

MAPP: Managing Mentally Disordered Offenders

SOP currently under review – please continue to use this version until it is replaced by the next approved version

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VALIDITY – Protocols should be accessed via the Trust intranet to ensure the current version is used.

CHANGE RECORD

Version	Date	Change details
1.0	31 May 2017	New Protocol - The document was formally known as “Information Sharing Protocol for managing Humberside MAPP eligible offenders receiving treatment by (name of unit / hospital)”.
1.1	August 2018	Reviewed. The information contained within this protocol is based on the MAPP Guidance 2012 - Version 4.1 (Updated July 2018).
1.2	August 2022	Reviewed and updated. Approved at Mental Health Legislation Committee (4 August 2022).
1.3	September 2022	Reviewed. MAPP A/B form (linked in appendix) now added, to replace the previous MAPP A form. “What to expect in MAPP meetings” link also added and appendix link to “lead agency report” now goes to newer version. Document references to MAPP A changed to say MAPP A/B. Update approved by Director’s sign off.
1.4	February 2024	Reviewed and minor amend added – link to Full MAPP guidance added to page 2. Review dates left the same, as full review planned in September. Approved by director sign-off – Lynn Parkinson (21 February 2024).

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All professionals are to register with the National MAPPA website:

[Register - MAPPA \(justice.gov.uk\)](https://www.justice.gov.uk/mappa)

A library of MAPPA Briefings is available on the intranet

To see the full MAPPA Guidance – [Click This Link](#)

1. Introduction

- 1.1. The Criminal Justice Act 2003 provides for the establishment of Multi-Agency Public Protection Arrangements (MAPPA) in each of the 42 criminal justice areas in England and Wales. These are designed to protect the public, including previous victims of crime, from serious harm by sexual and violent offenders. They require the local criminal justice agencies and other bodies dealing with offenders to work together in partnership.
- 1.2. MAPPA is not a statutory body in itself but a mechanism through which agencies can better discharge their statutory responsibilities and protect the public in a co-ordinated manner. MAPPA is made up of the Responsible Authority (RA); Police, National Probation Service and Prisons. Other agencies are known as Duty to Cooperate Agencies (DTC), of which Mental Health are one; all have a crucial role to play in reducing risk and protecting the public.
- 1.3. Mental health practitioners have a duty to co-operate with MAPPA and share information about patients that is relevant to the statutory purposes of assessing and managing risk, even where the patient does not consent. However, patients may be asked to consent to the sharing of other relevant information within MAPPA to assist with their risk management.
- 1.4. The term “mentally disordered offender” is used within the MAPPA guidance to describe a person who has a disability or disorder of the mind and who has committed or is suspected of committing a criminal offence. The term covers a range of offences, disorders and disabilities and may be relevant to the decision to prosecute or divert, fitness to plead, and sentencing / disposal.

2. MAPPA eligibility:

2.1 There are 4 categories of MAPPA-eligible offender:

1. **Category 1:** Patients who are a **registered sex offender** as specified under [Part 2 of the Sexual Offences Act \(SOA\) 2003](#);
2. **Category 2: Violent or other sex offender.** Convicted (or found not guilty by reason of insanity/unfit to plead and done the act charged) of murder or an offence in [Schedule 15](#) or Section 327(4A) of the Criminal Justice Act 2003 (CJA 2003) and sentenced to 12 months or more custody (including indeterminate and suspended sentences), 12 months or more detention in a youth detention accommodation, a hospital order (with or without restrictions) or a guardianship order.
3. **Category 3: Other dangerous offender.** Cautioned for or convicted of an offence which indicates that they are capable of causing serious harm **AND** which requires multi-agency management. This might not be for an offence under Sch.15 of the CJA 2003. Offenders convicted abroad could qualify for Category 3. (please see paragraph 2.3).
4. **Category 4: Terrorist or terrorist risk offender:**
Subject to terrorism notification requirements; or
 - Convicted of
 - an offence in Sch.19ZA of the CJA 2003,
 - a corresponding service offence,
 - an offence with a terrorist connection, or
 - found not guilty by reason of insanity/unfit to plead and done the act charged of such an offence with a maximum sentence of more than 12 months
 - and sentenced to:

- 12 months or more custody (including indeterminate and suspended sentences),
- 12 months or more detention in a youth detention accommodation,
- a hospital order (with or without restrictions) or
- a guardianship order; or
- Committed an offence and may be at risk of involvement in terrorism-related activity.

