with the exception of any foreign travel restrictions which, if applicable, last for a maximum of five years (but may be renewed).

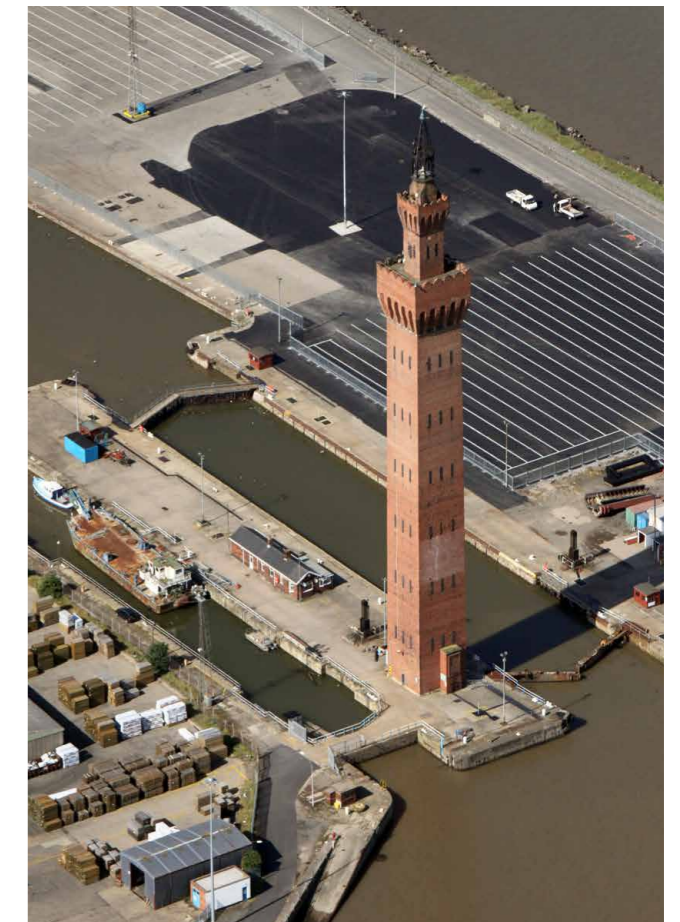
The criminal standard of proof continues to apply. The person concerned is able to appeal against the making of the order and the police or the person concerned are able to apply for the order to be varied, renewed or discharged.

A breach of a SRO is a criminal offence punishable by a maximum of five years imprisonment. Where an individual breaches their SRO, they will become subject to full notification requirements.

Individuals made subject of a SRO are now recorded on VISOR as a Potentially Dangerous Person (PDP).

(i) Lifetime notification requirements revoked on application. A legal challenge in 2010 and a corresponding legislative response means there is now a mechanism in place that allows qualifying sex offenders to apply for a review of their notification requirements.

Individuals subject to indefinite notification will only become eligible to seek a review once they have been subject to indefinite notification requirements for a period of at least 15 years for adults and 8 years for juveniles. This applies from 1 September 2012 for adult offenders.



On 21 April 2010, in the case of R (on the application of F and Angus Aubrey Thompson) v Secretary of State for the Home Department [2010] UKSC 17, the Supreme Court upheld an earlier decision of the Court of Appeal and made a declaration of incompatibility under s. 4 of the Human Rights Act 1998 in respect of notification requirements for an indefinite period under section 82 of the Sexual Offences Act 2003.

This has been remedied by virtue of the Sexual Offences Act 2003 (Remedial) Order 2012 which has introduced the opportunity for offenders subject to indefinite notification to seek a review; this was enacted on 30th July 2012.

Persons will not come off the register automatically. Qualifying offenders will be required to submit an application to the police seeking a review of their indefinite notification requirements. This will only be once they have completed a minimum period of time subject to the notification requirements (15 years from the point of first notification following release from custody for the index offence for adults and 8 years for juveniles).

