



NHS South West Peninsular Policy

Devon, Plymouth, Cornwall & IOS

Incorporating the Local Integrated Health and Social Care Partnerships as they apply to each area

Multi Agency Public Protection Arrangements - MAPPA

v1:8

Review: May 2017

Notice to staff using a paper copy of this guidance

The policies and procedures page of Healthnet holds the most recent and procedural version of this guidance.

Staff must ensure they are using the most recent guidance.

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Multi Agency Public Protection Arrangements – MAPPA

For any staff requiring urgent advice about public protection / MAPPA / Risk Management please refer to Appendix F for your local SPOC - Single Point of Contact for advice and guidance

1 Introduction

MAPPA are the statutory arrangements for managing sexual and violent offenders required by the Criminal Justice Act 2003 (CJA). MAPPA is not a body or a service in itself but is a mechanism through which agencies can discharge their statutory responsibilities under the CJA and protect the public in a co-ordinated manner. When working under the MAPPA, contributing agencies retain their full statutory responsibilities and obligations at all times.

MAPPA is administered by the Responsible Authorities (RA), the Police, Prison and Probation Services

Purpose of MAPPA is the protection of the public from serious harm, by undertaking the following core functions:

- Identification of MAPPA offenders
- Sharing of relevant information among those agencies involved in the assessment of risk
- Assessment of the risk of serious harm
- Risk management of offenders with the most suitable risk management plans.

The CJA 2003 imposes a duty to cooperate on a range of agencies, referred to as the DTC's, these are listed at section 4 below. NHS Commissioners and Provider Units are DTC's.

The effectiveness of MAPPA depends largely on close working relationships between the Responsible Authority (RA), and their local Duty to Co-operate (DTC) Agencies. RAs must ensure that the core functions of MAPPA are established across the agencies and procedures are in place to enable the fulfilment of the MAPPA functions.

MAPPA in Devon and Cornwall is overseen by a Strategic Management Board (SMB), which meets quarterly. The Strategic Management Board has responsibility for shaping MAPPA activity in its area. This involves agreeing the role and representation of the different agencies within the SMB and brokering the protocols and memoranda of understanding which formalise these. The SMB keeps the MAPPA under review, monitoring their effectiveness and making any changes to them that appear necessary or expedient.

The SMB is served by an operational group, the MAPPA Implementation and Development Group (MIDG), which coordinates National Health Service input via a Health Subgroup.

The Operational delivery of MAPPA is managed by the MAPPA Coordinator, who

acts on behalf of the Responsible Authority (RA), and is accountable to the Strategic Management Board (SMB).

MAPPA Co-ordination aims to ensure that multi-agency risk management is focussed on the right people in a timely and efficient manner. It helps ensure delivery of robust defensible plans, which address known indicators of serious harm to others.

The MAPPA Guidance (2009) is issued by Secretary of state under section 325(8) Criminal Justice Act (2003). The guidance is therefore statutory and has the same implications for professional conduct as the Mental Health Act Code of Practice.

All Responsible Agencies and DTC's (DTC – see section 4 Definitions for a comprehensive list), have a duty imposed by public law to have regard to this guidance in exercising their functions under the Multi-Agency Public Protection Arrangements (MAPPA).

This policy outlines the Multi Agency Public Protection Arrangements (MAPPA) as described in the MAPPA Guidance (2009) and the NHS Commissioners & Provider Services role as a Duty to Cooperate Agency (DTC) in this guidance. This includes the local Integrated Health and Social Care Partnerships as they apply to each area for Children and Young Peoples Services, Mental Health, Learning Disability and Safeguarding Vulnerable Adults arrangements with Adult Social Care. See Appendix F

2 Purpose

The purpose of this document is to provide information about MAPPA to the NHS Commissioners and Provider Services (including the Local Integrated Health and Social Care Partnerships) to enable them as Duty To Co-operate Agencies (DTC)

The policy:

- Provides an introduction to the role and organisation of the local Multi-Agency Public Protection Arrangements.
- Describes the role of Responsible Authorities (RA)
- Identifies DTC agencies including health Commissioners and Provider Services
- Describe the NHS Commissioning & Provider Services role in MAPPA
- To describe the links of the NHS Commissioners & Provider Services to the MAPPA process and the MAPPA SMB – Strategic Management Board.
- To identify key MAPPA concepts to NHS staff including
 - categories and levels of offenders
 - statutory requirement for a Memorandum of Understanding (MoU)
 - Critical Public Protection Cases
 - SPOC – Single Point of Contact
 - To identify the relationship between Mental Health Act status and MAPPA eligibility.
- Describes the referral process for staff for individuals who present significant risk who fall under the MAPPA categories

- Describes the information sharing process
- Identifies key MAPPA governance arrangements for health led level one MAPPA cases - see section 5. 6
 - Use of Form G,
 - Entry on Health held database
 - Removal from database
 - Notification to MAPPA administrator
 - Routine reporting for SMB,
 - Entry on ViSOR, service user involvement
 - Victim issues.
- Identifies key practice issues for staff working within the MAPPA
 - CPA review
 - risk assessment timescales – variance from CPA
 - management and communications time scales
 - MAPPA meeting attendance and conduct.

3 Duties

- 3.1 The **Chief Executive** is ultimately responsible for the content of all policies and their implementation.
- 3.2 **Directors** are responsible for identifying, producing and implementing NHS Commissioning & Provider Services policies relevant to their area.
- 3.2.1 **Directors** are responsible for ensuring that suitably senior and experienced staff are identified as the Single Point of Contact (SPOC) for MAPPA
- 3.3 **The Single Point of Contact for each Health Agency (SPOCs)** is responsible for
- Writing and updating this policy in line with changes to MAPPA guidance;
 - Gate keeping referrals from their agency;
 - Providing a single point of contact and advice on all aspects of MAPPA from each agency;
 - Receiving details of all offenders who pose a significant risk of serious harm to others and for whom a multi-agency risk management plan is necessary to manage that risk;
 - Share information relevant to the management of serious harm with other agencies within MAPPA. Information sharing is on the basis that the information will be kept and shared safely and securely and used by the appropriate personnel within those agencies for public protection purposes only.
 - Receiving and securely storing risk management plans and minutes from all relevant level 2 and level 3 MAPP meetings.
 - Maintaining a data base of the MAPPA cases for which their agency is the MAPPA lead.

- Providing general advice to other MAPPA agencies
 - Providing general advice about agencies role
 - Providing specific advice
 - Coordination - Identifying the role of clinical team /commissioning of the interagency work in management of risk
- Reporting internally within their own risk governance / management arrangements
 - Poor practice
 - Near miss reporting
 - Serious untoward incidents
 - Adverse media attention
 - Sharing positive practice and learning
- Information sharing with the wider health community i.e. GPs, A&E arising from MAPPA cases
- Providing appropriate management information to the Strategic Management Board.
- Providing advice and guidance for Police liaison, Potentially Dangerous Person referrals, Multi-agency risk management meetings.

DTC agencies must ensure their SPOC arrangements are robust and have contingencies planned in the event of absences

3.4 NHS Commissioners and Provider Unit employees must follow this policy.

3.4.1 There is a duty on commissioners to co-operate with the MAPPA process. This means the commissioners should assist the RA, and other co-operating bodies, in the performance of its functions.

3.4.2 NHS Commissioning Teams must be aware of the importance of the MAPPA process when commissioning services which may be provided to those who are subject to MAPPA, ensuring MAPPA standards are referenced in contracts and service level agreements. Standard form contracts include general obligations to comply with guidance but, where it is known to be relevant, it should be highlighted in the service specification.

3.4.3 NHS Commissioning Teams will identify a lead person for liaison with SPOC's to:

- To enable discussion and speedy resolution of relevant resource issues
- To ensure Commissioner attendance at level 3 meetings if required OR
- To ensure that responsibility has been appropriately delegated so the attending representative can make commissioning decisions.

3.4.4 NHS Commissioning teams will review with the SPOCS and SMB the strategic commissioning needs arising from MAPPA eligible offenders, including the development of framework contracts and terms of engagement protocols to enable timely referral for assessments which are not routinely commissioned (e.g. Severe

Personality Disorder, Autistic Spectrum Disorders, Learning Disability). Requests for such assessments should be supported by relevant clinical evidence

4 Definitions

MAPPA Multi Agency Public Protection Arrangements (see section 1)

Care Coordinator

(Role also undertaken by Social Supervisor for individuals on section 37/41)

Mental Health Services member of staff who is identified as lead person for coordinating service user's care under New CPA (Department of Health Refocusing the Care Programme Approach: Policy and Positive Practice Guidance 2008). This responsibility involves assessing needs and risk, planning care, overseeing the delivery of care and routinely reviewing both needs and risks at specified intervals. CPA review periods do not routinely correspond with the risk review periods required for Level 1 Offenders of all categories (every 4 months). Care Coordinator duties for MAPPA eligible service users will therefore involve risk reviews every 4 months / 16 weeks as a minimum.

Care Manager:

Local Authority Social Services staff member responsible for coordinating and brokering social care packages for service users.

Critical Public Protection Cases: CPPCs – A small minority of MAPPA level 3 cases will need to be registered as CPPCs where there is demonstrable evidence that:

1. The offender has caused serious harm through violent and/or sexual offending, which has resulted in death or is life threatening and/ or traumatic, and from which recovery, whether physical or psychological, can be expected to be difficult or impossible; and
2. Serious harm is likely to occur as soon as an opportunity and/or victim is present; the potential event is more likely than not to happen imminently and the impact would be serious; and/or
3. The case is attracting, or is likely to attract, significant national media interest. There must be demonstrable evidence of sustained national media interest and the likelihood that this will continue.

DTC Duty To Cooperate Agencies: agencies under section 325(3) of the Criminal Justice Act (2003) have a “duty to co-operate” with the RA, including:

- Local Authority Social Care Services;
- Primary Care Trusts, other NHS Trusts and Strategic Health Authorities;
- Jobcentre Plus;
- Youth Offending Teams;
- Registered Social Landlords which accommodate MAPPA offenders;

- Local Housing Authorities;
- Local Education Authorities; and
- Electronic Monitoring Providers.

MAPPA levels of management:

Level 1: Ordinary agency management of low or medium risk of potential for serious harm.

Level 2 : Multi-agency management of high risk of serious harm, where the offending may not be imminent but the person is likely to re-offend.

Level 3: Intensive multi - agency management of complex cases where offending is imminent.

These levels of management are linked to the level of risk of serious harm, defined as follows:

Levels of risk of serious harm:

Low

Current evidence does not indicate likelihood of causing serious harm

Med

There are identifiable indicators of serious harm, the offender has the potential to cause such harm but is unlikely to do so unless there is a change in circumstances, for example failure to take medication

High

There are identifiable indicators of risk of serious harm: the potential event could happen at any time and the impact would be serious.

Very High

There is an imminent risk of serious harm: the potential event is more likely than not to happen imminently and the impact would be serious.

MAPPA Categories of Offenders

1. **Category 1 offenders** - registered sexual offenders during their period of statutory notification
2. **Category 2 offenders** violent offenders, other sexual offenders and those subject to hospital orders with or without restrictions, sentenced to 12 months custody or more
3. **Category 3 offenders** (other dangerous offenders). This could be offenders who have been previously managed at MAPPA level 2 or 3 under Category 1 or 2 and still pose a risk of harm. Or other persons who, by reason of offences

committed by them (wherever committed), are considered by the RA to be persons who may cause serious harm to the public.

Category 3 has significant impact for Health as a duty to cooperate agency (see section on definition of health led cases section 5.6)

MHA: Mental Health Act 1983/07

Restricted Cases: Mental Health service users subject to compulsory care under sections 37 and 41 of the Mental Health Act 1983/07, section 37 making them liable to be detained for treatment in Hospital, section 41 requiring the permission of the Home Secretary for discharge of the order or variations in levels of security.

Part 2 of the Mental Health Act 1983/07: That part of the act concerned with the care of service users subject to the Civil provisions of the act.

Part 3 of the MHA 83/07: That part of the act concerned with service users subject to criminal proceedings and disposals made at court.

Section 37

Hospital Order made by the Court to order hospital admission

Section 47

Removal of a person serving sentences of imprisonment to hospital

Section 37/41

Hospital order with restrictions for discharge

CTO's: Community Treatment Orders made under the provisions of Section 17A MHA83/07. These allow for compulsory treatment of individuals within the community rather than Hospital, and allow for recall to Hospital under clearly specified conditions for up to 3 days. These orders may apply to both Part 2 and Part 3 patients, but not to those patients subject to Ministry of Justice Restrictions under section 41, who are normally Conditionally Discharged in the first phase of their community based aftercare.