2.2 MAPPAs eligible Mentally Disordered Offenders (MDOs) who are subject to MAPPAs may be detained in hospital under the MHA 1983 either:

- *having been sent there directly*
- *by the court making a hospital or guardianship order (s.37), with or without a restriction order (s.41); or*
- *if detention in hospital was directed by the court combined with a custodial sentence ('hybrid' orders) (s.45A), with a limitation direction; or*
- *detention was directed by the Secretary of State for a convicted prisoner serving over 12 months, to be transferred into hospital from prison (s.47), with or without a restriction direction (s.49).*

2.3 A patient who does not qualify under Categories 1 or 2 may, however, be subject to MAPPAs under Category 3 if the Lead Agency considers, by reason of their offences (wherever committed), that they currently pose a risk of serious harm to the public that requires active multi-agency management. This group may include patients who are considered to be “notional 37s” at the end of a prison sentence, or those who have a past conviction or caution for an offence that indicates that they are capable of causing serious harm to the public.

2.4 MDOs subject to MAPPAs in the community and to the MHA 1983 are:

- *Offenders who have been conditionally discharged from hospital; or*
- *Offenders under a community treatment order made under s. 17A*
- *Other offenders who are subject to MAPPAs Category 1 or Category 2 may be simultaneously subject to Mental Health Act powers applied through a non-criminal justice route.*

2.5 Where the SPOC from the mental health unit / hospital is in doubt as to the eligibility of a new patient, they should liaise with the Humberside MAPPAs Team for clarity and guidance SPOCMAPPAs@humberside.pnn.police.uk or 01482 578212

3. Identification of MAPPAs Offenders (The MAPPAs I Process – Detained Patients)

3.1 As a statutory requirement, all MAPPAs offenders should be identified by mental health services, including private and independent section providers, within 3 days of sentence, admission or transfer to hospital through a criminal justice route.

3.2 Mental health services should establish a procedure to ensure identification within 3 days of admission or a change in status. As a fail-safe procedure, a designated member of the care team at the first care programme approach (CPA*) meeting* (CPA system is under review and will be changed to Person Centred Planning during 2022) or equivalent should be nominated as responsible for ensuring that the offender has been marked as a MAPPAs offender on the internal management / record-keeping system.

3.3 Where any patient has been identified as being MAPPAs eligible the MAPPAs I should be completed and sent to the following secure MAPPAs SPOC e-mail address: SPOCMAPPAs@humberside.pnn.police.uk. This Notification should be made as soon as practicably possible from identification. Early notification serves to support mental health service providers'

awareness of MAPPA, the identification of MAPPA offenders as required by legislation, and the tracking of MAPPA patients. Notification is necessary because the MAPPA Co-ordination unit does not have routine access to case records of MAPPA offenders detained by mental health services.

