

MAPPA POLICY

Multi-Agency Public Protection Arrangements (MAPPA)

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1. INTRODUCTION

1.1 The MAPPA framework has four core functions:

- 1) The identification of MAPPA offenders;
- 2) The sharing of relevant information among those agencies involved in the assessment and management of MAPPA offenders;
- 3) The assessment of the risk of serious harm; and.
- 4) The management of that risk.

1.2 This policy is to ensure that the Trust complies with the National MAPPA guidance (MAPPA Guidance 2012 v4 and update document August 2013) and reinforces the Trust's commitment to effective risk management.

1.3 The purpose of the Multi Agency Public Protection Arrangements (MAPPA) is to minimise the risk of sexual and violent offences to the public posed by identified high-risk individuals, usually living in the community, through the sharing of relevant information.

1.4 The responsibility for identifying MAPPA Eligible Offenders falls to each agency that has a statutory role in their supervision or care. The Multi Agency Public Protection Arrangements have a wide membership from agencies which include Police, Probation, Prison Service (known as the Responsible Authorities) and Local Authorities, Housing, Education, Jobcentre Plus, CCG's, Acute and Mental Health Trusts, Youth Offending teams and the voluntary sector (known as Duty to Co-operate Agencies).

1.5 The Trust sits within the MAPPA area of Avon & Somerset MAPPA Strategic Management Board which covers Somerset, North Somerset etc. However, staff may work with other MAPPA areas where they border the core Somerset area (such as Devon and Dorset).

1.6 Each MAPPA area develops a strategic plan to reduce the harm, risk and frequency of sexual or violent offending and abuse in its area, by developing preventative and effective response strategies.

1.7 Sompar, as a Duty to Cooperate agency, is member of the local MAPPA Partnerships, and in a small number of cases where the offender is solely managed by mental health services has the lead role in managing the service user's risks under MAPPA.

1.8 The Trust is committed to ensuring that all staff meet their duties in helping to identify the immediacy, severity and the likelihood of seriousness of risk and to cooperate effectively with other partner agencies to:

- Minimise and manage dangerousness
- Ensure public protection
- Develop defensible practice
- Operate proactive rather than reactive risk management plans for the benefit of the service user and carers

- Effective sharing of confidential information across agencies, within existing policies and protocols (e.g. Caldicott NHS Code of Confidentiality (2003))
- Work within Section 115 Crime and Disorder Act (1998) and the Data Protection Act (1998) to promote effective protection of the service users, carers and members of the public

2. PURPOSE & SCOPE

- 2.1 This overarching policy intends to assist staff in effectively meeting their duties to minimise the risk of sexual and violent offences to the public.
- 2.2 This policy should be considered in conjunction with the National MAPPA guidance and the document issued by the Ministry of Justice; “Guidance for Working with MAPPA and Mentally Disordered offenders”.
- 2.3 The policy also describes the support, advice, procedures, and guidance available to staff, both internally and externally, in the effective management of the risks of violent and / or sexual offending by service users within their sphere of practice.
- 2.4 This policy applies to all Trust staff working with service users, families and carers.

3. DEFINITIONS

- 3.1 **Adult Safeguarding:** An adult at risk as defined in the Care Act 2014 Care and Support Statutory Guidance (March 2016) is ‘a person who has needs for care and support (whether or not the authority is meeting any of those needs); is experiencing, or is at risk of, abuse or neglect and; as a result of those needs is unable to protect himself or herself against the abuse or neglect or the risk of it. This process of protecting an adult at risk is managed through the SAB (Safeguarding Adults Board) adult multi-agency procedures.
- 3.2 **Children Safeguarding:** Defined within the Children Act 1989 as a child aged 0-17 years; deemed at risk or has suffered “significant harm” by abuse or neglect; by others. Under s47 agencies are required to make a safeguarding referral to the local authority Children’s Social Care, for the area in which the child lives. LSCB (Local Safeguarding Children’s Board) child protection procedures will apply.
- 3.3 **Multi-Agency Public Protection Arrangements (MAPPA)** – a set of arrangements established by Police, Probation and the Prison Services (‘the Responsible Authority’ - RA) to assess and manage the risks posed by sexual and violent offenders. Health, along with other agencies such as Local Authority Housing and Social Services has a ‘Duty to Co-operate’ (DTC) Established by the Criminal Justice Act (2003).
- 3.4 **Registered Sex Offender (RSO):** A person subject to the notification requirements of part 2 of the Sexual Offences Act (2003).