Section 17 Leave: Leave from conditions of detention approved by the service user's Responsible Clinician, which may vary from minutes to a week prior to a CTO being considered.

S117 Aftercare: Aftercare provided on discharge from hospital of a person previously detained under a treatment section of the Mental Health Act 83/07. The responsibility is on the Mental Health provider to offer the care, which the service user may choose to accept or refuse.

Health Sub-group

Sub-group of the MIDG aiming to develop NHS MAPPAs practice in Devon and Cornwall.

Internal MAPPAs register: database held within the Health Service identifying those individuals who are referred for consideration, or eligible for management under the auspices of MAPPAs.

MAPPAs relevant Offences

For violent offences these are listed in schedule 15 of the CJA 2003 – see Appendix D

For sexual offences these are generally listed in schedule 3 of the sexual offences act 2003 – see Appendix D. MAPPA relevant offences may include a caution for an offence (offence needs to be appropriate in terms of concern about risk areas i.e. caution for a sexual offence as opposed to a caution for minor theft) NB - Some sexual offences may not cross the threshold for requirement to register as a sex offender

MAPPA referral form: Identified at Appendix E of this policy and prescribed in the MAPPA Guidance at Appendix 4, Page 263.

MIDG **MAPPA Improvement and Development Group:** operational sub group of the SMB with cross agency representation to enable operational delivery of SMB work plan.

MoU **Memorandum of Understanding:**

The RA and the DTC agencies must set out the ways in which they are to co-operate in a **memorandum** which they must draw up together.

The purpose of the memorandum is to enable the practicalities of cooperation to be agreed locally, allowing due account to be taken of local variations in the structure and relationships between all the agencies concerned. This Policy is an example of an extended MoU

National Critical Public Protection Cases:

A very small subset of registered CPPCs will require some kind of national coordination, sponsored by the Public Protection Unit at the Ministry of Justice. These are exceptional cases where the resettlement represents a very high risk both to individual (public, victims, staff or offender) and there is organisational risk due to exceptional public interest and scrutiny. This subset also includes cases that are categorised as very high risk offenders being returned from abroad, who have no particular connections with any specific area within England and Wales, and there is a clear need for a robust Risk Management Plan to enhance public safety.

Notification of MAPPA eligibility level one single agency management:

One of the requirements for Health and other DTC's is notification to the MAPPA administrator those service users who are eligible for consideration within the MAPPA framework. The 2009 MAPPA Guidance prescribes the use of Form G - Appendix B. It is essential when completing form G that the clinical team / care coordinator / care manager take into account and follow the check list in best practice guidance, all relevant fields should be completed. – Appendix C

PPO **Police Public Protection Officer**

An officer working within the local Police Public Protection Unit, with specific duties relating to the management of RSO's and other MAPPA offenders.

RA **Responsible Authorities (Police, Probation, Prisons)**

RSO Registered Sexual Offender:

An individual convicted of an offence under the Sexual Offences Act 2003 may be subject to registration requirements according to the table below:

Sentence	Adult	Juvenile (under 18)
Is sentenced to 30 months or more imprisonment (inc. life)	An indefinite period	An indefinite period
Is admitted to a hospital subject to a restriction order	An indefinite period	An indefinite period
Is sentenced to a imprisonment for a term of more than 6 months but less than 30 months	10 years	5 years
Is sentenced to imprisonment for 6 months or less	7 years	3 years 6 months
Is admitted to hospital, without a restriction order	7 years	3 years and 6 months
Is cautioned	2 years	1 year
Is given a conditional discharge	The duration of the conditional discharge	The duration of the conditional discharge
Received any other disposal (e.g. a fine or community punishment)	5 years	2 years 6 months

Serious Harm

Can be defined as an event which is life threatening and or traumatic from which recovery whether physical or psychological can be expected to be difficult or impossible

Serious Further Offences

Offences of particular severity committed by offenders subject to MAPPA, which automatically leads to the SMB conducting a Serious Case Review. On a statutory basis these offences include actual or attempted:

- Murder
- Manslaughter
- Rape

SMB Strategic Management Board:

The Strategic Management Board (SMB) is the means by which the Responsible Authority (RA) fulfils its duties under the Criminal Justice Act (2003). The legislation requires the RA to:

“Keep the arrangements (i.e. MAPPA) under review with a view to monitoring their effectiveness and making any changes to them that appear necessary or expedient.”

The SMB has responsibility for shaping MAPPA activity in its area. This involves agreeing the role and representation of the different agencies within the SMB and brokering the protocols and memoranda of understanding which formalise these.

SPOC Single Point of Contact

Each DTC Agency as part of the memorandum of agreement must have a Single Point of Contact (SPOC) who is the lead person within the Agency for MAPPA processes. See section 3:3

VLS/ VLO Victim liaison scheme/ officer

Scheme is managed within probation service and provides services to victims of crime in line with the requirements of the Domestic Violence Crime and Victims act 2004.

Victim Liaison Officers have statutory obligation to provide information and support to victims of crimes committed by patients subject to sections 37 and 37/41 of the 1983 / 07 Mental Health Act

ViSOR

ViSOR is an electronic database designed to hold details of all MAPPA offenders. It is the responsibility of the Responsible Agencies, Police, Probation and Prison to ensure that ViSOR contains all relevant information from their agency.

5 Managers and Clinical Staff Guidance of MAPPA procedures

5.1 Local MAPPA Structure:

Local MAPPA are overseen by a Strategic Management Board (SMB) (see section1) with broad Multi-Agency membership. Each Health Agency has a representative on the Devon and Cornwall SMB.

The SMB has an operational sub-group (the MAPPA Implementation and Development Group – MIDG) which is tasked with ensuring the implementation of the SMB business plan. The MIDG has a Health Subgroup comprising representatives of the 3 Health Communities served by the SMB (Devon, Plymouth and Cornwall and IoS).

The day to day business of risk management is conducted through local level 2 and 3 panels. There are variations across Devon and Cornwall for Health Service attendance at MAPP panels and areas may establish standing membership on the panel from key agencies, as outlined in the 2009 MAPPA guidance.

The MAPP panels are coordinated by dedicated staff from the RA and served by local MAPPA administrators. Level 2 panels occur weekly in their respective localities and Level 3 panels on average monthly.

Standing membership from key agencies at level 2 and 3 panels is identified as:

- Police
- Probation
- Health representative
- Housing
- Local Authority Social Services (children and adults)
- Youth Offending Team

Health Service participation in MAPPA as a standing panel member is identified from mental health services but must also be able to access information from health services / agencies that may be relevant in the specific case and give general advice. The local Health MAPPA arrangements are described in Appendix G

5.2. Local MAPPA administration.

In Devon and Cornwall, MAPPA cases managed at level 3 are coordinated through the MAPPA Manager based with the Public Protection Unit at Police HQ, Middlemoor, Exeter.

MAPPA cases managed at level 2 are coordinated through the MAPPA administrators at a local level. The MAPPA administrator is a joint Police/ Probation appointment and will usually liaise with both the Senior Probation Officer and Detective Inspector for Public Protection in an area.

MAPPA cases managed at level 1 are coordinated by the lead agency identified as follows:

- Category 1 RSO (Registered Sex Offenders): Police
- Category 2 Probation Service
- Category 2 subject to Mental Health Act 83/07: Health

5.3 Health Roles Under the Duty to Cooperate

Regardless of variation in the Health personnel attending meetings, there are common core functions arising from that attendance. Common core functions are:

- Provision of a Single Point of Contact SPOC (see section 3.3)
- SPOC to Gate Keep all MAPPA referrals to ensure appropriateness of referral
- Health representation at MAPP meetings concerning individual offenders.
- Information sharing both to and from MAPP meeting from the relevant parts of the Health Community.
- Implementation of internal arrangements for Health held MAPPA cases including the maintenance of live MAPPA level 1 health led cases data base, risk management review every 4 months / 16 weeks for level 1 cases, and notification of MAPPA level 1 eligible offenders using Form G
- Identifying the need for re-allocation, re-prioritising or new commissioning of services for MAPPA cases and liaising to ensure that identified needs are met as part of the Public Protection Process.
- Nominated Commissioner involvement as required at Critical Public Protection cases.
- Contributing to the Responsible Authorities work in maintaining active awareness of MAPPA eligible individuals in their area.
- Increase awareness among staff who do not commonly come into contact with MAPPA
- To include MAPPA information in relevant training within the organisation i.e. Induction course for safeguarding children/adults, safeguarding children / adult regular update courses
- To develop MAPP information links through the Health website
- To hold latest MAPPA guidance and peninsular policy in the intranet document libraries

5.4 Health Attendance at Level 2 and 3 Meetings:

Best Practice is for Health agencies to be standing members of Level 2 and Level 3 panels. The health member must be able to access information from any health service and liaise with other health areas i.e. A&E, GPs that may be relevant in a specific case. It is expected that the seniority, experience, responsibilities and line management support of the standing member will enable them to effectively advise / coordinate the Health requirements arising from any particular case.

Experience of health attendance at MAPP meetings has demonstrated best practice is health representation as standing member of the level 2 and 3 panels. This allows for full health participation and consideration of a wider set of issues related to health and information sharing.

As a minimum requirement, open cases to mental health services require attendance at level 2 and 3 meetings.

Individual clinical staff are invited to meetings in order to give details on the clinical presentation and its implications for risk management. SPOCs and / or the Health Standing Member are available to support clinical staff in undertaking this role. Health staff must understand their role and responsibilities at the meeting prior to arrival.

The nature of individuals considered at Level 3 may require attendance by NHS Commissioners regarding additional resources for service provision to manage risk. The relationship between standing members and commissioners should enable them to be appropriately prepared for the meeting. This would be facilitated by the nomination of a link commissioner for MAPPA in each LSW.

5.5 Referrals from Health for MAPP level 2 meeting

Where clinical staff identify risk of serious harm consideration of referral in to MAPPA should be made.

Service users must have a relevant offence to be legally discussed under the MAPPA process - see Appendix D

Referrals from health staff for service users to be discussed at a level 2 MAPP meeting must be made via the SPOC for the organisation – see Appendix F for contact details of SPOC for responsible area

Referrals must be made using MAPPA referral Form A - Appendix E. This is an expanding form which can be emailed to the appropriate SPOC for the health area. **Do not email direct to local MAPPA administrator as this will delay the referral process.**

The SPOC will gate keep the referral and ensure that the level of risk and imminence meets the MAPPA threshold and is appropriate. The SPOC will assist staff with the completion of the form and provide general advice where the referral is not appropriate.

When completing the referral staff should give consideration specifically to:

- What is the nature of the risk
- Who are the identified victims
- What are the factors that increase risk
- What are the factors that may help reduce risk
- What benefits to the management plan can multi agency management add.

5.6 Identification of Health led Level One (Single Agency Management) MAPPA eligible cases –

Under the new MAPPA guidance 2009 v.3 Health have a responsibility to identify health led level one cases which are managed by health services as a single agency

Health Eligible MAPPA cases are usually, but not exclusively, receiving compulsory care either as an in-patient or in the community following conviction for a serious offence.

A MAPPA eligible offender within Mental Health is a person who:

- Committed a relevant violent or sexual offence, and is liable to detention under Part 3 of the MHA 1983 or
- is receiving care under a community treatment order following detention under Part 3 of the MHA for a relevant offence

In practice this means that the person is subject to section 37. This includes those:

- Whose admission to hospital has been directed by the sentencing court under section 45A
- Whose admission to hospital has been directed by the Secretary of State under section 47
- Those who were Directed to hospital under section 47, but whose release date has passed ("Notional Section 37s")
- Those subject to sections 37 and 41 who are subject to conditional discharge.

5.7 Domestic Violence, Crime and Victims Act 2004 (DVCVA) - Appendix J

Victims of sexual or violent offences committed by mentally disordered offenders have certain statutory rights to know about the patient's presence in the community.

Responsibility for liaising between the victim and the relevant decision maker falls to the victim liaison officer in MoJ Restricted Cases. For unrestricted S37 cases the VLO has no responsibility beyond initial contact, the responsibilities for Victim Liaison falling to the Provider Trust.

