

# Multi-Agency Public Protection Arrangements (MAPPA) Policy

This policy describes roles and responsibilities of staff working within LPT related to MAPPA processes and procedures.

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## Version Control and Summary of Changes

Version number	Date	Comments (description change and amendments)
Version 1	12.6.2013	Development of policy identified as no current trust wide procedures or process in place.
Version 2 Final	18.7.2014	Review of policy, following changes in MAPPA multi-agency membership and roles within organisation.
Version 3 Final	7/1/15	Review with LPT safeguarding committee
Version 4 Final	13/2/15	Requested revisions incorporated. Submission for scrutiny by LPT safeguarding committee
Version 5	2/11/16	Review with LPT safeguarding committee
Version 5 A Final	11/1/17	Requested revisions incorporated. Submission for scrutiny by LPT safeguarding committee
Version 6A Final	1/6/18	Review with LPT safeguarding committee

## Definitions that apply to this Policy

<b>MAPPA</b>	Multi-agency public protection arrangements –were established by the Criminal Justice Act 2003. The police, probation and prison services – the responsible authority (RA) – must assess and manage the risks to the public 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) .
<b>Registered Sex Offender (RSO)</b>	A person subject to the notification requirements of part 2 of the Sexual Offences Act (2003)
<b>Violent Offenders</b>	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.
<b>MAPPA eligible</b>	Offenders defined in law as eligible for MAPPA management, because they have committed specified sexual and/or violent

<b>offenders</b>	offences and/or they currently pose a risk of serious harm to the public.
<b>Adult Safeguarding</b>	<p>An adult at risk as defined in the Care Act 2014 guidance (Oct 2014) 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.</p> <p>The process of protecting an adult at risk identified as either suffering or likely to suffer significant harm as a result of abuse or neglect. This is managed through <u>SAB</u> (Safeguarding Adults Board) <u>adult multi-agency procedures</u></p>
<b>Child Safeguarding</b>	<p>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 local authority, children's social care, for the area in which the child lives. <u>LSCB</u> (Local Safeguarding Children's Board) <u>child protection procedures</u></p>
<b>Due Regard</b>	<p>Having <b>due regard</b> for advancing equality involves:</p> <ul style="list-style-type: none"> <li>• Removing or minimising disadvantages suffered by people due to their protected characteristics.</li> <li>• Taking steps to meet the needs of people from protected groups where these are different from the needs of other people.</li> <li>• Encouraging people from protected groups to participate in public life or in other activities where their participation is disproportionately low.</li> </ul>
<b>MAPPA Single Point of Contact(SPOC)</b>	Acts as a central point within an organisation to advise on and co-ordinate any information sharing to MAPPA Co-ordination Unit.
<b>MHA</b>	Mental Health Act (1983)
<b>HPC</b>	The Herschel Prins Centre. LPT's low secure unit.

## **Equality Statement**

Leicestershire Partnership NHS Trust (LPT) aims to design and implement policy documents that meet the diverse needs of our service, population and workforce, ensuring that none are placed at a disadvantage over others.

It takes into account the provisions of the Equality Act 2010 and promotes equal opportunities for all.

This document has been assessed to ensure that no one receives less favourable treatment on the protected characteristics of their age, disability, sex (gender), gender reassignment, sexual orientation, marriage and civil partnership, race, religion or belief, pregnancy and maternity.

In carrying out its functions, LPT must have due regard to the different needs of different protected equality groups in their area.

This applies to all the activities for which LPT is responsible, including policy development and review.

## **Due Regard**

LPT must have **due regard** to the aims of eliminating discrimination and promoting equality when policies are being developed. Information about due regard can be found on the Equality page on e-source and/or by contacting the LPT Equalities Team.

**The Due regard assessment template is Appendix 4 of this document**

### **1.0 Purpose of the Policy**

The aim of this policy is to clearly define roles and responsibilities of LPT staff who are or are likely to be involved in the care, management, treatment or supervision of multi-agency public protection arrangements (MAPPA) offenders.

### **2.0 Summary and Key Points**

#### **Summary**

**2.1** The Criminal Justice Act (CJA 2003) provides for the establishment of the Multi Agency public Protection arrangements (MAPPA). MAPPA provide a statutory framework for inter-agency co-operation in assessing and managing violent and sex offenders in England and Wales. Under the arrangements, the 'Responsible Authority'(Police, Probation and Prisons) are supported by the duty to co-operate agencies (DTC) including health, housing, and social services to manage the risk to the public posed by dangerous offenders. The requirement of the trust to meet its obligations as a mental health provider is itemised in the Mental Health Act Code of Practice 2015 (ref 22.87).

**2.2** Risk Assessment and risk management in conjunction with the Criminal Justice System already takes place within Mental Health and Learning Disability Services (and where necessary other services) as an integral part of the Assessment and Care Planning process.

**2.3** The Probation Trust, Police and Prison Service (the 'responsible Authority') have a statutory responsibility under the Criminal Justice Act 2003 in relation to the management of offenders who are identified as posing a danger to the community.

**2.4** Dangerous offenders include those who have committed, are suspected of having committed, or assessed as very likely to commit, offences that would cause immediate and serious harm.

**2.5** The development of Multi-Agency Public Protection Arrangements (MAPPA) requires clarity and consistency of practice and procedures within the Trust in order for MAPPA obligations to be implemented.

**2.6** This policy outlines the Trust's role as a duty to co-operate agency to Multi Agency Public Protection Arrangements (MAPPA), and provides guidance to those nominated to act on behalf of the Trust when involved in MAPPA

