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Multi Agency Public Protection Arrangements (MAPPA)

**Trust-Wide Clinical Policy**

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| Version number : | 7.0 |
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| Ratified by: | Quality Committee |
| Date ratified: | 30th November 2022 |
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| Implementation Date : | November 2022 |
| Last Review Date | November 2022 |
| Next Review date: | November 2025 |

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| --- | --- |
| Services | Applicable |
| Trustwide | X |
| Mental Health and LD |  |
| Community Health Services |  |

# VERSION CONTROL SUMMARY

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| --- | --- | --- | --- |
| **Version** | **Date** | **Status** | **Comments/ Changes** |
| 1 | January 09 | Draft |  |
| 2 | April 09 | Draft |  |
| 3 | June 2009 | Draft |  |
| 4 | August 2009 | Draft |  |
| 5 | September 09 | Final Version |  |
| 6 | July 2019 | Draft | Major changes to update policy in line with revised national and local guidance |
| 7 | July 2022 | Draft | Addition of category 4.  Removal of MAPPA forms from policy document in favour of website link.  Advice about recording MAPPA level 1 reviews. |

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# Executive Summary

NHS Mental Health Trusts have a duty to co-operate with the police; prisons and probation services in a way set out in the Criminal Justice and Court Services Act (2000) and later strengthened by the Criminal Justice Act (2003).

This policy sets out the background to Multi-Agency Public Protection Arrangements (MAPPA), and provides a framework for working with and referring to MAPPA.

1. **Introduction**

MAPPA is a framework of statutory arrangements introduced by the Criminal Justice Act (CJA) 2003, through which the Police, Probation and Prison Services (jointly comprising the MAPPA Responsible Authority) work together with other agencies to manage the risks posed by violent and sexual offenders, in order that re-offending is reduced and the public are protected. MAPPA is not a statutory body in itself, but is a mechanism through which agencies can better discharge their statutory responsibilities and protect the public in a coordinated way. Agencies at all times retain their full statutory responsibilities and obligations.

Under section 325(3) of the CJA (2003) certain agencies have a “duty to co-operate” with the Responsible Authority, for the purpose of assessing and managing the risks posed by MAPPA offenders. NHS Trusts are one of these agencies and are therefore required to co-operate as far as they can do so, consistent with the exercise of their other statutory functions.

1. **Purpose**

The purpose of this policy document is to provide staff working for the Trust with an understanding of the MAPPA framework and the duties imposed on Trust staff working with MAPPA-eligible offenders. This includes identifying MAPPA-eligible offenders, notification and referral requirements, and termination of MAPPA status.

The policy should be considered in conjunction with the Care Programme Approach and Clinical Risk Assessment and Management policies of the Trust, and with domestic abuse, child and adult safeguarding procedures.

1. **MAPPA framework**

The types of offenders who are managed within MAPPA are organised into four categories according to their offence and sentence:

**Category 1:** Registered sexual offenders (RSOs). Those offenders convicted of a sexual offence since 01/09/1997, and subject to the notification requirements of part 2 of the Sexual Offences Act 2003.

**Category 2:** Violent and other sexual offenders. Those offenders convicted of an offence listed under the Criminal Justice Act 2003 schedule 15 who received a custodial sentence of 12 months or more, or were sentenced to hospital or guardianship orders under s37 of the Mental Health Act 1983.

**Category 3:** Other offenders. These are offenders who do not qualify under categories 1 or 2 but are considered by the referring agency to pose a risk of serious harm that requires active inter-agency management at level 2 or 3 (see below).

Category 4: Terrorist or terrorist risk offender. Those offenders convicted of a terrorist offence or of an offence with a terrorist connection, and those offenders who have committed an offence and may be at risk of involvement in terrorism-related activity. Offenders in this category will be identified by Counter-Terrorism Police and the Probation Service National Security Division.

The MAPPA framework identifies three different levels at which offenders are managed, according to the resources needed to manage the risks they present.

