Dear Colleague

IMPLEMENTATION OF THE MULTI-AGENCY PUBLIC PROTECTION ARRANGEMENTS (MAPPA) IN RELATION TO REGISTERED SEX OFFENDERS REQUIRED BY SECTIONS 10 AND 11 OF THE MANAGEMENT OF OFFENDERS etc (SCOTLAND) ACT 2005

MAPPA requires Health to operate as a responsible authority and with a duty to co-operate in the new arrangements to improve public protection from the risks of violent and sexual offenders.

Responsible Authority

1.1 Health Boards were asked in HDL(2007)19 to identify convicted sex offenders who are in the hospital system and under their care. These will be patients who are on any of the following Orders:

   a. Compulsion Order, who are not restricted, but who are detained in hospital
   b. Hospital Direction and
   c. Transfer for Treatment Direction.

1.2 The NHS will become the Responsible Authority for all Restricted Patients on a Compulsion Order and Restriction Order and who are violent or sex offenders from April 2008.

1.3 Contribution to Annual Report – will not be commenced until April 2008

As a Responsible Authority the Health Boards will be required to contribute to the preparation of an annual report, including, from April 2008, statistical and operational material for restricted patients on a Compulsion Order and Restriction Order.
The Health Board will have to be able to demonstrate the effective establishment and implementation of the arrangements between Agencies for the management of offenders, subject to MAPPA arrangements. The MAPPA co-ordinator is responsible for the collation of the information in the Annual Report on behalf of the Responsible Authorities.

1.4 Boards need to ensure that any concerns about Health Service’s response to MAPPA has a clear escalation route to CEO.

**Duty to Co-operate**

These duties primarily relate to:

1. information-sharing and  
2. access to services.

2. The duty to co-operate means Health Boards need to

2.1 ensure appropriate information-sharing in the MAPPA process. Requests for information should be clear about the nature of the information required, the purpose for which it is required and a clear statement of the assessed risks which have led to the request. An indication of the timeline for the request and the contact point will also be essential.

2.2 Health Boards need to be properly represented at case conferences and MAPPA meetings where NHS attendance is required. In cases where the patient is in the community, consideration should be given to any risks which might emerge if he is receiving medical intervention in the community or if he is to be admitted to hospital.

2.3 Health Boards need to ensure there is a single point of contact to process information requests to and from the Health Service in relation to MAPPA. All such information should be treated confidentially.

2.4 NHS Scotland needs to ensure that MAPPA clients have appropriate and timely access to health services and that their rights to confidentiality are respected. Information should only be shared on a need to know basis. Separate referral or treatment services should only be used if necessary and agreed with MAPPA.

3. **Sharing Information on Risk with NHS Staff**

In those cases where the police share information with an NHS Board, the NHS Board needs a clear system to communicate information on potential risk to NHS staff and patients who may encounter a MAPPA individual in an unplanned way, and where there has not been an opportunity to proactively inform a particular service through a patient referral.
4. Health Boards should ensure they have an appropriate information-sharing protocol (ISP) in place. Where Health Boards already have an ISP in place, they will have to review to include an annex for MAPPA arrangements.

5. Health Boards need to form links with their Local Data Sharing Partnership Group. An up-to-date list of all MAPPA Co-ordinators and representatives from each area will be held on the web and is available at www.scotland.gov.uk/Publications/2007/08/Contacts

6. More generally, Health Boards need to ensure that clear guidance is given to staff about MAPPA. In addition Boards should ensure they have ways for staff to raise concerns about behaviour of a violent or sexual nature, which may indicate a risk to the public, patients or staff.

7. Further guidance on this will be issued shortly on information sharing between NHS Scotland and the Police. Joint Guidance issued by Justice and Health including full background to MAPPA along with a Chapter on Health was circulated on 26 September 2007 and is available on www.scotland.gov.uk/Publications/2007/10/03110820/0

Yours sincerely

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