- 3.5 **Violent Offenders:** Violent offenders sentenced to imprisonment or detention for 12 months or more, or detained under a hospital order. Also includes a small number of sexual offenders who do not qualify for registration and offenders disqualified from working with children.
- 3.6 **MAPPA Eligible Offenders:** Offenders defined in law as eligible for MAPPA management, because they have committed specified sexual and/or violent offences and/or they currently pose a risk of serious harm.
- 3.7 **MAPPA-eligible Mentally Disordered Offenders:** Mentally disordered offenders (MDOs) who are MAPPA-eligible are those who are:
- convicted of a specified sexual or violent offence – Schedule 15 to the Criminal Justice Act 2003 (the 2003 Act) - and sentenced to twelve months or more imprisonment, or
 - detained in hospital subject to powers of the 1983 Act under sec 37/41.

This means:

- those sent direct to hospital by a court, to be detained under a Hospital Order (section 37 of the 1983 Act), with or without a Restriction Order (section 41 of the 1983 Act)). (A Restriction Order imposes, as its name suggests, certain restrictions upon the patient, which are considered necessary in order to protect the public from serious harm.) This group includes those who are sexual offenders subject to the notification requirements or found not guilty by reason of insanity or unfit to plead (having done the act);
 - prisoners whose detention in hospital was directed by the sentencing court (section 45A of the 1983 Act) or by the Secretary of State (section 47 of the 1983 Act);
 - other dangerous offenders – assessed as presenting a risk of serious harm and detained under either section 3 of the 1983 Act or a “notional section 37” of 1983 Act at the end of a prison sentence, with a past conviction for a violent or sexual offence, and indicators of potential increase in risk of serious harm to others that requires management at level 2 or 3.
- 3.8 **Relevant MAPPA-eligible mentally disordered offenders in the community subject to powers of the 1983 Act are:**
- offenders who are subject to a conditional discharge under sections 37 and 41;
 - offenders under a community treatment order made under section 17A;
 - sexual or violent offenders who are required to register with the police; and
 - offenders who are simultaneously subject to Mental Health Act powers and to registration requirements for a sexual offence.
- 3.9 **MAPPA Single Point of Contact:** (SPOC) Acts as a central point within an organisation to advise on and co-ordinate any information sharing to MAPPA Co-ordination Unit.

3.10 **MAPPA Categories:** there are three categories in MAPPA that define who is eligible to be managed under MAPPA:

Category 1: Sex Offenders who are required to register under part 2 of the Sexual Offences act 2003

Category 2: Violent offenders sentenced to 12 months imprisonment or more, convicted offenders subject to a Hospital or Guardianship Order under Part 3 of the Mental Health Act, or other sexual offenders (generally those individuals who do not meet the requirement for the Sex Offenders Register)

Category 3: Other dangerous offender: a person who has been cautioned for or convicted of an offence which indicates that he or she is capable of causing serious harm and which requires multi-agency management. This might not be for an offence under Sch.15 of the CJA 2003

Category 2 and 3 may include counter terrorism related cases.

3.11 **MAPPA Levels:** there are three levels of management of individual cases whatever the category of the offender:

Level 1: Ordinary Management

This level of management means that it is likely the case is being managed by one or two agencies who are communicating well together in order to manage the risks to the public. This case could be a high risk of harm to the public, but the nature of the risk means that it is manageable at this level. The majority of MAPPA eligible offenders are managed by a single agency at level 1.

Level 2: Active Multi Agency Management

MAPPA Level 2 management and meetings are held in cases where there is the active involvement of a number of agencies in order to share information between agencies, and assist in developing effective plans around the persons being discussed to reduce their risk of re offending and to protect the public.

Level 3: Active Multi Agency Management

MAPPA Level 3 management and meetings are held in cases where there is the active involvement of a number of agencies. This level of management means that the case is particularly complex and/or it has potential media interest, and as such requires multi agency working at a senior level. It is vital, given the high-risk threshold for these meetings that practitioners provide information as requested, in order to demonstrate meeting the duty of care to protect service users, their children, carers and family as well as the wider public.

