



**Multi-Agency Public Protection Arrangements (MAPPA)  
Policy and Procedures  
For  
Swansea Bay University Health Board as a  
‘Duty to Co-operate Agency’**

Originator:	MH & LD Policy Group
Reviewed by:	Policy Review Group
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Ratified by:	SBUHB Corporate Safeguarding Team
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This policy has been screened for relevance to equality. No potential negative impact has been identified so a full equality impact assessment is not required.

<b>CONTENTS</b>	<b>PAGE</b>
1. Executive Summary	3
2. Scope of the Policy	3
3. Introduction	4
4. MAPPA Guidance	4
5. Memorandum of Understanding	4
6. Strategic Management Board Representative	5
7. Operational Lead	5
8. Strategic Management Board Sub groups	5
9. Safeguarding Committee	6
10. Training	6
11. Attendance at MAPPA meetings	6
12. MAPPA Pathway	7
13. Notification and Referral of MAPPA Eligible Inpatients and Outpatients	8
14. Information Sharing	8
15. MAPPA Meeting Minutes	8
16. Patient Involvement	9
17. Disclosure	10
18. Provision of Resources	10
19. Serious Case Reviews	10
20. Potentially Dangerous Persons	11
21. Access to MAPPA Guidance, Updates, Notification and Referral Forms	12
22. Equality Impact Assessment Statement	12
23. Getting Help	12
24. Appendices	14
APPENDIX 1. MAPPA Memorandum of Understanding	14
APPENDIX 2. MAPPA Referral Pathways	15

## 1. EXECUTIVE SUMMARY

Multi Agency Public Protection Arrangements (MAPPA) are an essential component of the safeguarding responsibilities of the Health Board in line with its' strategic quality objectives. The Health Board agrees as part of the duty to cooperate agency to ensure we are contributing to the MAPPA statutory arrangements, to assess and manage the risk posed by individuals of a sexual and/or violent nature.

It is essential to have a strategic and operational approach to the delivery of healthcare within a risk management context in order to contribute to the reduction of reoffending behaviour of sexual and violent offenders and thus to protect the public, including previous victims, from serious harm.

The aim of this policy is to ensure we work together with our partner agencies to:

- Identify all relevant offenders
- Complete comprehensive risk assessments that take advantage of coordinated information sharing across the agencies
- Devise, implement and review robust risk management plans
- Focus the available resources in a way that best protects the public from serious harm

## 2. SCOPE OF THE POLICY

The MAPPA policy applies to all health care professionals and support staff working within Swansea Bay University Health Board (SBU HB). The policy applies to all those staff working in clinical environments directly or indirectly with patients whether they are in a primary, community, secondary or tertiary care environment.

### Essential implementation criteria

To be measured by qualitative and quantitative methods:

- Uptake of MAPPA training
- Attendance at MAPPA meetings, including meetings of the MAPPA strategic management board and its subgroups
- Number of MAPPA eligible patients receiving mental health care
- Clinical audit of risk assessments and risk management plans contained in care and treatment plans of MAPPA eligible patients
- Feedback from MAPPA Chairs

### **3. INTRODUCTION**

Multi Agency Public Protection Arrangements (MAPPA) are the statutory arrangements for managing sexual and violent offenders, established under the Criminal Justice Act 2003. MAPPA is not a statutory body in itself but is a mechanism through which agencies can better discharge their statutory responsibilities and protect the public in a coordinated manner. Agencies at all times retain their full statutory responsibilities and obligations.

The Responsible Authority (RA) consists of the Police, Prison and Probation Services. They are charged with the duty and responsibility to ensure that MAPPA is established in their areas for the assessment and management of risk of all identified MAPPA eligible offenders.

The Health Board along with other agencies under Section 325(3) of the Criminal Justice Act (2003), have a “duty to cooperate” with the Responsible Authority. Other Agencies include Children’s services & Adult Social Care, Health Trusts and Authorities, Youth Offending Teams, Home Office Immigration Enforcement, Local housing authorities and certain registered social landlords, Job Centre Plus and electronic monitoring providers.

The purpose of MAPPA is to help to reduce the re-offending behaviour of sexual and violent offenders in order to protect the public, including previous victims, from serious harm. It aims to do this by ensuring that all relevant agencies work together effectively to:

- Identify all relevant offenders
- Complete comprehensive risk assessments that take advantage of coordinated information sharing across the agencies
- Devise, implement and review robust Risk Management Plans
- Focus the available resources in a way which best protects the public from serious harm.

This policy is designed to clarify the roles and duties of SBU Health Board in regards to MAPPA eligible offenders and in particular, those who require health services.

### **4. MAPPA GUIDANCE**

MAPPA guidance is issued by the Secretary of State under Section 325(8) of the Criminal Justice Act (2003). The Guidance therefore is statutory.

The Health Board, being a public body, has a duty imposed by public law to have regard to the MAPPA Guidance in exercising its functions under MAPPA.

### **5. MEMORANDUM OF UNDERSTANDING**

The Memorandum of Understanding between the South Wales MAPPA Strategic Management Board and the relevant Duty to Co-operate agencies sets out the agreed functions and actions of SBU Health Board in relation to MAPPA (see below).