The victim's rights are provided by the Domestic Violence, Crime and Victims Act 2004 (DVCVA). Statutory rights apply only where the sentence was made on or

after 1 July 2005. Where sentence was given before that date, the victim has no statutory rights.

5.7.1 Victims' entitlements

Where the DVCVA applies, an eligible victim is entitled to know:

- Whenever discharge is being considered, either by the Secretary of State or the Tribunal

The victim has the right to make representations to the decision maker, but not about whether discharge is appropriate. The representations should be about conditions to be added to any discharge to protect the victim or the victim's family.

The victim is further entitled to know;

- whether discharge took place and, if so,
- what conditions, if any, are in place for protection of the victim or the victim's family.
- When those arrangements end, either because the offender has been recalled to hospital or because he has been absolutely discharged.

It should be noted that the victim has no statutory right to know:

- When the patient is allowed out of hospital on leave
- Where he is being detained
- When he transfers to another hospital
- Where he must live in the event of discharge.

Use of Appendix C will help clinical staff consider victim issues.

5.8 Best Practice Guidance in Risk Management

5.8.1 Risk Management of Service Users previously, but not currently, subject to the Criminal Provisions of the Mental Health Act:

There are a limited number of cases with histories of having caused serious harm to others. Such individuals may have been subject to the provisions under Part 3 of the Mental Health Act 83/07 but are no longer, subject to any compulsory community based treatment flowing from their initial detention. These individuals may be receiving care under the Civil Provisions under Part 2 of the Act, or not be subject to any statutory orders.

Such individuals may present latent risks of serious harm to others, in other words their risks may be managed whilst in care currently but may emerge if that care cannot be delivered or if other events destabilise the person.

It is lawful and good practise, to review these individuals under MAPPA where the following apply:

- the individual **has** been subject to a prosecution for relevant offences leading to either Criminal or Mental Health Act sentences
- if their current behaviour and/ or foreseeable circumstances give rise to concerns that serious harm might once again occur.

Where the judgement of the care team is that no such concern is warranted, management under MAPPA is not lawful, but, where the care team's assessment of risk is that foreseeable changes in circumstances would once again expose the community to risk of serious harm then the prior conviction enables a lawful referral for MAPPA review.

In these circumstances it would be good practice for Care Coordinators / care managers to

- Include in the risk/ care plan process that a MAPPA referral could take place for a particular Service User
- Identify the specific circumstances that would trigger referral to MAPPA
- Explore the possibility of strategic risk management planning by involving the Police Public Protection Unit and Neighbourhood Beat Management teams in the care of individuals with latent risk of serious harm.

5.8.2 Risk Management of Service users with current or historic offences, but no Mental Health Act Part 3 involvement

There is also the possibility that Health Service staff are providing care to individuals who have offence histories that would make them eligible for MAPPA, but where at the time of their prior contact with Criminal Justice Agencies their risks were not recognised.

Practitioners may become aware of the risk of serious harm in the process of clinical assessment, which may uncover new information.

Where the service user's offence is a current one and the person is serving a sentence, the Probation Service is the lead agency.

Health Service staff should identify their risk related concerns to the Service User's Offender Manager and raise the question of MAPPA referral with them.

Where the Service User's offence is an historic one and their sentence is over, then Health Staff should

- Reappraise their risk assessment seeking information from police using the information sharing protocol
- Discuss the case with the local SPOC.
- Consider multi agency risk management meeting - see best practice guidelines see Appendix A

This process may lead to a MAPPA referral

5.8.3 Risk Management of service users without convictions / cautions who are assessed as posing a present likelihood of committing offences that will cause serious harm

Concerns about individuals without relevant convictions cannot be legally discussed under MAPPA processes.

Risk management of these individuals may fall under the following:-

- Multi Agency Risk Management Meeting – see best practice check list Appendix A
- Safeguarding Adult Processes where there is an identified victim
- Safeguarding children arrangements
- Potentially Dangerous Persons Arrangements - Appendix H
A PDP is defined as “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 that there is a present likelihood of them committing an offence or offences that will cause serious harm”.

These issues can be discussed with the local SPOC for further advice

Best Practice allows for Police attendance at CPA meetings to enable full information sharing and comprehensive risk management in circumstances where a MAPPA contributor believes the risk are not manageable.

The service users consent for police to attend is not required in these circumstances as risk of harm / prevention and detection of crime allow for disclosure of information to and from the police. It is good practice to inform the service users, however there may be good reason why a person is not informed which requires clinical staff to record their rationale in the persons clinical notes.

5.9 Notification of MAPPA Level One Health Cases:

Notification is a two part process - internal and external notification

This process enables Health Provider Services to maintain an ongoing awareness of the number of MAPPA cases they are dealing with at any one time and to implement an effective governance framework around the management of these cases.

Notification of health led level one cases enables the Responsible Authorities to maintain awareness of risk to the Public arising from all the MAPPA eligible individuals in their area, rather than only those known to Police and Probation.

5.9.1 Internal Notification

Internal notification of level one health led MAPPA case is made by

- Care coordinators / managers completing and sending Form G - Appendix B

to the local SPOC - Single Point of Contact. (See Appendix E for local SPOC arrangements)

- Upon receipt of Form G the SPOC will discuss and assess the information and escalate to a MAPPA level 2 Panel if required. This may involve a discussion between the SPOC and the Police/ Probation Public Protection Leads.

The completion of a Form G, dependent on the case details, may lead to the following:

- Referral for a level 2 MAPPA review, form to be completed by care team
- Multi-Agency Risk Management Meeting/ Police Liaison with Care Team to develop joint agency risk assessment and management plan
- Victim Liaison Scheme involvement with care team to enable leave planning or other input
- Joint agency liaison regarding Mental Health Review Tribunal Information
- Other (including identifying information needed to develop risk assessments).

The MAPPA 2009 guidance gives a 3 working day time limit for the notification of MAPPA eligible cases from their receipt into care by the Health Provider Unit.

Where a MAPPA eligible mental health service user has a mental health tribunal arranged the SPOC must be informed in order that a discussion with the clinical team can be held as to whether a referral into MAPPA is required.

As a general principle, where the initial notification and discussions lead to concern that the risks are unclear, then proceeding to a MAPP level 2 review meeting is the appropriate course of action.

Both the Health SPOC, Care Team and Responsible Authority staff should be aware that referral to a MAPPA level 2 panel needs to occur when any MAPPA contributor believes that the risks are not manageable within the usual operation of New CPA in the area concerned.

5.9.2 External Notification

External notification of level one health led MAPPA case is made by

- The SPOC, having logged the contents of Form G on the internal database, transmits the notification - Form G to the local MAPPA administrator.

5.10 Proceeding to a Level 2 MAPPA review:

The benefits of undertaking a review under the MAPPA process are:

- Increased awareness of information held by other agencies which may be relevant for risk management

- Updating of ViSOR in local area
- Anticipating and managing adverse media / local attention to protect and support individual and the organisation
- Fulfilling the Domestic Violence Crime and Victims Act 2004 requirements for victim liaison scheme involvement in after care arrangements for Part 3 MHA patients.
- Enable the involvement of Organisation senior management in the eventuality of contended risk management processes.
- Ensuring corporate responsibility and involvement at an appropriate level is recognised in terms of managing risk.

A level 2 MAPPA review is indicated in the following circumstances:

1. On the basis of the Health risk assessment,
 - the person has identifiable indicators of risk of serious harm, where the potential event could have happened at any time and the impact would be serious, or:
2. A period of 6 months prior to the planned discharge from detention of patients subject to S37, notional 37 or S37/41 MHA 83/07, where their index offence meets the eligibility criteria for MAPPA.
3. An eligible patient applying for a Mental Health Review Tribunal.
4. Notification/ SPOC discussion process identifying risk management needs that would not be met under the normal provisions of New CPA.

5. 11 MAPPA Level 3 Cases

Level 3 reviews may be required where cases have the following features:

- There is an imminent risk of serious harm and in the judgement of the care team the potential event is more likely than not to happen.

In addition:

- Complex case
- Sexual offending with additional risk of violence
- Unwilling to address offending behaviour
- Additional police intelligence suggests ongoing offending
- Threats to kill, kidnap and harm to known child or adult
- Children who are registered as at risk of serious harm
- Emotional instability and substance misuse
- Mental illness, psychological disorders and or self harm
- Distorted beliefs and thought patterns towards groups and or individuals
- Need for additional / unusual use of resources to effectively manage the case
- Potential media interest in the case

Following initial review at either MAPP Level 2 or 3 an action plan is formulated and reviews then scheduled for timescales depending on the level of registration:

5. 12 Review Schedules:

Depending on level of registration, MAPP cases should be reviewed according to the following schedules:

Level 1	4 month / 16 weeks risk management review by health care team
Level 2	8-12 weeks
Level 3	4-6 weeks

Level 1 reviews might best occur in the process of a routine CPA review and involve other relevant agencies as they would normally under the CPA process, this may mean that CPA reviews for some service users occur more frequently.

Level 2 and 3 reviews should occur at a MAPP panel. Prior to any MAPP review the Risk Assessment and Care Plan should be revisited by the Care Team and a report formulated.

5. 13 De-registration:

Service users may be de-registered from MAPP for the following reasons:

- Their period of statutory, compulsory care is over and;
- Current evidence does not indicate likelihood of causing serious harm or;
- There are identifiable indicators of serious harm, the offender has the potential to cause such harm but is unlikely to do so unless there is a change in circumstances, for example failure to take medication

De-registrations of those Service Users managed at Level 2 or 3 should only occur following a MAPP panel review.

De-registration of those managed internally at Level 1 by Health Provider Services should occur following a review of the risk assessment, in consultation with other agencies where they may have relevant information.

5. 14 Unexpected / untimely discharges

Where a Service User is discharged from a period of compulsory care against the judgement of the Care Team and/or MAPP panel (for example by a Mental Health Review Tribunal or by some other legal means), then consideration should be given to maintaining the person on the MAPP register under Category 3, if they meet the following criteria:

- There are identifiable indicators of risk of serious harm, the potential event could happen at any time and the impact would be serious.
- There is an imminent risk of serious harm, the potential event is more likely than not to happen imminently and the impact would be serious.

In these cases the victim liaison officer must be informed.

5. 15 Service User Involvement:

MAPPA notification and referral should occur with the full knowledge of the Service User, who's views on the risks they present and the support they need to manage them should, wherever possible, be elicited.

The Devon and Cornwall MAPPA do not allow attendance at the MAPP meetings by offenders, but do attend to their written submissions. Thus, Service Users should be encouraged to express their views to the panel either via the Care Coordinator or in writing.

MAPPA information leaflets for Mental Health Service Users would be a helpful resource.

In circumstances where the clinical team are of the belief it is not safe to inform the service user then this must be noted in the clinical record citing the reason for not informing service user and this must be noted on the MAPPA referral form. Where appropriate service users must be informed as soon as practically possible.

5.16. Information Governance:

See Appendix G for local arrangements

Local arrangements differ but in general include:-

- Information sharing protocol
- CPA requirements
- Safeguarding Adult Board involvement SAB
- Strategic Management board SMB
- Serious Untoward Incident polices
- Internal data base and checking risk management review timescales from data base

5. 16.1 Health Provider Services Internal Registration Data Base

- The local SPOC is responsible for setting up and maintaining a contemporaneous record of all MAPPA eligible health led cases dealt with by a provider at any one time
- The MAPPA 2009 guidance gives a 3 day time limit for the notification of MAPPA eligible cases from their receipt into care by the Health Provider Unit.

Data Base

- Good practice involves the Health organisation holding its own data base which should conform to the standards used by the Responsible Authorities
- The data base must be fairly and lawfully maintained such that de-registration from the MAPPA eligibility is quickly recorded
- The data base is subject to reasonable reporting requirements internally to the

Trust Board and externally to support the RAs in monitoring their progress against key performance indicators.

- Each new registration on the internal data base is communicated to the local MAPPA administrator via form G.

5. 17. Interagency Information Sharing:

Recent guidance from the Department of Health is relevant (Information Sharing and Mental Health, DoH 2009).

Guiding principles:

- Sharing information about an individual is entirely lawful if specific
- Informed consent is sought and given.
- Even when such consent is not given, when protection of the individual
- and/or wider society is at stake, the sharing of information may be lawful
- and, sometimes, essential.
- Unnecessary disclosure of personal information is wrong, on a number of
- counts.
- Agreed protocols with other public bodies are important for clarifying
- mutual expectations and responsibilities.
- All of this needs to take place in a context of safe and secure holding and processing of personal data.