### **3.0 Introduction**

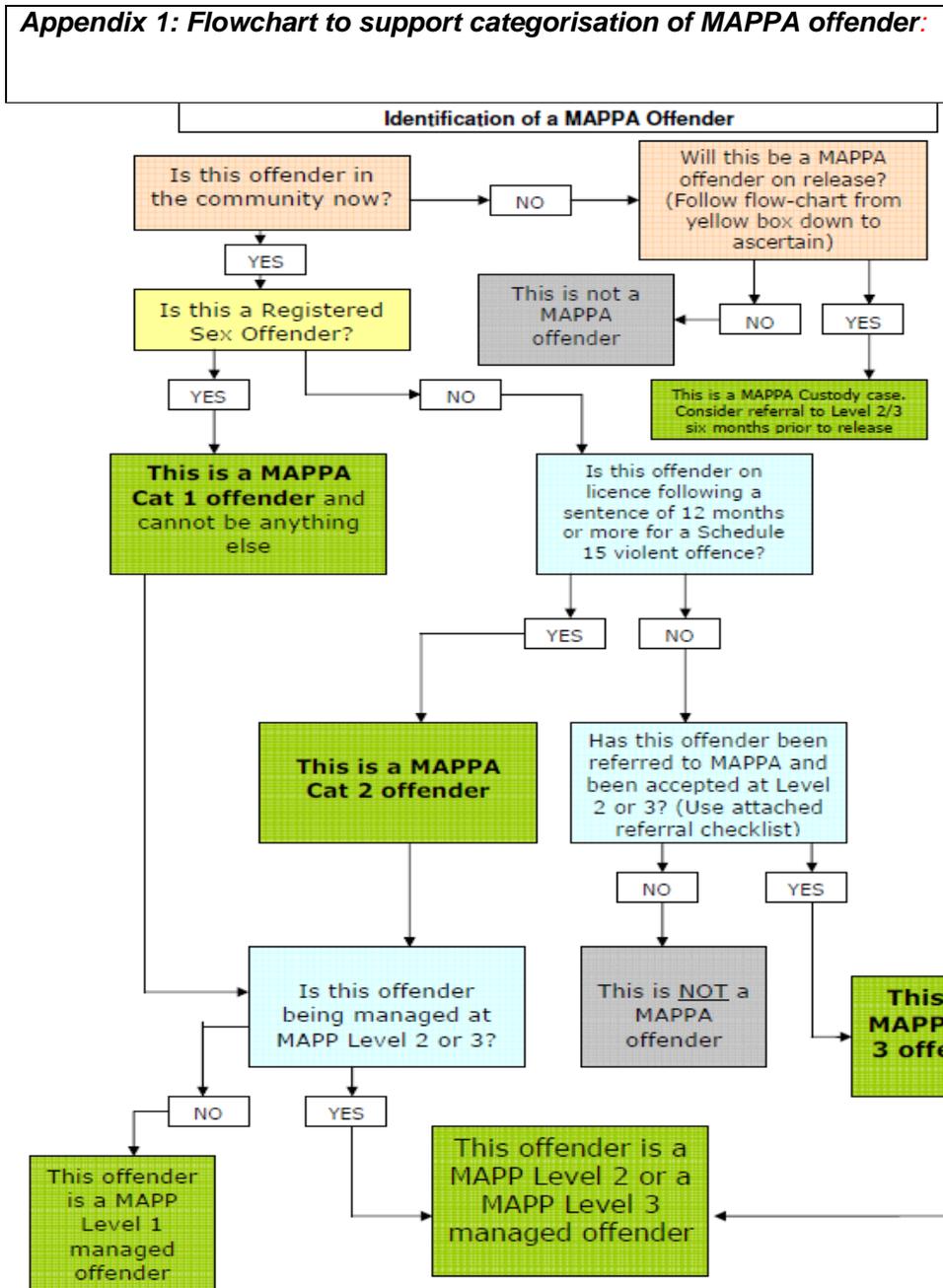
**3.1** The Mental Health Act Code of Practice 2015 defines MAPPA as 'the framework of statutory arrangements operated by criminal justice and other agencies that seeks to manage and reduce the risk presented by sexual and violent offenders in order that reoffending is reduced and the public are protected. This is done by the sharing of information and the establishment of a co-ordinated risk management plan that allows offenders (including part 3 patients) to be effectively managed (MHA Code of Practice 2015 Ref 22.88)

### **3.2 The MAPPA framework has four core functions:**

- i. The identification of MAPPA offenders;
- ii. The sharing of relevant information among those agencies involved in the assessment and management of MAPPA offenders;
- iii. The assessment of the risk of serious harm; and.
- iv. The management of that risk.

#### 4. The MAPPA process

##### Flowchart/process chart



## 4.1 MAPP categories

Every MAPP offender must be identified in one of the three categories identified below:

**Category 1:** Registered Sex offender

**Category 2:** Murderer or an offender who has been convicted of an offence under schedule 15 of the Criminal Justice Act (2003) **AND:**

Has been sentenced to 12 months or more in custody **OR**

Has been sentenced to 12 months or more in custody and is transferred to hospital under sec 47/49 of the MHA (1983) **OR**

Is detained in hospital under sec 37 of the MHA 1983 with or without a restriction order under sec 41 of that act.

**Category 3:** other dangerous offender : a person who has been cautioned or convicted of an offence which indicates that he or she is capable of causing serious harm **AND** who requires multi-agency management.

## 4.2 MAPP levels:

The level at which a case is managed is based upon the level of multi- agency input required at a particular moment in time rather than solely the level of assessed risk.

### 4.2.1 Level 1 - Ordinary agency management

Risks posed by the offender can be managed by the agency responsible for supervision or case management of that offender. This does not mean that other agencies will not be involved, but only that it is not considered necessary to refer the case to a level 2 or 3 MAPP meeting. It is essential that information-sharing takes place, disclosure is considered, and there are discussions between agencies as necessary.

These cases should be managed under the Care Programme Approach and appropriate risk assessment and action plans should be in place.

### 4.2.2 Level 2 Active Multi-Agency Managements

Cases should be managed at level 2 where the offender:

- Is assessed as posing a high or very high risk of serious harm, or
  - The risk level is lower but the case requires the active involvement and co-ordination of interventions from other agencies to manage the resending risks of serious harm, or
  - The case has been previously managed at level 3 but no longer meets the criteria for level 3,or

- Multi-agency management adds value to the lead agencies management of risk of serious harm posed<sup>1</sup>, see appendix 1 for flowchart.

#### **4.2.3 Level 3: Senior, Active, multi-agency involvement**

Level 3 management should be used for cases that meet the criteria for Level 2 but where it is determined that the management issues require senior representation from the responsible authority and duty to co-operate agencies. This may be where there is a perceived need to commit significant resources at short notice or where, although not assessed as high or very high risk of serious harm, there is a high likelihood of media scrutiny or public interest in the management of the case and there is a need to ensure that public confidence in the criminal justice system is maintained.