## **6. STRATEGIC MANAGEMENT BOARD REPRESENTATIVE**

The purpose of the South Wales MAPPA Strategic Management Board is to:

**‘...Keep the arrangements [i.e. MAPPA] established by it under review with a view to monitoring their effectiveness and making any changes to them that appear necessary or expedient...’**

SBU Health Board will designate a representative to attend the South Wales Strategic Management Board meetings or instruct a deputy to attend in their absence. The Strategic Management Board representative will be a senior clinical manager within the Mental Health and Learning disabilities service group with strategic and operational responsibilities regarding the care and treatment of mentally disordered offender patients and the Corporate Head of Safeguarding for the Health Board.

The Strategic Management Board representative will report to the SBU Safeguarding Committee.

## **7. OPERATIONAL LEAD**

The Health Board will designate an Operational Lead for MAPPA who will have core responsibility for ensuring appropriate Health Board representation at level 2 and 3 MAPPA meetings within the Health Board area.

The Operational Lead will be a clinical manager within the Mental Health Division who has operational responsibility for Criminal Justice Liaison Services.

The Operational Lead will liaise with the SMB representatives on issues related to MAPPA.

## **8. STRATEGIC MANAGEMENT BOARD SUB GROUPS**

The MAPPA Strategic Management Board is required to maintain two subgroups that are charged with undertaking tasks related to MAPPA development activity. The two subgroups are Communication/Training, and Performance. The Health Board will provide input to one or more of the subgroups as required, through active membership, the provision of resources such as meeting rooms, administrative support and the dissemination of material produced by the subgroups.

The Strategic Management Board representatives and Operational Lead will coordinate all Strategic Management Board related activity and ensure it is disseminated across the Health Board and to other Health Boards in the same MAPPA area.

## 9. HEALTH BOARD SAFEGUARDING COMMITTEE

The designated MAPPA Strategic Management Board representative will be accountable to the Health Board's Safeguarding Committee. They will be a co-opted member of the Safeguarding Committee and will report on MAPPA and other related developments.

The MAPPA Strategic Management Board produces an annual business plan that should be integrated into the Health Boards annual business plan. The Safeguarding Committee will be the vehicle through which the South Wales MAPPA business plan is incorporated into Health Board business.

## 10. TRAINING

The Health Board will ensure relevant staff are trained on MAPPA to an appropriate level and will participate in any training events that supports MAPPA arrangements. Training will be arranged in accordance to the particular roles of staff in relation to their involvement with MAPPA. The Health Board will provide resources to support MAPPA training within the Health Board area, including facilities, materials and trainers.

The Strategic Management Board representative and Operational Lead will have responsibility for ensuring the appropriate MAPPA training is provided to Health Board Staff.

### Groups who will require training

Identified frontline mental health professionals  
Professional Managers  
Senior Managers  
Safeguarding Committee members  
MAPPA level 2 & level 3 attendees

Health Board representatives for MAPPA level 2 and level 3 meetings must attend the one day MAPPA training and ensure they have knowledge of available Health Board and partner agency health and wellbeing resources that may be made available to MAPPA eligible offenders according to their need.

## 11. ATTENDANCE AT MAPPA MEETINGS

In line with MAPPA Guidance and the Memorandum of Understanding, the Health Board will ensure health representation at **all** level 2 and level 3 MAPPA meetings taking place within the SBU Health Board area. Where necessary, attendance at level 2 and level 3 MAPPA meetings concerning out of area patients will be undertaken.

The operational lead will ensure that a representative from the relevant Directorate and/or HB Service Group attends any and all level 2 and level 3 MAPPA meetings, or in the case of the Forensic Division, meetings that concern any patient under their care.

Level 2 representatives can include the Band 7 CJLT Manager, Lead Nurses or above. Level 3 representatives can include Divisional Managers, Head of Nursing, Deputy Head of Nursing, Divisional Clinical Directors or above.

Representatives at level 2 or level 3 MAPPA meetings must have:

1. Authority to act on behalf of the Health Board and deploy necessary health resources.
2. Knowledge of the availability of health resources.
3. Knowledge of partner agencies' resources related to offender health and wellbeing.
4. Clinical knowledge and understanding of the links between mental health / learning disabilities and offending risk.

Where a designated Health Board representative is unable to attend a scheduled MAPPA level 2 or level 3 meeting, they must ensure a deputy attends in their place. It is expected that the Health Board will provide representation at **100%** of meetings. Meetings can be arranged at short notice and therefore it is important that there are suitable numbers of representatives and deputies available throughout the Mental Health and Learning Disabilities Service Group

## **12. MAPPA PATHWAY**

A number of pathways have been agreed between the Responsible Authorities and the Health Board which set out the notification and management of MAPPA eligible offender patients within the Health Board. These pathways set out the duties of clinicians responsible for their care and treatment in respect of MAPPA arrangements. (See Appendices – Section 37, Section 37/41, Section 47/49 (Determinate Sentence), Section 47/49 (Indeterminate Sentence), Section 45a Hybrid Order).

Where health is the lead agency (e.g. for MAPPA eligible offenders admitted to hospital under the Mental Health Act and/or subject to conditional discharge under s41 MHA) it is the clinical teams' responsibility to determine whether a referral to level 2 MAPPA is required.

A MAPPA level 2 referral should be considered when the patient's care and treatment plan and risk management plans are not sufficient to manage the risks posed by the patient, or to the patient via ordinary multi-professional liaison and collaboration. Several multi-agencies will be required to contribute to ensuring an adequate risk management plan.