Those who continue to pose a significant risk will remain on the register for life, if necessary. In the event that an offender is subject to a Sexual Offences Prevention Order (SOPO)/Sexual Harm Prevention Order (SHPO) the order must be discharged under section 108 of the Sexual Offences Act 2003 prior to an application for a review of their indefinite notification requirements.

For more information, see the Home Office section of the gov.uk website:

<https://www.gov.uk/government/publications/sexual-offences-act-2003-remedial-order-2012>



NHS Hull Clinical Commissioning Group

NHS Hull Clinical Commissioning Group (CCG) is proud to continue to support the local MAPPA process in this area. Involvement with MAPPA throughout 2016-17 has enabled the excellent spirit of inter-agency working to continue with local health organisations. It is essential to also acknowledge the support of local NHS provider agencies and individuals who have both attended various MAPPA meetings and provided health services to MAPPA subjects, often in very challenging environments.

Adult safeguarding has remained a priority through all health related MAPPA processes with due diligence to legislative duties under the Care Act 2014. MAPPA subjects with care and support needs are identified through attendance by the appropriate health professionals at meetings and secure information sharing channels. This process also included 'think family' to consider child protection duties with each case. The health agencies involved in MAPPA are numerous across the region and appropriate information sharing and disclosure was completed as part of our support to the process during the year. This also included escalating national alerts to the NHS Protect system when it was deemed necessary.

The CCG is represented at MAPPA Strategic Management Board meetings by the Head of Mental Health and Vulnerable People. MAPPA panels and core groups were attended by a dedicated Registered Mental Nurse Case Manager who advises MAPPA on mental health and learning disability care of vulnerable offenders. Attendance at MAPPA panels and core groups by the CCG Designated Professional for Safeguarding Adults also provided further support.

The physical and mental health needs of MAPPA subjects dictated a wide-ranging demand of assessments and treatments by health professionals. As a CCG we will continue to consult and advise the MAPPA process to ensure all issues receive the appropriate response from the local health community.

David Blain

Designated Professional for Safeguarding Adults
NHS Hull Clinical Commissioning Group

Information Sharing

Information sharing between the relevant organisations involved in the MAPPA process is vital in order to manage offenders appropriately, to ensure that all risks associated with an individual are identified, and to allow effective management of the subject.

The 'Responsible Authority' consists of the Police, Probation and Prison Services; these organisations have a duty to co-operate with each other. This requirement is legitimised and formalised within section 325(4) of the Criminal Justice Act 2003, which lawfully permits and requires the sharing of information between the Responsible Authority for MAPPA purposes.

All agencies are able and required to share information, without the permission of the individual concerned, providing it is lawful to share that information. An allegation of a 'breach of confidence', when considering being bound by the 'Common law duty of confidence,' is easily defended if it is shown that the requirement to maintain that confidence must be overridden due to a justifiable concern for the public's interest. The most common reasons justifying the breach of confidence duty will be the prevention, detection, investigation

and punishment of serious crime and the prevention of abuse or serious harm. These reasons will be sufficient to justify a lawful breach of this duty.

Always consider, 'What if I don't share this information?' If the consequences of failing to disclose the information could potentially place any person at risk of harm, then it is justified in law to share the information.

The protection afforded to all persons is contained in The Human Rights Act under Article 8. This legislation provides a right to respect for private and family life as well as home and correspondence, therefore, it must be justifiable, necessary and proportionate to share the information under one or more of the following areas of importance:

- In the interest of national security, public safety or the economic well-being of the country;
- For the prevention of disorder or crime;
- For the protection of health, morals or the rights of freedom for others.

It is important to consider how much personal information is actually necessary and justified to be shared in order to achieve the desired outcome. As long as the information

shared with other agencies is relevant to the case, and ensures the effective safe management of that individual in a way which maintains maximum public safety, then the law allows the information to be legitimately shared with appropriate agencies.

Agencies may have a bespoke 'Information Sharing Protocol' in place, however, for the purposes of MAPPA, the above principles will allow the legitimate sharing of personal information to ensure all persons are offered suitable protection.

