

Humberside Area

Annual Report 2020/21



Contents

04 Introduction	06 Humberside MAPPA Lay Adviser	07 Probation Victim Liaison Units	08 What is MAPPA?
10 MAPPA Statistics	12 Explanation Commentary on Statistical Tables	14 East Riding Substance Use Services	16 Alcohol & Drug Support in Hull
18 With You Substance misuse services, North & North East Lincolnshire	20 MAPPA Case Study	23 Circles of Support & Accountability	24 Mathew's Hub
26 Hull Enhanced Resettlement Service (HERs)	28 Yorkshire & the Humber (YatH) Probation Service Homelessness Prevention Team (HPT)	30 Making Every Adult Matter (MEAM)	32 Parole Reports; a Probation Perspective
35 The Parole Board	36 HMP Full Sutton	38 HMP Hull	39 Mental Health in Prisons
40 NHS Clinical Commissioning Groups	42 NHS England & NHS Improvement & Secure Hospital Pathways	45 Transforming Care Programme	46 Humberside Strategic Management Board

Introduction

This Report serves to highlight the commitment and innovation a variety of agencies have contributed to MAPPA, particularly in the field of effective substance misuse, provision of settled and supported accommodation and access to specialist personality disorder, mental health and learning disability services.

Kate Munson

Head of Hull and East Riding Probation Delivery Unit, Probation Service, & Chair of the Humberside MAPPA Strategic Management Board

Welcome to the 2020/21 Multi- Agency Public Protection Arrangements Annual Report for Humberside, which, on behalf of the MAPPA Strategic Management Board, I am very proud to present to you.

This report provides a unique opportunity for the wider public to gain a greater understanding and insight into the tremendous work undertaken by public sector and partner agencies working together, to keep our communities safe from those individuals assessed as presenting the highest risk of committing offences resulting in serious harm.

The very foundation of MAPPA provides a strong framework for pro-active inter-agency sharing of information, intelligence, joint agency assessment, risk management planning, and effective and active case conferencing; all in which contributes to the efficient deployment of resources to reduce and indeed prevent re-offending by violent and sexual offenders.

Although Prisons, Police and Probation share the statutory responsibility for ensuring robust MAPPA arrangements are in place across Humberside, we are pro-actively supported by a diverse range of agencies including our Local authorities, Children and Adult Social Care, Health and Mental Health providers, Clinical Commissioning Groups, Home Office Immigration, Youth Offending Teams, Department of Work and Pensions, Accommodation Providers, Community and Voluntary Groups and Victim Services. Additionally, the role played by our Lay Advisers ensures our local community 'voice' is heard.

This Report serves to highlight the commitment and innovation a variety of agencies have contributed to MAPPA, particularly in the field of effective substance misuse, provision of settled and supported accommodation and access to specialist personality disorder, mental health and learning disability services. The articles serve to highlight the complexity and challenging nature of the many cases under MAPPA management and also demonstrate the effective outcomes which can be achieved through working together.

Throughout the past 12 months, the Pandemic has continued to test the resilience of all agencies. Nevertheless, MAPPA has remained fully operational and continues to do so utilising enhanced technology. All staff involved deserve public recognition for their professionalism, dedication and relentless work to keep our communities safe and prevent any more victims.

I commend this report to you.

Kate Munson

Head of Hull and East Riding Probation Delivery Unit, Probation Service, & Chair of the Humberside MAPPA Strategic Management Board



Kate Munson

Head of Hull and East Riding Probation Delivery Unit, Probation Service, & Chair of the Humberside MAPPA Strategic Management Board



Chris Noble

Assistant Chief Constable, Humberside Police



Charlotte Mann

Deputy Governor, HMP Hull

Humberside MAPPA Lay Adviser

Another year has passed. Another year of restrictions, of uncertainty of coming to terms with a hidden threat to us all. Of wearing masks when we go out. Of passing strangers in the shops and in the streets who are also wearing masks and thus being invisible to us. Are they a threat to us or not? How can we tell?

I wasn't at all sure what I was going to write this year, but as I began and wrote the introduction, I became acutely aware that the pandemic and how we respond to it, the risk assessments made - by professionals, by politicians and by us personally - in order to keep us safe, parallels almost exactly the work of MAPPA.

As offenders reach the end of their sentence and are released it is vital that any risk they may pose to the community is carefully and accurately assessed. The important thing is to ensure the safety of the public whilst at the same time not imposing unreasonable restrictions on the individual.

This is the same balancing act that politicians and advisors have been trying to make in relation to Covid 19 for the last year or so. We can, I am sure, all tell our own stories of how well that has gone!

But it serves to illustrate the difficult and complex nature of the decisions our prison service, probation service, police and others need to make daily. In my experience they are incredibly good at it.

One of my predecessors, Andrew Dyson, wrote "The professionalism of those who contribute to the MAPPA processes within Humberside has always been of the highest level and, from a lay perspective, above that which could be reasonably expected."

This remains true, even in these most trying circumstances, and it continues to be a privilege to be able to observe their work at such close quarters.

Michael Maskell

MAPPA Lay Adviser

Probation Victim Liaison Units

Probation Victim Liaison Units have continued to provide the Victim Contact Scheme (VCS) to victims and their families despite the many challenges brought about by the COVID 19 pandemic albeit in a revised working model. Staff moved very quickly in March 2020 to remote working following Government guidance and continued to deliver the VCS through telephone, virtual and email contact under what is called our Exceptional Delivery Model. This meant that we were no longer able to offer a home visit to meet with victims or at local probation offices, many of which were on reduced capacity or shut entirely. However, in some circumstances it was possible to offer a face to face meeting at alternative venues and work has been undertaken to source such accommodation going forward.

Arrangements were made with the local Witness Care Units to obtain email addresses for victims so that initial offers of contact could be made via email rather than hard copies being sent out by post. I can positively report that for some victims they have found this a more productive way of taking up the VCS. Rather than receiving information through the post we have been able to provide documents and information through email. This is particularly pertinent when we are sharing, for example, the Parole Board Decision Summary document from the Parole Board which outlines the rationale for the Parole Board Panel's decision to victims. It has also helped shorten the process for consultation in respect of licence conditions, for example, where we are drawing up a map of exclusion, prohibiting a person on probation from entering a specific location. Drafts can be revised quickly and then sent on to the Community or Prison based Probation Practitioner for consideration.

We remain working under what is called our Exceptional Delivery Model and were able to revise this earlier this year to offer face to face meetings at the initial contact stage with victims in our local probation offices and where we had identified alternative venues. In some instances, we are now able to offer home visits.

Changes to the Victims Code of Practice has also seen the VCS extended to enable us to offer this to victims of mentally disordered offenders where they receive an unrestricted Hospital Order. Previously information sharing to such victims was offered directly by the Hospital. The Victims Code of Practice also saw a reduction in time frames in which the initial offer of contact should be made within 20 rather than 40 working days. We are working closely with our Witness Care Unit colleagues to ensure that our information sharing processes are aligned to support delivery of this. Victims are also now able to receive confirmation of the prison category in which a prisoner is held and our annual contact letters have been changed to ensure that we reaffirm key sentence dates and other information we have previously shared with victims.

We remain ready to make the required changes to our working practice to revert back to offer home visits to victims once the Government guidance on social distancing restrictions are lifted to facilitate such changes. If victims are unsure of their entitlements to the VCS we would encourage you to look at the Ministry of Justice website for victims and witnesses.

www.victimandwitnessinformation.org.uk/

Pam Dent

VLU Manager

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, violent and terrorist 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.

Local Strategic Management Boards comprising senior representatives from each of the Responsible Authority and DTC agencies are responsible for delivering MAPPA with their respective areas. The Responsible Authority is also required to appoint two Lay Advisers to sit on each MAPPA area Strategic Management Board (SMB).