Where a clinical team proposes to make a referral to level 2, this should be discussed with the MAPPA operational lead of the service and a referral to MAPPA 2/3 form should be countersigned by the MAPPA operational lead. This is to ensure that the referral meets the criteria for level 2 MAPPA conferencing and that the risk management plan cannot be assured otherwise through ordinary multi-professional collaboration.

### **13. NOTIFICATION AND REFERRAL OF MAPPA ELIGIBLE INPATIENTS AND OUTPATIENTS**

Where patients who are MAPPA eligible offenders are admitted to Health Board inpatient mental health & learning disability premises under the Mental Health Act, notification to the MAPPA coordinator will follow the agreed MAPPA pathway using the designated MAPPA notification form I. A missing patient form will be included with the notification form. In extenuating circumstance whereby high risk patients are referred to MAPPA it will be at the discretion of the clinical team/ MDT as to whether a pre prepared missing patient form in conjunction with a robust management plan is sent.

Where appropriate the home area Victim Liaison Officer (VLO) will be notified of the patient's admission via the MAPPA referral process and will proceed to liaise with other relevant VLOs

Consideration should be given to making a referral for a MAPPA level 2 meeting if a MAPPA eligible offender patient detained under the Mental Health Act in relation to the following:

- considered for community leave
- discharge or transfer to lesser security

A Referral to MAPPA 2/3 form will need to be completed and sent to the MAPPA coordinator.

If no assistance or consultation over and above ordinary interagency working with MAPPA partners is required, then form I should be completed and sent to the current home public protection department so that this may be recorded on ViSOR, (the Police and Probation database). The home area Victim Liaison Officer will also need to be notified of proposed changes.

### **14. INFORMATION SHARING**

The sharing of information must be in accordance with the law. The statutory basis for sharing information between RA and DTC agencies under MAPPA is found in section 325(4) of the Criminal Justice Act 2003 (CJA). This expressly permits the sharing of information between these agencies for the purposes of assessing and managing the risks posed by offenders subject to MAPPA.

Sharing information about offenders is essential to the multi-agency approach to their management. The quality of both risk assessment and risk management is reliant on the RA and DTC agencies (and others as appropriate) sharing accurate personal information in a timely manner. The practice of information-sharing between MAPPA agencies is governed by legislation and certain principles, including those set out in the MAPPA Guidance and the Data Sharing Code of Practice issued in 2021 by the Information Commissioner's Office (ICO). Information and intelligence to be shared under this agreement is for the purposes of: • identifying relevant

offenders. • accurately assessing the risk of re-offending and serious harm they may pose, and to whom (whether individuals, persons of a particular description, identifiable groups, or members of the public generally). Serious harm may be defined as personal harm which is life-threatening or traumatic, and from which recovery, whether physical or psychological, may be difficult or impossible. • enabling the most effective management plans to be devised and implemented by the agencies singly or severally, to contain, manage or reduce those risks identified, and to safeguard members of the public. This may include the proportionate disclosure of information to third parties in accordance with legal provisions. • Ensuring the effective governance of the arrangements (through the partnership MAPPA Strategic Management Board).

## 15. MAPPA MEETING MINUTES

MAPPA meeting minutes are confidential to the agencies attending the particular MAPPA meeting they refer to. Minutes will be sent to the person who attended the meeting. They may be shared with those who did not attend the meeting but who are currently and closely involved in the management of the offender. Apart from this, **the minutes may not be shared or copied without the prior approval of the Chair of the MAPPA meeting.**

MAPPA Guidance states that: *“Where organisations retain copies of the MAPPA meeting minutes outside ViSOR [The national Police, Prison and Probation Trust information system], these must be held under their own data protection procedures including those on the retention of records. Given the highly confidential nature of the minutes, all agencies should ask themselves whether they actually need to keep a copy of the minutes in their files, or whether a record of the actions for their agency, and a reference to the fact that the minutes are held on ViSOR, will be sufficient.”*

It will be Health Board policy not to retain MAPPA minutes in the patients' healthcare records. There will be a note written in the healthcare record detailing who attended the MAPPA meeting on behalf of the health board, the date of the meeting, the actions to be taken by health and the date the actions were completed. The MAPPA minutes can then be destroyed.

## 16. PATIENT INVOLVEMENT

Offenders and their representatives are not permitted to attend MAPPA meetings. However, they should be allowed the opportunity to present written information to the MAPPA meeting through their offender manager or case worker (which for mental health service users may be a member of their clinical team) or for this person to provide information on the offender patients behalf.

Patients should be informed that they are being managed by MAPPA and what this means for them. The leaflet *'Information for Offenders'* should be used for this purpose (see: [www.mappa.justice.gov.uk](http://www.mappa.justice.gov.uk) )

Patients' should also be consulted and involved in their risk assessment, providing their own account of their offending and risk factors as part of the 4 Pillars assessment process.

Responsibility for informing a community patient sits with the offender manager (in the case of offenders subject to Probation Service supervision on licence), a designated police officer (in the case of registered sexual offenders) or the designated case manager / lead agency (in the case of category 3 offenders).

For patients detained under the Mental Health Act, responsibility for informing the patient about their management through MAPPAs most likely rests with the clinical team, but this should always be clarified at the MAPPAs screening meeting.