3.12 **Potentially Dangerous Person (PDP):** there is a separate police led process for Potentially Dangerous Persons (PDP). PDP cases cannot be lawfully managed using the MAPPA procedures and cover a person who has not been convicted of, or cautioned for, any offence placing them in one of the three MAPPA categories, but whose behaviour gives reasonable grounds for

believing that there is a present likelihood of them committing an offence or offences that will cause serious harm. Advice on a potential PDP case or on information sharing in these cases should be obtained from the Trust Safeguarding Team as they sit outside the MAPPA legal framework. If deemed appropriate Sompar Safeguarding team can obtain further advice by contacting the MAPPA and ViSOR unit.

There will be occasions when a person fall outside the criteria for inclusion under MAPPA or PDP but still poses a risk of harm to others. The management of these cases should be approached using a multi-agency risk management approach.

- 3.13 **Trust Single Point of Contact:** The Trust has joint single point of contact arrangements with the MAPPA Coordinator to manage the transmission of documents, including referrals, checks and MAPPA minutes and plans between the Trust and the Police.
- 3.14 **Completed MAPPA referrals, Form I's or other forms must be sent to the Safeguarding Team at safeguardingadultsteam@sompar.nhs.uk.** They should not be sent directly from practitioners to MAPPA.

The received forms will then be checked and forwarded to the relevant MAPPA administrator by secure e-mail. Data on referrals and Form I's contacts is recorded for governance and reporting purposes. Requests sent by the MAPPA Coordinator to attend MAPPA meetings are copied to the single point of contact to as well as inviting the relevant Team Managers and practitioners, to ensure that case attendance is maximised and attendance data recorded for governance purposes. Transmission of minutes and other documents arising from meetings are transmitted through the single points of contact.

4. DUTIES AND RESPONSIBILITIES

- 4.1 MAPPA issues are managed through the terms of reference of the Safeguarding Steering Group, which reports to the Board Clinical Governance Committee.
- 4.2 **Trust Board and Chief Executive**
Need to ensure that Sompar comply with our "duty to co-operate" under the Criminal Justice Act 2003 as a key health agency delivering mental health services to clients who may have an offending history.
- 4.3 **Head of Safeguarding**
The responsible Executive Director for MAPPA and reports to the Trust Board.

4.4 **Safeguarding Adults Lead**

The responsible Lead Senior Manager, duties include:

- developing of policies, systems and the annual Trust work plan for MAPPA
- quarterly reporting to the Safeguarding Steering Group
- leadership of the Trust Safeguarding Team

4.5 **Safeguarding Adults Team**

Acts as the Single Point of contact (SPOC) for all MAPPA related work.

- by acting as a source of advice on the MAPPA process for specific mental health service users
- by acting as a liaison worker between the MAPPA and frontline / involved healthcare clinicians, facilitating their presence at meetings or ensuring information / reports are provided where their attendance is not possible
- when third party requests are received from the MAPPA Co-ordination unit, the SPOC will identify the involved clinicians and request the relevant information; using the agreed pro-forma. The SPOC will then forward the information requested maintaining confidential records of such requests
- where there are no specialist mental health records, the SPOC will communicate back to the MAPPA Co-ordination Unit when a nil return is made
- will agree with the local MAPPA co-ordination unit what confidential information can be shared with teams providing care and support to service users who are subject to MAPPA.
- Records on Rio MAPPA related discussions (as does the responsible clinician)
- liaises appropriately with other health care professionals involved or potentially involved in MAPPA processes and ensures that information on identified safeguarding risks are discussed with the children safeguarding team or adult safeguarding team within the local authority.
- in all MAPPA cases the SPOC will offer support and advice to the person/s making the referral
- attend the MAPPA Health and Social Care Sub Group Meeting, held quarterly, disseminating information and raising any necessary issues with their nominated line manager and /or via the Sompar Safeguarding Steering Group
- SOMPAR managers also sit as a panel members on the Level 2 meetings in Somerset to ensure all meetings have appropriate advice on MH histories and interventions

4.6 **Adult Mental Health and Learning Disability Staff**

- The Adult Mental Health / Adult Learning Disability Service / Older Persons staff member completing the initial core mental health assessment is responsible for identifying any known MAPPA eligible offender within 3 days of admission to hospital.
- They must inform the SPOC or deputy who will then ensure that the MAPPA coordination unit is notified. Identification to the SPOC is via the MAPPA I notification form (Appendix B). A copy will be retained in notes and one copy to be sent ELECTRONICALLY to the SPOC at

safeguardingadultsteam@sompar.nhs.uk. They should not be sent directly from practitioners to MAPPA.