**Level 1:** Ordinary agency management. This is where the risks posed by the offender can be managed by the agency responsible for the supervision or case management of the offender (e.g. mental health services). This does not mean that other agencies will not be involved; only that it is not considered necessary to actively manage through multi-agency meetings. The great majority of offenders are managed at this level.

**Level 2:** Active multi-agency management. Risk management plans for these offenders require the active involvement of other agencies via multi-agency public protection meetings.

**Level 3:** Active enhanced multi-agency management. As for level 2, but in addition these cases require the involvement of senior officers from the relevant agencies in order to be able to commit significant resources at short notice and/or where there are significant media issues and/or public interest in the case.

1. **Identification of Mental Health Cases under MAPPA**

Mental Health Trusts act as the lead agency under MAPPA for patients who are detained in hospital under a Hospital Order (s.37 Mental Health Act 1983) with or without a Restriction Order (s.41 MHA 1983) and for those who remain in hospital as a “notional s37” after their custodial sentence has expired. These patients remain subject to MAPPA, and the Trust continues to act as lead agency, until they are absolutely discharged from a Restriction Order or any Community Treatment Order ends.

The National Probation Service (NPS) or Youth Offending Team acts as the lead agency for patients detained in hospital under a Hospital and Limitation Direction (s.45A MHA 1983) or a Transfer Direction (s.47 MHA 1983) with or without a Restriction Order (s.49 MHA 1983). Although the Trust is not the lead agency for these patients, it is necessary for the Trust to co-operate with the NPS and other agencies to facilitate public safety.

Existing MAPPA offenders may also be admitted to hospital through a civil route. These patients will continue to be managed by the lead agency that had responsibility for them before admission.

1. **Role of NHS Trusts within MAPPA**

The role of NHS mental health Trusts is outlined in Chapter 26 of the Statutory MAPPA Guidance, which was updated in 2022 and can be found on the national MAPPA website at [www.mappa.justice.gov.uk](http://www.mappa.justice.gov.uk). This role includes:

6.1 Identifying patients subject to MAPPA within three days of admission to hospital via a criminal justice route. There is no expectation that NHS staff check whether patients admitted through a civil route (i.e. sections 2 or 3 of the Mental Health Act) are subject to MAPPA, unless staff are made aware of the fact or the patient’s behaviour gives cause for concern.

6.2 Notifying the relevant MAPPA administrator (for the patient’s home address) at various points using the MAPPA I form (all MAPPA forms can be found on the MAPPA website). These points include admission, first unescorted leave, discharge and exit from MAPPA. In addition, it may be appropriate to complete the MAPPA I at first escorted leave if there is an identified risk of absconding. The Ministry of Justice Mental Health Casework Section has an additional expectation that the MDT will inform the MAPPA administrator when it intends to submit an application to MHCS for any community leave (see Associated Documentation below)

6.3 Referring patients to Level 2 or 3 MAPPA meetings. When planning first unescorted leave or when discharge plans are being made, the CPA meeting should consider the appropriate level of MAPPA management. The MAPPA Q screening form should be used for this purpose. If MAPPA management at level 2 or 3 is believed to be required, a formal referral **must** be made. , using the MAPPA A form. In London the MAPPA A/B form is used. This can be found on the MAPPA website on the ‘Variant Documents’ page. Attendance at MAPPA meetings. It is good practice for each MAPPA area to have a mental health representative, who is a 'core' MAPPA panel member to meet the general duty to co-operate. This person should have the authority to commit resources on behalf of the Trust and should possess relevant experience of risk / needs assessment, as well as analytical and team-working skills. In this Trust Service Directors are responsible for appointing the mental health representative.

In individual cases a representative from the patient’s clinical team should also attend MAPPA meetings - attendance in person is the normal expectation when mental health services are the lead agency.

6.5 Sharing patient information. Mental health practitioners have a duty to co-operate with MAPPA and share information about patients which is relevant to the statutory purposes of assessing and managing risk, even where the patient does not consent.