## **17. DISCLOSURE**

Disclosure refers to the process of informing specified individuals outside of the immediate group of professionals involved in the offender's management of their MAPPAs status.

Disclosure should always be considered and undertaken under the guidance of MAPPAs. The offender patient should, where possible, be informed that disclosure is taking place. On occasion, the offender patient may make the disclosure themselves in the presence of their offender manager, a police officer or a member of their clinical team. In instances where informing the offender patient that disclosure is taking place would increase the risk to the patient, victims or other individuals, it may not be appropriate and it is permissible not to inform them. Detailed advice on disclosure is contained in MAPPAs Guidance and elements of legal frameworks e.g. Claire's Law need to be considered under the guidance of MAPPAs.

## **18. PROVISION OF RESOURCES**

The Health Board will ensure that as part of its responsibility as a Duty to Co-operate agency, they will provide resources that are necessary and appropriate in line with the Memorandum of Understanding.

This may include, but is not limited to the provision of facilities and personnel to support the aims of the MAPPAs Strategic Management Board, attendance at MAPPAs meetings, provision of clinical assessments and care planning to MAPPAs eligible offenders with mental health and other healthcare needs, prioritising of health care resources to protect those who are most vulnerable.

## **19. SERIOUS CASE REVIEWS**

Serious case reviews are mandatory for offenders who commit a serious further offence (murder, attempted murder, manslaughter, rape, attempted rape) and who were managed at MAPPAs level 2 or 3 at the time of the offence, or in the 28 days before the offence was committed. Serious case reviews are commissioned by and report to the MAPPAs Strategic Management Board.

The purpose of a MAPPAs serious case review is to examine whether the Multi Agency Public Protection arrangements were effectively applied and whether the agencies worked together to do all they reasonably could to manage effectively the risk of further offending in the community.

Where an offender has been in contact with mental health professionals during the period in which they were managed under MAPPA, the Health Board will be asked to provide a chronology on the mental healthcare of the offender and to identify practitioners who may be interviewed by the chair of the serious case review. The Health Board should appoint a lead contact for the serious case review chair and a senior clinician who will prepare the chronology and liaise with the involved practitioners.

The internal clinical review process should proceed alongside the serious case review in order to identify lessons learnt in respect of the mental healthcare of the offender.

## 20. POTENTIALLY DANGEROUS PERSONS

There is no authority within MAPPA legislation to facilitate the free exchange of information for non-MAPPA eligible offenders or individuals considered at risk of serious offending. Where certain individuals are considered to be 'Potentially Dangerous Persons' and are defined in MAPPA Guidance as:

*“a potentially dangerous person is a person who has not been convicted of, or cautioned for, any offence placing them in one of the three MAPPA categories, but whose behaviour gives reasonable grounds for believing that there is a present likelihood of them committing an offence or offences that will cause serious harm.”*

Only a senior police officer, at the level of Superintendent, has the authority to designate a potentially dangerous person.

Information sharing about such individuals is not permitted under MAPPA Guidance, but Section 115 of the Crime and Disorder Act (1998) permits a multi-agency approach, permitting disclosure for the purpose of preventing criminal activity. Such meetings are ordinarily facilitated by the Police. The basis of these meetings also relies on various other statutory legislation such as:

- Data Protection Act
- Human Rights Act 1998
- Equality Act 2010
- Common law duty of the police (to prevent and detect crime).

Where a patient of the Health Board is identified as a potentially dangerous person and who is not a MAPPA eligible offender, they should be referred to the MAPPA coordinator who will ensure the ViSOR MAPPA unit, Public Protection police officers and an appropriate Police Superintendent are informed. Referral should be made using the Potentially Dangerous Person referral form. If a referral is appropriate patients need to be informed a referral to MAPPA has been submitted,

## **21. ACCESS TO MAPPA GUIDANCE, UPDATES, NOTIFICATION AND REFERRAL FORMS**

All information related to MAPPA including notification and referral forms will be made available to practitioners from the MAPPA website [www.mappa.justice.gov.uk](http://www.mappa.justice.gov.uk)

## **22. EQUALITY IMPACT ASSESSMENT STATEMENT**

This policy has been screened for relevance to equality. No potential negative impact has been identified. A full equality impact assessment is not required.

## **23. GETTING HELP**

If you have any queries in relation to this policy including enquiries about training, further information about MAPPA, advice or consultation about MAPPA notification, referral, meetings etc please contact:

**SBUHB Services & MAPPA Contact Details:**

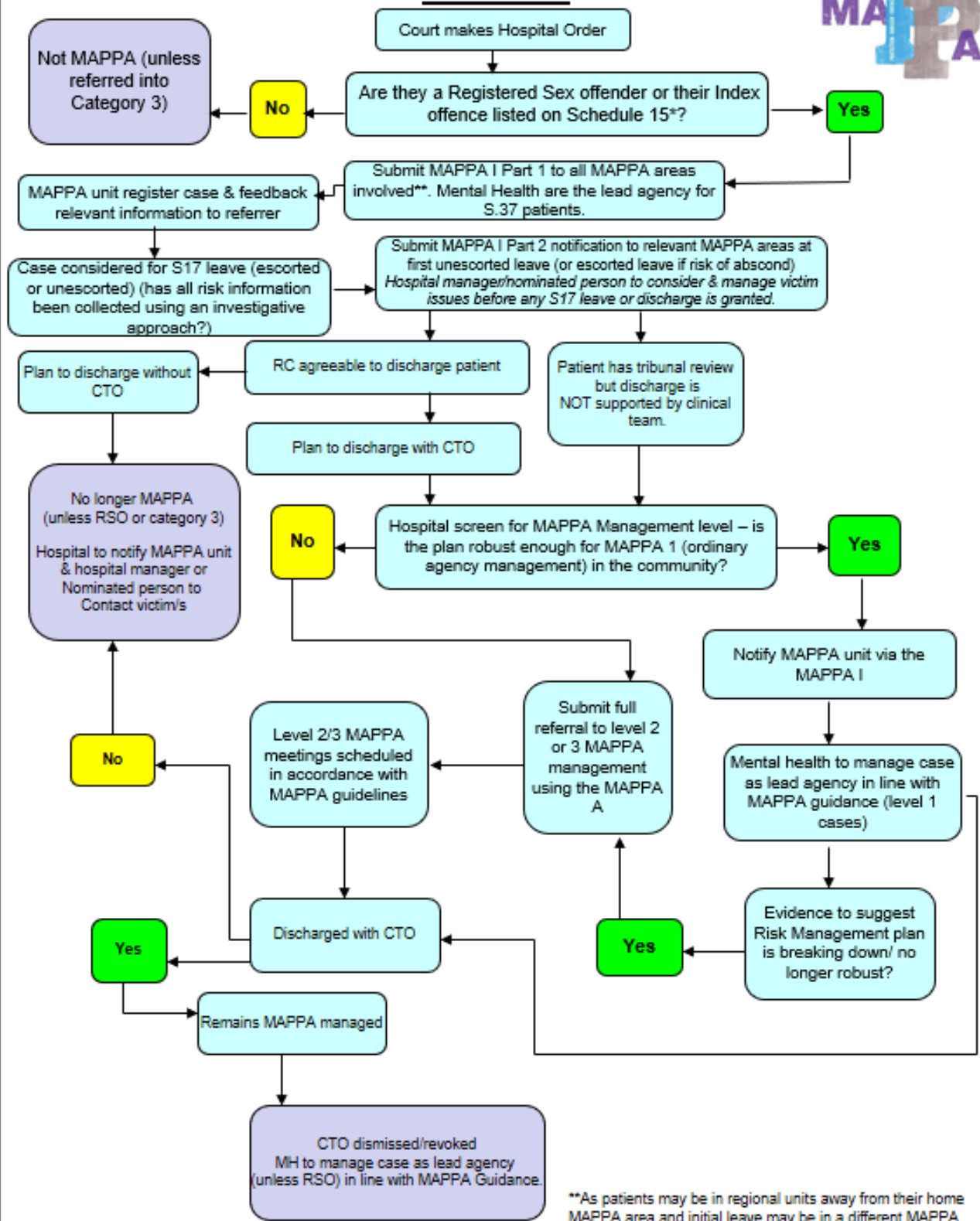
<b>Rehab and Recovery Services</b>	<b>Lead Nurse Tel: 01792 517853</b>
<b>Criminal Justice &amp; Adult Mental Health Services</b>	<b>Team Leader Tel: 01792 200361</b>
<b>Caswell Clinic</b>	<b>Lead Nurse Tel: 01656 662179 (Main Reception)</b>
<b>Learning Disabilities</b>	<b>Head of Nursing LD Tel: 01639 683211</b>
<b>Strategic Management Board Representative</b>	<b>Nurse Director - Tel: 53039 Head of Safeguarding – Tel: 07970960390</b>
<b>MAPPA Operational Group (MOG)</b>	<b>Head of Nursing Forensics - Tel: 07811180910</b>
<b>Health Board Operational Lead</b>	<b>Head of Nursing LD Tel: 01639 683211</b>
<b>Safeguarding Committee Lead for Mental Health &amp; Learning Disabilities</b>	<b>Head of Nursing for LD - for the MH&amp;LD Service Group  Head of Nursing Safeguarding</b>
<b>MAPPA</b>	<b>South Wales MAPPA Coordinator Tel: 01656 306043 (Office) 07810 854211 (Mobile) 01656 303464 (Fax)</b>

## **24. Appendices**

[Memorandum of Understanding \(MOU\) with Duty to Cooperate Agencies.pdf](#)



