

**TRUST WIDE CLINICAL POLICY DOCUMENT**

**MULTI AGENCY PUBLIC PROTECTION  
 ARRANGEMENTS  
 (MAPPA) PROCEDURE**

<b>Policy Number:</b>	<b>SD46</b>
<b>Scope of this Document:</b>	<b>All staff in Local Services, Secure Services and Specialist Learning Disability Divisions</b>
<b>Recommending Committee:</b>	<b>Local Division Safety Sub Committee Secure Services Security Committee</b>
<b>Approving Committee:</b>	<b>Executive Committee</b>
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<b>Lead Executive Director:</b>	<b>Executive Director of Nursing &amp; Operations</b>
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**TRUST WIDE CLINICAL POLICY DOCUMENT**

**Version 4 – 2019**

**Striving for perfect  
care and a just  
culture**

## TRUST WIDE CLINICAL POLICY DOCUMENT

# MULTI AGENCY PUBLIC PROTECTION ARRANGEMENTS PROCEDURE (MAPPA)

### Further information about this document:

Document name	SD46 Multi Agency Public Protection Arrangements Procedure (MAPPA)
Document summary	MAPPA are the statutory arrangements for managing sexual and violent offenders. 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 co-ordinated manner. Agencies at all times retain their full statutory responsibilities and obligations. The relationship between MAPPA and mental health services are well documented, this protocol seeks to enhance the guidance by identifying local arrangements.
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To be read in conjunction with	SD15: Health & Risk Assessment Management Meetings (H-RAMM) & SA10: Clinical Risk Assessment Tools
<b>This document can be made available in a range of alternative formats including various languages, large print and braille etc</b>	
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### Version Control:

		Version History:
V1	Mark Sergeant, Gary Smith	June 2016
V2	Gary Smith, Dr. Ruth McCutcheon & Brian Harrison	October 2016
V3	Mark Sergeant Policy Group Executive Committee	December 2016 February 2017 March 2017

V4	Mark Sergeant, Lindsay Foy, Brian Harrison	March 2019
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**SUPPORTING STATEMENTS** – this document should be read in conjunction with the following statements:

### **SAFEGUARDING IS EVERYBODY'S BUSINESS**

All Mersey Care NHS Foundation Trust employees have a statutory duty to safeguard and promote the welfare of children and adults, including:

- being alert to the possibility of child / adult abuse and neglect through their observation of abuse, or by professional judgement made as a result of information gathered about the child / adult;
- knowing how to deal with a disclosure or allegation of child /adult abuse;
- undertaking training as appropriate for their role and keeping themselves updated;
- being aware of and following the local policies and procedures they need to follow if they have a child / adult concern;
- ensuring appropriate advice and support is accessed either from managers, *Safeguarding Ambassadors* or the trust's safeguarding team;
- participating in multi-agency working to safeguard the child or adult (if appropriate to your role);
- ensuring contemporaneous records are kept at all times and record keeping is in strict adherence to Mersey Care NHS Foundation Trust policy and procedures and professional guidelines. Roles, responsibilities and accountabilities, will differ depending on the post you hold within the organisation;
- ensuring that all staff and their managers discuss and record any safeguarding issues that arise at each supervision session

### **EQUALITY AND HUMAN RIGHTS**

Mersey Care NHS Foundation Trust recognises that some sections of society experience prejudice and discrimination. The Equality Act 2010 specifically recognises the *protected characteristics* of age, disability, gender, race, religion or belief, sexual orientation and transgender. The Equality Act also requires regard to socio-economic factors including pregnancy /maternity and marriage/civil partnership.

The trust is committed to equality of opportunity and anti-discriminatory practice both in the provision of services and in our role as a major employer. The trust believes that all people have the right to be treated with dignity and respect and is committed to the elimination of unfair and unlawful discriminatory practices.

Mersey Care NHS Foundation Trust also is aware of its legal duties under the Human Rights Act 1998. Section 6 of the Human Rights Act requires all public authorities to uphold and promote Human Rights in everything they do. It is unlawful for a public authority to perform any act which contravenes the Human Rights Act.