**WHILST THERE IS A CORRELATION BETWEEN LEVEL OF RISK AND LEVEL OF MAPPA MANAGEMENT (GENERALLY, THE HIGHER THE RISK, THE HIGHER THE LEVEL) THE LEVELS OF RISK DO NOT EQUATE DIRECTLY TO LEVELS OF MAPPA MANAGEMENT.**

**THE OTHER CONSIDERATION IS EFFECTIVE MANAGEMENT OF THE OFFENDER AND THE EXTENT THIS CAN BE ACHIEVED BY ACTIVE OR ONGOING INVOLVEMENT OF MORE THAN ONE AGENCY.**

#### **4.3 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

#### **4.4 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.

#### **4.5 MAPPa co-ordination unit:**

The MAPPa co-ordination unit is responsible for the co-ordination of all offenders managed under MAPPa. The Co-ordination Unit will:

- Receive all information on MAPPa offenders, notifications, referrals, risk assessments, exit from MAPPa etc.
- Act as a source of information for any staff from Responsible Authority Agencies and Duty to Co-operate agencies
- Facilitate centralised “gate-keeping panel”; who agree appropriateness of all MAPPa 2&3 referrals
- Coordinate, invite relevant practitioners, independently chair and produce minutes for MAPP level 2 & 3 meetings

#### **4.6 The MAPPa Strategic Management Board (SMB)**

The SMB is the means by which the responsible authority fulfils its duties under section 326 (1) of the Criminal Justice Act 2003. The SMB is responsible for managing MAPPa activity and implementing MAPPa guidance in its area in line with local initiatives and priorities.

##### **4.6.1 Attendance at the MAPPa Strategic Management Board**

The SMB should include senior representatives of each of the Responsible Authority and duty to Co-operate agencies (i.e. health). Representatives should have sufficient seniority to enable them to contribute to developing and maintaining effective inter-agency public protection procedures and protocols on behalf of their agency and to address the practical and resource implications of MAPPa’ (Ministry of Justice MAPPa Guidance 2012).

The LPT SMB representative should be a manager who can provide a senior managerial cross organisational as well as clinical and mental health perspectives. It is preferable that the attendee on the SMB is not aligned to any particular division but has senior oversight and authority sufficient to make decisions regarding MAPPa issues on behalf of the Trust.

#### **4.7 LPT Single Point of Contact for MAPPa referrals:**

**4.7.1** All agencies must identify a MAPPa Single Point of Contact. The Single Point of contact (SPOC) acts as a “gatekeeper” to ensure that appropriate referrals are made from the agency into the MAPPa process. Within LPT the SPOC is the MAPPa Clinical Lead and the deputies are senior practitioners in the forensic services.

**4.7.2** When a professional identifies an offender whose behaviour is giving cause for concern in terms of public protection and meets the MAPPa criteria for level 2 or 3, (including Category 3 offenders) and a multi-agency approach to the management of the offenders risk is felt to be necessary they should contact the SPOC or Deputy within 48 hours to discuss the relevant information and risk assessment. The contact number is: 07557498139.

An offender may be identified via:

- Known information or intelligence;
- Disclosure by the offender;

- Evidence or concern from the professional.
- Consideration of referral to MAPPA level 2/3 should be given:
- At CPA meetings where there is discussion re. MAPPA offender discharge or unescorted leave;
- Where there are concerns re. public protection when the offender is in the community;
- Where discharge is being considered for services users who have previously been MAPPA offenders;

The SPOC will ensure that:

- Referral meets the criteria for submission; or
- If the service user doesn't meet criteria but they pose a danger they will discuss the case with the MAPPA co-ordination Unit; or
- they are satisfied that the service user concerned does not meet the criteria for referral and that he/she should be subject to normal mental health/learning difficulty management procedures, e.g. the Care Programme Approach.

**4.7.3** The professional and SPOC or Deputy SPOC will then consider whether this offender meets the criteria for referral to MAPPA, (see 4.0). If the criteria are met the professional must then complete the attached referral form, (see appendix 5) and send it ELECTRONICALLY to the MAPPA Clinical Lead (SPOC). This form requires a counter-signature from the SPOC or deputy before submission. Staff should also forward the current risk assessment and Risk Action Plan; any relevant psychiatric reports with the dedicated referral form to:

**MAPPA Clinical Lead (LPT) at [mappa@leicspart.nhs.uk](mailto:mappa@leicspart.nhs.uk)**

The MAPP referral will automatically include consideration for the Integrated Offender Management scheme (IOM). IOM is a cross-agency response to the crime and re-offending threats faced by local communities in which the most persistent and problematic offenders are identified and managed jointly by partner agencies working together. Though a similar approach in some ways to the MAPPA framework its eligibility criteria are not as clearly defined.

The referral form will then be recorded and forwarded by the MAPPA Clinical Lead (SPOC) - together with any accompanying information via NHS.net mail account to:

**The MAPPA Co-ordination Unit.  
C/O Mansfield House**

LE1 3GG

## **5.0 Gate-keeping panel:**

**5.1** Currently consists of three core members: MAPPA Co-ordination Unit manager, Senior Probation and Detective Inspector from the Police.

**5.12** The gate-keeping panel will review each referral and decide on appropriateness of management under MAPP level 2 or 3; the referrer will be informed of the outcome within 10 working days;

**5.13** If a referral is not accepted: staff will be informed of the reasons and they may be advised on further risk management.

**5.14** If the referral is accepted then an initial MAPP Level 2 or 3 meeting is required. The referrer will be notified of the outcome. The MAPP 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).

**5.15** The LPT MAPP Clinical Lead will represent LPT as core panel member (CPM) at MAPP (multi-agency public protection) level 2 AND level 3 meetings with the LPT Lead Practitioner for Safeguarding acting as deputy for level 2 AND 3 as and if required.

**5.16** The LPT healthcare team will be represented at MAPP 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 MAPP 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.

**5.17** Where specifically required staff cannot attend then they must inform the MAPP Clinical Lead and provide a deputy as above. If none are available then the LPT 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 MAPP meeting.

**5.18** The MAPP Co-ordination Unit writes to "duty to co-operate" (DTC) agencies when individuals are referred to MAPP, requesting information which might be held by these agencies which could be of significance in the assessment and management of an individual who poses a risk of harm to the public. These requests will go to the SPOC, who will identify involved clinicians and request relevant information to support risk assessment.

## **6.0 MAPP Key Worker**

**6.11** All MAPP cases have an identified case manager or key worker. For level 2 & 3 managed cases the key worker will assume responsibility for the co-ordination and implementation of the risk management plan. S/he acts as a central point of contact for the management of the cases and of any new information or changes in circumstances. S/he will also have the responsibility to feed back relevant information proportionately to other staff involved in the delivery of the risk management plan. The MAPP key worker must attend all relevant MAPP meetings including review and core-group meetings.

For the maintenance of a consistent approach to information sharing it is recommended that the best placed individual to act as MAPP key worker will be the CPA care co-ordinator.