The practice of information-sharing between agencies is governed by the Data Protection Principles set out in The Data Protection Act 2018. The primary legislation authorising information-sharing is the Criminal Justice Act 2003 for agencies with a duty to co-operate with MAPPA. General Medical Council guidance on sharing information is available at <https://www.gmc-uk.org/guidance/ethical_guidance/30608.asp>.

Patients should know that they are being managed through MAPPA, what MAPPA is, and what this means for them. However, there may be exceptional cases where information about MAPPA should be withheld from the patient on the grounds that it may increase his or her risk. This is a decision for the lead agency and must be discussed at a MAPPA meeting.

6.6 Data. MAPPA Strategic Management Boards (SMBs) need information about the number of MAPPA Level 1 cases being managed by mental health services in the community, for the MAPPA Annual Report. This information is requested annually (in March) in individual MAPPA areas.

6.7 Serious incident reviews. At the request of the SMB, the Trust may be required to contribute to MAPPA Serious Case Reviews in relevant cases. This may be in the form of providing evidence/case chronology to the independent review panel or by participating as a member of the panel.

1. **Review of MAPPA Level 1 Cases in the Community**

The Trust is the lead agency for conditionally discharged restricted patients under its care, and also for community patients subject to a Community Treatment Order following an unrestricted s37 Hospital Order. Most of these cases will be managed under MAPPA Level 1 (‘single agency management’).

Clinical teams should have a system for reviewing the MAPPA status of these cases. It is good practice for clinical teams to review MAPPA status at each CPA meeting – the MAPPA Q screening form can be used for this purpose – and to refer in to Level 2 or 3 MAPPA if active multi-agency management is required to manage the risk. A note should be made on the patient’s clinical record that the review of MAPPA status has taken place.

1. **Restrictions on Employment**

In the case of a level 1 offender where the Trust is the lead agency, the clinical team may need to inform Jobcentre Plus of any restrictions on employment, such as a legally imposed exclusion zone, or any risk of serious harm to Jobcentre Plus staff, using form MAPPA J.

1. **Exit from MAPPA**

Offenders cease to be subject to MAPPA in the following circumstances:

Category 1 offenders: when their period of registration expires. In the most serious cases registration is for life. However, following a ruling of the Supreme Court in 2010, RSOs can seek a review of registration 15 years from the date of their first notification.

Category 2 offenders: where a s.45A or s.47 patient no longer requires treatment in hospital, and they are not remitted back to prison, they may be released on licence. MAPPA ceases to apply when the licence expires (unless referred into category 3). S.37 patients exit MAPPA on absolute discharge (for conditionally discharged restricted patients) or expiry of their Community Treatment Order.

Category 3 offenders: when a level 2 or 3 MAPP meeting decides that the case no longer requires active multi-agency management at level 2 or 3.

Part 5 of the MAPPA I form should be completed by the Responsible Clinician or care co-ordinator and forwarded to the relevant MAPPA administrator when the patient is no longer subject to MAPPA supervision.

1. **Information Storage**

Information relating to a patient’s MAPPA status must be kept securely and confidentially. It is vitally important that no third party information relating to victims, for example, is disclosed inappropriately. MAPPA documentation should be kept separately from the clinical record.

1. **Associated documentation**

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| 1 | MAPPA Guidance updated May 2022 |
| 2 | London MAPPA Guidance January 2019 |
| 3 | ELFT Clinical Risk Assessment and Management Policy |
| 4 | ELFT Safeguarding Children Policy |
| 5 | ELFT Safeguarding Adults Policy |
| 6 | Working with MAPPA: guidance for working with MAPPA in England and Wales, Royal College of Psychiatrists 2013 |
| 7 | Confidentiality: good practice in handling patient information (Updated May 2018). General Medical Council |
| 8 | Ministry of Justice Mental Health Casework Section Guidance: MAPPA and the Restricted Patient System (2021) |