### Section 37

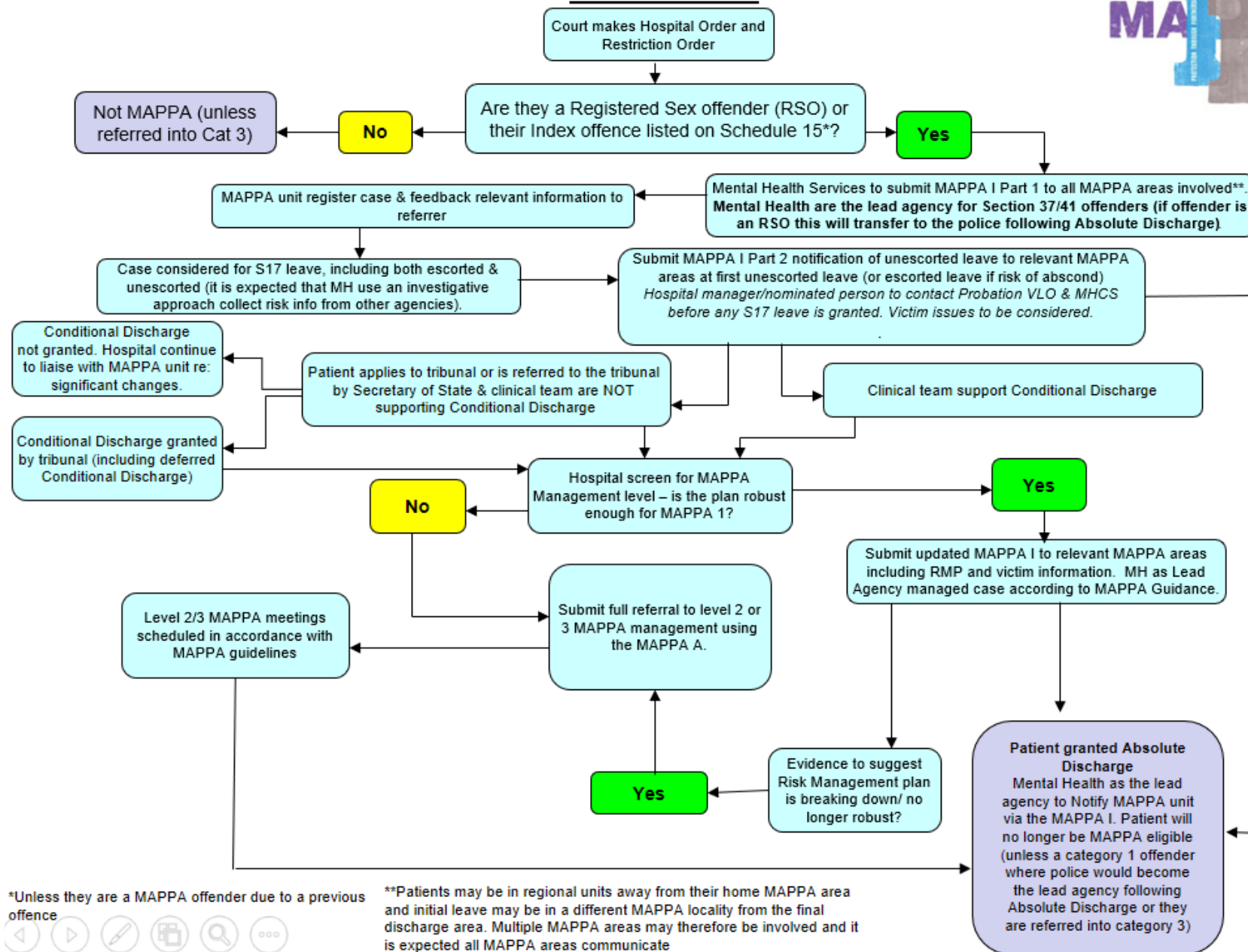


\*Unless they are a MAPP offender due to a previous offence

\*\*As patients may be in regional units away from their home MAPP area and initial leave may be in a different MAPP locality from the final discharge area, multiple MAPP areas may be involved.



### Section 37/41



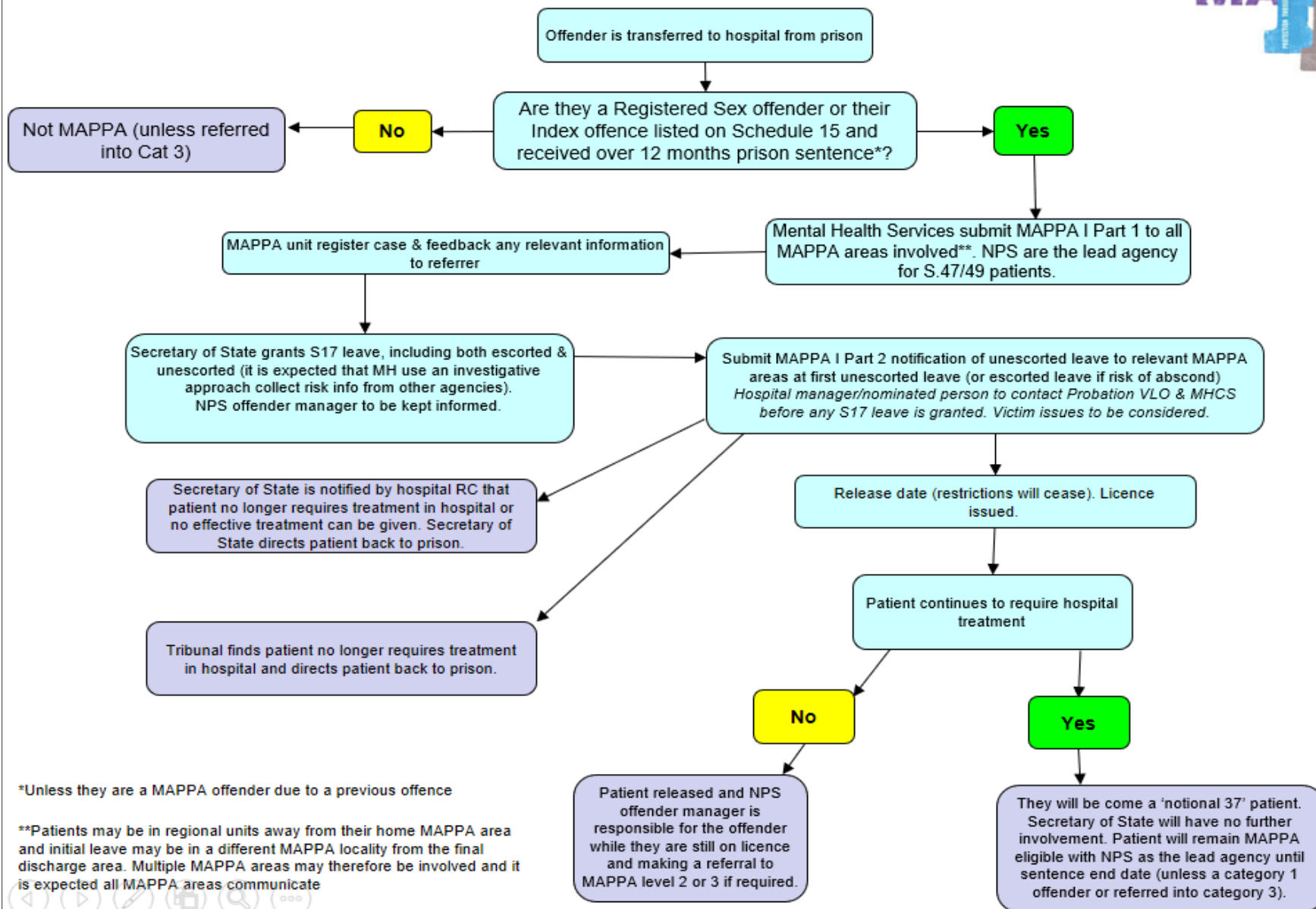
\*Unless they are a MAPP A offender due to a previous offence