- Must inform the SPOC of admissions of known or suspected MAPPA offenders to other inpatient units in the organisation (e.g Community Hospitals).
- The Adult Mental Health/Adult Learning Disability/Older Persons Service staff completing the CPA review should notify the SPOC of any planned discharge of MAPPA eligible offender six months prior to discharge or when unescorted leave is being considered. The SPOC or deputy will then ensure that the MAPPA co-ordination unit is notified. The CPA review should also consider whether a referral to MAPPA level 2/3 is required at this point.
- Clinical staff should ensure that MAPPA eligible offender's clinical records; risk assessment and action plans communicate clearly the identified risk areas and agreed management with all involved staff.
- Clinical Staff will support information sharing with the MAPPA Co-ordination unit to support effective management of risk.
- SOMPAR manager sits/provides advice on all MAPPA referrals to MAPPA and ViSOR unit screening meetings.

4.7 MAPPA Coordination Unit will, following a referral from any agency, via the Sompar Safeguarding SPOC, request the agency conducts a scope of clinical involvement, and share relevant information to support effective risk assessment and planning. Staff clinically involved with the case will be asked to support the information request. The Sompar Safeguarding SPOC will then ensure that the information request is shared with the MAPPA co-ordination unit. Guidance on information sharing is provided in the "Frequently Asked Questions" section (Appendix A).

4.8 Where transfer of high risk MAPPA offenders who may present a danger to the public and/or staff to external treatment facilities such as casualty is deemed necessary then the police must be consulted and their assistance and support requested.

4.9 Though the majority of MAPPA referrals will come from AMH/LD it is crucial to recognise that staff across the organisation may come into contact with MAPPA offenders. If help, advice or guidance is needed then the Sompar Safeguarding SPOC is a resource for all staff to access.

4.10 **Team Managers**

The Team Manager is responsible for acting as a resource on safeguarding issues, provision of required data, implementation of audits and relevant training planning, cascade of information, safe recruitment and workforce issues, and support and supervision to their team on safeguarding issues.

All staff working with service users, families and/or carers are responsible for ensuring that their practice is compliant with the Trust MAPPA policy and that they adhere to the MAPPA National Guidance.

5. TRUST MAPPA PROCEDURES FOR ASSESSING AND MANAGING RISKS OF VIOLENT OR SEXUAL OFFENDING

- 5.1 In order for a person to be managed under MAPPA, they must:
- have MAPPA eligible offences (these are defined sexual offences or serious offence involving violence set out in the national MAPPA guidance)
 - have a current high risk of re-offending
- 5.2 Where a service user meets these criteria, and multi-agency working is required to manage the level of risk, a multi-agency MAPPA referral should be made
- 5.3 **Identification of MAPPA eligible offenders**
Relevant offenders for Mental Health/Learning disability are MAPPA eligible offenders:
- who are detained in hospital having been sent there by the court making a hospital of guardianship order (sec 37 of the MHA 1983); with or without a restriction order (MHA sec 41); OR
 - as prisoners whose detention in hospital was directed by the court (MHA sec 45A) or by the secretary of state (MHA Sec 47)
 - alternatively 'mentally disordered offenders' subject to MAPPA may be living in the community whilst subject to the powers of the MHA 1983. These are: Offenders who have been conditionally discharged under section 42 of the MHA; and Offenders subject to a community treatment order made under section 17A of the MHA
- 5.4 Definitions of risk of serious harm used in the MAPPA assessment of risk:
LOW – No significant current indicators of risk.
MEDIUM – Identifiable indicators of risk of harm. The offender has the potential to cause harm but is unlikely to do so unless there is a change in circumstances.
HIGH – there are identifiable indicators of serious harm. The potential event could happen at any time and the impact could be serious.
VERY HIGH – there is an imminent risk of serious harm. The potential event is very likely than not to happen imminently and the impact would be serious
- 5.5 All MAPPA-eligible offenders should be identified within three days of admission to hospital. At the first Care Programme Approach (CPA) meeting or equivalent, a designated member of the care team should be nominated as responsible for ensuring that the offender is marked as MAPPA-eligible on Rio using the Rio alerts process. At this stage formal notification to the MAPPA coordinator should be undertaken through completion on MAPPA I form (available on the Trusts MAPPA intranet page) which, once complete, should be sent to Sompar Safeguarding Adults Team SPOC for onward secure send to MAPPA coordinator. Additional information can be requested from MAPPA agencies e.g. police, probation service, prisons to help inform risk management plans.
- 5.6 For detained patients, the responsible clinician has the discretion to communicate significant events to the MAPPA coordinator at each stage of