Mersey Care NHS Foundation Trust is committed to carrying out its functions and service delivery in line the with a Human Rights based approach and the FRED A principles of **F**airness, **R**espect, **E**quality **D**ignity, and **A**utonomy

# MULTI AGENCY PUBLIC PROTECTION ARRANGEMENTS PROCEDURE (MAPPA)

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## **1. PURPOSE AND RATIONALE**

### **1.1 Purpose**

This document sets out Trust Policy and Procedure in relation to Multi Agency Public Protection Arrangement (MAPPA). The Trust expects all clinical employees to understand these arrangements and understand their obligations and duty in respect of MAPPA.

### **1.2 Rationale**

The aim of the procedure is to provide a framework which all clinicians maintain the standards needed to comply with arrangements. It is the trust's policy to ensure that all staff has support in the delivery of these arrangements through governance systems.

## **2. OUTCOME FOCUSED AIMS AND OBJECTIVES**

**2.1** MAPPA (Multi-Agency Public Protection Arrangements) is not a statutory body in itself but is a mechanism through which agencies can better discharge their statutory responsibilities. Police, Probation and Prison Services work together with other agencies to manage the risks posed by violent and sexual offenders ('offenders' can be an interchangeable term for 'patient' with MAPPA eligible mental health patients) living in the community to reduce the re-offending behaviour 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 approach and information sharing across the agencies;
- Devise, implement and review robust Risk Management Plans; and
- Focus the available resources in a way which best protects the public from serious harm

**2.2** This policy is to be used in support of the national guidance, and act as an aide memoir, if you require clarity contact can be made with your local

Strategic Management Board (SMB) representative, MAPPA lead or Single Point of Contact (SPoC).

2.3 This MAPPA policy will support the Memorandum of Understanding (MOU): link [here](#)

2.4 This MAPPA and risk offender policy will support the Information Sharing Agreement (ISA): link [here](#)

### 3. SCOPE

3.1 This policy applies to Trust wide staff of all designation within Local Services, Secure Services and Specialist Learning Disability divisions and involves the management of all MAPPA nominals.

### 4. DEFINITIONS

Table 1: Definitions

<b>MAPPA</b>	Multi Agency Public Protection Arrangements
<b>SMB</b>	Strategic Management Board (Merseyside)
<b>SPoC</b>	Single Point of Contact
<b>MOU</b>	Memorandum of Understanding
<b>ISA</b>	Information Sharing Agreement
<b>RA</b>	Responsible Authority (Police, Probation, Prison)
<b>LEAD AGENCY</b>	Agency responsible for the offenders care & treatment
<b>L&amp;D</b>	Liaison & Diversion
<b>DTC</b>	Duty to Cooperate agency (e.g. health, social services)

### 5. DUTIES

5.1 **Lead Executive Director** – Executive Director of Nursing & Operations has delegated responsibility to ensure a policy is in place and monitored.

5.2 **Responsible Authorities-** The Responsible Authorities (RA's) (Police, Probation & Prisons) are responsible for the co-ordination of Multi Agency Public Protection Panels (MAPPPS) at Level 2/3, and will use the identified

SPoC in Mersey Care as a conduit for information and guidance regarding mental health related matters.