\*\*Patients may be in regional units away from their home MAPP A area and initial leave may be in a different MAPP A locality from the final discharge area. Multiple MAPP A areas may therefore be involved and it is expected all MAPP A areas communicate



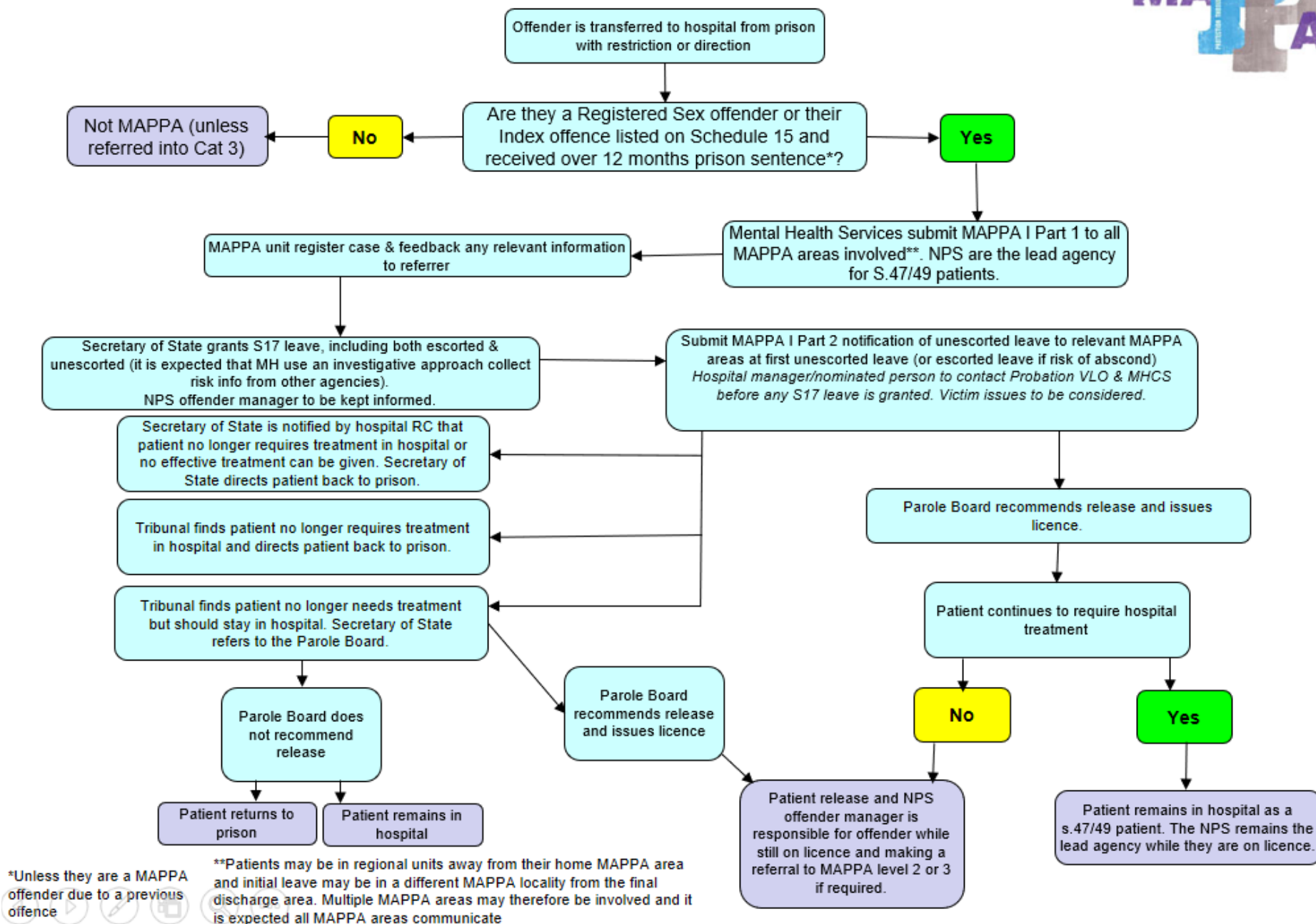


### Section 47/49 Transfer (determinate sentence)

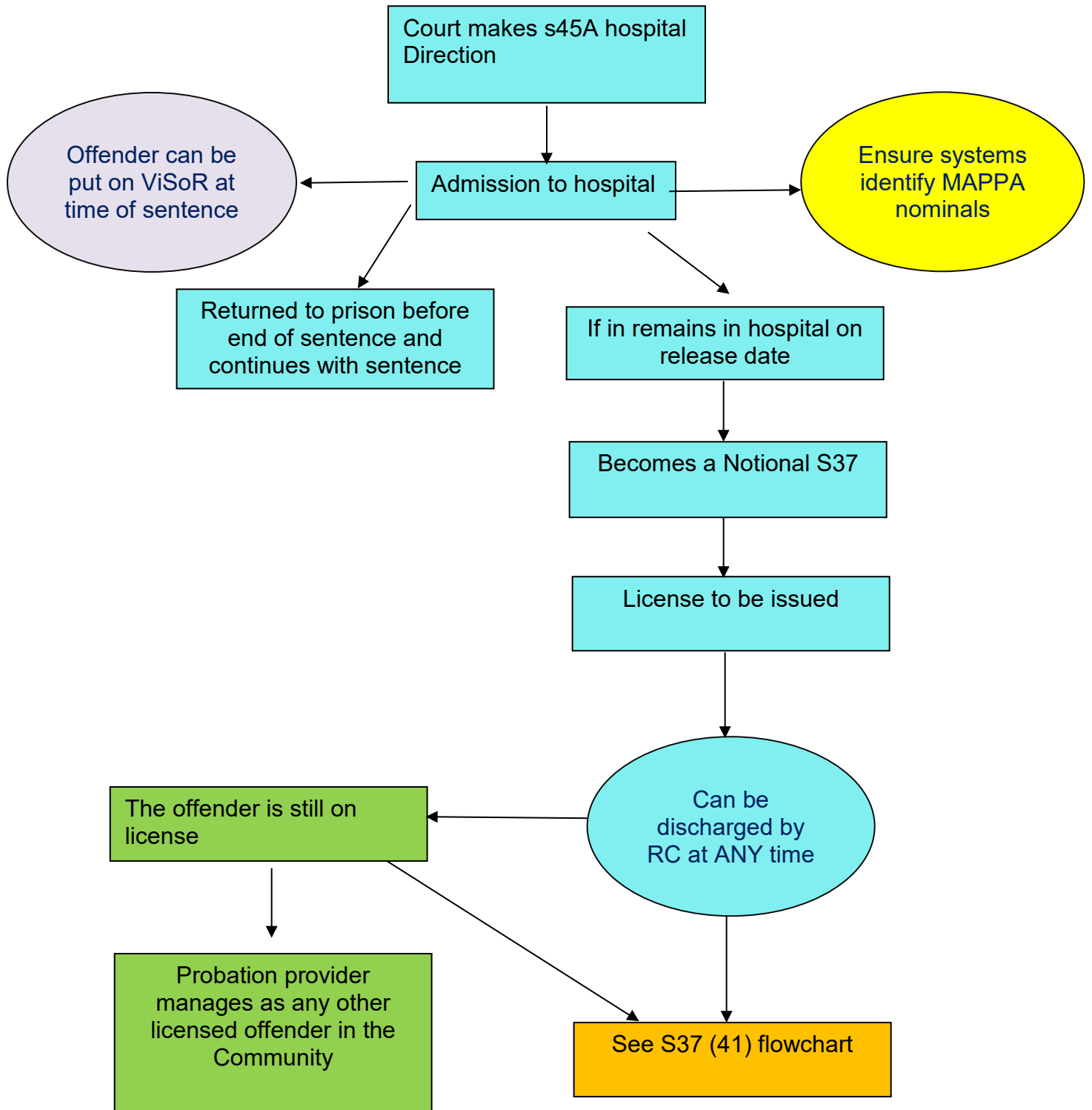




## Section 47/49 Transfer (indeterminate sentence)



### S45a Hybrid Order





## Swansea Bay University Health Board

### Authorisation Form for Publication onto COIN

PLEASE ENSURE THAT ALL QUESTIONS ARE ANSWERED – IF NOT APPLICABLE PLEASE PUT N/A

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Where on COIN do you want the document to be published.	Mental Health and Learning Disabilities – MHA Policies and Guidelines Safeguarding Adults and Children
Sign to confirm that the document has been authorised by an approved governance process in a specialty or delivery unit.	Safeguarding Committee
If NICE guidance been considered/referenced when producing this guidance, please provide the title or reference number.	No
Please provide a brief description/abstract of the document.	Applies to all health care professionals and support staff working within SBUHB. Applies to all those staff working in clinical environments directly or indirectly with patients whether they are in a primary, secondary or tertiary care environment.
Is the document relevant to the GP Portal.	No
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