The sharing of information between agencies must be positively promoted in order to achieve the best results in managing offenders and in utilising all of the available resources. The law allows this to occur with the legislation detailed above, therefore, agencies do not have to worry about gaining a person's consent to share the information as long as the sharing of that information can be justified.

Julia Sergeant

ViSOR & MOSOVO (MAPPA) Manager
Humberside Police



Humber Transforming Care Partnership

The Humber Transforming Care Partnership consists of Hull, East Riding of Yorkshire and North East Lincolnshire CCGs and Councils. The Transforming Care Programme, based on the documents "Building the right support" and "Supporting people with a learning disability and/or autism who display behaviour that challenges", is a national plan to develop community services and reduce reliance on inpatient facilities for people with a learning disability, autism or both who display behaviour that challenges, including those with a comorbid mental health condition. It follows on from the Winterbourne View programme and recognises the key principle that hospital is not a home and that people with a learning disability, autism, or both have aspirations to live as normal a life as possible in their own homes.

Our plan was published in June 2016 and you can find it at www.hullccg.nhs.uk/HumberTCP along with an easy read version and newsletters.

National planning assumptions are that no area should need more inpatient capacity than is necessary at any time to care for:

- 10-15 inpatients in CCG-commissioned beds (such as those in assessment and treatment units or 'locked rehabilitation' units) per million population.
- 20-25 inpatients in NHS England-commissioned beds (such as those in low-, medium- or high-secure units) per million population.

For the Humber TCP these equate to a reduction in commissioned inpatient beds as follows:

	Baseline: 31/03/2016 actual	End Year 1: 31/03/2017 plan	End Year 2: 31/03/2018 plan	End Year 3: 31/03/2019 plan
Number of NHS England commissioned inpatients (low and medium secure services)	27	26	21	16
CCG commissioned inpatients (Assessment and Treatment unit and locked rehabilitation)	18	16	12	9
Total	45	42	33	25

These are net figures and individuals will need to be admitted at times but this should only be where the required assessment or treatment cannot be provided in the community, and for as short a time as possible. It must be noted that this reduction in the number of people in inpatient learning disability hospitals will lead to a reduction in the number of beds available both nationally and locally. Indeed, it is through the closure of secure beds commissioned by NHS England that resources will be released to develop local enhanced community provision including Community Forensic Services.

Year one: successes

- The TCP Board was established with a range of organisations across new footprint.
- Forensic discharge pathway developed – this is the outcome of work between the Transforming Care Programme Board, MAPPA and local forensic inpatient services.
- Improved coordination between Specialised Commissioners and CCGs about planning for the discharge of individuals from forensic settings (low and medium secure hospitals).
- Development of a service specification, co-produced with a range of care providers, in readiness for a procurement exercise in 17/18.
- Engagement with housing providers and establishment of new supported living schemes.

Year two: our challenges and workplan

The development and shaping of a market to meet these challenges is a significant challenge. We have developed specifications for new services, in consultation with a range of providers and other stakeholders, and will conduct a procurement exercise in 2017/18 to widen the range of options for caring for complex individuals in the community. At the same time we are reducing the number of beds in the local Assessment and Treatment unit with a transfer of staff resource into the community, who will then be able to provide enhanced services

A significant strand of work in 17/18 is the development of Community Forensic Services for people with learning disability or autism. This work is being led by the Specialised Commissioning Team at NHS England in partnership with the TCP and Humber NHS Foundation Trust.

Peter Choules

Commissioning Lead (Mental Health and Learning Disability)
NHS East Riding of Yorkshire Clinical Commissioning Group

Northern Lincolnshire and Goole NHS Foundation Trust

Northern Lincolnshire and Goole NHS Foundation Trust have worked with MAPP across the Humber region over many years and have assisted in the successful rehabilitation and monitoring of offenders that have been placed within its geographical areas.