**6.12** Staff working with the offender should ensure that the MAPPA key worker and contact number is recorded both within the risk assessment and clinical records, to support effective communication.

## **7.0 Duties within the Organisation**

### **7.1 Role of the Trust Chief Executive and Board:**

Need to ensure that LPT comply with our “duty to co-operate” under the Criminal Justice Act 2003 as a key health agency delivering mental health services in the assessment and management of offenders. This duty is re-enforced and made explicit in the MHA code Of Practice 2015 (ref. 22.87).

### **7.2 Role of the Single Point of Contact (SPOC) – LPT MAPPA nominated officers:**

The SPOC for LPT is the MAPPA Clinical Lead. The Deputy SPOC is, depending on availability, the Team manager, Herschel Prins Centre with support from the Senior Nurse Practitioner, Community Forensic Service.

#### **The SPOC:**

- i. Acts as a source of advice on the MAPPA process on specific mental health service users, and the appropriateness and implications of various medical treatments/interventions, mental health issues, mental health legislation and other related matters which might be of significance.
- ii. Acts as a liaison worker between the MAPPA and frontline / involved healthcare clinicians, facilitating their presence at meetings or producing information / reports where their attendance is not possible. When 3<sup>rd</sup> 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 proforma. The SPOC will then forward the information requested.
- iii. 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. There is no requirement to copy nil returns.
- iv. Agrees 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.
- v. Maintains confidential files of MAPPA discussions.
- vi. Receives and acts upon requests for “third party disclosures”, maintaining confidential files of such responses.
- vii. 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 advice line 0116 295 8977 or adult safeguarding advice line 0116 295 7261.
- viii. In all MAPPA cases the SPOC or Deputy will offer support and advice to the person/s making the referral.
- ix. Attends the MAPPA Combined Sub Group Meeting, (held quarterly), disseminating information and raising any necessary issues with their nominated line manager and /or via the LPT safeguarding Committee.

### **7.3 Role of Adult Mental Health and Learning Disability staff:**

**7.3.1** The Adult Mental Health / Adult Learning Disability Service /older persons staff member completing the initial core mental health assessment is responsible for identifying any MAPPA eligible offender within **3 days of admission** to hospital. They must inform the SPOC or deputy who will then ensure that the MAPPA co-ordination unit is notified. Identification to the SPOC is via the MAPPA notification form (Appendix 7). A copy will be retained in notes and one copy to be sent ELECTRONICALLY to the SPOC at [mappa@leicspart.nhs.uk](mailto:mappa@leicspart.nhs.uk)

The MAPPA SPOC must also be informed of admissions of known or suspected MAPPA offenders to other in- patient units in the organisation (e.g community Hospitals)

**7.3.2** 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 (see 3.22).

**7.3.3** 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.

**7.3.4** Following a referral from any agency; the MAPPA Co-ordination unit will, via the 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 SPOC or Deputy 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 8).

**7.3.5** 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.

**7.3.6** 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 MAPPA SPOC is a resource for all staff to access.

### **8.0 Freedom of information**

**8.1** Any information in relation to MAPPA provided to practitioners, is done so in confidence. In the event of an individual practitioner or the Trust receiving a MAPPA related request for access to information under the Freedom of Information Act, Subject Access request under section 7 of the Data Protection Access to Medical Records Act, a court or Mental Health Review Tribunal; the recipient of requests in these circumstances must make this known to the Nominated Officer who in turn will discuss it with the MAPPA Clinical Lead.

**8.2** These requests must be discussed with the Trust Lead for Records and Information Governance, based at Bridge Park Plaza

## 9.0 Training needs

### Training of LPT staff on MAPPA:

There is a need for training identified within this policy. In accordance with the classification of training outlined in the Trust Learning and Development Strategy this training has been identified as role specific training (clinical/non-clinical).

The course directory e-source link below will identify who the training applies to, delivery method, the update frequency, learning outcomes and a list of available dates to access the training.

<https://www.ulearnlpt.co.uk/LMS/Portal.aspx>

A record of the event will be recorded on U learn.

The governance group responsible for monitoring the training is the LPT Safeguarding Committee.

Multi-agency training on MAPPA is available through the MAPPA Co-ordination Unit and aims to enable staff to develop knowledge of MAPPA processes. This foundation level training is appropriate to clinical staff that require a basic understanding of MAPPA processes and risk management across agencies. This training is pertinent to lead clinicians and qualified staff within mental health and LD services, psychiatrists and other relevant medical staff, team managers, ward matrons on in-patient areas and forensic staff.

Staff can identify available training programmes through the [learninganddevelopment@leicspart.nhs.uk](mailto:learninganddevelopment@leicspart.nhs.uk) or via the MAPPA Single Point of Contact (SPOC). Booking for the multi-agency MAPPA training must be via the single Point of Contact (SPOC) or deputy, as each agency has allocated places on each training event.

LPT staff who require a basic MAPPA presentation or who need to develop a higher level of understanding of MAPPA should contact the MAPPA Clinical Lead/ SPOC who will discuss and arrange appropriate training. Training records will be maintained by Learning and Development.

A MAPPA training component is also contained within the following training:

- 1) Care programme approach/PRISM – clinical risk assessment
- 2) Safeguarding Programme for adult services
- 3) Induction – Welcome to Leicestershire Partnership Trust
- 4) Core mandatory Training

This training is delivered by the MAPPA clinical Lead with the exception of (4) which is delivered by the learning and development department.

Training 1-4 is booked and monitored by the Learning and Development Department (see appendix 7)

The MHA Code of Conduct (2015) states that providers (of appropriate healthcare) should ensure that all responsible clinicians receive regular refresher professional development on the requirements in the MAPPA framework (Ref 22.91). In accordance with this, training 1, 2 and 4 described above have scheduled refresher sessions.