- 3.4 The MAPPA Unit will review all MAPPA I's and complete Part 3 of the Form I and return to the Responsible Clinician. This section looks at information from the Police and Probation Service which will assist Mental Health in completing their own assessment of risk and help manage the risk to the public. Information provided within this section, should be treated in accordance with agreed information sharing protocols within that agency and the Data Protection Act. Information must NOT be disclosed to any third party (including the patient, victim, employer etc) without prior written consent from the data source. Unauthorised use or disclosure of the content may be unlawful.
- 3.5 When the patient is moved to another unit, it would be the responsibility of the receiving unit to re-commence the process above.
- 3.6 Leave and community discharge -For all patients for whom a MAPPA I has been submitted, Part 2 of the MAPPA Form I should be completed for the first unescorted leave and when a community discharge is being planned. It may also be appropriate to complete the MAPPA I for first escorted leave if there is an identified risk of absconding.
- 3.7 Routine notifications to MAPPA about every single leave trip or variation in leave arrangements may be unworkable. However, it is at the discretion of the Clinician, in consultation with other agencies, to determine whether or not it is proportionate to the risk to share this information on each leave arrangement. If there has been a significant change to the leave granted then this must be communicated via the Form I to SPOCMAPPA@humberside.pnn.police.uk
- 3.8 Prior to any leave plan being devised, (unescorted / escorted), consideration should be given in relation to victims, i.e.: exclusion zones, safeguarding referrals, Sexual Harm Prevention Order, Restraining Orders, etc.
- 3.9 As per the MAPPA Guidance and the Domestic Violence, Crime and Victims Act 2004, for restricted patients, the Victim Liaison Officer (VLO) will tell victims about community leave unless there are exceptional circumstances, e.g. if the victim is considered to pose a risk to the patient. Victims will be told via their VLO when the Mental Health Casework Section (MHCS) agrees to either escorted or unescorted leave.
- 3.10 Where the offender is subject to an unrestricted hospital order, victims have the same statutory entitlement to information as when a restricted hospital order is made, provided the conviction is for a qualifying offence. The decision-makers are the hospital managers, the Responsible Clinician and the Tribunal. The National Probation Service (NPS) Victim Liaison Unit is responsible for passing the victim's details to the hospital, should the victim want this. There will be no further involvement from the NPS. The hospital managers have the legal responsibility for passing information to the victim, and the victim will not be allocated a NPS VLO.
- 3.11 As forensic patients may be in regional units away from their home areas and initial leave may be in a different MAPPA locality from the final discharge area, multiple MAPPA areas may be involved and communication between areas is expected, together with the local police. For example, a North Yorkshire patient convicted of manslaughter on a s.37/41 order taking first community leave from a private sector hospital in the Humberside area, the Responsible Clinician would need to notify the relevant North Yorkshire and Humberside MAPPA area. For relevant MAPPA areas contact information, please refer to www.mappa.justice.gov.uk for up to date details.

- 3.12 Mental Health Casework Section makes leave decisions for restricted cases on behalf of the Secretary of State, but MAPPA notification is the responsibility of the mental health team. MAPPA cannot approve or decline leave for restricted patients and leave should not be withheld pending MAPPA notification or reply. However, it is good practice to seek the views of the MAPPA area when making a decision, to ensure robust information sharing and multi-agency collaboration.
- 3.13 Absconds and escapes - Hospital managers are responsible for informing the police whenever a restricted patient escapes from the hospital where they are detained, absconds while on escorted community leave, or fails to return from permitted leave. This information must be passed immediately to the local police force in accordance with local protocols, including information regarding any known victims who may be at risk. The hospital, as the lead agency, should have a contingency plan that covers out of hours absconds and sets out who will be responsible for contacting the victim liaison officer. The MAPPA Guidance states that it is good practice for local MAPPA areas to have a copy of an absconson plan for high risk MDOs that is accessible seven days a week.

4. Identification of MAPPA Offenders (The MAPPA (i) Process – Community Patients)

- 4.1 The bed management (adult and older adult) are responsible for completing initial screening once an admission into a mental health acute bed has been identified. Bed management will make enquires with the SGU / MAPPA Team to confirm MAPPA eligibility. The bed management will then inform the appropriate ward if the patient is MAPPA eligible and advise on the next steps of completing the MAPPA (i).