Devon and Cornwall Constabulary have taken the lead in developing and rolling out a number of Information Sharing Protocols formulated under the different legal frameworks that apply to this complex area. Most Health Trusts are signatory to the protocols, which are administered by named officers. Where practitioners are in doubt they should clarify with their Caldecott Guardian / Information Governance Lead or SPOC.

5. 18 . MAPPA Information:

There is an essential distinction for Health staff in the types of information generated by MAPPA.

Health Information to MAPPA: in essence this is clinical data that is shared for the purposes of risk management, and is part of the process of delivering care. Thus Health Staff reports to MAPPA should form part of the clinical record as it is evidence of the care given to the Service User.

MAPPA Information to Health Agencies: The Responsible Authorities maintain a policy of not routinely sharing MAPPA information with Offenders or their legal representatives. They have various legal exemptions from the requirements of the Freedom of Information Act which allow a policy of providing, on request, an executive summary of the minutes of MAPPA meetings if they are applied for.

MAPPA minutes are distributed to MAPP panel members and should be stored in a restricted section of the Clinical Record, to which the Service User and/or their carer/ legal representative are unable to gain routine access. Health Provider

Services should direct the Service User or others acting on their behalf to the MAPPA Coordinator, who will deal with any disclosure requests.

5.19. Diversity

The work of MAPPA is committed to equal access to services for all groups, particularly in relation to race, gender, age, religious belief, sexuality, sexual orientation and disability. Every meeting process follows a diversity framework to ensure diversity issues are discussed and addressed and that the meeting is lawful and information shared proportionate.

This means that all actions undertaken or recommended by MAPPA, and all policies and procedures, will be based on assessments of risks and needs. Each RA has a set of standards to achieve to ensure diversity is incorporated in MAPPA work. The NHS Commissioning and Provider Services will follow its own diversity policies and contribute to the assessments as appropriate made by the RA as part of multi agency working.

All MAPPA data has the capacity to be broken down by race, ethnicity, gender, age, disability, and sexual orientation.

6 Monitoring Compliance and Effectiveness

See Appendix G for local arrangements

This policy will be reviewed by the MIDG Health Sub Group annually and on the production of new MAPPA guidance issued by the Ministry of Justice

The MAPPA administrator will audit the contemporaneous data base of level one cases as provided by the Local SPOCs

The MAPPA standards for audit are:

Standard	Audited by	Time scales
Provision of level 1 data base	SPOC	Quarterly via SMB
Health attendance at level 2 and 3 meetings – the Key Performance Indicator is 90%	MAPPA Manager / local administrator to audit	Quarterly via SMB
Attendance at SMB quarterly meetings by Heath - the Key Performance Indicator is 75% -	MAPPA Manager / local administrator to audit	Quarterly via SMB
Review of risk assessment and risk management plans every 4 months /16 weeks	SPOC who may agree locally how this is undertaken See Appendix G for local	Weekly administration via clinical records

The process for reviewing results will be through the SMB and ensuring improvements in performance occur needs to be agreed locally within the provider and commissioning units see Appendix G for local arrangements

7 Associated Documentation

Equality Impact Assessment Tool
 MAPPA Guidance 2009 version 3
 Local CPA polices
 DoH information sharing guidance 2009
 Devon and Cornwall Information MAPPA sharing with statutory agencies agreement
 Devon and Cornwall Information sharing for Mentally Disordered Persons and Potentially
 Devon and Cornwall Potential Dangerous Persons policy
 Provider Trusts Risk Management Policies
 Multi-agency Safeguarding Adults Policy
 Multi-Agency Safeguarding Children Policy
 Domestic Violence, Crime and Victims Act 2004 (DVCVA)

References

MAPPA version 3 2009

Domestic Violence, Crime and Victims Act 2004 (DVCVA)

Devon & Cornwall Probation Areas Web site

2009 General medical council guidance on confidentiality

2009 DoH Information sharing guidance

Royal College of Psychiatrists MAPPA guidance web pages

Individual agency risk management polices within mental health provider units

- Devon
- Cornwall
- Plymouth

15a of the CJA 2003 or schedule 1 of the sexual offender act 2003

Memorandum of Understanding (MoU) Devon, Plymouth, Cornwall

Devon and Cornwall Constabulary Information sharing protocol MAPPA

Appendix A

Best Practice Guidance for Multi Agency Risk Management Meetings

Multi Agency Risk management meetings may be convened where individuals who are concerned of risk of harm to self / others who do not fall under the MAPPA process or the Potentially Dangerous process, but there is a need to share information with other agencies including police in order to best manage the risk.

The following are minimum standards to best practice in information sharing in multi agency risk management meetings

- 1 The meeting has a chair person i.e. team Manager / Leader / SPOC
- 2 The Meeting is formally Minuted
- 3 The Minutes of this meeting are stored in restricted section of service user notes
- 4 The minutes of Meeting are headed Strictly Confidential and not for disclosure without permission of the chair person
- 5 Minutes must record those attending with contact numbers and designation / agency
- 6 The minutes record the reasons for information sharing under the following headings
 - Crime & Disorder Act – section 115 - Disclosure of information to relevant authority to prevent or detect crime or disorder

- Data Protection Act 1998 – section 29(3) – Disclosure for the prevention or detection of crime, apprehension and prosecution of offenders
- MoPI: Police Act 1996 (police Only) – Policing Purpose protecting Life & Property, and preventing the commission of offences
- Common Law – Will disclosure aid prevention/detection of crime?

7 Minutes must record Test applied for justification under human rights

- In accordance with the law Y/N
- In the interests of public safety Y/N
- For the protection of health and morals e.g. where the person is involved in drug dealing or procuring for prostitution etc Y/N
- For the protection of rights and freedoms of others Y/N
- In the circumstances proportional Y/N
- Has the information providers records been updated to record the proposed disclosure Y/N

8 The minutes must record whether the service user has been informed of the need to hold a multi agency meeting. Where service users have not been informed the minutes of the meeting must record the reason why the person was not informed – i.e. determination in mental health / increased paranoia/staff safety etc.

9 The minutes must record:

- a. The discussion within the meeting noting the speaker/agency
- b. The risk areas identified
- c. New information gained from the meeting
- d. The risk management plan
- e. Agreed actions / time scales/identified staff responsible
- f. The role of the each agency in risk management
- g. Expectation / action by police in event of arrest (i.e. MHA assessment / reinforcing of boundaries around unacceptable behaviour by arrest and prosecution etc)
- h. Care plan and risk assessment must be updated to include new information / action

10 Safeguarding children and safeguarding adult processes must be considered and appropriate action recorded and actioned.

<input type="checkbox"/> Common Law: Will disclosure aid prevention / detection of crime?	
Tests applied to provision of information	
Justification under Human Rights: Is the disclosure:	
(a) In accordance with the law?	<input type="checkbox"/> Yes <input type="checkbox"/> No
(b) In the interests of public safety?	<input type="checkbox"/> Yes <input type="checkbox"/> No
(c) for the protection of health and morals? (e.g. where the person is involved in drug dealing or procuring for prostitution etc.)	<input type="checkbox"/> Yes <input type="checkbox"/> No
(d) for the protection of rights and freedoms of others?	<input type="checkbox"/> Yes <input type="checkbox"/> No
(e) Are the circumstances proportional? (if yes – give details below)	<input type="checkbox"/> Yes <input type="checkbox"/> No
(f) Has the information provider's records been updated to record the proposed disclosure?	<input type="checkbox"/> Yes <input type="checkbox"/> No
(g) Has the Service User been informed of the need to hold a Multi Agency Risk meeting – if no reason why	<input type="checkbox"/> Yes <input type="checkbox"/> No

CASE INTRODUCTION

INFORMATION ABOUT SERVICE USER

NATURE OF CONCERNS

IDENTIFIED RISKS

WHO IS AT RISK

FACTORS THAT RISK INCREASES

FACTORS THAT REDUCE RISK

CHRONOLOGY / INFORMATION GATHERING SO FAR

ARE THERE ANY OTHER VULNERABLE ADULTS OR CHILDREN AT RISK?

IS THERE ANY SERVICE DELIVERY ISSUES Include action plan to address these

WISHES OF THE SERVICE USER IN RELATION THIS RISK MANAGEMENT MEETING

INVOLVEMENT OF SERVICE CARER/FAMILY

SUMMARY OF DISCUSSION

ACTION PLAN AGREED

FEEDBACK TO SERVICE USER & OTHER SIGNIFICANT OTHERS/FAMILY make note is service user unaware of meeting and reasons for this.

CONCLUSION OF MEETING

SUMMARY OF ACTION PLAN

Action Required	Person Responsible	Time Scale

Appendix B: MAPPA notification form G

MAPPA Form G – Initial Notification of MAPPA Nominal (Mental Health)

Select one only

**Category 1: Registered Sexual Offender (or will be once discharged):
Yes/No**

**Category 2: Violent Offender who has been sentenced to:
i) 12 months or more in custody (e.g. prison) but has since been transferred to hospital, or;
ii) Detention in hospital (e.g. section 37 hospital order):Yes/No**

2. Disclosure to the Nominee

Has the MAPPA notification been discussed with and explained to the offender? Yes/No

Has the offender been informed of their right to present written information to any meetings under MAPPA for which they are a subject? Yes/No

3. Offender Information

- Family name:**
- First name:**
- Middle name:**
- Alternative name/s:**
- Current address:**
- Postcode:**
- Date of birth:**

Gender:
Ethnicity:
Disability/diversity considerations:
Contact index number (under 16s only):
NI number:
Prison number (if known):
PNC number (if known):
Other unique identifying number (please specify):
Current status (delete one): Community/ Hospital
Current responsible medical officer contact details (if different to 5 below):

4. Sentence Information

Offence:
Sentence date:
Court:

Sentence type (please complete A or B):

A) Transfer from prison/custody
Transfer date:
From HM Prison/YOI:
Sentence length:
Licence supervision end date:
Name and contact details of Offender Manager
Next Mental Health Tribunal date:

B) Hospital/Guardianship order
Type of Order:
Time limited: Yes/No
Restriction order: Yes/No
Next Mental Health Tribunal date:

5. Your Details

Name:
Position held:
Address:
Postcode:
Telephone number:
Fax number:
Email address:
Your Trust/Local or Health Authority:
Service user's funding Authority (if different)

Date notification sent:

APPENDIX C

Best Practice Guidance Check List to use alongside Form G

Date	
Name of Service User	
DOB	
Care Co-ordinator / Care Manager	
Contact Details	
Responsible Clinician	
Contact Details	

Offence Information

Offence:	
Sentence date:	
Court:	
Hospital/Guardianship order Y/N	
Type of Order:	
Time limited: Yes/No expiry date of order:	
Restriction order: Yes/No	
Next Mental Health Tribunal / Managers Review date:	
Other significant legal dates (e.g. Judicial Reviews)	

MAPPA Category Select one only

Category 1: Registered Sexual Offender (or will be once discharged):	Yes/No
Category 2: Violent Offender who has been sentenced to: i) 12 months or more in custody (e.g. prison) but has since been transferred to hospital, or; ii) Detention in hospital (e.g. section 37 hospital order)	Yes/No
Category 3: other offences and concerns re. Risk of serious harm.	Yes/No

Disclosure to the Service User

Has the MAPPA notification been discussed with and	Yes/No
---	---------------

explained to the offender?	
If MAPPA notification has not been discussed with service user - please record reason for not discussing at this time	
Has the offender been informed of their right to present written information to any meetings under MAPPA for which they are a subject?	Yes/No

Additional Considerations When completing Form G

Additional Considerations		Notes
Request for review by Victim Liaison Scheme regarding	Y/N	
MHRT input	Y/N	
Section 17 leave and related victim issues	Y/N	
Input to decisions regarding conditions for discharge through MoJ MHU	Y/N	
Input to decisions regarding CTO conditions	Y/N	
Information for risk assessment purposes	Y/N	
Engagement of victim in offender care and treatment	Y/N	
Preliminary discussion with offender manager regarding MAPPA level and need to develop interagency plan	Y/N	
Preliminary discussion with Police Public Protection Officer regarding local policing plan to cover S 17 leave	Y/N	
Preliminary discussion with Police Public Protection Officer regarding MAPPA level allocation	Y/N	
Other: please detail:		

Date notification sent to MAPPA Single Point of Contact:

.....

Signed:

Print Name:

.....