- 5.3 Single Point of Contact (SPoC)** - The SPoC is nominated by the Director of Nursing and will represent Mersey Care on the Merseyside Strategic Management Board and disseminate information via the Clinical Risk & Offender Management Process (CROMP). The SPoC has wider Mersey Care responsibilities in order to assist those services who have a regional or national remit (Secure division).
- 5.4** Where an **RA** has identified a person in need of an initial MAPPP meeting under Level 2/3 and the individual is not known to services or the clinicians involved are not identified, then the SPoC will use division MAPPA leads as a contact point to identify those who will need to attend a MAPPP. The SPoC will identify the clinicians involved with a persons care and ensure that those identified from health & social care will be in attendance and ensure the MAPPA chair is aware of stakeholders involved in the process.
- 5.5 Clinical Divisions** - It will be the responsibility of Clinical Divisions to agree governance arrangements in their own areas and cascade information via their own governance meetings and teams as appropriate. Clinical Division should nominate/identify MAPPA [Leads](#) to act as a conduit between Mental Health services and the SPoC and the Liaison & Diversion (L&D) team. The role will involve supporting the SPoC i.e. identifying MAPPA cases within own services.
- 5.6 All staff involved in MAPPA** - It is the responsibility of all staff to ensure that they understand MAPPA and their responsibilities to identify & notify MAPPA eligible service users and risk manage them in conjunction with partner agencies. Staff that have concerns about risk and public protection should contact their SPoC, SMB member or local MAPPA Lead for advice and support.



**5.7 Strategic Management Board** - The supervision and oversight of this public protection work is carried out by Strategic Management Boards (SMB). [Nominated SMB members](#).

**5.8 Role of MAPPA Co-ordinator Merseyside and Lancashire** ([contact details](#)). It is the MAPPA co-ordinators responsibility to

- To support strategic management board arrangements.
- MAPPA co-ordinators responsibility to ensure that all MAPPA arrangements are adhered to across the Merseyside area.

## **6. PROCESS**

**6.1 MAPPA Eligibility**, three **categories**, the principal issue in establishing the threshold for referral to MAPPA is that of risk of serious harm. ([Link](#) to divisional processes).

**6.2** There are **three levels of MAPPA Management:**

Level 1: Ordinary Agency Management (i.e. managed by a single agency; Health/Police/YOS)

Level 2: Active Multi-Agency Management

Level 3: Active Multi-Agency Management

**6.3 Identification** is the process for clinicians to establish which of our service users have become MAPPA eligible by virtue of a current mental health disposal imposed at court for a MAPPA eligible offence under [Schedule 15](#); using the [MAPPA I](#) Mental Health Notification.

**6.4 A referral for active MAPPA management (i.e. level 2 or 3 MAPPA meeting)** will be made when eligibility criteria is met and serious risk of harm to others is considered to be imminent and highly likely ([document link](#)). Referral into MAPPA is not required if the case can be safely managed at level 1 ordinary agency management where Health is the lead agency, though other agencies can be invited. Notification alone is sufficient. There may be

occasions when clinicians identify community service users that have historical MAPPA eligible offences and present with a current serious risk of harm to the public that requires a multi-agency public protection response to manage the risk and ensure public protection. These service users would fall under Category 3 offenders and should be referred into MAPPA for Level 2 or 3 MAPPA management using MAPPA Q for guidance.

**6.5** For the benefit of sense checking the referral and streamlining the referral process to MAPPA a single point of referral is advised which will be via the CJLDT on [mcn-tr.Criminal-Justice@nhs.net](mailto:mcn-tr.Criminal-Justice@nhs.net). The referral will be reviewed by a practitioner from the CJLT and any advice and guidance offered to the initiating referrer to support transition into MAPPA.

**6.6 Process Maps for Clinical Services for:**

- Forensic Outreach
- High Secure
- Local Division
- LSU
- MSU
- SpLD Community
- SpLD MSU and LSU

<http://sharepoint.merseycare.nhs.uk/sites/LocalServices/MAPPA/SitePages/DivisionalProcesses.aspx>

**7. CONSULTATION**

The following staff members / individuals have been consulted as part of the policy review process:

- Dr Gill Holt – Forensic Consultant Psychiatrist
- Dr Ruth McCutcheon – Consultant Psychiatrist
- Stephen Cowling – Social Care Lead

- Alex Henderson – Clinical Services Manager
- Robert McLean – Associate Director of Social Care & Nominated Officer for Safeguarding in Forensic Services
- Rachel Mercer – Forensic Community Services Lead
- Maulbrey Mugani – Forensic Social Worker
- Dr Vanathy Raja – Consultant MC51
- Philippa Riding – Lead for Forensic Social Work & Safeguarding
- Jonathan Rippon – Forensic Social Care Manager
- Jayne Phillips – Merseyside MAPPA Co-Ordinator

## **8. TRAINING & SUPPORT**

Though there are currently no statutory or mandatory training requirements for MAPPA, teams in Divisions in which MAPPA applies to can request delivery of an awareness session at any time. This will be delivered by the MAPPA Lead and the Liaison & Diversion Analyst. Representatives who attend the MAPPA Operational Meeting are also asked to disseminate the availability of the Trust MAPPA SharePoint page which contains advice and guidance.