5. MAPPA Screening process (the MAPPA Q process)

- 5.1 For MAPPA eligible detained patients, the Responsible Clinician or other multi-disciplinary team members is responsible for completing the Screening Process to determine the correct level of MAPPA management for that case using the MAPPA Q.
- 5.2 MAPPA Levels of Management are as follows;
- Level 1 is where the offender is managed by the lead agency with information exchange and multi-agency support as required but without formal MAPPA meetings;
 - Level 2 is where formal MAPPA meetings are required to manage the offender.
 - Level 3 is where risk management plans require the attendance and commitment of resources at a senior level at MAPPA meetings.
- 5.3 When planning discharge arrangements for an offender subject to MAPPA, the CPA* meeting should consider the appropriate level of MAPPA management (CPA system is under review and will be changed to Person Centered Planning during 2022). This should be informed by other agencies involved with the offender. All cases must be screened to determine whether Level 2 or 3 management is required. If MAPPA management at Level 2 or 3 is believed to be required, a formal referral must be made using the MAPPA A/B.
- 5.4 If, following screening, the lead agency determines that Level 1 is sufficient, they will manage the case in line with their procedures. The decision to manage at Level 1 should be reviewed when there is a change in circumstances, significant information is received from another agency or where there is an escalation in risk.

6. Making a Referral to MAPPA Level 2 or 3 Management (the MAPPA A/B process)

- 6.1 If the screening determines that a referral to Level 2 or 3 is required, Mental Health Services are responsible for making the referral to Level 2 or 3 for mentally disordered offenders, where they are the lead agency, using the MAPPA A/B.
- 6.2 The Responsible Clinician or other multi-disciplinary team members can contact the MAPPA Co-ordinator for advice before making a referral.
- 6.3 The referral must include the reason for referral and demonstrate that there are specific issues that require inter-agency involvement, conferencing, information-sharing, risk assessment and risk management beyond that can be provided by Level 1 management.
- 6.4 The Form A is reviewed by the Humberside MAPPA Team in terms of whether it meets the criteria for MAPPA Level 2 or 3 Management. The Humberside MAPPA Team will notify Mental Health Services of the decision as to whether the case meets the criteria for multi-agency management at Level 2 or 3 within 10 days of receipt of the MAPPA A/B. The Humberside MAPPA team will confirm the next available Panel meeting date and are responsible for coordinating this meeting. If a case does not meet the criteria for Level 2 or 3 management, the MAPPA Co-ordination Unit will provide the lead agency with the reasoning for this decision.
- 6.5 A local escalation process using line management structures should be in place for disputed cases.
- 6.6 Where an urgent meeting is required and the case cannot wait until the next scheduled meeting, Mental Health Services must contact the MAPPA Co-ordinator direct to arrange it.

7. Expectations / agency standards when attending MAPPA Level 2 and 3 Panel Meetings

- 7.1 Mental Health Trusts should prioritise attendance at MAPPA meetings where they are the Lead Agency and in cases involving transferred prisoners.
- 7.2 There are designated SPOCs within the Trust who routinely attend Humberside MAPPA Level 2 / 3 meetings as part of core panel membership. This core member, however, may not have direct knowledge of the MAPPA case under discussion, so a representative of the patient's clinical team will also be invited to attend to contribute to the MAPPA discussion on individual cases.
- 7.3 Where Mental Health is the lead agency for a case being heard by a MAPPA Level 2 / 3 Panel meeting, a Lead Agency Update Report is to be completed and submitted to the MAPPA Team within 3 working day of the scheduled MAPPA meeting date.
- 7.4 The attending Mental Health representative is responsible for ensuring appropriate Mental Health systems are flagged with the risks posed by offenders managed by MAPPA Panels. There is also a responsibility that the flag is removed for cases at are no longer MAPPA eligible (see section 13).
- 7.5 For more information see "What to expect when attending MAPPA meetings" link in Appendix A of this document.

8. MAPPA Level 1 managed cases

- 8.1 Cases being managed at Level 1 must be reviewed in line with the lead agency's policy. The Trust is responsible for;
- identifying and recording MAPPA eligible cases (via the MAPPA Form I process)
 - determining the most appropriate level of MAPPA management (Using the MAPPA Form Q)
 - reviewing the case and regularly considering whether a referral to MAPPA Level 2/3 is required
 - conducting and recording third party disclosure
 - assessing and reviewing the risks posed
 - developing a robust multi agency risk management plan
 - informing Job Centre Plus of any restrictions that may affect training or employment and risks posed to staff (using the MAPPA Form J)
 - completing the MAPPA G transfer form when the patient moves out of area
 - arranging and hosting MAPPA Professional Meetings to assist with the management of cases at level 1
 - unflagging cases when their MAPPA eligibility status ceases.