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 more senior oversight and 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 presenting the higher risks of serious harm.

Level 1 is where the offender is managed by the lead agency with information exchange and multi-agency support as required but without formal MAPPA meetings;

Level 2 is where formal MAPPA meetings are required to manage the offender.

Level 3 is where risk management plans require the attendance and commitment of resources at a senior level at MAPPA meetings.

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 enables 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.

MAPPA and Terrorism

In response to the terrorist attack committed by Usman Khan at Fishmongers' Hall on 29 November 2019, the Home Secretary and the Lord Chancellor commissioned Jonathan Hall QC, who is the Independent Reviewer of Terrorism Legislation, to undertake a review of MAPPA and the management of known terrorists and other extremist offenders (TACT Offenders).

The terrorist attack committed by Sudesh Amman in Streatham High Road on 2 February 2020 served to reinforce the need for the review, since both Khan and Amman had been managed under MAPPA. The government published the report on 2 September 2020 and published a response to it on 9 December. Both documents are available at <https://www.gov.uk/government/publications/multi-agency-public-protection-arrangements-review>. The report made a number of recommendations, several of which have been or are being implemented via the Counter-Terrorism and Sentencing Act 2021 and the Police, Crime, Sentencing and Courts Bill. Others have already been introduced by the creation of the National Security Division (NSD) in the Probation Service to manage terrorist offenders. The Secretary of State has also revised the statutory MAPPA Guidance on terrorist offenders.

The Probation Service, via the NSD, has created a specialist dedicated and highly skilled workforce, which provides an enhanced level of management and intervention for the most high-risk, complex and high-profile offenders in the community. This will include the management of terrorist connected and terrorist risk offenders. Five Probation Service national security units have been established across England & Wales during 2020/21. The NSD and Counter-Terrorism Policing will be working closely with local Strategic Management Boards to ensure the robust management of terrorism cases. The NSD also manages serious organised crime and the most high risk and high profile public protection cases.

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

MAPPA

Statistics for the Humberside Area

MAPPA-eligible offenders on 31 March 2021

	Category 1: Registered sex offenders	Category 2: Violent offenders	Category 3: Other dangerous offenders	Total
Level 1	1363	419	-	1782
Level 2	4	8	3	15
Level 3	0	1	0	1
Total	1367	428	3	1798

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	30	24	16	70
Level 3	0	2	1	3
Total	30	26	17	73

Registered Sexual Offenders

RSOs cautioned or convicted for breach of notification requirements	34
RSOs having had lifetime notification requirements revoked on application	10

Restrictive orders for Category 1 offenders

SHPOs & NOs imposed by the courts

SHPOs	82
SHPOs with Foreign Travel Restriction	0
NOs	0
People subject to notification requirements for breach of an SRO	0

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	1	6	1	8
Level 3	0	0	0	0
Total	1	6	1	8

Breach of SOPO/SHPO

	Category 1: Registered sex offenders	Category 2: Violent offenders	Category 3: Other dangerous offenders	Total
Level 2	0	-	-	0
Level 3	0	-	-	0
Total	0	-	-	0

Total number of Registered Sexual Offenders per 100,000 population	165
---	------------

This figure has been calculated using the mid-2020 estimated resident population, published by the Office for National Statistics on 25 June 2021, excluding those aged less than ten years of age.

Explanation Commentary on Statistical Tables

MAPPA background

The totals of MAPPA-eligible offenders, broken down by category, reflect the picture on 31 March 2021 (i.e. they are a snapshot). The rest of the data covers the period 1 April 2020 to 31 March 2021.

(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 at Level 1 without formal 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.") These offenders are assessed and managed by the police. They may also be managed by probation or health services if they are subject to licence or a hospital order. 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 and terrorist 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. These offenders are assessed and managed by the Probation Service, Youth Offending Team or Mental Health Services.

(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. These offenders are assessed and managed by whichever agency has the primary responsibility for them.

(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. They require 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 committed 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. Persons do not come off the register automatically. Qualifying offenders may submit an application to the police to review their indefinite notification requirements. The police review the application and decide whether to revoke the notification requirements. This decision is made at the rank of Superintendent. Those who continue to pose a significant risk will remain on the register for life, if necessary.

Individuals 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 applied from 1 September 2012 for adult offenders.

East Riding Substance Use Services

Several initiatives provide support in relation to addictive substances focusing on the prevention of dependency and harmful use. People experiencing direct harm from substance use can access a range of primary care and community treatment services. Indirect harms from substance use including crime, exploitation, and homelessness are addressed through initiatives to reduce and prevent harm within communities.

Universal provision comprises of Prevention, Education, and Screening and Early Intervention. Support to prevent and reduce early onset of substance use is offered through the Young People's Service, delivering awareness and harm reduction education to schools and youth organisations. Targeted support is offered to young people in the early stages of drug or alcohol use, or those who may be at higher risk of harm e.g. those who are Not in Education, Employment and Training, and those frequently reported as missing. Adults are supported through Open Access advice and screening sessions in a variety of settings, including Primary Care Centres and Pharmacies.

Education campaigns include work with Licensing and Night-time Economy providers promoting safer consumption, public awareness campaigns, and work with system partners and agencies to deliver professional training. Campaigns targeting the prevention and reduction of substance use in the community are delivered with key partners such as the Health Trainers and Pharmacy Advice Services.

Specialist support includes psychosocial (talking therapies, cognitive behavioural therapy, counselling) and clinical (medically managed detoxification, opioid/alcohol substitute prescribing) interventions and longer-term treatment. A wide-range of support is accessible including Residential Rehabilitation programmes, Inpatient Detoxification, Mutual Aid, SMART Recovery and 12-Step programmes as well as relapse prevention and aftercare services. The Complex Case Service co-located within the Targeted Safeguarding response team, supports families at risk of drug trafficking and exploitation. Focused services are offered for specific areas of need including Image and Performance Enhancing Drug use, Prescription Medication dependency, and Hospital Alcohol Admissions Liaison. Support is also provided for families who are concerned about their loved ones use of substances.

Multiple initiatives aim to prevent and reduce the wider impacts of drug and alcohol harm from crime and antisocial behaviour. The Criminal Justice Pathway works with people whose offending behaviour is linked to drug and alcohol use and supports treatment through court sanctioned treatment orders, in-custody interventions and screening. High-risk and prolific offenders, ex-offenders and prison leavers are supported in partnership with agencies such as the Probation Service to reduce the likelihood of repeat offending.

Significant amounts of partnership working with Humberside Police Force Intelligence Bureau, the Yorkshire and Humber Regional Organised Crime Unit, and Public Health England, is undertaken to map out emerging threats and to respond accordingly. Organised Crime activity is monitored against changes in drug markets to consider the risks to vulnerable adults and young people. Where risks are identified, Drug Alerts are issued through the digital Local Drug Alert System. Alerts can be sent out widely or targeted to specific partner agencies. The Humber Drug Intelligence Network brings together strategic partners to respond to drug and alcohol related harm in communities.

Melanie McKee

Public Health Commissioning Lead
Addictions and Substance Use

Alcohol & Drug Support in Hull

The Covid-19 crisis has accelerated existing health inequalities and has required local services to respond to new challenges whilst improving access to treatment, promoting effective engagement and enhancing support for people with alcohol and drug problematic use or dependence.

During 2020/21 over 2,700 residents accessed alcohol or drug treatment in the City, many of which presented with multiple and complex needs. Protocols and care pathways were reviewed and developed to enable identification of alcohol/drugs problematic use or dependence, timely access to treatment and effective engagement. This also included pathways to increase diversion from criminal justice which resulted in a significant improvement in the proportion of Hull residents engaging with community-based alcohol or drug treatment following release from prison.