### 10.0. Monitoring Compliance and Effectiveness

Ref	Minimum Requirements	Evidence for Self-assessment	Process for Monitoring	Responsible Individual / Group	Frequency of monitoring
	Ensure that MAPPA eligible cases are managed at the correct level	4.21 – 4.23 P 8-9	Cases reviewed  Audit high risk cases  Audit all cases	MAPPA Clinical Lead  MAPPA clinical Lead/MAPPA combined sub group  MAPPA Clinical Lead/Safeguarding Committee	Monthly  3 monthly  Annually
	Appropriate referrals are made into the MAPPA process	4.71 – 4.73 P10 -11	All referrals logged	MAPPA Clinical Lead	
			All referrals (and referral outcomes) included in MAPPA component of SG Committee report	MAPPA Clinical Lead/LPT safeguarding Committee	3 monthly
	MAPPA Clinical Lead to be informed of MAPPA eligible offenders admission to hospital within 3 days	7.31 – 7.32 P14	Audit process as above.  Check on all key areas that could admit MAPPA offenders	MAPPA Clinical lead/ MAPPA Combined Sub group (Multi agency)	3 monthly  monthly

## 11.0. Standards/Performance Indicators

TARGET/STANDARDS	KEY PERFORMANCE INDICATOR
CQC standards for safeguarding and patient safety	Audit results Case review outcomes (see above)

## 12.0. References and Bibliography

This policy was drafted with reference to the following:

### **Care Act Guidance Oct 2014 (updated Feb 2017)**

<https://www.gov.uk/government/publications/care-act-statutory-guidance/care-and-support-statutory-guidance>

### **Children Act 1989**

<http://www.legislation.gov.uk/ukpga/1989/41/contents>

### **Criminal Justice Act 2003**

<http://www.legislation.gov.uk/ukpga/2003/44/contents>

### **Data Protection Act 1998**

<https://www.gov.uk/data-protection/the-data-protection-act>

### **Equality Act 2010 Guidance**

<https://www.gov.uk/guidance/equality-act-2010-guidance>

### **Leicester Safeguarding Adults Board Multi- Agency Policy and procedures Oct 2016**

<http://www.llradultsafeguarding.co.uk/>

### **Leicester Safeguarding Children Board LSCB procedures**

<http://www.lcitylscb.org/>

### **LPT Equality and Human Rights Policy 2014**

<http://www.leicspart.nhs.uk/Library/EDHRPolicyExpjuly18.pdf>

### **MAPPA Guidance 2012 version 4**

Ministry of Justice  
National Offender Management Service

***Mental Health Act 1983***

<http://www.legislation.gov.uk/ukpga/1983/20/contents>

***Mental Health Act 1983 Code of Practice 2015***

[https://www.gov.uk/government/uploads/system/uploads/attachment\\_data/file/435512/MHA\\_Code\\_of\\_Practice.PDF](https://www.gov.uk/government/uploads/system/uploads/attachment_data/file/435512/MHA_Code_of_Practice.PDF)

***Sexual Offences Act 2003***

<http://www.legislation.gov.uk/ukpga/2003/42/contents>

## Training Requirements

### Training Needs Analysis

<b>Training topic:</b>	Multi-agency public protection arrangements (MAPPA)
<b>Type of training:</b> (see study leave policy)	<input type="checkbox"/> Mandatory (must be on mandatory training register) <input checked="" type="checkbox"/> Role specific <input type="checkbox"/> Personal development
<b>Division(s) to which the training is applicable:</b>	<input checked="" type="checkbox"/> Adult Mental Health & Learning Disability Services <input checked="" type="checkbox"/> Community Health Services <input type="checkbox"/> Enabling Services <input checked="" type="checkbox"/> Families Young People Children <input type="checkbox"/> Hosted Services
<b>Staff groups who require the training:</b>	This training is pertinent to lead clinicians and qualified staff within mental health and LD services, psychiatrists and other relevant medical staff, team managers, ward matrons on in-patient areas and forensic staff.
<b>Regularity of Update requirement:</b>	There is not an update requirement
<b>Who is responsible for delivery of this training?</b>	MAPPA Co-ordination Unit Via the MAPPA Combined Sub group for Leics and Rutland Responsible to the MAPPA Strategic Management Board (SMB)
<b>Have resources been identified?</b>	Yes
<b>Has a training plan been agreed?</b>	Yes
<b>Where will completion of this training be recorded?</b>	<input checked="" type="checkbox"/> ULearn <input type="checkbox"/> Other (please specify)
<b>How is this training going to be monitored?</b>	Via the MAPPA Combined Sub group Reported internally to LPT as part of the MAPPA highlight report to the LPT Safeguarding Committee

## The NHS Constitution

The NHS will provide a universal service for all based on clinical need, not ability to pay.  
The NHS will provide a comprehensive range of services

<b>Shape its services around the needs and preferences of individual patients, their families and their carers</b>	<input type="checkbox"/> ✓
<b>Respond to different needs of different sectors of the population</b>	<input type="checkbox"/> ✓
<b>Work continuously to improve quality services and to minimise errors</b>	<input type="checkbox"/> ✓
<b>Support and value its staff</b>	<input type="checkbox"/> ✓
<b>Work together with others to ensure a seamless service for patients</b>	<input type="checkbox"/> ✓
<b>Help keep people healthy and work to reduce health inequalities</b>	<input type="checkbox"/> ✓
<b>Respect the confidentiality of individual patients and provide open access to information about services, treatment and performance</b>	<input type="checkbox"/> ✓

## Stakeholders and Consultation

### **Key individuals involved in reviewing the document (Policy expiry July 2018)**

Proposed changes reviewed at LPT Safeguarding Committee Meeting 9/5/18

Proposed changes circulated to committee members for comments and feedback 1/6/18

Section 1	
<b>Name of activity/proposal</b>	MAPPA policy review
<b>Date Screening commenced</b>	21/10/16
<b>Directorate / Service carrying out the assessment</b>	
<b>Name and role of person undertaking this Due Regard (Equality Analysis)</b>	Craig Hunting, MAPPA Clinical Lead, Herschel Prins Centre
<b>Give an overview of the aims, objectives and purpose of the proposal:</b>	
<p><b>AIMS:</b> This policy is required to clearly delineate and define the responsibilities of those staff in the organisation whose role involves identifying, managing and working with MAPPA offenders</p>	
<p><b>OBJECTIVES:</b> The Criminal Justice Act (CJA 2003) provides for the establishment of the Multi Agency public Protection arrangements (MAPPA). MAPPA provide a statutory framework for inter-agency co-operation in assessing and managing violent and sex offenders in England and Wales. Under the arrangements, the 'Responsible Authority'(Police, Probation and Prisons) are supported by the duty to co-operate agencies (DTC) including health, housing, and social services to manage the risk to the public posed by dangerous offenders. LPT in its role of provider of mental health and learning disability services has contact with, and management responsibility for, some MAPPA offenders.</p>	
Section 2	
Protected Characteristic	If the proposal/s have a positive or negative impact please give brief details
Age	<p>There are vulnerable individuals in the community (listed within the protected characteristics) who may be at risk of harm from the target group identified in this policy (namely MAPPA offenders).</p> <p>Additionally, there also may be a potential risk for those vulnerable individuals under the care of MAPPA agencies</p>
Disability	
Gender reassignment	
Marriage & Civil Partnership	
Pregnancy & Maternity	
Race	
Religion and Belief	
Sex	

Sexual Orientation	(including health).
Other equality groups	This policy has been designed and developed in partnership with the MAPPA agencies (identified earlier in the policy) to help formulate a risk assessment that will - as far as possible - protect the community from risks posed by MAPPA offenders. It takes into account that, where necessary, relevant and necessary information will be shared across the relevant MAPPA agencies to mitigate the issues identified through the risk assessment.