## **9. MONITORING**

Monitoring will occur through the MAPPA Operational Meeting, which occurs bi-monthly. Compliance with the policy will be overseen by the MAPPA Lead and any issues in relation to compliance will be escalated through existing governance arrangements. Bi-Annual reports will be provided to the quality assurance committee detailing performance against the five Trust Key Performance Indicators.

## **10. DOCUMENTATION**

**10.1** MAPPA I Part 1 and 2 [link](#)

**10.2** Notification of MAPPA eligible detained patient (mental health)

**10.3** Part 2 Notification of Leave and Discharge Planning

- 10.4** Referral to MAPPA Level 2/3
- 10.5** Level one risk review (mental health) [link](#)
- 10.6** Risk Framework / Four Pillars risk [grid](#)
- 10.7** MAPPA Screening MAPPA Q [link](#)
- 10.8** Hospital Orders and Transfers process [flow charts](#)
- Individuals sentenced to Hospital Orders (S37)
  - Individuals sentenced to Hospital Orders (S37/41)
  - 47 / 49 transfer (Determinate sentence)
  - Section 47 / 49 Transfer (indeterminate sentence)

## **11. COMMUNICATION**

- 11.1** The responsible clinician has discretion to communicate significant events to the MAPPA coordinator at any stage that may involve a move outside the secure perimeter e.g. leave out of the hospital grounds or transfer to a different hospital.
- 11.2** Notification is the process to notify the MAPPA Co-ordinator of a service users impending release into the community/unescorted leave of absence using Part 2 of the [MAPPA I form](#) **6 months** prior to discharge/unescorted leave of absence.

## **12. RISK ASSESSMENTS**

- 12.1** All MAPPA eligible offenders managed under Level 1, 2 and 3 must have comprehensive **risk assessments** in line with Level 2/3 assessments detailed within Trust policy [SA10](#) which can be found under the Service Administration section (e.g. HCR-20).

## **13. REVIEWS**

- 13.1 Level 1 review** – The responsibility for managing those offenders / patients sits with the Trust as the lead agency; however the MAPPA guidance specifies that the MAPPA I form part 1 should be sent to the MAPPA coordinator to notify of the MAPPA eligibility. Most mental health cases will be managed at MAPPA level 1, which is ordinary agency management, but this does not exclude other agencies

being involved or preclude information- sharing with other agencies.

Level 1 review will involve liaison with other stakeholders involved with the individual's health & social care and can involve the service user if appropriate. The Level 1 review can form part of a service users CPA review; s117 discharge planning or an MDT/ Professionals meeting. Advice for all lead agency reviews at level 1 is every 16 weeks; some services have opted to do this every 12 weeks.

There will be exemptions from Level 1 reviews –

- where the identified nominal is not receiving unescorted leave or
- until a point 6 months before the identified nominal is considered for leave, i.e. High Secure. This will be discussed at the CPA reviews. or
- until a point 6 months before the identified nominal is considered for discharge

**13.2** For all persons who are in an 'out of area treatment' (OAT) bed, and are known to the Trust and who are subject to the MAPPA provisions, it is the treating care team where the patient currently resides in hospital who has the responsibility for co-ordination of the level 1 review process.