SPOC forward to MAPPA Administrator date:.....

Outcome of Form G screening:

Decision to refer to Level 2 MAPPA review.	Police liaison with care team to develop joint agency management plan.	Victim Liaison Scheme involvement with care team to enable leave planning or other input.	Joint agency liaison regarding MHRT information.	Other: (detail)
Note rationale for decision:	Note rationale for decision:	Note rationale for decision:	Note rationale for decision:	Note rationale for decision:

Date:..... Signed.....

Name (Print).....

APPENDIX D:

MAPPA Relevant Offences: Violent (Schedule 15a Criminal Justice Act 2003) and Sexual (Schedule 3, Sexual Offences Act, 2003):

SCHEDULE 15 Specified offences for purposes of Chapter 5 of Part 12 CJA 2003
Part 1 Specified violent offences

1 Manslaughter.

2 Kidnapping.

3 False imprisonment.

4 An offence under section 4 of the Offences against the Person Act 1861 (c. 100) (soliciting murder).

5 An offence under section 16 of that Act (threats to kill).

6 An offence under section 18 of that Act (wounding with intent to cause grievous bodily harm).

7 An offence under section 20 of that Act (malicious wounding).

8 An offence under section 21 of that Act (attempting to choke, suffocate or strangle in order to commit or assist in committing an indictable offence).

9 An offence under section 22 of that Act (using chloroform etc. to commit or assist in the committing of any indictable offence).

10 An offence under section 23 of that Act (maliciously administering poison etc. so as to endanger life or inflict grievous bodily harm).

11 An offence under section 27 of that Act (abandoning children).

12 An offence under section 28 of that Act (causing bodily injury by explosives).

13 An offence under section 29 of that Act (using explosives etc. with intent to do grievous bodily harm).

14 An offence under section 30 of that Act (placing explosives with intent to do bodily injury).

15 An offence under section 31 of that Act (setting spring guns etc. with intent to do grievous bodily harm).

16 An offence under section 32 of that Act (endangering the safety of railway passengers).

17 An offence under section 35 of that Act (injuring persons by furious driving).

18 An offence under section 37 of that Act (assaulting officer preserving wreck).

- 19 An offence under section 38 of that Act (assault with intent to resist arrest).
- 20 An offence under section 47 of that Act (assault occasioning actual bodily harm).
- 21 An offence under section 2 of the Explosive Substances Act 1883 (c. 3) (causing explosion likely to endanger life or property).
- 22 An offence under section 3 of that Act (attempt to cause explosion, or making or keeping explosive with intent to endanger life or property).
- 23 An offence under section 1 of the Infant Life (Preservation) Act 1929 (c. 34) (child destruction).
- 24 An offence under section 1 of the Children and Young Persons Act 1933 (c. 12) (cruelty to children).
- 25 An offence under section 1 of the Infanticide Act 1938 (c. 36) (infanticide).
- 26 An offence under section 16 of the Firearms Act 1968 (c. 27) (possession of firearm with intent to endanger life).
- 27 An offence under section 16A of that Act (possession of firearm with intent to cause fear of violence).
- 28 An offence under section 17(1) of that Act (use of firearm to resist arrest).
- 29 An offence under section 17(2) of that Act (possession of firearm at time of committing or being arrested for offence specified in Schedule 1 to that Act).
- 30 An offence under section 18 of that Act (carrying a firearm with criminal intent).
- 31 An offence under section 8 of the Theft Act 1968 (c. 60) (robbery or assault with intent to rob).
- 32 An offence under section 9 of that Act of burglary with intent to—
- (a) inflict grievous bodily harm on a person, or
 - (b) do unlawful damage to a building or anything in it.
- 33 An offence under section 10 of that Act (aggravated burglary).
- 34 An offence under section 12A of that Act (aggravated vehicle-taking) involving an accident which caused the death of any person.
- 35 An offence of arson under section 1 of the Criminal Damage Act 1971 (c. 48).
- 36 An offence under section 1(2) of that Act (destroying or damaging property) other than an offence of arson.
- 37 An offence under section 1 of the Taking of Hostages Act 1982 (c. 28) (hostage-taking).

- 38 An offence under section 1 of the Aviation Security Act 1982 (c. 36) (hijacking).
- 39 An offence under section 2 of that Act (destroying, damaging or endangering safety of aircraft).
- 40 An offence under section 3 of that Act (other acts endangering or likely to endanger safety of aircraft).
- 41 An offence under section 4 of that Act (offences in relation to certain dangerous articles).
- 42 An offence under section 127 of the Mental Health Act 1983 (c. 20) (ill-treatment of patients).
- 43 An offence under section 1 of the Prohibition of Female Circumcision Act 1985 (c. 38) (prohibition of female circumcision).
- 44 An offence under section 1 of the Public Order Act 1986 (c. 64) (riot).
- 45 An offence under section 2 of that Act (violent disorder).
- 46 An offence under section 3 of that Act (affray).
- 47 An offence under section 134 of the Criminal Justice Act 1988 (c. 33) (torture).
- 48 An offence under section 1 of the Road Traffic Act 1988 (c. 52) (causing death by dangerous driving).
- 49 An offence under section 3A of that Act (causing death by careless driving when under influence of drink or drugs).
- 50 An offence under section 1 of the Aviation and Maritime Security Act 1990 (c. 31) (endangering safety at aerodromes).
- 51 An offence under section 9 of that Act (hijacking of ships).
- 52 An offence under section 10 of that Act (seizing or exercising control of fixed platforms).
- 53 An offence under section 11 of that Act (destroying fixed platforms or endangering their safety).
- 54 An offence under section 12 of that Act (other acts endangering or likely to endanger safe navigation).
- 55 An offence under section 13 of that Act (offences involving threats).
- 56 An offence under Part II of the Channel Tunnel (Security) Order 1994 (S.I. 1994/570) (offences relating to Channel Tunnel trains and the tunnel system).
- 57 An offence under section 4 of the Protection from Harassment Act 1997 (c. 40) (putting

people in fear of violence).

58 An offence under section 29 of the Crime and Disorder Act 1998 (c. 37) (racially or religiously aggravated assaults).

59 An offence falling within section 31(1)(a) or (b) of that Act (racially or religiously aggravated offences under section 4 or 4A of the Public Order Act 1986 (c. 64)).

60 An offence under section 51 or 52 of the International Criminal Court Act 2001 (c. 17) (genocide, crimes against humanity, war crimes and related offences), other than one involving murder.

61 An offence under section 1 of the Female Genital Mutilation Act 2003 (c. 31) (female genital mutilation).

62 An offence under section 2 of that Act (assisting a girl to mutilate her own genitalia).

63 An offence under section 3 of that Act (assisting a non-UK person to mutilate overseas a girl's genitalia).

64 An offence of—

(a) aiding, abetting, counselling, procuring or inciting the commission of an offence specified in this Part of this Schedule,

(b) conspiring to commit an offence so specified, or

(c) attempting to commit an offence so specified.

65 An attempt to commit murder or a conspiracy to commit murder.
Part 2 Specified sexual offences

66 An offence under section 1 of the Sexual Offences Act 1956 (c. 69) (rape).

67 An offence under section 2 of that Act (procurement of woman by threats).

68 An offence under section 3 of that Act (procurement of woman by false pretences).

69 An offence under section 4 of that Act (administering drugs to obtain or facilitate intercourse).

70 An offence under section 5 of that Act (intercourse with girl under thirteen).

71 An offence under section 6 of that Act (intercourse with girl under 16).

72 An offence under section 7 of that Act (intercourse with a defective).

73 An offence under section 9 of that Act (procurement of a defective).

74 An offence under section 10 of that Act (incest by a man).

75 An offence under section 11 of that Act (incest by a woman).

- 76 An offence under section 14 of that Act (indecent assault on a woman).
- 77 An offence under section 15 of that Act (indecent assault on a man).
- 78 An offence under section 16 of that Act (assault with intent to commit buggery).
- 79 An offence under section 17 of that Act (abduction of woman by force or for the sake of her property).
- 80 An offence under section 19 of that Act (abduction of unmarried girl under eighteen from parent or guardian).
- 81 An offence under section 20 of that Act (abduction of unmarried girl under sixteen from parent or guardian).
- 82 An offence under section 21 of that Act (abduction of defective from parent or guardian).
- 83 An offence under section 22 of that Act (causing prostitution of women).
- 84 An offence under section 23 of that Act (procurement of girl under twenty-one).
- 85 An offence under section 24 of that Act (detention of woman in brothel).
- 86 An offence under section 25 of that Act (permitting girl under thirteen to use premises for intercourse).
- 87 An offence under section 26 of that Act (permitting girl under sixteen to use premises for intercourse).
- 88 An offence under section 27 of that Act (permitting defective to use premises for intercourse).
- 89 An offence under section 28 of that Act (causing or encouraging the prostitution of, intercourse with or indecent assault on girl under sixteen).
- 90 An offence under section 29 of that Act (causing or encouraging prostitution of defective).
- 91 An offence under section 32 of that Act (soliciting by men).
- 92 An offence under section 33 of that Act (keeping a brothel).
- 93 An offence under section 128 of the Mental Health Act 1959 (c. 72) (sexual intercourse with patients).
- 94 An offence under section 1 of the Indecency with Children Act 1960 (c. 33) (indecent conduct towards young child).
- 95 An offence under section 4 of the Sexual Offences Act 1967 (c. 60) (procuring others to commit homosexual acts).

- 96 An offence under section 5 of that Act (living on earnings of male prostitution).
- 97 An offence under section 9 of the Theft Act 1968 (c. 60) of burglary with intent to commit rape.
- 98 An offence under section 54 of the Criminal Law Act 1977 (c. 45) (inciting girl under sixteen to have incestuous sexual intercourse).
- 99 An offence under section 1 of the Protection of Children Act 1978 (c. 37) (indecent photographs of children).
- 100 An offence under section 170 of the Customs and Excise Management Act 1979 (c. 2) (penalty for fraudulent evasion of duty etc.) in relation to goods prohibited to be imported under section 42 of the Customs Consolidation Act 1876 (c. 36) (indecent or obscene articles).
- 101 An offence under section 160 of the Criminal Justice Act 1988 (c. 33) (possession of indecent photograph of a child).
- 102 An offence under section 1 of the Sexual Offences Act 2003 (c. 42) (rape).
- 103 An offence under section 2 of that Act (assault by penetration).
- 104 An offence under section 3 of that Act (sexual assault).
- 105 An offence under section 4 of that Act (causing a person to engage in sexual activity without consent).
- 106 An offence under section 5 of that Act (rape of a child under 13).
- 107 An offence under section 6 of that Act (assault of a child under 13 by penetration).
- 108 An offence under section 7 of that Act (sexual assault of a child under 13).
- 109 An offence under section 8 of that Act (causing or inciting a child under 13 to engage in sexual activity).
- 110 An offence under section 9 of that Act (sexual activity with a child).
- 111 An offence under section 10 of that Act (causing or inciting a child to engage in sexual activity).
- 112 An offence under section 11 of that Act (engaging in sexual activity in the presence of a child).
- 113 An offence under section 12 of that Act (causing a child to watch a sexual act).
- 114 An offence under section 13 of that Act (child sex offences committed by children or young persons).
- 115 An offence under section 14 of that Act (arranging or facilitating commission of a child

sex offence).

116 An offence under section 15 of that Act (meeting a child following sexual grooming etc.).

117 An offence under section 16 of that Act (abuse of position of trust: sexual activity with a child).

118 An offence under section 17 of that Act (abuse of position of trust: causing or inciting a child to engage in sexual activity).

119 An offence under section 18 of that Act (abuse of position of trust: sexual activity in the presence of a child).

120 An offence under section 19 of that Act (abuse of position of trust: causing a child to watch a sexual act).

121 An offence under section 25 of that Act (sexual activity with a child family member).

122 An offence under section 26 of that Act (inciting a child family member to engage in sexual activity).

123 An offence under section 30 of that Act (sexual activity with a person with a mental disorder impeding choice).

124 An offence under section 31 of that Act (causing or inciting a person with a mental disorder impeding choice to engage in sexual activity).

125 An offence under section 32 of that Act (engaging in sexual activity in the presence of a person with a mental disorder impeding choice).

126 An offence under section 33 of that Act (causing a person with a mental disorder impeding choice to watch a sexual act).

127 An offence under section 34 of that Act (inducement, threat or deception to procure sexual activity with a person with a mental disorder).