care that may involve a move outside the secure perimeter e.g. leave out of the hospital grounds or transfer to a different hospital. This applies also to clinicians treating patients on trial leave away from the hospital where they are liable to be detained. It is strongly recommended that the MAPPA Co-ordinator should be informed by the care team of any occasion when the patient will be unsupervised in the community. This should be done via email to Sompar Safeguarding SPOC.

- 5.7 The clients risk management plan should record the MAPPA category and level. MAPPA meeting minutes will provide the risks identified and these should be reflected in the care plan, and any other interventions or plans developed to manage these risks, ie escorted leave, medication etc.
- 5.8 It should also be clearly recorded in the care plan if the client has been given the MENTAL HEALTH & MAPPA information leaflet (available on the Trust Intranet MAPPA page). All clients that Somerset Partnership have referred to MAPPA should be given this information, UNLESS it is deemed likely to increase risk of escalation of mental health difficulties or risk to client or public. If it is decided NOT to provide this information leaflet this MUST be recorded on RIO records in the ALERT section under MAPPA Eligible.
- 5.9 The MAPPA Co-ordinator needs to be aware of all MAPPA-eligible offenders who are being managed in the community. If the client was not recognised and reported as MAPPA eligible on admission at the first CPA meeting where a discharge or a community treatment order is considered, a designated member of the care team should be tasked with completing the MAPPA I form and sending it to the MAPPA Co-ordinator via the Sompar Safeguarding SPOC. This will provide the opportunity both to share clinical information with the criminal justice agencies and to request information from the police and probation services to inform risk assessment.
- 5.10 Care co-ordinators and practitioners should always ensure that they consider, and where appropriate ask the service user, when assessing or re-assessing them, whether they have committed any sexual or violent crimes, as set out in the core risk assessment on RiO or other clinical record/assessment. They must also consider if this also involves other required safeguarding actions, such as child protection, safeguarding an adult at risk or referral to MARAC.
- 5.11 Where care co-ordinators identify a relevant concern they must record the concern in the clinical record and assess the level of risk, in relation to those concerns. This assessment should include obtaining all relevant corroborative evidence from notes and from other people who may have relevant information in relation to risk. The focus of the assessment is to determine the level of risk to others, and:
 - whether the service user is on MAPPA
 - whether the service user has MAPPA eligible offences and are currently at high risk of further offending and therefore should be referred for management under MAPPA.
 - what information can and should be shared with other agencies or persons in order to manage the risks identified.

- 5.12 MAPPA and public protection issues should be routinely discussed as part of the supervision arrangements for all practitioners as set out in the Trust Clinical Supervision Policy, and the practice outcomes from supervision in individual cases recorded in the relevant service user health and social care record.
- 5.13 Although on many occasions, services will be aware of whether a service user is currently being managed by other agencies under MAPPA; it is possible that Sompar services will not always be aware that this is the case, particularly if the service user does not tell a practitioner.
- 5.14 If there are concerns that a service user may be under MAPPA management (normally evidenced by evidence or observed concerns about a risk or history of violent or sexual offending) but it is not possible to confirm this, the Police may be contacted and information in regard to such risks and MAPPA status and history) requested. This can be done by contacting the police SCU, IRIS team or via Sompar Safeguarding SPOC.
- 5.15 Full details of multi-agency MAPPA procedures are available in the National MAPPA guidance, which is available within the Trusts intranet MAPPA safeguarding pages.
- 5.16 Referral process to level 2 and 3 MAPPA
When planning discharge arrangements for a MAPPA-eligible offender, bearing in mind that discharge is at the discretion of the First-tier Tribunal (Mental Health) or the Secretary of State and that discharge cannot be certain until after the event, the CPA meeting should consider whether active multi-agency management is required. If on S.37, a Notional 37 or S.3 then the RC can discharge. If so, a designated member of the care team should refer the offender to the MAPPA co-ordinator for a level 2 or 3 meeting. Such a meeting will enable information sharing, the preparation of an inter-agency risk management plan and access to specialist resources.
- 5.17 Most cases will be managed at MAPPA level 1, which is ordinary agency management, but this does not preclude information-sharing in order to manage the risks to the public appropriately. If the responsible clinician assesses that referral to level 2 or 3 MAPPA is appropriate, a designated member of the care team should complete the referral form MAPPA A level 2 / 3 available from the MAPPA page within the Safeguarding pages on the Trust intranet and forward it to the Sompar Safeguarding SPOC for review and onward referral via secure email.
- 5.18 The auditing of SOMPAR led level 1 cases will be the responsibility of the lead agency ie SOMPAR. An audit of a sample of level 1 cases should take place at least annually and the quality of risk management planning assessed and the level of MAPPA management reviewed and confirmed.
- 5.19 The responsible clinician or offender manager should ensure that the MAPPA co-ordinator is informed when the patient / offender is no longer MAPPA-eligible.