Despite the pressures on local services during the pandemic, the proportion of all people in treatment who successfully completed treatment with no representation within 6 months continued to improve in 2020/21.

In these unprecedented times, partnership working has been instrumental to effectively respond to the local impact of the pandemic crisis. The Alcohol and Drugs Strategic Partnership Group in Hull has worked towards improving local partnerships, identifying opportunities for improvement and agreeing local priorities around alcohol and drugs.

In 2020/21, the Strategic Partnership Group identified key areas for intervention to mitigate the impact of COVID-19 pandemic on individuals, families, communities and services in Hull. An Alcohol and Drugs Interim Strategy was produced outlining the priorities, partnership approach and action plan required to improve outcomes for residents affected by alcohol and drug use.

The priority areas for intervention during this period were:

a) Developing communities (Prevention, early intervention, and harm reduction).

This priority area involved activities such as the development of on-line substance misuse awareness and harm reduction training programmes, and development of campaigns to influence the social norms and values related to alcohol consumption.

b) Improving access to specialist services for people with complex trauma and multiple needs (Dual diagnosis and inpatient detoxification).

The partnership work around this area included a targeted provision for people with co-existing poor mental health and substance misuse, and the increase of inpatient detoxification and residential rehabilitation placements.

We recognise the challenges ahead to meet the needs of people with alcohol and drug problematic use or dependence. Going forwards, our local partnership aims to:

- 1) Keep addressing co-occurring poor mental health and substance misuse. The prevalence of co-occurring conditions among people starting treatment has been increasing in recent years while access to mental health services has declined for people using substances, and maintaining a strategic approach is crucial to change this trend.
- 2) Increase drug treatment capacity and enhance harm reduction to reduce drug related reoffending and drug-related deaths.
- 3) Improve access to alcohol and drug treatment of people experiencing, or at risk of, rough sleeping, and ensure that engagement with treatment services continue as people move into longer term accommodation.

Gilda Nunez

Public Health Lead –
Drugs and Alcohol



withyou



With You delivers substance misuse services across North and North East Lincolnshire

With You is a charity providing free, confidential support to people experiencing issues with drugs, alcohol or mental health.

Our name reflects who we are – a positive place where people can progress, connect with others and get friendly, expert help. We treat everyone with warmth, compassion and respect, working alongside people on their own goals, whether that's staying safe and healthy, making small changes or stopping an unwanted habit altogether.

We are focused on radically improving people's chances of getting better.

With You deliver substance misuse services in North and North East Lincolnshire, working at community bases in Grimsby and Scunthorpe with outreach provision across the locality including co-location with partner agencies which ensures our support is holistic and meets the needs of those individuals in the community that need our advice and support.

We have solid partnerships with other services including Probation, Prisons, Police, Housing, Primary Care, Recovery Services, Navigo, Education and Social Care to allow us to effectively support a wide range of people.

The last 18 months have certainly tested us all. Our staff are experts in working in the face of adversity and they have risen to the challenge. In-line with guidance, we were able to move to a blended approach of both remote and In-person delivery. We continued to operate from our main buildings on an appointment basis in order to manage the numbers in the service. Whilst we were "appointment only", the teams continued to see clients who presented at the service with no appointment to give support and advice as these clients are often high risk.

We reduced the number of visits people had to make to the service, with individuals only being asked to come in for clinical interventions, which included urine screening, or if there was a risk concern, such as a safeguarding issue. We worked closely with our local pharmacy colleagues around medication supervision arrangements and removed these wherever it was safe to do so based on a risk assessment for the individual client. Our staff and volunteers have worked tirelessly to keep people engaged and safe, to stay connected and well and progress their recovery journey.

The Dame Carol Black Review of Drugs brings a renewed hope for investment and acknowledgement of a sector that works with some of the most vulnerable and stigmatised people in society. More resources and recognition will allow us to support more people and meet our target of helping ten times more people, distribute more life saving naloxone, and work towards eliminating Hep C in our communities.

As we continue to pick up the pieces of the pandemic, just remember...

We Are With You.

Kate House
Service Manager

MAPPA Case Study

Mr F was sentenced to a Life Sentence for a sexually motivated offence of False Imprisonment and possession of weapons linked to the attempted abduction of a female child. He had previous sexual offences against children including sexual assault and indecent exposure. He met the threshold for MAPPA involvement and was referred in prior to release from custody as a MAPPA Level 2, Category 1 offender, for a multi-agency approach to managing the risk that he presented. MAPPA provided the opportunity for all relevant agencies to consider the complexities of such a case, offer advice, guidance and support to the Offender Manager in managing a case that raised significant anxieties regarding the safety of the public.

Mr F was assessed as posing a high risk of serious harm to children and was released following a Parole Board Hearing. Whilst in custody significant work was undertaken to address his offending behaviour, gaining a diagnosis of Autism which allowed him and agencies to have a better level of insight into his offending behaviour and difficulties he experienced. Whilst subject to ROTLS (Release on Temporary Licence) efforts were made to support him in developing links with partnership agencies such as Circles of Support, to support his safe integration back into the community. This involved significant levels of multi-agency working including risk related information sharing and planning.

Due to the nature of his offending, accommodation was a potential barrier to his new start in the community. However, through close working with partnership agencies at MAPPA meetings and family member, appropriate accommodation was sought and has proved successful. In order to assist Mr F with resettlement issues linked to his Autism he has worked closely with his mentor at Matthews Hub, an organisation which supports adults with Autism. This had had a positive impact on both his social skills and his levels of self-esteem both of which had been factors in his offending.

Social isolation was identified as another key factor in his offending, so a referral was submitted to Circles of Support and Accountability. Following assessment prior to release he was accepted on to a Circle. Despite the best efforts of COVID19 he has been attending regular meetings both virtually and face to face to support him in developing a social network. Through the Circle, Mr F has been undertaking voluntary work for around a year at an environmental project. This has allowed him to use his considerable DIY skills to benefit the local community as well as giving him a sense of purpose and pride.

Mr F has now been in the community for close to two years and has made significant progress. Examples of this are now being assessed as Medium Risk of Serious Harm and being managed at MAPPA Level 1. He continues to make progress on key goals for himself around education, employment, social inclusion and managing his own risk. The MAPPA panel worked successfully to re-integrate Mr F, whilst managing the complex dynamics and risks that he poses.

Probation Practitioner

The Probation Service



**Mr F has now been
in the community
for close to two
years and has made
significant progress.**

Probation Practitioner

The Probation Service

Circles of Support & Accountability

Circles of Support and Accountability is a project which allows the community to play its part in the risk management of offenders. In essence, three or four volunteers, working as a group, meet with the core member weekly to support and hold them to account. To be referred, a person must have a conviction for a sexual offence and be committed to change. However, their risk must be high.

Sex offenders, particularly those who offend against children, will face public condemnation and anger if their crimes become known. For a woman to commit such a crime brings with it disbelief and an even greater public backlash.

Emotions ran high when social media identified the location of Ms V following her release from prison. As a result, it was necessary for the agencies to assist her to move to a new location in an area that she did not know and well away from family (some of whom no longer wished to have contact with her) and her few remaining friends.

Humbercare supported the Probation Service in moving Ms V by providing accommodation and a support worker. Her probation officer recognised that the enforced isolation and lack of contact with family and friends would have an even greater detrimental effect on a woman who already had a long history of mental health instability including hearing voices and self-harm. A referral was made to Circles.