9. Managing Third party Disclosure

- 9.1 For the purposes of the Guidance, **information-sharing** is the sharing of information between Responsible Authority (RA) and Duty to Co-operate (DTC) agencies. **Disclosure**, on the other hand, is the sharing of information about a MAPPA offender with a third party (not involved in MAPPA) for the purpose of protecting the public. The third party could be a member of the public, such as a victim, an employer or a person forming a relationship with an offender, or a person acting in a professional capacity but not party to MAPPA.
- 9.2 Disclosure must be considered as part of each review. It is not necessary to inform the MAPPA Co-ordinator about disclosure decisions for Level 1 patients, but details of the decision making must be recorded on the appropriate Mental Health system and must be made available if required. Consideration of disclosure to a third party may result in a referral for Level 2 or 3 management so that all information to inform the decision is fully shared and plans to manage the disclosure can be made on a multi-agency basis
- 9.3 The individual(s) to receive disclosure must be correctly and specifically identified. The person best placed to make the disclosure must also be identified. Preparation and discussion must take place with whoever will be receiving the information. This includes checking what they already know; that they understand the confidential and sensitive nature of the information they are receiving; and that they know how to make use of the information, what to do in the event of anything occurring that they need to report, whom to contact, and how to access support if required. Getting them to sign a disclosure form will provide an audit trail of what has been agreed, which can be helpful for both parties and is good practice. (See page 3)

10. MAPPA Transfers (the MAPPA G)

- 10.1 Transfers should be agreed by the lead agency according to that agency's transfer policy.

- 10.2 Once transfer has been agreed, for level 2 and 3 managed cases the most recent available minutes will be sent to the receiving MAPPA Co-ordinator, or the relevant MAPPA area should confirm they have accessed them on ViSOR. This will be managed via the MAPPA Level 2 or 3 Panel Chair / MAPPA co-ordinator.
- 10.3 Once transfer has been agreed for a MAPPA level 1 managed case, a MAPPA G should be completed by Mental Health and sent to the receiving MAPPA Co-ordinator. This form will identify the screening process and decision making to manage / transfer the case across at level 1.

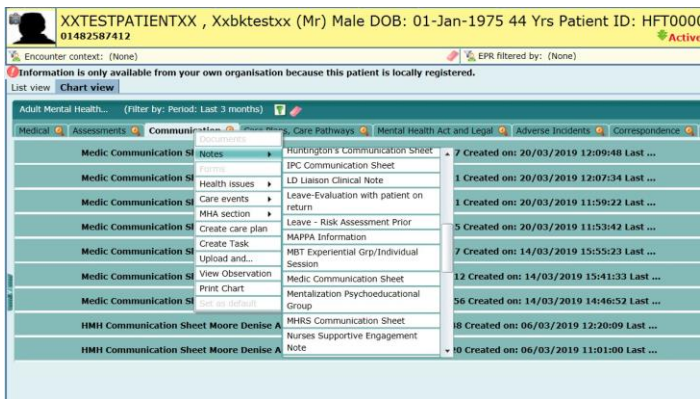
11. Notification of Restrictions to Job Centre Plus (the MAPPA J Process)

- 11.1 The MAPPA Guidance states a MAPPA J should be completed for patients applying for work, voluntary work or benefits, when there are restrictions or victims concerns (ie location) on employment or training. (e.g: exclusion from working with children or from a specific locality). This should be considered at the point of unescorted leave or community discharge.
- 11.2 The MAPPA Guidance states that in all cases where there is an identified risk to staff, the risk should be identified in the patient's risk management plan and actions to manage the risk should be shared with the Department Work and Pensions via a MAPPA J.