6. USING AND RECORDING MAPPA INFORMATION

- 6.1 In all cases, care co-ordinators or lead practitioners must then review the [CPA] risk assessment and risk management plans in RiO or the clinical record to incorporate the information provided at the MAPPA meeting.
- 6.2 Interventions and protection plans shared at MAPPA meetings remain the ownership of individual agencies.
- 6.3 However, following a MAPPA meeting, the delivery and outcome of such interventions and plans will be reported back to a further meeting until the issue of continued offending behaviours and abuse is resolved. Individual practitioners and agencies are accountable for implementing their agreed actions under MAPPA and ensuring effective inter-agency communication between meetings.
- 6.4 All MAPPA minutes and other documents will be uploaded into RiO or the clinical record, as third party information, by the Sompar Safeguarding Adults Team.
- 6.5 All safeguarding concerns must be recorded and reported appropriately following the Trusts Safeguarding referral pathway, available on the Trusts intranet safeguarding pages.

7. MAPPA GATE-KEEPING PANEL

- 7.1 If a referral is not accepted: staff will be informed of the reasons and they may be advised on further risk management.
- 7.2 If the referral is accepted then an initial MAPPA Level 2 or 3 meeting is required. The referrer will be notified of the outcome. The MAPPA Co-ordination unit will convene the meeting and invite relevant staff. Notification to any relevant parallel multi-agency processes will also be considered e.g. Multi Agency Risk Assessment Conferences (MARAC).
- 7.3 An appropriate senior manager in Sompar Safeguarding team will represent the organisation as core panel member (CPM) at Level 3 MAPPA meetings. The Sompar Safeguarding Adults Lead or Safeguarding Adults Professional will act as CPM for level 2 cases.
- 7.4 The Sompar healthcare team should also be represented at MAPPA level 2/3 meetings by a relevant team member who has experience, knowledge and awareness of the offender i.e the Care co-ordinator. It may be that the Consultant Psychiatrist is not the most appropriate clinician in these circumstances to attend, depending on the input from a range of other clinicians involved in the persons care such as a Registered Mental Health Nurse, Psychologist, Occupational Therapist etc. The most appropriate team member is invited to attend by the MAPPA Co-ordination Unit. Where that member is unable to attend then it is their responsibility to ensure that a deputy possessing current knowledge of the offender and any necessary relevant information required will attend.

7.5 Where specifically required staff cannot attend then they must inform the Safeguarding Adults Team and provide a deputy as above. If none are available then the Sompar Safeguarding Team representative as Core Panel Member (CPM) will take on this role. It is the CPM's responsibility to ensure that they have all necessary and current information on the offender in order to contribute effectively to the MAPPA meeting.

8. DISCLOSURE

8.1 There is a requirement under the National MAPPA Guidance to consider if disclosure is required to victims and potential victims in order to help them manage risks to themselves. In Level 2 and 3 meetings the decision to disclose (or not) is taken by the chair.

8.2 At Level 1, disclosure should be considered at points of review (e.g. CPA reviews) and at any point where there is a significant change in risk, including access to leave, and the decision of the Responsible Clinician and outcome recorded. However, if disclosure is considered required, then the need for referral to Level 2 or 3 multi agency management should be also considered. This requirement for disclosure is in addition to the disclosure requirements to past victims set out in the Mental Health Act 1983.