The idea of health trusts working with MAPP may seem strange to some, however as an increasing number of offenders have ongoing and complex health problems it is sensible for the health service to have an advanced notice of the needs of such clients and also the risks that they may pose to other NHS patients and Staff.

The health service put in place several protective factors to address this, including identifying high risk offenders and developing safety plans for when attendance or admission to hospital and other health settings is necessary. Records identify the risks and how these are to be managed to ensure that the process is as we would expect for any client within the trust. Dealing with offenders can be particularly challenging and can prove to be a stressful time for professionals and therefore additional support is offered to staff that provide care to these clients in order for them to deal with the emotional impact that this can bring. (This is managed by the hospital safeguarding team).

Information is shared on a need to know basis with relevant staff and is often managed by the safeguarding team within the trust as well as primary care (safeguarding) colleagues. Disclosure is specific to risk and how we can best support this particular client group including how we can best assist the client to use their own safety mechanism and reduce risk to themselves and to the wider public when in such an open environment.

Continuation of health care is vital for this group of clients therefore work is undertaken to ensure that a smooth transition of information is made between prison health services and those in the community in which the client is to be placed. The timeliness of assessments prior to release is also crucial as it often takes time to commission specific services, again this is where MAPP appears to work well.

Whilst challenging at times, NLaG continues to work successfully with MAPP to ensure both those released from Prison and the community have the best possible service. This may include ensuring specific services are in place, district nursing, occupational therapy, physiotherapy, speech and language therapists etc... Therefore the information shared between Probation, the Prison Service and Health is crucial to ameliorate risk to the client and of course staff who may be providing care packages. The sharing of information between key partners seems to work well via the MAPP process. NLaG will continue to be an active panel member of the MAPP process, sharing information in a proportionate way and on a need to know basis, ensuring that clients receive the care that any member of our communities would expect to receive, while managing any risk this unique client group may pose.

Craig Ferris
Head of Safeguarding
Northern Lincolnshire & Goole NHS Foundation Trust

Immigration Enforcement – A Partnership Approach

In-country enforcement of immigration law has remained high on the Government's agenda over the past year and will continue to do so for the foreseeable future. At the forefront of this work is the protection of the public from those non-UK nationals who pose high levels of risk and those who have the greatest negative impact on communities and local services.

Immigration Enforcement ('IE') works closely with a broad range of partner agencies to find novel and effective methods of managing such individuals. In Humberside this work is spearheaded through Operation Waterbuck – a joint IE-Humberside Police operation to target those non-UK nationals who commit serious offences (either in the UK or abroad), those who persistently offend and those responsible for high levels of anti-social behaviour.

This partnership approach allows staff a broader range of legislative tools to work with and other agencies are

brought in where required on specific cases. This allows a holistic approach to each case and facilitates effective interventions that safeguard the rights of the individual whilst also protecting the wider public and effectively managing risk.

Innovative engagement with local charities has also led to the team facilitating the voluntary return of those individuals who have found themselves in difficulty in the UK and whose best interests are served by a return to their country of origin. In one case they facilitated a flight to an individual's native Poland on the same day that he approached a homeless charity asking for help.

The Waterbuck team have also led the Prevent agenda for IE in the Yorkshire and Humberside region – raising awareness of this crucial strand of the Contest strategy and leading to several referrals around the region.

To date, the operation has led to 109 individuals being removed from the

UK, of which 39 have been deportations of serious offenders, each of whom posed significant levels of risk to the community. They have also referred 202 individuals for consideration of deportation on the basis of serious offences committed overseas – many of these individuals and their offences were previously unknown to authorities in the UK. Whilst initially focussed on the Hull area the team are expanding their remit across Humberside and a permanent presence will shortly be established on the South Bank.

Christopher Payne
HM Inspector
Yorkshire and Humberside ICE Team

The Role of the MAPPA Coordinator

It is the role and responsibility of the MAPPA Coordinator to ensure on behalf of the Strategic Management Board (SMB) that the MAPPA process as outlined in the MAPPA guidance is implemented.