128 An offence under section 35 of that Act (causing a person with a mental disorder to engage in or agree to engage in sexual activity by inducement, threat or deception).

129 An offence under section 36 of that Act (engaging in sexual activity in the presence, procured by inducement, threat or deception, of a person with a mental disorder).

130 An offence under section 37 of that Act (causing a person with a mental disorder to watch a sexual act by inducement, threat or deception).

131 An offence under section 38 of that Act (care workers: sexual activity with a person with a mental disorder).

132 An offence under section 39 of that Act (care workers: causing or inciting sexual activity).

- 133 An offence under section 40 of that Act (care workers: sexual activity in the presence of a person with a mental disorder).
- 134 An offence under section 41 of that Act (care workers: causing a person with a mental disorder to watch a sexual act).
- 135 An offence under section 47 of that Act (paying for sexual services of a child).
- 136 An offence under section 48 of that Act (causing or inciting child prostitution or pornography).
- 137 An offence under section 49 of that Act (controlling a child prostitute or a child involved in pornography).
- 138 An offence under section 50 of that Act (arranging or facilitating child prostitution or pornography).
- 139 An offence under section 52 of that Act (causing or inciting prostitution for gain).
- 140 An offence under section 53 of that Act (controlling prostitution for gain).
- 141 An offence under section 57 of that Act (trafficking into the UK for sexual exploitation).
- 142 An offence under section 58 of that Act (trafficking within the UK for sexual exploitation).
- 143 An offence under section 59 of that Act (trafficking out of the UK for sexual exploitation).
- 144 An offence under section 61 of that Act (administering a substance with intent).
- 145 An offence under section 62 of that Act (committing an offence with intent to commit a sexual offence).
- 146 An offence under section 63 of that Act (trespass with intent to commit a sexual offence).
- 147 An offence under section 64 of that Act (sex with an adult relative: penetration).
- 148 An offence under section 65 of that Act (sex with an adult relative: consenting to penetration).
- 149 An offence under section 66 of that Act (exposure).
- 150 An offence under section 67 of that Act (voyeurism).
- 151 An offence under section 69 of that Act (intercourse with an animal).
- 152 An offence under section 70 of that Act (sexual penetration of a corpse).
- 153 An offence of—

- (a) aiding, abetting, counselling, procuring or inciting the commission of an offence specified in this Part of this Schedule,
- (b) conspiring to commit an offence so specified, or
- (c) attempting to commit an offence so specified.

**SCHEDULE 3 Sexual offences for purposes of Part 2 Sexual Offences Act 2003
England and Wales:**

1 An offence under section 1 of the Sexual Offences Act 1956 (c. 69) (rape).

2 An offence under section 5 of that Act (intercourse with girl under 13).

3 An offence under section 6 of that Act (intercourse with girl under 16), if the offender was 20 or over.

4 An offence under section 10 of that Act (incest by a man), if the victim or (as the case may be) other party was under 18.

5 An offence under section 12 of that Act (buggery) if—

(a) the offender was 20 or over, and

(b) the victim or (as the case may be) other party was under 18.

6 An offence under section 13 of that Act (indecentcy between men) if—

(a) the offender was 20 or over, and

(b) the victim or (as the case may be) other party was under 18.

7 An offence under section 14 of that Act (indecent assault on a woman) if—

(a) the victim or (as the case may be) other party was under 18, or

(b) the offender, in respect of the offence or finding, is or has been—

(i) sentenced to imprisonment for a term of at least 30 months; or

(ii) admitted to a hospital subject to a restriction order.

8 An offence under section 15 of that Act (indecent assault on a man) if—

(a) the victim or (as the case may be) other party was under 18, or

(b) the offender, in respect of the offence or finding, is or has been—

(i) sentenced to imprisonment for a term of at least 30 months; or

(ii) admitted to a hospital subject to a restriction order.

9 An offence under section 16 of that Act (assault with intent to commit buggery), if the victim or (as the case may be) other party was under 18.

10 An offence under section 28 of that Act (causing or encouraging the prostitution of, intercourse with or indecent assault on girl under 16).

11 An offence under section 1 of the Indecency with Children Act 1960 (c. 33) (indecent

conduct towards young child).

12 An offence under section 54 of the Criminal Law Act 1977 (c. 45) (inciting girl under 16 to have incestuous sexual intercourse).

13 An offence under section 1 of the Protection of Children Act 1978 (c. 37) (indecent photographs of children), if the indecent photographs or pseudo-photographs showed persons under 16 and—

(a) the conviction, finding or caution was before the commencement of this Part, or

(b) the offender—

(i) was 18 or over, or

(ii) is sentenced in respect of the offence to imprisonment for a term of at least 12 months.

14 An offence under section 170 of the Customs and Excise Management Act 1979 (c. 2) (penalty for fraudulent evasion of duty etc.) in relation to goods prohibited to be imported under section 42 of the Customs Consolidation Act 1876 (c. 36) (indecent or obscene articles), if the prohibited goods included indecent photographs of persons under 16 and—

(a) the conviction, finding or caution was before the commencement of this Part, or

(b) the offender—

(i) was 18 or over, or

(ii) is sentenced in respect of the offence to imprisonment for a term of at least 12 months.

15 An offence under section 160 of the Criminal Justice Act 1988 (c. 33) (possession of indecent photograph of a child), if the indecent photographs or pseudo-photographs showed persons under 16 and—

(a) the conviction, finding or caution was before the commencement of this Part, or

(b) the offender—

(i) was 18 or over, or

(ii) is sentenced in respect of the offence to imprisonment for a term of at least 12 months.

16 An offence under section 3 of the Sexual Offences (Amendment) Act 2000 (c. 44) (abuse of position of trust), if the offender was 20 or over.

17 An offence under section 1 or 2 of this Act (rape, assault by penetration).

18 An offence under section 3 of this Act (sexual assault) if—

(a) where the offender was under 18, he is or has been sentenced, in respect of the offence, to imprisonment for a term of at least 12 months;

(b) in any other case—

(i) the victim was under 18, or

(ii) the offender, in respect of the offence or finding, is or has been—

(a) sentenced to a term of imprisonment,

(b) detained in a hospital, or

(c) made the subject of a community sentence of at least 12 months.

19 An offence under any of sections 4 to 6 of this Act (causing sexual activity without consent, rape of a child under 13, assault of a child under 13 by penetration).

20 An offence under section 7 of this Act (sexual assault of a child under 13) if the offender—

(a) was 18 or over, or

(b) is or has been sentenced in respect of the offence to imprisonment for a term of at least 12 months.

21 An offence under any of sections 8 to 12 of this Act (causing or inciting a child under 13 to engage in sexual activity, child sex offences committed by adults).

22 An offence under section 13 of this Act (child sex offences committed by children or young persons), if the offender is or has been sentenced, in respect of the offence, to imprisonment for a term of at least 12 months.

23 An offence under section 14 of this Act (arranging or facilitating the commission of a child sex offence) if the offender—

(a) was 18 or over, or

(b) is or has been sentenced, in respect of the offence, to imprisonment for a term of at least 12 months.

24 An offence under section 15 of this Act (meeting a child following sexual grooming etc).

25 An offence under any of sections 16 to 19 of this Act (abuse of a position of trust) if the offender, in respect of the offence, is or has been—

(a) sentenced to a term of imprisonment,

(b) detained in a hospital, or

(c) made the subject of a community sentence of at least 12 months.

26 An offence under section 25 or 26 of this Act (familial child sex offences) if the offender—

(a) was 18 or over, or

(b) is or has been sentenced in respect of the offence to imprisonment for a term of at least 12 months.

27 An offence under any of sections 30 to 37 of this Act (offences against persons with a mental disorder impeding choice, inducements etc. to persons with mental disorder).

28 An offence under any of sections 38 to 41 of this Act (care workers for persons with mental disorder) if —

(a) where the offender was under 18, he is or has been sentenced in respect of the offence to imprisonment for a term of at least 12 months;

(b) in any other case, the offender, in respect of the offence or finding, is or has been—

(i) sentenced to a term of imprisonment,

(ii) detained in a hospital, or

(iii) made the subject of a community sentence of at least 12 months.

29 An offence under section 47 of this Act (paying for sexual services of a child) if the victim or (as the case may be) other party was under 16, and the offender—

(a) was 18 or over, or

(b) is or has been sentenced in respect of the offence to imprisonment for a term of at least 12 months.

30 An offence under section 61 of this Act (administering a substance with intent).

31 An offence under section 62 or 63 of this Act (committing an offence or trespassing, with intent to commit a sexual offence) if—

(a) where the offender was under 18, he is or has been sentenced in respect of the offence to imprisonment for a term of at least 12 months;

(b) in any other case—

(i) the intended offence was an offence against a person under 18, or

(ii) the offender, in respect of the offence or finding, is or has been—

(a) sentenced to a term of imprisonment,

(b) detained in a hospital, or

(c) made the subject of a community sentence of at least 12 months.

32 An offence under section 64 or 65 of this Act (sex with an adult relative) if —

(a) where the offender was under 18, he is or has been sentenced in respect of the offence to imprisonment for a term of at least 12 months;

(b) in any other case, the offender, in respect of the offence or finding, is or has been—

(i) sentenced to a term of imprisonment, or

(ii) detained in a hospital.

33 An offence under section 66 of this Act (exposure) if—

(a) where the offender was under 18, he is or has been sentenced in respect of the offence to imprisonment for a term of at least 12 months;

(b) in any other case—

(i) the victim was under 18, or

(ii) the offender, in respect of the offence or finding, is or has been—

(a) sentenced to a term of imprisonment,

(b) detained in a hospital, or

(c) made the subject of a community sentence of at least 12 months.

34 An offence under section 67 of this Act (voyeurism) if—

(a) where the offender was under 18, he is or has been sentenced in respect of the offence to imprisonment for a term of at least 12 months;

(b) in any other case—

(i) the victim was under 18, or

(ii) the offender, in respect of the offence or finding, is or has been—

(a) sentenced to a term of imprisonment,

(b) detained in a hospital, or

(c) made the subject of a community sentence of at least 12 months.

35 An offence under section 69 or 70 of this Act (intercourse with an animal, sexual penetration of a corpse) if —

(a) where the offender was under 18, he is or has been sentenced in respect of the offence to imprisonment for a term of at least 12 months;

(b) in any other case, the offender, in respect of the offence or finding, is or has been—

(i) sentenced to a term of imprisonment, or

(ii) detained in a hospital.

Scotland

36 Rape.

37 Clandestine injury to women.

38 Abduction of woman or girl with intent to rape.

39 Assault with intent to rape or ravish.

40 Indecent assault.

41 Lewd, indecent or libidinous behaviour or practices.

42 Shameless indecency, if a person (other than the offender) involved in the offence was under 18.

43 Sodomy, unless every person involved in the offence was 16 or over and was a willing participant.

44 An offence under section 170 of the Customs and Excise Management Act 1979 (c. 2) (penalty for fraudulent evasion of duty etc.) in relation to goods prohibited to be imported under section 42 of the Customs Consolidation Act 1876 (c. 36) (indecent or obscene articles), if the prohibited goods included indecent photographs of persons under 16.

45 An offence under section 52 of the Civic Government (Scotland) Act 1982 (c. 45) (taking and distribution of indecent images of children).

46 An offence under section 52A of that Act (possession of indecent images of children).

47 An offence under section 106 of the Mental Health (Scotland) Act 1984 (c. 36) (protection of mentally handicapped females).

48 An offence under section 107 of that Act (protection of patients).

49 An offence under section 1 of the Criminal Law (Consolidation) (Scotland) Act 1995 (c. 39) (incest), if a person (other than the offender) involved in the offence was under 18.

50 An offence under section 2 of that Act (intercourse with a stepchild), if a person (other than the offender) involved in the offence was under 18.

51 An offence under section 3 of that Act (intercourse with child under 16 by person in position of trust).

52 An offence under section 5 of that Act (unlawful intercourse with girl under 16), save in the case of an offence in contravention of subsection (3) of that section where the offender was under 20.

53 An offence under section 6 of that Act (indecent behaviour towards girl between 12 and 16).

54 An offence under section 8 of that Act (abduction of girl under 18 for purposes of unlawful intercourse).

55 An offence under section 10 of that Act (person having parental responsibilities causing or encouraging sexual activity in relation to a girl under 16).

56 An offence under section 13(5) of that Act (homosexual offences) unless every person involved (whether in the offence or in the homosexual act) was 16 or over and was a willing participant.