8.3 MAPPA eligible offenders should be notified of their status unless it is assessed for reasons of risk management/risk to victims this is not appropriate.

9. INFORMATION SHARING AND RECORDING

9.1 All information sharing must:

- have lawful authority (this includes authority derived from the Data Protection Act 1998, Human Rights Act 1998, Section 115 Crime and Disorder Act 1998, Section 325 Criminal Justice Act 2003, Common Law, and Statutory Duties of Confidence)
- be necessary
- be relevant and proportionate to the purpose for sharing the information
- ensure the safety and security of the information shared
- comply with the HM Government Information sharing guidance for practitioners and managers

9.2 Full direction and guidance in relation to sharing information on Multi Agency Public Protection Arrangements are set out in the relevant local multi agency procedures and related information sharing protocols. These protocols are underpinned by the legal duty to share information set out in the Crime and Disorder Act (1998) to prevent crime, and the duties set out in the Criminal Justice Act 2003 and the Domestic Violence, Crime and Victims Act 2004.

9.3 Given that the purpose of sharing information within MAPPA is to prevent the repetition of a serious criminal offence, consent from the service user is not required to share or receive information that is relevant and proportionate to managing the risks of further sexual or serious violent offences.

9.4 Advice on what information might be relevant is available from the Trust

9.5 Safeguarding Team. Advice on confidentiality is available from the Trust Caldicott Guardian.

10. MONITORING COMPLIANCE AND EFFECTIVENESS

Minimum requirements	Process for monitoring	Responsible Individual / Group	Frequency of Monitoring
Ensure that MAPPA eligible cases are managed at correct level	Cases Reviewed	Safeguarding Adults Team	Monthly
	Audit high risk cases	Safeguarding Adults Team	3 monthly
	Audit all cases	Safeguarding Adults Lead	Yearly
Appropriate referrals are made into the MAPPA process	All referrals are screened All referrals are logged	Safeguarding Adults Team	Ongoing
	All referrals (and referral outcomes) are included in MAPPA element of Clinical Governance quarterly reports and SFG Steering Group	Safeguarding Adults Lead	3 monthly
Safeguarding Adults Team to be informed of MAPPA eligible offenders admission to hospital within 3 days	Audit process as above	Safeguarding Adults Lead	3 monthly
Keep up to date list of all MAPPA eligible cases currently supported by Sompar Services	Audit process as above	Safeguarding Adults Lead	Yearly

11. TRAINING REQUIREMENTS

11.1 The Trust will work towards all staff being appropriately trained in line with the organisation's Staff Mandatory Training Matrix (training needs analysis).

12. REFERENCES, ACKNOWLEDGEMENTS AND ASSOCIATED DOCUMENTS

12.1 References

- Mental Health Act 1983, 2007
- Mental Health Act Code of Practice
- Safeguarding Vulnerable Groups Act 2006
- Integrated Care Programme Approach Policy
- Risk Management Policy

12.2 Cross reference to other procedural documents

- Clinical Assessment and Management of Risk of Harm to Self and Others policy
- Clinical Supervision Policy
- Confidentiality And Data Protection Policy
- Risk Management Policy and Procedure
- Safeguarding Adults at Risk Policy
- Safeguarding Child Protection Policy
- Section 17 Leave Policy Mental Health Act 1983
- Staff Mandatory Training Matrix (Training Needs Analysis)

All current policies and procedures are accessible in the policy section of the public website (on the home page, click on 'Policies and Procedures'). Trust Guidance is accessible to staff on the Trust Intranet.

13. APPENDICES

For the avoidance of any doubt the appendices in this policy are to constitute part of the body of this policy and shall be treated as such.

Frequently Asked Questions

1. What is MAPPA?

MAPPA stands for Multi-Agency Public Protection Arrangements. It is the process through which the Police, Probation and Prison Services work together with other agencies to manage the risks posed by violent and sexual offenders living in the community in order to protect the public. View

2. Who is managed through MAPPA?

There are three categories of violent and sexual offenders who are managed through MAPPA:

Registered sexual offenders are required to notify the police of their name, address and personal details, under the terms of the Sexual Offences Act 2003. The length of time an offender is required to register with Police can be any period between 12 months to life, depending on the age of the offender, the age of the victim and the nature of the offence and sentence they received.

Violent offenders who have been sentenced to 12 months or more in custody or to detention in hospital and who are now living in the community subject to Probation supervision.