#### **14. INFORMATION GATHERING AND RECORDING**

**14.1** Information gathering is a key component to risk assessment, formulation and risk management and it is vital that those involved in risk management processes and MAPPA meetings that **all** relevant information relating to risk assessment and management processes within health is obtained and gathered together for the MAPPA meeting, i.e. CPA documentation, risk assessment etc. This information should be gathered prior to a MAPPA meeting and therefore should be readily accessible within existing health care records. All relevant practitioners should be investigative when gathering

information and ensure that information from partner agencies are available and accessible, i.e. housing etc.

- 14.2** Where up to date risk assessments and management plans are not available these should be completed prior to a MAPPA meeting, and any additional risk assessments completed.
- 14.3** All information that is of a sensitive nature should be held within restricted access sections of care records, i.e. previous MAPPA minutes.
- 14.4** All MAPPA cases must be subject to a warning marker on the electronic patient records system.

#### **15. ATTENDANCE AT LEVEL 2 AND 3 MAPPA MEETINGS**

- 15.1** Where a person who is subject to a MAPPA meeting but has not been identified as having a mental disorder or is currently not known to mental health services but there are expressed concerns a Trust representative may attend as an advisor.
- 15.2** Where a person has been identified for MAPPA and is known to mental health teams then the most appropriate practitioner (this could be any person who has in depth knowledge of the person) must be in attendance. It may also be appropriate for a practitioner/manager that is in a position to make decisions to attend. A medical representative should also be in attendance.
- 15.3** If a person involved in a Level 2 or 3 MAPPA meeting and is unable to attend then a [MAPPA non attendance](#) summary needs to be completed and forwarded to the MAPPA chair.
- 15.4** Health professionals involved with active MAPPA cases should register for a secure NHS.NET e-mail account. This allows for the secure receipt of

MAPPA minutes and any other sensitive information that requires an additional level of security.

## **16. EXIT FROM MAPPA**

**16.1** A person will be discharged from MAPPA once they are no longer subject to the arrangements eligibility criteria. The [MAPPA I form](#) (part 4) must be completed and returned to the MAPPA co-ordinator.

## **17. GOVERNANCE ARRANGEMENTS**

**17.1** There are a number of arrangements and [meetings](#) which form the governance arrangements for MAPPA within the Trust and with our partner agencies

**17.2** The Trust will feed into 5 separate areas:

- Strategic Management Board (SMB),
- Local services Safety Governance meeting
- Secure services Security Committee
- Specialist Learning Disabilities division Governance Arrangements
- Divisional Safety Huddle (for escalating non-compliance)

## **18 CONFIDENTIALITY**

**18.1** All Mersey Care staff must give cognisance to issues around their duty of confidentiality with regard to patient information, balanced against the need to share information that is directly relevant to ensuring public protection (further guidance given in [MAPPA national guidance](#) and [Royal College of Psychiatrists](#)).

## **19 PERFORMANCE AND TIMESCALES**

**19.1** The Trust is measured on their compliance with the completion of:

- ✓ Part 1 of the Identification form. The trust must have a 100% compliance rate for completing Part 1 within 72 hours of a service user receiving a MAPPA eligibility order for a MAPPA eligible offence at court.

- ✓ Part 2 of the Identification / Notification form. The trust must have a 100% compliance rate for completion of Part 2 (notification) of the MAPPA I document where an individual is being considered for unescorted leave / discharge 6 months prior; to allow for appropriate risk management to be considered and the level 1 review process to commence.
  
- ✓ 16 weekly reviews for all health-led MAPPA level 1 cases. The trust must have a 100% compliance rate to give assurance that all Level 1 cases are being reviewed every 16 weeks as requested in line with Trust policy SD46.
  
- ✓ Attendance at the Strategic Management Board (SMB). The trust must have a 100% compliance rate to give assurance that it is appropriately represented at both the Merseyside and Lancashire Strategic Management Board meetings (quarterly).
  
- ✓ Attendance at Level 2 and Level 3 MAPPA meetings. The trust must meet a performance target of 90% for all Level 2 and 3 MAPPA meetings that it is invited to. This links in with the trusts commitment as a Duty to Cooperate agency.