A key role of the MAPPA Coordinator is to work closely with the Responsible Authority and Duty to Cooperate Agencies to ensure that they contribute and engage in an effective and meaningful way to public protection.

It is the responsibility of the MAPPA Coordinator to improve practice, provide effective management of offenders within Humberside and to ensure that we focus on managing the right people. As the MAPPA Coordinator for Humberside I am responsible for ensuring the delivery of robust and defensible risk management plans which address an individual offender's known risk indicators of serious harm to others.

As the MAPPA Coordinator for Humberside I bring consistency and focus to the MAPPA process by providing a single point of contact for the Responsible Authority, Duty to Cooperate Agencies and other partner agencies.

Specific tasks include;

- Chairing in partnership with Humberside Police all Level 2 Multi Agency Public Protection Panels (MAPPP) and ensuring that the right offenders are managed by a Level 3 MAPPP.
- Screening all referrals to MAPPP for quality and that they meet the correct criteria for MAPPA oversight and management.
- Implementing the SMB Business Plan.
- Ensuring MAPPA meets required performance standards by auditing and monitoring qualitative & quantitative data and Key Performance Indicators (KPIs) in accordance with National MAPPA Guidance and Humberside SMB requirements.
- Coordinating audit processes for Humberside MAPPA.
- Ensuring business planning within MAPPA takes into account relevant business priorities for the Responsible Agencies and Duty to Cooperate Agencies.

- Provide reports and statistics as required for SMB, MAPPA Annual Report, NOMS PPU MAPPA Team and other relevant requests.
- Making recommendations to improve practice.
- Providing MAPPA training through the MAPPA team in how MAPPA processes work in Humberside.

Future priorities for 2017/18 for the Humberside MAPPA Team are as follows;

- Implementation of the revised MAPPA Protocol for Managing Mentally Disordered Offenders with Mental Health Units in Humberside.
- Implementation of revised MAPPA guidance as and when received by the Safer Custody and Public Protection Group.
- Recruitment of a second Lay Adviser.
- Implementation of the new ViSOR model within the National Probation Service.
- Delivery of the MAPPA Foundation training to the Responsible Authority and Duty to Cooperate Agencies.
- Audit of MAPPA Level 2 and 3 cases utilising the newly developed Quality Assurance Toolkit.
- Implementation of the new MAPPA Referral and Minute Dataset from 1st April 2017. All existing cases will be transferred on to the new document set by 31st December 2017.
- Bespoke MAPPA training to be delivered to GPs in the 4 local authority areas within Humberside.
- Implementation of the Action Plan arising from the MAPPA Serious Case Review which was concluded during 2016/17.

Chris Brookes

MAPPA Coordinator Humberside
National Probation Service

Lay Adviser

MAPPA Guidance

"Section 326 of the Criminal Justice Act 2003 requires the Secretary of State to appoint two Lay Advisers to each Responsible Authority area.

The Act makes clear that Lay Advisers are appointed to assist in MAPPA review functions and not the organisational decision-making. Lay Advisers will operate as full members of the area's Strategic Management Board ("SMB"), participating in the SMB itself and any relevant sub-groups or working parties.

The Lay Adviser role is a voluntary and unpaid one."

The Practical Aspect

Strategically a view is obtained of the community risks in our area. Observation and information about individual cases and reviews provide assurance that the strategic aims of MAPPA are being delivered in an equitable way.

For most people, the conviction of a person and a period in custody is when they view these actions as the end of the process.

- For the victims, the suffering continues well after the offender is released from custody.
- The offender is given support in prison to reduce the likelihood of reoffending and prior to release arrangements are made for a safe and stable return to the community. It is at the stage of planning for release that the work of MAPPA starts. In some cases, MAPPA's role can be for an indefinite time period and in exceptional circumstances very resource intensive.

As a Lay Adviser you develop an awareness of the long term impact on those in our community who commit and suffer MAPPA managed crime.