Other dangerous offenders who have committed an offence in the past and who are considered to pose a risk of serious harm to the public.

3. How does MAPPA work?

All MAPPA offenders are assessed to establish the level of risk of harm they pose to the public. Risk management plans are then worked out for each offender to manage those risks. MAPPA allows agencies to assess and manage offenders on a multi-agency basis by working together, sharing information and meeting, as necessary, to ensure that effective plans are put in place.

There are three levels of MAPPA management. They are mainly based upon the level of multiagency co-operation required with higher risk cases tending to be managed at the higher levels. Offenders will be moved up and down levels, as appropriate.

Level 1 – Ordinary agency management is for offenders who can be managed by one or two agencies (e.g. police and/or probation). It will involve sharing information about the offender with other agencies, if necessary and appropriate.

Level 2 – Active multi-agency management is for offenders where the ongoing involvement of several agencies is needed to manage the offender. Once at level 2, there will be regular Multi-Agency Public Protection (MAPP) meetings about the offender.

Level 3 – Same arrangements as level 2 but cases qualifying for level 3 tend to be more demanding on resources and require the involvement of senior

people from the agencies, who can authorise the use of extra resources. For example, surveillance on an offender or emergency accommodation.

It is not possible to eliminate all risks and some offenders continue to pose a risk to others and may cause harm to another person. Through these arrangements, we can take every available measure to manage and reduce the risk.

4. What happens if the offender doesn't comply?

Registered sexual offenders who do not comply with the notification requirements can be taken to court by the Police and could face a fine and/ or up to five years in prison. All offenders supervised by the National Probation Service must comply with the conditions of their order or licence. Any failure to do so will result in action being taken. For those on licence, this could mean a return to prison and, in emergency situations, this can happen within two hours. A failure to comply does not necessarily mean that an offence has been committed; it could be a missed appointment or any behaviour which gives cause for concern.

5. Do offenders go to MAPP meetings?

Offenders do not attend MAPP meetings but they are usually told about the meeting and the decisions made.

6. How are victims involved in MAPPA?

MAPPA is all about protecting the public. All MAPP meetings will identify who could be at risk from an offender and how those people can be protected.

In all cases where an offender has been sentenced to 12 months prison or more for a sexual or violent offence, the victim(s) will be offered contact by the probation service Victim Liaison Officer (VLO). The VLO will keep the victim informed of any significant events in the sentence and help them ensure that their views are taken into account when planning for the offender's release. This might, for example, include additional conditions in the post-release licence to stop the offender contacting the victim or to exclude the offender from the area where the victim lives. Victims will not go to MAPP meetings but the VLO will attend. The VLO will ensure that the victim's views and needs are properly represented.

7. Is information shared at MAPP meetings confidential?

Information shared at a MAPP meeting is treated confidentially and will only be used for the protection of the public.

8. Is information ever disclosed to the public?

It is not possible to eliminate all risks and some offenders continue to pose a risk to others and may cause harm to another person. In order to protect the public, there are occasions where information from a MAPP meeting is disclosed to another person or group of people in order to either protect them directly from the offender or for them to protect others. For example, leisure centre staff might be alerted where a local offender is felt to pose a risk to those using the centre. When information is disclosed it will always be to ensure that the public are being protected. The person disclosing the information will explain why the information is being disclosed and give advice

on what will happen afterwards. The information is always confidential and must not be shared with others without the permission of the person who made the disclosure. Every MAPP meeting will consider whether disclosure should take place to protect the public, especially children. When the MAPP meeting decides disclosure should happen it will agree the following: who will be given the information, by whom, how this should be done and when.

9. How do I find out more about MAPPA in my area?

Every police force area in England and Wales has a Strategic Management Board (SMB) which is responsible for making sure that MAPPA is working well in your area. The SMB is attended by senior managers from police, probation and prison services (who make up the Responsible Authority and together are legally responsible for the management of MAPPA) and those agencies who have a 'duty to co-operate'. They are: Youth Offending Teams, Health Trusts and Authorities, Social Care Services, Local Authority Housing, Registered Social Landlords, Jobcentre Plus and Electronic Monitoring Providers. Two members of the public, known as Lay Advisers, also sit on the SMB.

Every year, your SMB publishes a MAPPA Annual Report, which is available on the MAPPA Justice website: <https://mappa.justice.gov.uk>.