As the assessment for suitability was underway, the pandemic then began. This meant Circle volunteers could not be recruited or trained. However, contact was maintained by phone throughout the lockdown periods with Ms V to ensure that she had some support to supplement the efforts of the Probation Service, Humberside Police and Humbercare.

Eventually the lockdown was eased and whilst contact with Ms V continued, behind the scenes recruitment of volunteers and their training took place. In December 2020 she met her volunteers for the first time. Since then, she has made slow but steady progress. She is getting to know the area. Her mental health has stabilised. Ms V is looking at education, health, and work options. Trust in her volunteers is growing.

For Ms V her time on probation licence is now over. But she continues to have the support of her Circle to help her reintegration into society and to live a safe and productive life.

John McNally

Coordinator

Circles Humbercare

If you are interested in becoming a volunteer with Circles of Support and Accountability, please visit:

Humberside, North and North East Lincolnshire - Circles UK
www.circles-uk.org.uk

Matthew's Hub is a charity set up after Matthew died by suicide in his early 20's. We work with autistic people without a learning disability to develop appropriate support to meet their needs. Our aim is to raise awareness of autism and neurodiversity and to support autistic and neurodiverse people to live the best life.

Autistic people make up at least 1.5% of the population, are more likely to die by suicide, be involved with the criminal justice system, have higher rates of anxiety and depression, and fewer than 16% of autistic people are in full time employment. Many autistic people have other neurodiversity's including ADHD, dyslexia, dyspraxia, dyscalculia, and Tourette's Syndrome. Neurodiverse people make up around 20% of the population and yet neurodiversity is little understood.

We employ autistic and neurodiverse people to deliver person-centred support relating to housing, employability, benefits, and to raise awareness and understanding of the impact of being autistic for each individual.

Over the past year, Matthew's Hub staff have attended MAPPA meetings; this has resulted in a greater understanding of autism for colleagues working in other agencies. This has also enabled the autistic peer mentors to better support the autistic person to understand the processes, outcomes and impacts.

We work closely with the probation and prison service locally to prevent autistic people entering into the criminal justice system, reduce the number of autistic people receiving custodial sentences, supporting autistic prisoners and supporting them when they leave prison.

Our autistic lead peer mentor has written a series of autism awareness modules and taken them through an approved Continuing Professional Development (CPD) accreditation process. This training is really well received by colleagues in other agencies as a powerful insight into lived experience of being autistic.

Many of the autistic people we support, in collaboration with criminal justice colleagues, have benefited from successful life outcomes and not reoffended.

We are looking forward to continuing the joint work, which has included virtual attendance at Probation Service team meetings to raise awareness of autism and neurodiversity, visiting prisoners in custody, and supporting autistic prison leavers to build positive lives.

Many thanks for the opportunity to contribute to the MAPPA Annual Report, we truly value the collaboration.

Gill Poole

Chief Executive Officer
Matthew's Hub

The logo for Matthew's Hub, featuring the text "Matthew's" in a bold, sans-serif font above the word "Hub" in a larger, bold, sans-serif font, all contained within a white circular shape on a red background.

**Matthew's
Hub**



Hull Enhanced Resettlement Service (HERs)

HERs is a unique partnership between The Probation Service, Yorkshire and Humberside Personality Disorder Partnership (YHPDP) and Humbercare, funded by the Offender Personality Disorder strategy.

HERs was launched on 1st April 2020, the service combines the provision of decent accommodation and formulation (Formulation is the process of making sense of a person's difficulties in the context of their relationships, social circumstances, life events, and the sense that they have made of them) led keyworker support, to enable people on probation to manage transition, from custody or Approved Premises, to community living.

The team consists of a psychologist, a Probation Service Officer and two supporting keyworkers. HERs is a psychologically informed intervention that provides accommodation and keyworker support to male and female offenders with personality disorder (PD) traits who have had difficulties living in community-based accommodation in the past.

The service aims to establish a progressive step along the pathway for offenders with PD traits, focusing on supporting more sustainable community living and effective risk management. Practical and psychologically informed support is provided to the individual, to help them to build social capital and self-confidence.

This is a person-centred intervention, each case has an individual psychological formulation, that seeks to understand experience and how this may impact on offending behaviour, risk of serious harm and ability to live independently.

Key to this is the provision of accommodation that is of a decent standard. The literature acknowledges how important appropriate accommodation and a suitable living environment is for offenders attempting to transition back into the community (Ministry of Justice, 2012; Wilson, 2017).

The provision of substandard and/or inappropriate accommodation can serve to demotivate offenders, potentially destabilising them and increasing the risk of relapse/reoffending. Indeed, a report by the Social Exclusion Unit (2002), found that stable accommodation on release from prison reduced the risk of reoffending by up to 20%. Furthermore, it is acknowledged that very few ex-prisoners are keen to live in shared or hostel-style accommodation due to concerns at being drawn into reoffending (Wilson, 2017).

Finally, in addition to employment, the literature highlights that "housing is fundamental to re-establishing a life in the community, addressing specific problems and avoiding re-offending" (Randall & Brown, 2002). In respect of this evidence, a key principle of HERs therefore, is to source and provide good quality accommodation that should act as an incentive for ex-offenders to maintain a good standard of living and aid desistance from offending.

Throughout the pandemic the HERs team has continued to work with some of our most complex and challenging people on probation. Despite the inhibiting covid restrictions, indications are that the service is gaining a reputation for responsive and effective, flexible working with challenging people.

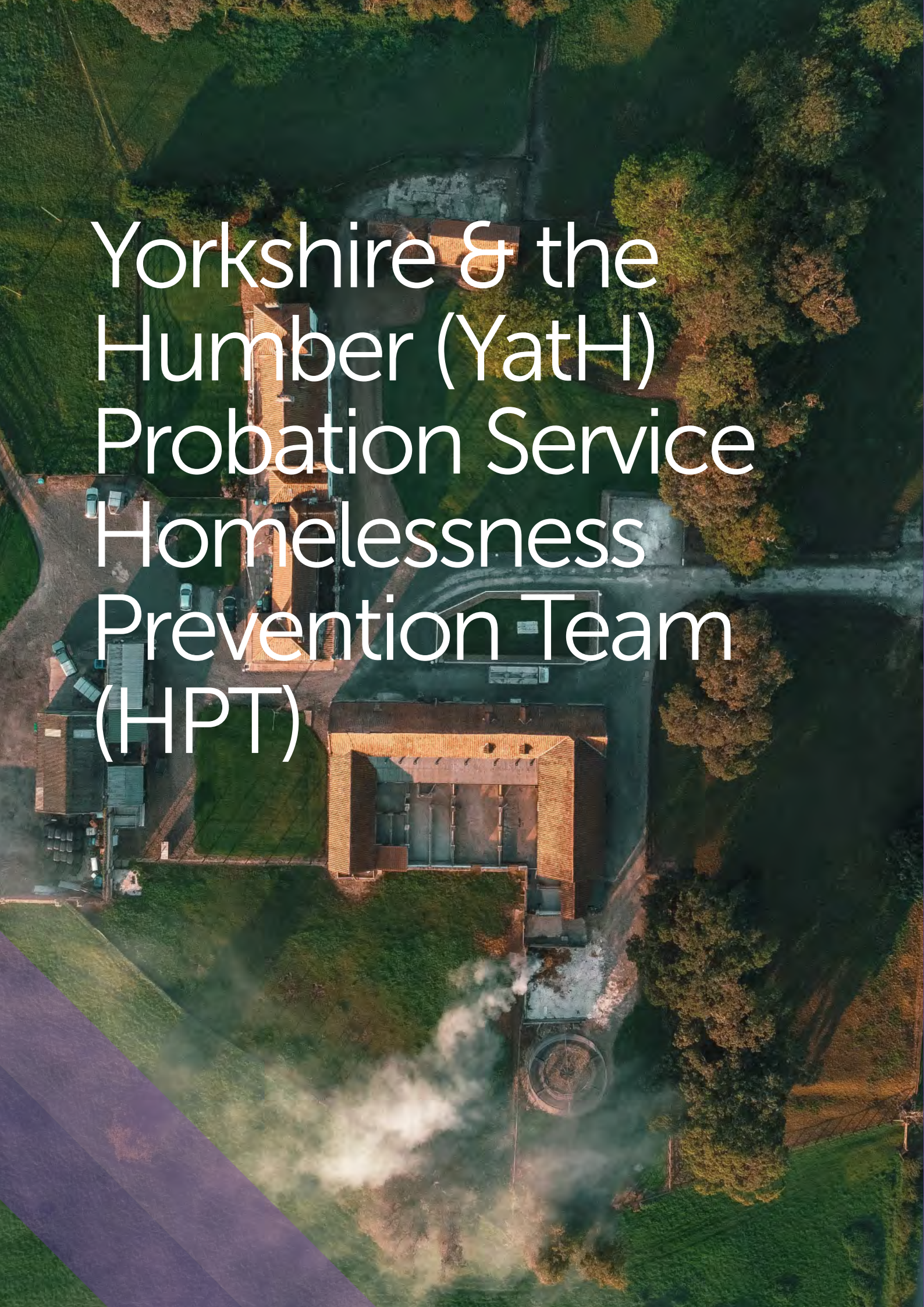
There is anecdotal evidence that HERs has assisted in reducing reoffending, extending service users time in the community and building social capital, despite covid-19 restrictions. Whilst HERs has faced significant challenges as a result of covid, in addition to the many anticipated challenges associated with this service user group, these difficulties have been mitigated and HERs has managed to safely accommodate a significant number of challenging people. This is enormously encouraging and bodes well for the coming year.