# Equality and Human Rights Analysis

**Title: Multi Agency Public Protection Arrangements (MAPPA) Procedure**

**Area covered: Trust wide**

## **What are the intended outcomes of this work?**

This policy ensures the Trust has risk structures (i.e. CPA & MAPPA) and a robust risk assessment and management process to support the health, safety and well-being of service users, carers, staff and members of the public. It also ensures the trust is able to meet its responsibilities under 'a duty to cooperate' CJA 2003 and operates with defensible practises.

The employees of Mersey Care NHS Foundation trust to understand these arrangements and understand their obligations and duty in respect of MAPPA.

## **Who will be affected?**

Mersey Care NHS Foundation Trust staff members, patients, service users, and indirectly, carers and members of the public

## **Evidence**

### **What evidence have you considered?**

Whilst developing the policy :

- *Criminal Justice Act 2003*
- *Equality and Human Rights Information available via Mersey Care NHS Foundation Trust Website*
- *Criminal Justice and Court Services Act 2000 published by HMSO (ISBN 0 10 544300 X)*
- *Criminal Procedure (Insanity and Unfitness to Plead) Act 1991 (c. 25) published by HMSO*
- *Data Protection Act 1998 published by HMSO (ISBN 0 10 542998 8)*
- *Department of Health: Care Programme Approach*

<p><i>(90) 23/LASSL (90)11 published by HMSO (1990)</i></p> <ul style="list-style-type: none"> <li>• <i>Care Programme Approach (CPA) Policy published by Mersey Care NHS Foundation Trust</i></li> <li>• <i>Human Rights Act 1998 published by HMSO (ISBN 0 10 544298 4)</i></li> <li>• <i>Mental Health Act 1983 published by HMSO (1983)</i></li> <li>• <i>NHS Code of Practice (Confidentiality) published by Department of Health 2003 (33837)</i></li> <li>• <i>Sex Offenders Act 1997 published by HMSO (1997) (ISBN 0 10 545197)</i></li> <li>• <i>MAPPA Guidance</i></li> <li>• <i>Memorandum of understanding</i></li> </ul>
<p><b>Disability (including learning disability)</b></p> <p>During the MAPPA process disability is considered and any needs identified, and recorded. As a multi agency panel a plan would be devised to support this in line with public protection.</p>
<p><b>Sex</b> See cross cutting.</p>
<p><b>Race.</b> Issues in relation to ensuring people where English is a second language and ensuring they are able to fully understand and participate in any processes need to be in place.</p>
<p><b>Age</b> See cross cutting.</p>
<p><b>Gender reassignment (including transgender).</b> See cross cutting.</p>
<p><b>Sexual orientation</b> See cross cutting.</p>
<p><b>Religion or belief</b> See cross cutting.</p>
<p><b>Pregnancy and maternity</b> After consideration there are no issues highlighted related to pregnancy or maternity apart from those linked to disability which would be addressed as above</p>
<p><b>Carers</b> After consideration there are no issues highlighted related to caring responsibilities</p>
<p><b>Other identified groups</b> None</p>

**Cross Cutting**

There is a need to have a system in place to ensure no discriminatory influences are in place in relation to who should or should not be placed on MAPPA.

Under MAPPA Guidance The strategic management board monitor equality and diversity impact issues and considerations are made in relation to equality, diversity and human rights of the subject. This is discussed as a multi agency panel and documented within MAPPA minutes that all attendees receive. They will not draw on stereotypical assumptions about groups that will be discriminatory in outcome.