Developments

A recent development that has taken place is the establishment of a regional Lay Advisers group for Lincolnshire, Yorkshire, Durham and Teeside. This group meets twice yearly and provides an opportunity for exchange of information such as best practice and training for new Lay Advisers.

Overview

In every report I have contributed to, well-deserved praise has been given to those who work so hard to keep our community safe, this year is no exception.

Some of the challenges faced by our professionals today include:

- Breaking culture and behaviour that has been transported across generations, e.g. domestic violence, drug abuse
- Hindsight - this can always be used when things very rarely go wrong. These rare events are the results of instant judgements and decisions which have to be made based on the information available at a particular moment in time and in a context that was present at that time. Every professional that I have met goes beyond what we would reasonably expect of them to keep our community safe and equitable.
- Following on from this issue the growth in information systems has the potential to impact adversely on a more skilled but less numerical number of professional

managing MAPPA cases.

- The human factor is that we can all interpret words differently.
- The rapidly changing social media tools that are available.
- The longevity of support for the victims and offenders that are in our community.
- Resourcing more complex cases across the age spectrum. At the present time, MAPPA is being asked to manage cases:
 - resulting from historic abuse,
 - cases resulting from changes to sentencing and parole; and
 - offenders who, due to technology, are being identified at an earlier age.
 - unexpected discovery of offender networks from social media
- The impact of constant change in the public sector e.g.
 - changes in staff duties,
 - longevity in key roles
 - staff turnover

Andrew Dyson
Lay Adviser

Humberside Strategic Management Board (2016/17 representatives)

Effective Multi-Agency Public Protection Arrangements require close working relationships. Humberside area is well represented in all locations by the following Strategic Management Board Members;

Kate Munson

Chair of the SMB Head of Humberside NPS (Hull and East Riding) National Probation Service North East Division

Lee Freeman

Vice Chair of SMB Chief Constable, Humberside Police

Christine Wilson

Detective Chief Superintendent, Humberside Police

Julia Sergeant

Detective Sergeant, ViSOR / MAPPA Policy, Humberside Police

Chris Brookes

MAPPA Co-ordinator, National Probation Service

Tony Oliver

Deputy Governor, HMP Hull

Peter Thompson

Head of Public Protection, HMP Full Sutton

Denise Hyde

Director of People, North Lincolnshire Council

Jon Plant

City Children Safeguarding Manager, Hull City Council

Alison Barker

City Adult Social Care Manager, Hull City Council

Beverley Compton

Assistant Director for Adult Services and Health Improvement North East Lincolnshire Council

Pam Allen

Head of Children & Young People's Support & Safeguarding Services, East Riding of Yorkshire Council

Dr Tim Allison

Director of Public Health, East Riding of Yorkshire Council

Teresa Cope

Chief Operating Officer, Humber NHS Foundation Trust

Dr Kate Gendle

Psychology and Allied Health Professions Director Humber NHS Foundation Trust

Melanie Bradbury

Head of Vulnerable People Commissioning, NHS Hull - Clinical Commissioning Group

Chris Pilkington

Field Service Manager - Leeds and Nottingham FSA
Electronic Monitoring - EMS Care & Justice Services

Gill Dillon

Senior Operations Manager Department of Work and Pensions

Christopher Payne

HM Inspector, Yorkshire and Humberside Immigration Compliance and Enforcement

Darren O'Neill

Targeted Support and Youth Justice Strategic Manager, East Riding Youth Offending Service

Andrew Dyson

Lay Adviser, C/o National Probation Service

For further queries, please contact: Claire Cheesman, **01482 578302** or by email at claire.cheesman@probation.gsi.gov.uk





MAPPA

Multi-Agency Public Protection Arrangements

This MAPPA report is also available online at:

www.gov.uk

www.humberside.police.uk

Humberside Police Headquarters

Priory Police Station, Priory Road
Hull, HU5 5SF