### Section 3

**Does this activity propose major changes in terms of scale or significance for LPT? For example, is there a clear indication that, although the proposal is minor it is likely to have a major affect for people from an equality group/s? Please tick appropriate box below.**

Yes		No	
High risk: Complete a full EIA starting <a href="#">click here</a> to proceed to Part B		Low risk: Go to Section 4.	√

### Section 4

**If this proposal is low risk please give evidence or justification for how you reached this decision:**

**This is a high risk policy and practice but low risk because of the functions put in place to mitigate any adverse impact on protected groups. The MAPPA risk assessment process takes into account the protected characteristics to help identify possible risk to vulnerable groups and ensure action taken reduces that risk as far as possible.**

Having reviewed the policy it meets the Trust's Equality, Diversity and Human Rights Policy. It does not discriminate on the grounds of any Protected Characteristic and follows clear Human Rights Approach. The policy consultation process has included:

- Safeguarding Committee Members
- Equalities Lead

<b>Signed by reviewer/assessor</b>	Craig Hunting	<b>Date</b>	15/12/16
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*Sign off that this proposal is low risk and does not require a full Equality Analysis*

<b>Head of Service Signed</b>		<b>Date</b>	
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## MAPPA/IOM Single Referral Process

		<b>IOM / MAPPA Single Referral Form</b>			
(Referrer completes sections 1.1 to 1.7 only)				Date of referral	
<b>1.1 Offender Details</b>					
Surname		Forename:			
Date of Birth		Ethnicity			
PNC ID					
Address:					
Current Sentence (including relevant dates and details of statutory controls)					
Current Offence (and date of commission):					
Key Dates	Release Date				
	Release Date				
	Release Date				
Although the referral will be considered for both schemes, do you consider this to be a MAPPA or an IOM referral?	IOM				
<b>1.2 Referrer's Details</b>					
Person making the referral					
Referrer's agency, team or unit					
Referrer's current involvement with the case					
Have you discussed this referral with the Lead Agency?	No				
Outcome of discussion with Lead Agency					
<b>1.3 Reasons for referral and supporting evidence</b>					
What are your concerns and what is the basis for them? (Include who is at risk, from what and how imminent the risk is, any relevant previous offences or behaviour that raises concerns)					

Current MAPPA Level	Not MAPPA	Category	Not MAPPA
Other agencies involved			
What actions have you already taken to resolve these concerns			
<b>Action Taken</b>	<b>Yes / No</b>	<b>Details</b>	
Multi agency/ professionals meeting held	Yes		
Liaison with partner agencies	Yes		
Onward referrals made	Yes		
Other	Yes		
What obstacles have you encountered that need resolving?			

#### 1.4 What do you want to achieve from this process that cannot be secured through standard management?

IOM			
Access to intelligence from a range of agency systems	<input type="checkbox"/>	Raising profile of offender across different agencies	<input type="checkbox"/>
Daily monitoring, analysis and sharing of intelligence	<input type="checkbox"/>	Increased focus on intelligence gathering and analysis to inform intervention and management decisions	<input type="checkbox"/>
Analytical capabilities to increase understanding of patterns of/ triggers to offending	<input type="checkbox"/>	End-to- end tracking of offenders through custodial and statutory periods	<input type="checkbox"/>
Co-ordination and chairing of multi-agency meetings	<input type="checkbox"/>	Real time intelligence exchange between staff	<input type="checkbox"/>
Management of offender by a multi-agency, co-located team with strong inter agency links	<input type="checkbox"/>	Delivery of intensive package of supervision where appropriate	<input type="checkbox"/>
Joint risk assessment and planning, involving daily reviews where necessary	<input type="checkbox"/>	Joint agency home visits as required	<input type="checkbox"/>
Weekend contact to disrupt offending behaviour	<input type="checkbox"/>	Access to Buddi tag (voluntary GPS tag) resource	<input type="checkbox"/>
Non statutory intervention where required	<input type="checkbox"/>		
Other (please specify):			

What is the evidence that the above actions would be justified?	
<b>Panel will reject without this information</b>	
<b>MAPPA</b>	
Higher level of co-ordination, where case is attracting/ likely to attract media attention	<input type="checkbox"/>
Higher level of management oversight and/or can assist in securing exceptional resources	<input type="checkbox"/>
Mandatory engagement of services where involvement is considered essential to risk management but where obstacles in securing this has been encountered	<input type="checkbox"/>
Co-ordination where there are cross border complexities or difficulties	<input type="checkbox"/>

<b>1.5 Risk Summary</b>		
<b>PROBATION / PRISON: OASys</b>		
Date of most recent OASys assessment		
OASys Likelihood of Reoffending	Low	
<b>Risk of serious harm</b>		
	<b>Community</b>	<b>Custody</b>
Children:	Low	Low
Public:	Low	Low
Known adult:	Low	Low
Staff:	Low	Low
Prisoners:	Low	Low
<b>YOS: ASSET+ [complete for all offenders under 18]</b>		
Date of most recent ASSET+		
ASSET+ Risk of Reconviction	<b>Low</b>	
ASSET+ Risk of Harm	<b>Low</b>	
<b>OTHER AGENCIES: Mental Health/ Psychological Risk tool / Other tools</b>		
	<b>Date completed</b>	

<b>1.6 Other Information</b>	
Please include any information about family members including names, date of birth and any concerns	

Please include any information about associates of concern, including names, date of birth and reasons for highlighting them.

Please provide details of any other professionals/agencies currently working with the offender and/or their family or associates.