<b>Human Rights</b>	<b>Is there an impact? How this right could be protected?</b>
<b>Right to life (Article 2)</b>	<i>Not engaged</i>
<b>Right of freedom from inhuman and degrading treatment (Article 3)</b>	<i>Supportive of a HRBA – this process is used in situations where there is a significant risk to an individual or members of the public, it is used as the least restrictive option, and a multi-agency approach is employed to meet the needs of the individual whilst managing risk, which can often prevent increased risk, entry into offending behaviour, arrest and criminalisation, therefore indirectly supporting the right of freedom from inhumane or degrading treatment</i>
<b>Right to liberty (Article 5)</b>	<i>Supportive of a HRBA - this process is used in situations where there is a significant risk to an individual or members of the public, it is used as the least restrictive option, and a multi-agency approach is employed to meet the needs of the individual whilst managing risk, which can often prevent increased risk, entry into offending behaviour, arrest and criminalisation, therefore indirectly supporting the right to liberty</i>
<b>Right to a fair trial (Article 6)</b>	<i>Supportive of a HRBA - this process is used in situations where there is a significant risk to an individual or members of the public, it is used as the least restrictive option, and a multi-agency approach is employed to meet</i>

	<p><i>The needs of the individual whilst managing risk, which can often prevent increased risk, entry into offending behaviour, arrest and criminalisation, therefore indirectly supporting the right to a fair trial/ The process of holdings the risk meetings in the absence of the person is held in Article 8.</i></p>
<p><b>Right to private and family life (Article 8)</b></p>	<p><i>Supportive of a HRBA – the policy sets out a structure to consider any interference with a person’s human rights to be considered explicitly and ensure proportionality</i></p> <p><i>This policy refers to holding risk meetings which can have significant impact upon a person’s treatment and actions of key professionals without the person present. The process detailed within the policy includes decision making, without the individual present which may include interference with their human rights.</i></p> <p><i>The policy ensures a strict process is followed to ensure that interference with rights is proportionate to the risk posed to the public or specific individuals.</i></p> <p><i>Article 8 of the European Convention on Human Rights, given domestic effect by the HRA, provides a right to respect for private and family life, home and correspondence. Any interference with this right by a public authority (such as a criminal justice agency) must be</i></p> <p><i>“necessary in a democratic society in the interests of national security, public safety or the economic well-being of the country, for the prevention of disorder or crime, for the protection of health or morals, or for the protection of the rights and freedoms of others.”</i></p> <p><i>The sharing of information by MAPPAs agencies for MAPPAs purposes satisfies these conditions in that it is clearly aimed at preventing disorder or crime or administering justice. Provided the information shared is only used for MAPPAs purposes the necessity test will be met, as information-sharing by way of MAPPAs is not an excessive or unreasonable way of assessing and</i></p>

	<i>managing these risks.</i>
<b>Right of freedom of religion or belief (Article 9)</b>	<i>Not engaged</i>
<b>Right to freedom of expression Note: this does not include insulting language such as racism (Article 10)</b>	<i>Not engaged</i>
<b>Right freedom from discrimination (Article 14)</b>	<i>Supportive of a HRBA - this process is used in situations where there is a significant risk to an individual or members of the public, it is used as the least restrictive option, and a multi-agency approach is employed to meet the needs of the individual whilst managing risk, which can often prevent increased risk, entry into offending behaviour, arrest and criminalisation, therefore indirectly supporting the right to freedom from discrimination</i>

**Engagement and Involvement** *detail any engagement and involvement that was completed inputting this together.*

Consultation, engagement and support from MAPPA co-ordinator, CJLDT management team and data analyst, support and consultation from Margaret Brown Equality and Human Rights and Service User Carer lead Liverpool.

## **Summary of Analysis**

### **Eliminate discrimination, harassment and victimisation**

The MAPPA Guidance ensures that issues of discrimination, harassment and victimisation would be addressed.

### **Advance equality of opportunity**

NA

### **Promote good relations between groups**

NA

### **What is the overall impact?**

Dependant upon the area considered, the overall impact of this policy is believed to

be positive as it contributes to effective risk management, and aligns well with Mersey Care NHS Trust's CARE values of continuous improvement, accountability, respect and enthusiasm. It can have a positive and beneficial impact upon individual's lives, and contributes to public protection.

### Addressing the impact on equalities

NA

### Action planning for improvement

NA

### For the record

**Name of persons who carried out this assessment:**

Lindsay Foy

**Date assessment completed:**

March 2019

**Name of responsible Director:**

**Date assessment was signed:**

March 2019