57 An offence under section 3 of the Sexual Offences (Amendment) Act 2000 (c. 44) (abuse of position of trust), where the offender was 20 or over.

58 An offence under section 311(1) of the Mental Health (Care and Treatment) (Scotland) Act 2003 (asp 13) (non-consensual sexual acts).

59 An offence under section 313(1) of that Act (persons providing care services: sexual offences).

60 An offence in Scotland other than is mentioned in paragraphs 36 to 59 if the court, in imposing sentence or otherwise disposing of the case, determines for the purposes of this paragraph that there was a significant sexual aspect to the offender's behaviour in committing the offence.

Northern Ireland

61 Rape.

62 An offence under section 52 of the Offences against the Person Act 1861 (c. 100) (indecent assault upon a female) if—

(a) where the offender was under 18, he is or has been sentenced, in respect of the offence, to imprisonment for a term of at least 12 months;

(b) in any other case—

(i) the victim was under 18, or

(ii) the offender, in respect of the offence or finding, is or has been—

(a) sentenced to a term of imprisonment,

(b) detained in a hospital, or

(c) made the subject of a community sentence of at least 12 months.

63 An offence under section 53 or 54 of that Act (abduction of woman by force for unlawful sexual intercourse) if the offender—

(a) was 18 or over, or

(b) is or has been sentenced in respect of the offence to imprisonment for a term of at

least 12 months.

64 An offence under section 61 of that Act (buggery) if—

- (a) the offender was 20 or over, and
- (b) the victim or (as the case may be) other party was under 18.

65 An offence under section 62 of that Act of assault with intent to commit buggery if the victim or (as the case may be) other party was under 18, and the offender —

- (a) was 18 or over, or
- (b) is or has been sentenced in respect of the offence to imprisonment for a term of at least 12 months.

66 An offence under section 62 of that Act of indecent assault upon a male person if—

(a) where the offender was under 18, he is or has been sentenced, in respect of the offence, to imprisonment for a term of at least 12 months;

(b) in any other case—

- (i) the victim was under 18, or
- (ii) the offender, in respect of the offence or finding, is or has been—
 - (a) sentenced to a term of imprisonment,
 - (b) detained in a hospital, or
 - (c) made the subject of a community sentence of at least 12 months.

67 An offence under section 2 of the Criminal Law Amendment Act 1885 (c. 69) (procuration) if the offender—

- (a) was 18 or over, or
- (b) is or has been sentenced in respect of the offence to imprisonment for a term of at least 12 months.

68 An offence under section 3 of that Act (procuring defilement of woman by threats or fraud, etc.) if the offender—

- (a) was 18 or over, or
- (b) is or has been sentenced in respect of the offence to imprisonment for a term of at least 12 months.

69 An offence under section 4 of that Act of unlawful carnal knowledge of a girl under 14 if the offender—

(a) was 18 or over, or

(b) is or has been sentenced in respect of the offence to imprisonment for a term of at least 12 months.

70 An offence under section 5 of that Act of unlawful carnal knowledge of a girl under 17, if the offender was 20 or over.

71 An offence under section 7 of that Act (abduction of girl under 18) if the offender—

(a) was 18 or over, or

(b) is or has been sentenced in respect of the offence to imprisonment for a term of at least 12 months.

72 An offence under section 11 of that Act (homosexual offences) if—

(a) the offender was 20 or over, and

(b) the victim or (as the case may be) other party was under 18.

73 An offence under section 1 of the Punishment of Incest Act 1908 (c. 45) (incest by males), if —

(a) where the offender was under 18, he is or has been sentenced in respect of the offence to imprisonment for a term of at least 12 months;

(b) in any other case—

(i) the victim or (as the case may be) other party was under 18, or

(ii) the offender, in respect of the offence or finding, is or has been—

(a) sentenced to a term of imprisonment, or

(b) detained in a hospital.

74 An offence under section 2 of that Act (incest by females), if—

(a) where the offender was under 18, he is or has been sentenced in respect of the offence to imprisonment for a term of at least 12 months;

(b) in any other case—

(i) the victim or (as the case may be) other party was under 18, or

(ii) the offender, in respect of the offence or finding, is or has been—

(a) sentenced to a term of imprisonment, or

(b) detained in a hospital.

75 An offence under section 21 of the Children and Young Persons Act (Northern Ireland) 1968 (c. 34) (causing or encouraging seduction or prostitution of a girl under 17) if the offender—

(a) was 18 or over, or

(b) is or has been sentenced in respect of the offence to imprisonment for a term of at least 12 months.

76 An offence under section 22 of that Act (indecent conduct towards a child) if the offender—

(a) was 18 or over, or

(b) is or has been sentenced in respect of the offence to imprisonment for a term of at least 12 months.

77 An offence under Article 3 of the Protection of Children (Northern Ireland) Order 1978 (S.I. 1978/1047 (N.I. 17)) (indecent photographs of children) if the offender—

(a) was 18 or over, or

(b) is or has been sentenced in respect of the offence to imprisonment for a term of at least 12 months.

78 An offence under section 170 of the Customs and Excise Management Act 1979 (c. 2) (penalty for fraudulent evasion of duty etc.) in relation to goods prohibited to be imported under section 42 of the Customs Consolidation Act 1876 (c. 36) (indecent or obscene articles), if the prohibited goods included indecent photographs of persons under 16, and the offender—

(a) was 18 or over, or

(b) is or has been sentenced in respect of the offence to imprisonment for a term of at least 12 months.

79 An offence under Article 9 of the Criminal Justice (Northern Ireland) Order 1980 (S.I. 1980/704 (N.I. 6)) (inciting girl under 16 to have incestuous sexual intercourse) if the offender—

(a) was 18 or over, or

(b) is or has been sentenced in respect of the offence to imprisonment for a term of at least 12 months.

80 An offence under Article 122 of the Mental Health (Northern Ireland) Order 1986 (S.I. 1986/595 (N.I. 4)) (offences against women suffering from severe mental handicap).

81 An offence under Article 123 of that Order (offences against patients) if—

(a) where the offender was under 18, he is or has been sentenced in respect of the offence to imprisonment for a term of at least 12 months;

(b) in any other case, the offender, in respect of the offence or finding, is or has been—

(i) sentenced to a term of imprisonment,

(ii) detained in a hospital, or

(iii) made the subject of a community sentence of at least 12 months.

82 An offence under Article 15 of the Criminal Justice (Evidence, etc.) (Northern Ireland) Order 1988 (S.I. 1988/1847 (N.I. 17) (possession of indecent photographs of children) if the offender—

(a) was 18 or over, or

(b) is or has been sentenced in respect of the offence to imprisonment for a term of at least 12 months.

83 An offence under section 3 of the Sexual Offences (Amendment) Act 2000 (c. 44) (abuse of position of trust), if the offender, in respect of the offence or finding, is or has been—

(a) sentenced to a term of imprisonment,

(b) detained in a hospital, or

(c) made the subject of a community sentence of at least 12 months.

84 An offence under Article 19 of the Criminal Justice (Northern Ireland) Order 2003 (S.I. 2003/1247 (N.I. 13)) (buggery) if—

(a) the offender was 20 or over, and

(b) the victim or (as the case may be) other party was under 17.

85 An offence under Article 20 of that Order (assault with intent to commit buggery) if the victim was under 18 and the offender—

(a) was 18 or over, or

(b) is or has been sentenced in respect of the offence to imprisonment for a term of at least 12 months.

86 An offence under Article 21 of that Order (indecent assault upon a male) if—

(a) where the offender was under 18, he is or has been sentenced, in respect of the offence, to imprisonment for a term of at least 12 months;

(b) in any other case—

(i) the victim was under 18, or

(ii) the offender, in respect of the offence or finding, is or has been—

(a) sentenced to a term of imprisonment,

(b) detained in a hospital, or

(c) made the subject of a community sentence of at least 12 months.

87 An offence under section 15 of this Act (meeting a child following sexual grooming etc.).

88 An offence under any of sections 16 to 19 of this Act (abuse of trust) if the offender, in respect of the offence or finding, is or has been—

(a) sentenced to a term of imprisonment,

(b) detained in a hospital, or

(c) made the subject of a community sentence of at least 12 months.

89 An offence under section 47 of this Act (paying for sexual services of a child) if the victim or (as the case may be) other party was under 17 and the offender—

(a) was 18 or over, or

(b) is or has been sentenced in respect of the offence to a term of imprisonment of at least 12 months.

90 An offence under section 66 of this Act (exposure) if—

(a) where the offender was under 18, he is or has been sentenced in respect of the offence to imprisonment for a term of at least 12 months;

(b) in any other case—

(i) the victim was under 18, or

(ii) the offender, in respect of the offence or finding, is or has been—

(a) sentenced to a term of imprisonment,

(b) detained in a hospital, or

(c) made the subject of a community sentence of at least 12 months.

91 An offence under section 67 of this Act (voyeurism) if—

(a) where the offender was under 18, he is or has been sentenced in respect of the offence to imprisonment for a term of at least 12 months;

(b) in any other case—

- (i) the victim was under 18, or
- (ii) the offender, in respect of the offence or finding, is or has been—
 - (a) sentenced to a term of imprisonment,
 - (b) detained in a hospital, or
 - (c) made the subject of a community sentence of at least 12 months.

92 An offence under section 69 or 70 of this Act (intercourse with an animal, sexual penetration of a corpse) if —

- (a) where the offender was under 18, he is or has been sentenced in respect of the offence to imprisonment for a term of at least 12 months;
- (b) in any other case, the offender, in respect of the offence or finding, is or has been—
 - (i) sentenced to a term of imprisonment, or
 - (ii) detained in a hospital.

APPENDIX E:

See separate link entitled '[MAPPa Appendix E – MAPPa referral form](#)'

APPENDIX F:

Single Point of Contact - SPOC Details by Area and Local MAPPA Administrator:

DEVON	SINGLE POINT OF CONTACT	CONTACT DETAILS
SAFEGUARDING CHILDREN	Yvonne Roxby Liaison and Disclosure Officer	Mobile: 07976 837774 Tel: 01872 254550 Fax: 01872 225506 Email: yvonne.roxby@devon.gov.uk Yvonne.roxby@devonandcornwall.pnn.police.uk Police Headquarters, Public Protection Unit, Homer House, Middlemoor, Exeter EX2 7HQ
MENTAL HEALTH Devon Partnership NHS Trust	Liz Davenport Director of Operations and Workforce	Mobile: 07970 271939 Tel: 01392 208652 Email: liz.davenport@nhs.net

CORNWALL	SINGLE POINT OF CONTACT	CONTACT DETAILS
SAFEGUARDING CHILDREN	Karen Dale Senior Safeguarding Children's Manager Sharon Wood Deputy Senior Safeguarding Children's Manager	Tel: 01872 254550 Fax: 01872 225506 Email: kdale@cornwall.gov.uk shwood@cornwall.gov.uk Safeguarding Children's Unit, Pendragon House, Gloweth, Truro TR1 3XQ
MENTAL HEALTH	Mark Young Mental Health Act Advisor Tim Archer Director of Strategy & Governance/ Nurse Executive John Morgan Forensic Clinical Psychologist	Tel: 01726 291000 Email: Mark.Young@CPT.Cornwall.nhs.uk Tel: 01726 291008 Email: Tim.Archer@CPT.Cornwall.nhs.uk Tel: 01208 251300 Email: John.Morgan@CPT.Cornwall.nhs.uk

CORNWALL	SINGLE POINT OF CONTACT	CONTACT DETAILS
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	CONTACT	
HEALTH SAFEGUARDING ADULTS	Chris Nash Manager Safeguarding Adults & Children's Team	Tel: 01726 627815 Email: chrishash@nhs.net Cornwall & Isles of Scilly Primary care Trust, Safeguarding Adults & Children Team, Mezzanine Floor, Sedgemoor Centre, Priory Road, St Austell PL25 5AS