### 1.7 Offending Pathway Summary

Accommodation	
Education, Training and Employment	
Health	
Substance Misuse	
Finances and debt	
Relationships	
	No. of children in household
Attitudes, thinking & behaviour	
Other (please specify)	

That concludes the referral document. Please save the file and email to:

[iom-mappa-referral@leicestershire.pnn.police.uk](mailto:iom-mappa-referral@leicestershire.pnn.police.uk)

2. Intelligence / Information (for completion by IOM staff)	
<b>Received (date):</b>	
Current prison custody case (or release in last 3 months)?	Yes
<b>Prison information or intelligence</b>	
Adjudications	
Relevant case notes with regards to behaviour of concern	
<b>Police Intelligence / Information Summary –</b> Last 6 months only unless significant issue of concern (consider all relevant sources, witness statements where relevant, neighbourhood officer views) (include outstanding offences / current intelligence / summary of past 6 months offending)	
Warning Markers	
Outstanding Offences	
Summary of intelligence from past 6 months	
Significant information not captured elsewhere in this referral	
<b>Known associates of concern (&amp; reasons)</b> (This is not a list of 'associates' but others specifically linked to the risk of the referred person offending. They may influence or be influenced by the referred person)	
<b>Substance Misuse information</b> (Summary of treatment / issues related to substance misuse over past 6 months)	

**3. Panel Decision**

Panel Chair	
Panel Members:	Name and Agency
Date of panel decision:	

**Decision**

MAPPA	Yes	If yes, category and level:	Level	1	Category	1
IOM	Yes	If yes, detail arrangements	REJECT- Not IOM			
Reasons for decision (outline the value in IOM / MAPPA or the reason for rejection)						

**Initial Actions:** (Record here any initial actions that need to be put in place)

Number	Action	Action Owner	Target Date
1	Update referral records		
2	Update agency intelligence systems		
3			

**Use the following area for any other information that needs recording about the decision of the panel**



# IOM Declassification Form



Completed by:

Date:

## 1.1 Offender Details

Surname		Forename:	
Date of Birth		PNC:	
Current Sentence			
Risk of Harm	Low	Likelihood of Reoffending	Low
Current MAPPA Level	Not MAPPA	Category	Not MAPPA

## 1.2 Reasons for declassification and supporting evidence

Have the aims of the referral been met? What work has been undertaken to meet these aims?

## 1.3 Other agencies involved

Agency	Declass supported?	Why?
	Yes	

## 1.4 Any other information to support declassification decision

--

**1.5 Declass Actions:** (Record here any initial actions that need to be put in place)

Number	Action	Action Owner	Target Date
1	Update case management systems		
2	Update Police intelligence systems		
3			
4			
5			

**2.1 Declassification – Panel Details (if applicable)**

Single Referral Meeting decision required?	No
If yes, Panel Chair	
If yes, Panel Members: (Name and Agency)	
Date of Panel decision:	

**2.2 Decision**

Declassification approved?	Yes - All agencies concur, panel not required
Reasons for decision	

It is important the referrers are clear about what they hope will be achieved through their referral that cannot be achieved locally without additional input from IOM/MAPPA. Below are examples of the 'added value' offered by IOM (enhanced and priority) and MAPPA Level 2 and 3 management. Referrers are encouraged to consider and use the examples below as relevant to the individual case.

**Added Value of Enhanced IOM**

The Criminal Justice Hub comprises staff from the Police, Probation (CRC), City and County YOS and Prisons with access to a range of agency systems. The Hub, based at Mansfield House Police station, is responsible for the co-ordination and oversight of all Enhanced IOM offenders. There are two sub-groups: high risk of serious harm and high likelihood of reoffending. The added value of Enhanced IOM includes:

- Access to intelligence from a range of agency systems
- Raising the profile of an offender across different agencies
- Daily monitoring, analysis and sharing of intelligence
- End-to-End tracking of offenders including when in custody or not subject to statutory supervision
- Co-ordination and chairing of case management meetings and a joint action plan

**Added Value of Priority IOM**

The IOM Priority Team is a collocated, multi-agency team comprising Police, NPS, CRC, Substance Misuse and Prison staff. There are also a range of specialist clinics. The team is based in a city centre Police station. The 'added value' of Priority IOM includes:

- Management by a multi-agency, geographical unit with strong links with local agencies
- Real time intelligence exchange between staff
- Access to a range of relevant case management/intelligence systems
- Analytical capabilities to increase understanding of patterns and reasons for offending
- Increased focus on intelligence gathering and analysis to inform intervention and management decisions
- Joint risk assessment and planning including daily review where appropriate
- Delivery of intensive package of supervision when appropriate
- Weekend contact
- Joint agency home-visits as required

**Added Value of MAPPA Level 2/3.**

- A higher level of co-ordination if a case is attracting/likely to attract media interest
- Provides a higher level of management and/or can assist in securing exceptional resources
- Engagement of agencies where their involvement is considered essential to risk management but obstacles have been encountered.
- Co-ordination where there are cross border difficulties or complexities

## Invitation to a MAPP meeting and information request

### Leicestershire & Rutland Multi-Agency Public Protection Arrangements

### Invitation to a MAPP Meeting and Information Sharing Request

#### Authority of Information Request

The Criminal Justice Act 2003, the Data Protection Act 1998, the European Convention on Human Rights and common law, all place a duty on the Responsible Authority and Duty to Co-operate agencies to share and disclose information to ensure essential and effective public protection.

This request is made under section 115 of the Crime and Disorder Act 1998 (CDA) which confers on any person a power to pass information to certain authorities (including police, probation, prison, health and local authorities) if necessary to help implement the provisions of the Act.

I understand that any information supplied is confidential in its nature and I confirm that it will be used for specified purposes only. I understand I must not pass on any information supplied at the MAPP meeting to any other agency or individual without the express permission of the MAPPA Chair at the MAPP meeting.

#### Date of Letter:

#### 1: Invitee details

Name:	
Agency:	
Address:	

#### 2: Meeting Details

Date of Meeting:	
Time of Meeting:	
Venue:	
Address:	
Phone Number:	
Chair Person:	

#### 3: Meeting Type (place an 'X' next to the appropriate meeting type)

MAPP Level 1 Initial Information Sharing Meeting	
MAPP Level 1 Review Information Sharing Meeting	
MAPP Level 2 Initial Meeting	
MAPP Level 2 Review Meeting	
MAPP Level 2 Core Group Meeting	
MAPP Level 3 Initial Meeting	
MAPP Level 3 Review Meeting	
MAPP Level 3 Core Group Meeting	

#### 3: Offender Details:

Name:		Alias:	
Address:		Date of Birth:	
		PNC Number:	
		Prison Number:	
Offender Manager/Key Worker		ViSOR Number:	
		Lead Managing Agency:	

**Please provide the following information:**

<b>Is the offender currently known to your Agency?</b>	
<b>If Yes – is your Agency currently in contact with the offender?</b>	
<b>If No – what was the date of the last contact?</b>	