Wendy Sefton

Senior Probation Officer,
The Probation Service

John Atkinson

Senior Forensic Psychologist,
Yorkshire and the Humberside
Personality Disorder Pathway



Yorkshire & the Humber (YatH) Probation Service Homelessness Prevention Team (HPT)

After the start of lockdown March 2020, concerns emerged that Covid19 outbreaks in Prisons could be very problematic and prison leavers potentially being released homeless when Covid19 positive could add to challenges faced by communities. Probation HPT's were created with an initial view of helping cases eligible for early release but at risk of homelessness to be placed in temporary accommodation so they could self-isolate if needed and avoid being on the streets where they may more easily spread the virus. However, it soon became apparent that issues related more to those leaving prison at their normal conditional release date and so the focus moved to helping provide them with temporary accommodation (mainly Hotels and nightly let single apartment accommodation which was not otherwise being used).

During the second emergency scheme, YatH HPT received 436 requests to address homelessness with 16% from the Humberside / North Lincolnshire (H/NL) areas. Of those, 201 (46%) were MAPPA cases with 34 of those being from H/NL, including 10 identified as having sexual offending histories. Risk considerations (to community, staff, cases etc) were of paramount importance and the HPT worked closely with practitioners and MAPPA partners to ensure risk could effectively be managed in HPT properties. Authorisations for placements in these cases were at Regional Probation Director / national Chief Probation Officer level to ensure appropriate oversight was maintained.

Across YatH from Nov. 2020 to May 2021, 139 cases were placed in Hotels, 98 in nightly let apartments and 5 were helped with deposits / rent advances for stable accommodation with 46 cases helped in multiple ways. Overall, YatH HPT provided temporary accommodation for 43.3% of referrals and utilised 99.97% of the nightly let bed spaces it had access to. In terms of outcomes, indications were the scheme prevented a high proportion of cases who would have been released homeless from being so. Anecdotal evidence from practitioners also indicated more cases were maintained in the community for longer without recall / re-offending, with some cases that had rarely settled finding stability. Data also suggested that more cases went on to access stable accommodation of some form, which given that these cases would have been some of the most difficult to address and with complex needs / risks, was considered to be a real success – including those under MAPPA.

As we exit lockdowns, the HPT are introducing a new Community Accommodation Scheme (CAS3) which will offer up to 84 nights temporary accommodation to those leaving prison, leaving prison, Approved Premises (AP) or BASS accommodation (Bail Accommodation and Support Service) potentially homeless. CAS3 is not an "emergency" scheme but aims to form part of the pre-release planning processes around accommodation for Probation cases, the expectation being that other options (Local Authority, partners, friends and family etc) are explored and exhausted before a CAS3 referral is made. If the case remains potentially at risk of homelessness on release / move-on from AP then the scheme will offer "transitional" accommodation whilst options are explored further. As of July 2021, HPT is mobilising the scheme with the contracted supplier.

Chris Maxwell

YatH HPT Regional Coordinator

Making Every Adult Matter (MEAM)

The MEAM Team support about 40 people who have experience of at least three of: homelessness; substance misuse; mental health issues; domestic abuse; and contact with the criminal justice system. In addition all have experience of trauma and have regularly accessed services ineffectively losing trust in the 'system'. Many have learning difficulties; neuro-developmental conditions e.g. autism; personality disorder; and brain injury.

In 2017 the MEAM approach commenced in Hull following the Hard Edges report finding 5,270 cases of Severe and Multiple Disadvantage in Hull compared to an average of 1,470. This was then consolidated with a robust governance structure and training programme. Referrals are considered by an Operations Group providing peer multi agency support, a discussion forum, and an escalation process to a Strategic Board. The Board, with representatives from all partners, provides leadership, commissioning changes and performance monitoring.

The work is supported by a Hull Rough Sleeper Pathway which has won national acclaim. Rough sleepers are identified by the outreach team or through referrals and a 24/7, 8-bed Hub staffed 24 hours per day by Riverside Housing provides accommodation. With on-site support from substance misuse workers, mental health social workers, a primary care team, psychologist and housing options officers it aims to move rough sleepers to appropriate accommodation within 72 hours. This period of stability allows for a comprehensive assessment of need to identify the support priorities for each person and the most appropriate accommodation options.

These achievements have reduced the people sleeping rough on an average night in Hull from 28 in November 2017 to 19 in November 2020 and 60% of Hub users move-on successfully.

Recently secured funding, through the Changing Futures Programme, will enable us to work with 80 individuals including women being sexually exploited. We will be able to develop strategy, research, data management, a case system and incorporate a range of expertise such as benefits, Occupational Therapy, psychology, 'Lived experience' and a social worker. To fulfil our aspirations we will deliver trauma awareness training for leaders and staff throughout the public and voluntary sector in order to declare Hull a "Trauma-informed city".

"Before I was here [Hub] I was in a place and all they had was security... and I'm a bit more complex than the average person because I've come from a very tricky background let's say... I was in a place where I used to use and I tried to better myself... and it was really hard for me. I got moved here and here I've come on leaps and bounds. Since I've been here I've settled down a lot more... the staff have been amazing with me and I don't know where I'd be without them to be honest."

Liz Jamil

Head of Service (Strategic
Market Intervention & Growth)
Neighbourhoods and Housing

Our Hull vision:

"People experiencing multiple disadvantage are supported by coordinated services.

They are empowered to tackle their problems, reach their full potential and live as part of their communities."

Parole Reports; a Probation Perspective

The Probation Service is a low-profile member of the public sector, rarely in the conscious awareness of the majority of the community, and yet performing a vital role in keeping that community safe. The exception to this being the process of parole; a well-known area of our practice. The public understand the language of parole, what Parole Boards are, and the purpose they serve. As a result of this parole reports are one of our most visible areas of practice, and one of our most challenging.