PLYMOUTH	SINGLE POINT OF CONTACT	CONTACT DETAILS
SAFEGUARDING CHILDREN CHILDRENS & YOUNG PEOPLES TRUST	Maureen Grimley Children's Services Manager	Tel: 01752 306754 Mobile: 07917264641 Email: maureen.grimley@plymouth.gcsx.gov.uk Floor 2, Midland House, Notte Street, Plymouth PL1 2EJ
HEALTH SAFEGUARDING ADULTS & on behalf of PCC ADULT SOCIAL CARE MENTAL HEALTH LEARNING DISABILITY	Karen Howard Safeguarding Adults Manager	Tel: 01752 314004 Mobile: 07771 783397 Email: karenhoward2@nhs.net Plymouth Teaching LSW, Riverview, Mount Gould Hospital, Mount Gould Road, Plymouth PL4 7LD
SAFEGUARDING CHILDREN CHILDRENS & YOUNG PEOPLES TRUST	Sue Baldwin Designated Nurse Safeguarding Children	Tel: 01752 435059 Mobile: 07826892445 Email: susan.baldwin@plymouth.nhs.uk Plymouth Teaching LSW, Mount Gould Hospital, Mount Gould Road, Plymouth PL4 7LD

TORBAY	SINGLE POINT OF CONTACT	CONTACT DETAILS
SAFEGUARDING CHILDREN	John Edwards Safeguarding Children's Manager	Tel: 01803 208411 Email: john.edwards@torbay.gcsx.gov.uk Safeguarding Children's Unit, Union House, Union Street, Torquay TQ1 3YA
MENTAL HEALTH Devon Partnership NHS Trust	Liz Davenport Director of Operation and Workforce	Mobile: 07970 271939 Tel: 01392 208652 Email: liz.davenport@nhs.net

Local MAPPA Administrators

Maria Lanyon (East Cornwall) maria.lanyon@devon-cornwall.probation.gsi.gov.uk	01209 612006
Deborah Rowley (West Cornwall) Deborah.rowley@devon-cornwall.probation.gsi.gov.uk	01726 72654
Jayne Lawrence (Plymouth) jayne.lawrence@devon-cornwall.probation.gsi.gov.uk	01752 827500
Diane Hewett (South Devon) diane.hewett@devon-cornwall.probation.gsi.gov.uk	01803 213535
Ellie Paprocka (Exeter and East Devon) ellie.paprocka@devon-cornwall.probation.gsi.gov.uk	01392 421122
Annabel Gammons (North Devon) Annabel.gammons@devon-cornwall.probation.gsi.gov.uk	01271 321681
Hannah Robins - MAPPA Level 3 Administrator hannah.robins@devonandcornwall.pnn.police.uk	01392 223271

Appendix G

Health MAPPA Local Governance Arrangements:

Devon Arrangements – Devon Partnership Trust

SPOC	SPOC Line Management	Audit arrangements for risk management plan reviews	MAPPA Link Commissioner	Standing Membership of Level 2 and 3 Panels	Internal MAPPA Governance and Improvement Process
<p>Liz Davenport</p> <p>Director of Operations DPT</p> <p><u>Devon County Council DCC</u> Safeguarding Adults Team Manager – Adult and Community Services, Devon County Council</p>	<p>Iain Tulley</p> <p>Chief Executive</p> <p><u>Devon County Council</u></p> <p>Head of Safeguarding Adult and Community Services, Devon County Council</p>	<p>Case records reviewed as part of supervision and formally through Practice Quality Audit</p>	<p>Ian Pearson</p> <p>Joint Strategic Commissioner – Adult Mental Health NHS Devon/DCC</p>	<p>To be reviewed currently identified on a case by case basis</p>	<p>Safeguarding Committee oversees improvement plan for MAPPA and reports to Trust Quality and Safety Committee</p> <p>Attendance at MAPPA SMB</p>

Plymouth Arrangements – Livewell Southwest

SPOC	SPOC Line Management	Audit arrangements for risk management plan reviews	MAPPA Link Commissioner	Standing Membership of Level 2 and 3 Panels	Internal MAPPA Governance and Improvement Process
<p>Safeguarding Adults Manager Livewell Southwest</p>	<p>Chief Operating Officer Provider Services</p> <p>Joint Director of Commissioning Health and Local Authority</p>	<p>CPA requirement 16 weeks.4months</p> <p>Responsibility of care coordinator/case manager</p> <p>Monitored by SPOC from data base</p>	<p>Debbie Butcher Plymouth City Council</p> <p>Gavin Thistlewaite Livewell Southwest</p>	<p>Safeguarding Adults Manager</p> <p>CPNs / case managers for open cases as required</p> <p>Attendance at level 3 meetings by link commissioner</p>	<p>Data Base of level 1 cases Held by SPOC and MHA Administrator</p> <p>Monitoring of risk reviews of level 1 cases at 4 months. Inclusion of this in CPA policy</p> <p>MAPPA input on safeguarding adults update mandatory</p>

					<p>programme</p> <p>MAPPA input as part of staff induction linked to safeguarding children/adults presentation</p> <p>SAB – Safeguarding Adult Board has standing agenda item for MAPPA</p>
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Cornwall Arrangements CPFT – Cornwall Partnership Foundation Trust

SPOC	SPOC Line Management	Audit arrangements for risk management plan reviews	MAPPA Link Commissioner	Standing Membership of Level 2 and 3 Panels	Internal MAPPA Governance and Improvement Process
<p>Consultant Forensic Clinical Psychologist, Forensic Mental Health Team.</p> <p>Deputy: Mental Health Act Manager</p>	<p>Associate Director for Service Governance/ Director of Operations</p>	<p>CPA requirement Responsibility of care coordinator/case manager.</p> <p>Monitored by SPOC from data base.</p> <p>Routine RiO (Clinical Information System) reporting being investigated.</p>	<p>Sandra Miles, Senior Mental Health Commissioner</p>	<p>Level 3: Forensic Clinical Psychologists</p> <p>Level 2: Forensic Mental Health CPN's or other allocated Forensic Staff</p>	<p>Data Base of level 1 cases</p> <p>Monitoring of risk reviews of level 1 cases</p> <p>MAPPA included in Basic Clinical Risk Training Syllabus for Care Coordinators/ Senior Clinicians</p>

**APPENDIX H: Devon & Cornwall Constabulary
Proactive Disclosure under Potentially Dangerous Persons Protocol**

Definition of Potentially Dangerous Person

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 that there is a present likelihood of them committing an offence or offences that will cause serious harm.

Definition of Serious Harm

As defined in Section 224(3) of the Criminal Justice Act as ‘death or serious personal injury whether physical or psychological’

Information provider	
<input type="checkbox"/> Devon & Cornwall Police	<input type="checkbox"/> Cornwall County Council
<input type="checkbox"/> Cornwall Partnership NHS Trust	<input type="checkbox"/> Devon County Council
<input type="checkbox"/> Devon Partnership NHS Trust	<input type="checkbox"/> The Council for the Isles of Scilly
<input type="checkbox"/> Plymouth City Council	<input type="checkbox"/> Plymouth Primary Care Trust
<input type="checkbox"/> Torbay Council	<input type="checkbox"/> Voluntary sector; partner (cite):
Person presenting risk	
Name:	Date of Birth:
Address:	
Ethnicity:	
Nature of risk posed	
Nature and pattern of the person presenting risky behaviour:	
Nature of risk:	
Who is at risk (e.g. particular individuals, children, vulnerable adults):	
In what circumstances is likely to increase (e.g. issues relating to mental health, medication, drugs, alcohol, housing, employment, relationships):	
What factors are likely to reduce risk?	
In your professional judgement do any of the above factors indicate that there is a present likelihood of the individual causing serious harm?	

Power cited as basis of disclosure (tick any that are valid)	
<input type="checkbox"/>	Crime & Disorder Act 1998 – Section 115: Disclosure of information to a relevant authority to prevent or detect crime and disorder.
<input type="checkbox"/>	Data Protection Act 1998 – Section 29(3): Disclosure for the prevention or detection of crime, apprehension and prosecution of offenders.
<input type="checkbox"/>	MoPI Police Act 1996 (Police Only) – Policing Purpose: Protecting life and property, and preventing the commission of offences.
<input type="checkbox"/>	Common Law: Will disclosure aid prevention / detection of crime?
Tests applied to provision of information	
Justification under Human Rights: Is the disclosure:	
(a)	in accordance with the law? <input type="checkbox"/> Yes <input type="checkbox"/> No
(b)	in the interests of public safety? <input type="checkbox"/> Yes <input type="checkbox"/> No
(c)	for the protection of health and morals? (e.g. where the person is involved in drug dealing or procuring for prostitution etc.) <input type="checkbox"/> Yes <input type="checkbox"/> No
(d)	for the protection of rights and freedoms of others? <input type="checkbox"/> Yes <input type="checkbox"/> No
(e)	is the circumstances proportional? (if yes – give details below) <input type="checkbox"/> Yes <input type="checkbox"/> No
(f)	has the information provider's records been updated to record the proposed disclosure? <input type="checkbox"/> Yes <input type="checkbox"/> No
Identify and list names / contact details of other agencies who are / need to be involved with the person presenting risk or informed.	
Information to be verified and endorsed by SPOC for referring agency:	
Signed (SPOC):	Date:

email to your local SPOC local who will screen the referral and send to D&C Police HQ PPU via fax: 01392 452814 or via secure FIB@devonandcornwall.pnn.police.uk

<p>Multi Agency Public Protection Arrangements (MAPPA)</p> <p>Categories of Offender</p> <p>Cat 1 - Registered Sex Offenders</p> <p>Cat 2 - Either violent offenders sentenced to 12 months imprisonment or more, violent offenders subject of a Hospital or Guardianship Order or Other Sexual Offenders</p> <p>Cat 3 – Other dangerous offenders who may cause serious harm to the public.</p> <p>Levels of Risk Management</p> <p>Level 1 – Ordinary single agency management not requiring active conferencing</p> <p>Level 2 – Active multi agency management (active conferencing required)</p> <p>Level 3 – Active multi agency management (complex case with or without potential media interest)</p> <p>Referrals into MAPPA</p> <p>Referral templates can be requested by email from your MAPPA SPOC.</p> <p>Timing of referral</p> <p>Referrals should be made prior to discharge from hospital - ideally 6 months before discharge or, if possible 6 months prior to a Review Tribunal decision on discharge, or when tribunal date is known.</p> <p>In order for a MAPPA meeting to take place, a discharge address is required (this determines exactly where the meeting will take place).</p> <p>Attendees at MAPPA meetings</p> <p>If you make the referral, you are required to list other people relevant to the case who should be invited to the MAPPA meeting.</p> <p>The meeting will be chaired by either a Detective Inspector or Senior Probation Officer. Some areas have standing panel membership which includes police, prison, probation, health, housing, children services. Other agencies will be invited if they can add value to the Risk Management Plan put in place to manage the risks posed by the subject.</p>	<p>Notifications</p> <p>Mental Health teams are required to notify the MAPPA Administrator of their MAPPA Eligible offenders via their SPOC. Information is recorded on Form G. <u>The MAPPA administrator won't know about these individuals unless you tell them.</u></p> <p>A MAPPA eligible offender within Mental Health is a person who:</p> <p>Committed a relevant violent or sexual offence, and</p> <ul style="list-style-type: none"> • is liable to detention under Part 3 of the MHA 1983 or • is receiving care under a community treatment order <p>In practice this means that the person is subject to section 37. This includes those:</p> <ul style="list-style-type: none"> • Whose admission to hospital has been directed by the sentencing court under section 45A • Whose admission to hospital has been directed by the Secretary of State under section 47 • Those who were Directed to hospital under section 47, but whose release date has passed ("Notional section 37s") • Those subject to sections 37 and 41 who are subject to conditional discharge. <p>For cases already notified to the MAPPA administrator, updates to leave also need to be communicated via form G. In addition, when a transfer between hospitals occurs, the MAPPA administrator needs to be informed.</p> <p>The MAPPA administrator must be told about these individuals via the MAPPA Form G . This form is available from your MAPPA SPOC.</p> <p>Non Eligible MAPPA individuals</p> <p>If you have concerns about the risk of significant harm a service user presents to the public, and multi agency conferencing could assist in reducing that risk, but the individual does not have relevant previous convictions, you can request a Potentially Dangerous Person – PDP referral via your local SPOC</p>
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APPENDIX J

See separate link entitled '[MAPP A Appendix J](#) Guidance on the extension of victims' rights under the Domestic Violence, Crime and Victims Act 2004'

All policies are required to be electronically signed by the Lead Director or Assistant Director.

(The policy will not be accepted onto Healthnet until the e signature is received.)

The proof of signature for all policies is stored in the policies database.

The Lead Director, Assistant Director or Head of Service approves this document and any attached appendices.

Signed:
Chief Operating Officer
Director of Joint Commissioning

Date: 20th September 2010

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