**Please confirm your attendance at the meeting:**

I confirm that I will be attending the meeting **Yes / No**

I confirm that I will not be attending the meeting but a suitably informed substitute will be attending on my behalf **Yes / No**

Name and title of substitute:

I confirm that I will not be attending the meeting but have the following comments to make: **Yes / No**

--

**Please use SECURE email (preferred option) and send completed form to either:**

<b>Email address:</b>	
<b>Postal Address:</b>	
<b>Fax:</b>	

**Please return completed form by:**

## Multi Agency Public Protection Arrangements (MAPPA) Notification form

TITLE		FORENAMES		SURNAME	
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D.O.B		<b>SEX:</b>	MALE		FEMALE		NHS NO:		MHA Status	
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<b>PATIENT ADDRESS</b>	
<b>Category of MAPPA –Please tick ONE</b>	<b>1: Registered Sex offender</b> <b>2: Hospital Order</b> <b>3: Other dangerous offender</b>
<b>Level of MAPPA – Please tick ONE</b>	<b>1: Ordinary agency management</b> <b>2: active multi agency</b> <b>3: Senior active multi -agency</b>
<b>Level of risk</b>	
<b>WHAT agencies are involved? Contact name and details.</b>	

**Send electronically to [mappa@leicspart.nhs.uk](mailto:mappa@leicspart.nhs.uk)**

**Retain copy in patient notes in MAPPA section**

Member of staff completing form .....

Date & Sign .....

## Frequently asked Questions

***How much information is required if the MAPPA Co-ordination unit makes a request? Should I include specific information about treatment?***

There is no hard and fast guidance regarding this. The course which has been taken is to ensure that only such information which will help the Responsible Authorities in their assessment of risk to the public is made available. This tends to be generalised information such as; “this person suffers from a schizophrenic illness”, “he is being treated with medication”, details of any admissions to hospital in terms of dates, and whether this was detention under the MHA, details of people or specific groups who may be at particular risk etc. However, it is not necessary to provide details of actual treatment regimes, interventions or other clinical details. Nor should information about medical conditions or personal details which have no bearing on the person’s level of risk be divulged.

***Can I disclose information; surely this will be unlawful under the Data Protection Act?***

Disclosure of information is permitted by the Data Protection Exemptions under the 1998 Crime and Disorder Act.

***The service user’s notes include information about a serious medical condition, should this be disclosed?***

Unless there are compelling reasons to do so (e.g. violent behaviour as a result of a brain tumour), such information should not be disclosed.

***My patient has been violent and difficult to manage, he is settled now and is being discharged, but in the future he might come to the attention of the police because of his behaviour, should I refer him?***

In general, patients who have not been convicted of a crime will rarely warrant referral to MAPPA. Consideration needs to be made about the expectations of MAPPA, the involvement of the Probation Service, and what this is likely to achieve. In most cases, the most appropriate form of aftercare is through established processes designed to meet the needs of service users, i.e. the Care Programme Approach/Person Centred Approach, or even by utilising a specific case conference. There is no reason why the police or other agency cannot be asked to contribute to this process if the service user is likely to come to their attention at some point in the future. However, if you are not sure, please discuss it with the nominated officer for your area, who in turn will consider whether the case should be discussed with the responsible authority’s representative.

***A service user with whom I am working is making threats to kill / injure a specific person. He has disclosed to me that he is carrying a knife. Should I refer this person to the MAPPA?***

**No!** In cases where you believe that a service user presents an immediate danger to another person, **the police must be contacted immediately** and made aware of your concerns. This should also be discussed with the SPOC to identify if a MAPPA referral is also required. If the specific person against whom the service user has made threats to kill/ injure is known to the service; staff must ensure that this information is also shared with them so that they are informed of these risks.

## DATA PRIVACY IMPACT ASSESSMENT SCREENING

<p><b>Data Privacy impact assessment (DPIAs) are a tool which can help organisations identify the most effective way to comply with their data protection obligations and meet Individual's expectations of privacy.</b></p> <p><b>The following screening questions will help the Trust determine if there are any privacy issues associated with the implementation of the Policy. Answering 'yes' to any of these questions is an indication that a DPIA may be a useful exercise. An explanation for the answers will assist with the determination as to whether a full DPIA is required which will require senior management support, at this stage the Head of Data Privacy must be involved.</b></p>		
<b>Name of Document:</b>	<b>MAPPA policy</b>	
<b>Completed by:</b>	<b>Craig Hunting</b>	
<b>Job title</b>	<b>MAPPA Clinical Lead</b>	<b>Date 10/7/18</b>
<b>Screening Questions</b>	<b>Yes / No</b>	<b>Explanatory Note</b>
<b>1. Will the process described in the document involve the collection of new information about individuals? This is information in excess of what is required to carry out the process described within the document.</b>	No	
<b>2. Will the process described in the document compel individuals to provide information about them? This is information in excess of what is required to carry out the process described within the document.</b>	No	
<b>3. Will information about individuals be disclosed to organisations or people who have not previously had routine access to the information as part of the process described in this document?</b>	No	
<b>4. Are you using information about individuals for a purpose it is not currently used for, or in a way it is not currently used?</b>	<b>No</b>	
<b>5. Does the process outlined in this document involve the use of new technology which might be perceived as being privacy intrusive? For example, the use of biometrics.</b>	No	
<b>6. Will the process outlined in this document result in decisions being made or action taken against individuals in ways which can have a significant impact on them?</b>	No	
<b>7. As part of the process outlined in this document, is the information about individuals of a kind particularly likely to raise privacy concerns or expectations? For examples, health records, criminal records or other information that people would consider to be particularly private.</b>	Yes	<b>Information exchange with Criminal Justice and other appropriate Agencies is part of the MAPPA process as required under the Criminal Justice Act 2003. Any shared information will be for the purpose of public protection and risk management of serious sexual and violent offenders.</b>
<b>8. Will the process require you to contact individuals in ways which they may find intrusive?</b>	<b>No</b>	

If the answer to any of these questions is 'Yes' please contact the Data Privacy Team via [Lpt-dataprivacy@leicspart.secure.nhs.uk](mailto:Lpt-dataprivacy@leicspart.secure.nhs.uk)  
In this case, ratification of a procedural document will not take place until review by the Head of Data Privacy.

<b>Data Privacy approval name:</b>	<b>Sam Kirkland</b>
<b>Date of approval</b>	<b>12/07/2018</b>

Acknowledgement: Princess Alexandra Hospital NHS Trust