Parole Boards make independent decisions regarding a person's suitability to progress through their sentence. They bring their own wealth of experience and expertise and they are a separate body to the police, prison and probation service. However, in making their decision they rely on the reports completed by probation practitioners, and other professionals directly involved with persons' subject to parole procedures; they rely particularly on the report completed by the community probation practitioner and the information and opinions contained within. In order for the Parole Board to have all the information they need to make a balanced and fair assessment of a person's suitability for progression, the parole report needs to be of the highest standard; it needs to be balanced, thoughtful, analytical and comprehensive.

Parole reports are a complex piece of work and require a careful analysis of all the available information and professional opinions that have been provided. The interpretation of specialist reports and assessments and close liaison with many other staff from various disciplines is essential; including psychologists, mental health practitioners, prison staff, victim liaison officers, and treatment specialists to name but a few. Information gathered over many years requires consideration and inclusion to allow for an evaluation of progress and areas for further development.

In many cases the Multi Agency Public Protection Arrangements (MAPPA) panel require consultation and the approved premise estate involved. The individual concerned needs to be interviewed; preferably multiple times; their views considered, licence conditions and release plans discussed, and all done in a way which does not cause a fracture in the relationship between the case and the probation practitioner. Disagreements regarding the between next steps and progression are common; navigating this whilst maintaining an effective working relationship, which is fundamental to the management of risk, is a tricky task indeed.

The completion of parole reports is one of the most time consuming and demanding tasks probation practitioners perform, and so it should be. Some of the people on Probation have spent decades in prison. For them, parole is the most crucial moment in their custodial journey. They may have spent years working towards this moment, completing a plethora of treatment programmes and therapy; exploring and examining the reasons they did what they did, soul searching and reflecting, sometimes having to face and acknowledge their own trauma and the impact this has had on them, and consequently the impact on others. They deserve for this to be reflected in the reports that we write.

The safety of the public and that of victims, and the management of risk, is always our priority and the completion of detailed reports and making appropriate recommendations, that satisfy the needs of the Parole Board whilst maintaining our relationship with the people we supervise, is one of the many ways the Probation Service achieves this.

Probation Practitioner

The Probation Service

The Parole Board

It will be no surprise to hear that the last year has provided the Parole Board with one of its most challenging periods in recent times, but one which the Board has handled with great agility and adaptability.

The Board's top priority, as always, is to keep the public safe by only releasing an offender when satisfied that imprisonment is no longer necessary for the protection of the public. This is done through fair and independent risk assessments and this did not change when Covid took hold.

Despite the huge challenges and a number of extended national lockdowns forcing prisons to close and face-to-face hearings to be halted, the Board has made more decisions than it did the previous year, keeping the system moving efficiently and effectively for victims and prisoners despite initial concerns that a backlog may emerge.

When all face-to-face hearings were paused in March 2020, the Parole Board had to take immediate action to progress cases, with initial concerns around how quickly we could continue to progress cases. However, Parole Board staff and membership worked together to immediately implement new ways of working in order to facilitate video and telephone hearings and keep the system moving.

National figures for 2020/21 show the Board conducted 9,335 oral hearings – the vast majority of these remotely – as well as 22,518 paper reviews, more than the previous year. Despite the increase in decisions, the release rate has remained the same. The number of cases awaiting a hearing date is down significantly on pre-Covid levels and the number awaiting an initial paper assessment is also down. The Board is currently working to establish regional statistics, including for Humberside, going forward and will provide an update on this in due course. Once these figures have been produced we will share with our Humberside stakeholders.

Apart from managing the day to day business of the Board, staff and members have been working closely with the Ministry of Justice following its announcement of a Root-and-Branch Review of the parole system.

This review provides an opportunity to ensure we have a fair and transparent parole system that continues to protect the public and build public confidence, improve the operation of the system and point to areas that need further improvement.

The Root and Branch Review will explore a number of crucial areas:

- An evaluation of the parole reforms to date
- The constitution and the status of the Parole Board
- Improving public understanding and confidence
- Openness and transparency

As part of the ongoing review, the Government has also announced plans to relax the Rules that require parole hearings to be held in private. The change will end a decades-long ban on public hearings when introduced later this year, as we increasingly shine the light of transparency on a system that was previously secret.

Whilst it is anticipated the vast majority of hearings will continue to be held in private due to the extensive legal, ethical and victims' issues involved in parole cases; the Board absolutely welcomes any steps to improve openness and transparency around the system and can see a measured, considered and staged route to making certain hearings open, if it is in the interests of justice.

The Board must now carefully consider the impact of more open hearings on victims and prisoners in each case and as such is developing a pilot scheme to determine the best possible way of delivering this.

Parole Board Chair

The Board's top priority, as always, is to keep the public safe...

Parole Board Chair

HMP Full Sutton

The vision at HMP Full Sutton is to strive to be an establishment which is 'Safe for All', a brief which covers staff, visitors and contractors, as well as the prisoners in our care. Last year we continued to make good progress against this vision, despite the rigors and restrictions that the Covid19 virus forced upon us.

Despite countless restrictions, staff shortages and subsequent reductions in meaningful prisoner contacts, we still attained considerable reductions in violence, a fantastic achievement which was ably led by the Safer Custody team but only made possible by the efforts of all Departments at HMP Full Sutton working together.

This was also the year that we built on previous work and set out to improve our communications, now made up from not only of the normal Governor's Orders and Notices to Prisoners and Staff, but now consisting of Joint Communications, Staff Briefings, Prisoner Newsletters and general Covid19 Briefings, ensuring that important information reached all staff, even in the most remote areas, including our wide range of partner agencies and this has proved to be critical during the year and ensured that we continued to manage the people in our custody as safely as possible. At the heart of all these communications, the continual desire and drive for the improvement of procedural justice and the development of a Rehabilitative Culture is key and allows us to support prisoners to change and work towards our overall aim of protecting the general public.

The work carried out by the Offender Management in Custody (OMIC) Team was central to these successes, by changing systems and processes to be Covid19 compliant, even though regimes (as they were in every other establishment in the country) were severely restricted; We continued to deliver key work effectively, ensuring the health and wellbeing of all prisoners within the prison, whilst maintaining a reduction in the number of self-harm incidents.

Protection of the Public is and remains at the centre of everything we do and continued to be prioritised using established processes and systems. One of the biggest challenges for prisons (Nationally), but more specifically for HMP Full Sutton (as a Long-Term High Security Estate Establishment), was making the most of available technology such as laptops allowing regular attendance at our risk management meetings (MAPPA, Safeguarding and Pre-Release) and ensuring that prisoners who represented a risk to the general public were managed safely and appropriately.

Going forwards into 2021, a key area for us has been to develop our approach to supporting young adults in custody and as part of the strategy of the Long Term and High Security Estate, building on the work we have already undertaken as establishment. Additionally, we remain committed to continuing to further develop OMIC and key working for everyone in custody at HMP Full Sutton, driving a quality Rehabilitative Culture and maintaining our excellent performance despite the restrictions that Covid19 currently presents and no doubt will create in the future.

A Jones

Deputy Governor
HMP Full Sutton



Protection of the Public is and remains at the centre of everything we do

A Jones

Deputy Governor
HMP Full Sutton

HMP Hull

It seems almost cliché by now to reflect on the unprecedented experiences we've all been through during the pandemic. I am immensely grateful to our staff and senior leadership team for their adaptability, courage and commitment to continue to deliver our services during such difficult times.

Since the last MAPPA Annual Report everyone's lives have changed, and our prison has been operating significantly differently, but I'm proud that our MAPPA engagement and attendance has continued to be given an absolute priority to maintain the highest level of public protection. In spite of the challenges we've all experienced since March 2020, we have maintained 100% attendance and engagement with MAPPA during this time, including when the national restrictions have been at their most severe.

Within the establishment, our public protection team recently won "Team of the Year" at our HOOTY (Hull Officer of The Year) Awards. This was great recognition of their commitment, diligence and hard work. Colleagues at North Yorkshire Police also nominated the Offender Management Unit team for a Butler Trust award for their multi agency work with them. We are proud of our good relationship with North Yorkshire Police MATAC (Multi-Agency Tasking and Coordination), and will continue to build upon this to ensure victim safety and public protection.

Our collaborative working within the prison to enhance our ability to protect victims and undertake public protection work has also improved. This includes proactive work to locate victim details, instigate the blocking of victims details, multi-agency working, and safeguarding checks with the local authority. We have continued to build upon the work we undertake with our younger adult cohort, and over the next year we are excited to engage and work with the national strategy team around further developing this work.

Our short/medium term priorities around progression include; developing a unit for prisoners serving short sentences, developing a better mix of vocational, educational and social activities (building on some of our learning through COVID), maintaining operational grip, and implementing a new staff training and development strategy. These priorities were established through engagement with staff and prisoners and will be important foundations for the future.

As we have started to progress and look to the future with more hope, we are committed to building back our service delivery to be better. Through reinvigorating our rehabilitative culture, we will provide the right environment to enable our other strategies to be successful. Focusing on providing safe conditions for prisoners, and involving them in meaningful activity and interventions to support them with reducing their risk of reoffending will continue to be critical to us effectively serving, and protecting the public.

Charlotte Mann

Deputy Governor
HMP Hull

Mental Health in Prisons

City Health Care Partnership (CHCP) is a Community Interest Community (CIC) providing a wide range of high quality, safe health and care services in Hull, the East Riding of Yorkshire, Knowsley and St Helens. We are a co-owned <for better profit> organisation, investing profits into our services, colleagues, and the communities we work in.

We provide over 50 diverse services in community settings, from health visiting to palliative care, district nursing and many more employing over 2000 people. The company also provides primary care, drug and alcohol addiction services and mental health to both HMP Hull and HMP Humber as part of its Offender Healthcare provision.

Staff are supported in delivering safe and effective healthcare outcomes by an organisation that is both commercially and socially responsible in its intent and is seen externally as a valuable partner in improving wider community outcomes.

Prison life can be extremely hard and for those who are already more vulnerable, it can be even harder. Having effective support and treatment is vital in reducing risk and preventing self-harm and suicide. Early interventions can provide self-support tools and prevent secondary problems.

Within HMP Hull and HMP Humber, mental health teams support and treat men with both primary care and secondary care issues, ranging from low level anxiety to requiring transfer and detention within a secure hospital unit. We have a multidisciplinary team including nurses, wellbeing practitioners, substance workers, social workers, non-medical prescribers and psychiatrists. We offer support and treatment including self-help material, medication management, care planning, reviews, interventions and crisis support.

As a mental health team, we strive to see everyone who comes into custody. A team member collects some history and completes a screening triage, offering information on how people can access support in the future if needed. This screening process allows any issues to be highlighted and acted upon according to risk and need. Any person requiring further support would be assessed and a care plan created and followed based on their specific needs. The team also responds to crisis calls and works with the safer prison team regarding risk and ACCTs (Assessment, Care in Custody and Teamwork).

The figures below are a snapshot of some of the work completed each month in HMP Hull and Humber:

- During June 2021, 574 men were on mental health caseloads
- 172 assessments completed
- 408 people seen for a screening triage
- 196 ACCTS attended
- 67 men seen in non-medical prescribing clinics
- 59 psychiatrist appointments attended

We are continuing to provide support and have adapted the way we work during the pandemic, further developing the service to incorporate community pathways, shared resources, IAPT (Improving Access to Psychological Therapies) workers, apprentices, counsellors and other specialisms to support the continual wellbeing of patients in the custodial environment.

Jo Shaughnessy

Offender Health Service Manager
City Healthcare Partnership





NHS Clinical Commissioning Groups

There are currently four NHS Clinical Commissioning Groups (CCG) within the Humber footprint that support the MAPPA arrangements in the area. These are NHS Hull CCG, NHS East Riding of Yorkshire CCG, NHS North Lincolnshire CCG and NHS North East Lincolnshire CCG. Throughout 2020-21 the CCGs continued to fulfil legislative duties of the Criminal Justice Act 2003 and associated requirements of the duty to co-operate within MAPPA processes. These responsibilities were delivered via attendance and representation on the MAPPA Strategic Management Board, MAPPA Level 2 and 3 meetings and professional meetings where required.

The COVID-19 pandemic placed enormous pressure on the NHS throughout the year and it was essential that all health agencies responded to the unprecedented challenges of supporting all vulnerable citizens in our communities. Attendance at MAPPA meetings by CCG representatives, enabled access to all elements of health care for offenders, victims and families who were affected and supported by the process. Health professionals that attended MAPPA meetings offered signposting to NHS services and responsibilities, whilst also providing advice and guidance regarding mental health, mental capacity and risk assessment. Engagement also afforded appropriate disclosures to address and negate the risk to health professionals involved in delivery of both physical and mental health care in our Humber communities.

As the NHS heads into 2021-22, further significant changes will occur as the NHS Long Term Plan progresses towards the introduction of new legislation and reconfiguration of services affecting Clinical Commissioning Groups. The progressive development of Integrated Care Systems (ICS) will see new NHS organisations emerge with commissioning responsibilities. Subject to legislation, the Humber, Coast and Vale ICS will begin full duties in April 2022. Supporting the MAPPA arrangements will remain a high priority for all health organisations in each place across the Humber region.

David Blain

Designated Professional
for Safeguarding Adults
Hull CCG

NHS England & NHS Improvement & Secure Hospital Pathways

NHS England & NHS Improvement is responsible for commissioning a range of specialist treatments for people across Humberside and Nationally. This responsibility will devolve at a local level in October 2021 to a Lead Provider Collaborative (LPC) arrangement for the population of Humberside this will become the responsibility of Humber Coast & Vale Provider Collaborative.

Secure services are one of the specialist services that work closely with Humberside MAPPA. Secure services provide in-patient treatment for Children & Young People and Adults aged 18 years and over with mental disorders; these include mental illness (MI), personality disorder (PD) and neurodevelopmental disorders (NDD) including learning disabilities (LD) and autism (ASD).

Secure services also provide care and treatment for people who are deaf and for those patients who have an acquired brain injury.

Patients are liable to be detained under the Mental Health Act when their risk of harm to others and risk of escape from hospital cannot be managed safely within other mental health settings.

Patients typically have complex chronic mental disorders, which are linked to offending or seriously harmful behaviour. Some will be involved with the criminal justice system (CJS), courts and prison, and may have Ministry of Justice (MoJ) restrictions imposed.

Three levels of security currently exist across secure adult inpatient services each of which provides a range of physical, procedural and relational security measures to ensure effective treatment and care whilst providing for the safety of the patient and others including patients, staff and the general public:

- High Secure services provide care and treatment to those individuals who present a grave and immediate risk to the public and who must not be able to escape from hospital.

- Medium secure services provide care and treatment to those individuals who present a serious risk of harm to others and whose escape from hospital must be prevented.
- Low secure services provide care and treatment for individuals who present a significant risk of harm to others and whose escape from hospital must be impeded

Patients in secure services are allocated designated NHS England & Improvement Case Managers.

What does a Case Manager do?

Case Managers are vital in the delivery of robust, regular oversight of long-term segregation (LTS) and seclusion arrangements for all patients in line with the requirements of the Mental Health Act Code of Practice. The Case Manager's role is important to support national reporting around LTS and seclusion and external review processes.

Case Managers play a vital pivotal role within specialised commissioned services, providing credible oversight and facilitation of care for patients. Their role is to support the commissioning function by:

- Providing oversight of patient pathways, identifying potential/actual gaps in provision and barriers to progress
- Involvement prior to admission with referrals pre and post assessment for specialised services – particularly in managing cases that are escalated e.g. escalation calls, liaison with potential providers (variable involvement across areas)
- Listening to and talking with patients, their families and carers
- Ensuring the voices of patients and their families are heard and acted upon
- Monitoring and reviewing the quality and safety of provision

- Observing providers in practice
- Monitoring and reviewing quality information and local intelligence
- Patient pathways must be reviewed at regular intervals with clinical teams. This should be no less than 6-weekly for all Child and Adolescent Mental Health Service (CAMHS) patients and 8-weekly for all adult patients where case management is in place
- Individual clinical outcomes must be agreed for all patients and generic outcomes in line with service specifications and related quality dashboards. Monitoring systems must be in place to ensure outcomes are being achieved in line with expectations and in partnership with patients and their families where appropriate
- Clinical teams must be robustly challenged by case managers where required. This includes liaison with both inpatient, families, community teams, the Criminal Justice System, Local Authorities and Education if necessary. Goals and accountabilities for the delivery of these must be agreed and monitored where there is a lack of progress to make admission a success.

Maria Pink

Adult Case Manager
(North East and Yorkshire Region:
Specialised Commissioning Team)
NHS England and NHS Improvement



Transforming Care Programme

The Transforming Care programme (TCP) aims to improve the lives of children, young people and adults with a learning disability and/or autism who display behaviours that challenge, including those with a mental health condition. The three aims of the TCP are to improve quality of life and improve quality of care for people with a learning disability/autism and to enhance community functions to reduce inappropriate hospital admissions and length of stay in hospital.

As part of the programme, local health and social care commissioners have enhanced the community learning disability services to develop an Intensive Support Team (IST) and a Forensic Outreach and Liaison Service (FOLS). One of the FOLS primary goals is to work with people with a learning disability/autism with a forensic background who have been in hospital long term with the aim of supporting a safe transition back into the community. This has been a slow progress due to a combination of factors including the COVID pandemic and the lack of established local social care provision for this complex client group. We have seen a number of people who are now living successfully in the community, though for some, the journey out of hospital is still underway.

"Daniel" has been detained in a medium secure under section 37/41 since 2011 following an index offence of arson. At the time Daniel had been living on his own and had felt dismissed when he tried to tell people that he couldn't cope on his own. Daniel was recognised under the TCP as somebody who needed support to reduce the length of his hospital stay and so FOLS took on his case 18 months ago. When FOLS attended initial meetings about Daniel, it was considered that he may never leave hospital as he was 'too dangerous'. However, over the last 18 months the team have met with Daniel and have reviewed and updated risk assessments with a community focus and they have evidenced how the risk could be managed in the community, and why his risks had reduced during his stay. They have worked with social care to approach appropriate providers to care for Daniel following discharge, and supported them to find the balance between enough support, but not overly restrictive support. A clear plan has been put in place for support to Daniel on discharge, which includes the IST offering weekly visits. Due to the support around Daniel on his discharge and being managed by a MAPPA level 2 Category 2 offender there are no further recommendations for restriction at this stage. Daniel is due to go on section 17 leave and there is a robust plan in place for discharge from hospital in the imminent future. After being in a medium secure hospital for 10 years, Daniel is finally being given the opportunity to live a life in the community with the right package of support to enable him and the people around him to feel safe.

Dr Amy Griffiths

Humber Teaching NHS Foundation Trust

2020/21 Humberside Strategic Management Board

Effective Multi-Agency Public Protection Arrangements require close working relationships. During this year, the Humberside SMB has welcomed a number of new representatives. Humberside area is well represented in all locations by the following Strategic Management Board Members;

Kate Munson,
Chair of the SMB
Head of the Probation Delivery Unit
(Hull and East Riding)
Probation Service, Yorkshire and the Humber

Chris Noble,
Vice Chair of SMB
Assistant Chief Constable
Humberside Police

Phill Ward
Detective Chief Superintendent
Humberside Police

Mark Skelton
Detective Inspector, Safeguarding
Governance Unit / MAPPA
Humberside Police
(Former reps: Aidan Clarke /
Stephen Littlewood)

Nick Hamilton Rudd
Head of Probation Delivery Unit (North and
North East Lincolnshire)
Probation Service, Yorkshire and the Humber
(Former rep: Joanne Atkin)

Adela Kacsprzak
Head of Public Protection
Probation Service – Yorkshire and the Humber

Chris Brookes
MAPPA Co-ordinator
Probation Service – Yorkshire and the Humber

Pam Dent
SPO Victim Contact Scheme Manager
South Victim Liaison Unit
Probation Service, Yorkshire and the Humber

Charlotte Mann
Deputy Governor
HMP Hull

Simon Parry
Head of Offender Management
HMP Full Sutton

Tom Hewis
Head of Early Help and Protection
North Lincolnshire Council
(Former rep: Mick Gibbs)

Victoria Lawrence
Head of Social Work and Assurance –
Adult and Community Wellbeing
North Lincolnshire Council

Rachel Donnachie
Assistant Director
Safeguarding Children, Young
People and Families Directorate
Hull City Council

Tracy Meyerhoff
Director of Adult Social Care
Hull City Council
(Former rep: Alison Barker)

Beverley Compton
North East Lincolnshire Clinical Commissioning
Group (CCG); Covering Adult Social Care for
North East Lincolnshire Council and health
related matters for the CCG

Penny Donno
Head of Children and Young
People's Safeguarding and Support
East Riding of Yorkshire Council

Julia Weldon
Director of Public Health
and Adult Social Care
Representing the Humber
Directors of Public Health
Hull City Council

Melanie McKee
Public Health Commissioning Lead
for Addictions and Substance Use
East Riding Council

Lynn Parkinson
Chief Operating Officer
Humber Teaching NHS Foundation Trust

Dr Kate Yorke
Associate Director of Psychology
Humber Teaching NHS Foundation Trust

David Pullen-Higham
Head of Mental Health NHS Hull
Clinical Commissioning Group

Lindsay Britton-Robertson
Designated Nurse Safeguarding Adult
East Riding of Yorkshire Clinical
Commissioning Group

Mary Kearney
Designated Nurse Safeguarding Children
East Riding of Yorkshire Clinical
Commissioning Groups

Victoria Amos
Electronic Monitoring –
EMS Care & Justice Services

Liz Hutchinson
Senior Operations Manager
Department for Work and Pensions

Tim Gallacher
HM Inspector
Yorkshire and Humberside Immigration
Compliance and Enforcement

Rachael Schleicher
Area Manager YOS & Making a Change
Targeted Intensive Services
Youth Offending Service
East Riding Council
(Former rep: Samantha Matthews)

Mick Maskell
Lay Adviser
C/o: Probation Service

Richard Albery
Lay Adviser
C/o: Probation Service

For further queries, please contact: 01482 578212
or e-mail: SGU@humberside.pnn.police.uk

The MAPP logo is located in the top right corner. It consists of the word "MAPP" in a white, bold, sans-serif font, set against a dark blue and purple gradient background that is shaped like a right-pointing arrow.

MAPP

A dark blue semi-transparent banner is positioned at the bottom of the page. It contains the text "MAPP Report available at:" in a white sans-serif font, followed by the website address "www.gov.uk" in a larger, bold white sans-serif font.

MAPP Report available at:
www.gov.uk