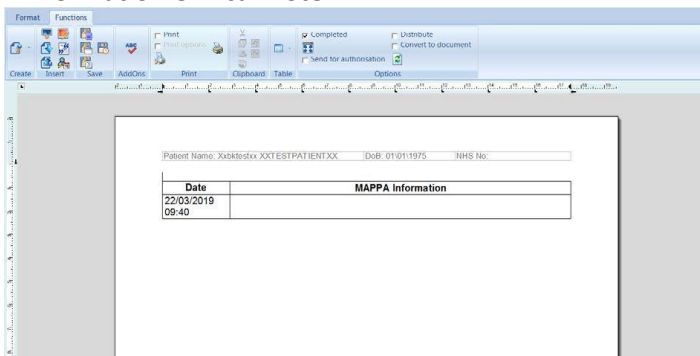
12. Recording and Storage of MAPPA Information

- 12.1 All MAPPA eligible patients must be recorded on Lorenzo. For this process the Lorenzo Alerts procedure should be followed. This can be found at [here](#) and has a section on MAPPA alerts.

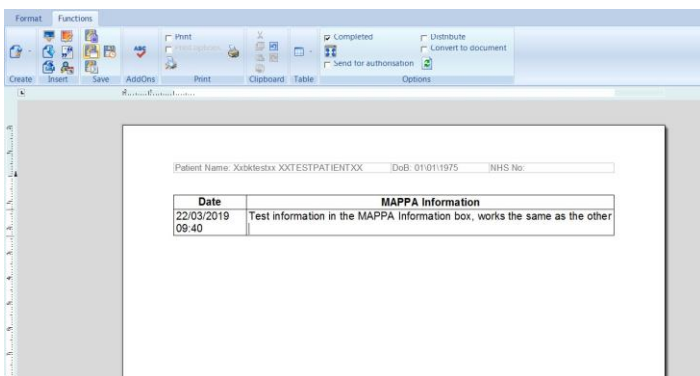
- 12.2 When adding MAPPA minutes or the MAPPA Q / MAPPA I / MAPPA (i) to either system, please add a note to the document stating, **“Take care on disclosure – third party information”** so that it is clear to any health professional sharing information (including a Subject Access Request) contained within the Minutes, MAPPA Q / MAPPA I and/or MAPPA (i) **should not** be shared without the permission of the MAPPA Co-ordinator / MAPPA Chair.
- 12.3 MAPPA Information Clinical Note This is for a **TEST** patient.
Clinical Charts → Communication Tab -> Notes -> MAPPA Information.



MAPP Information Clinical Note



Free text box to enter information (acts the same as the other free text communication sheets).



13. Exit from MAPP

13.1 It is important to identify when a patient is no longer subject to MAPP supervision. The criteria for a patient being discharged from MAPP are different for each of the three categories:

- *Category 1 offenders: when their period of registration expires. In the most serious cases registration is for life. However, following a ruling of the Supreme Court in 2010, RSOs can seek a review of registration 15 years from the date of their first notification.*
- *Category 2 offenders: when a s.37 patient is absolutely discharged. Where a s.45A or s.47 patient no longer requires treatment in hospital, and they are not remitted back to prison, they may be released on licence. MAPP ceases to apply when the licence expires (unless referred into category 3).*

- *Category 3 offenders: where the case no longer requires active multi-agency management at level 2 or 3.*

- 13.2 Part 5 of the MAPPA I should be completed by the Responsible Clinician for Level 1 patients for whom they are the lead agency and forwarded to the relevant MAPPA co-ordinator when the patient is no longer subject to MAPPA supervision.
- 13.3 The MAPPA registration is to be removed off the patient's electronic file to show the end of MAPPA eligibility.

14. Audit and Governance of MAPPA

- 14.1 The Strategic Management Board ("SMB") is the means by which the Responsible Authority fulfils its duties under section 326(1) of the Criminal Justice Act 2003 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 is therefore responsible for managing MAPPA activity in its area. This will include reviewing its operations for quality and effectiveness and planning how to accommodate any changes as a result of legislative changes, national guidance or wider criminal justice changes. The Secretary of State retains the power to issue guidance to the Responsible Authority on the discharge of its functions under MAPPA. The SMB are responsible for the implementation of the MAPPA Guidance in their area, in line with local initiatives and priorities.
- 14.2 The Executive Lead (with a named delegate) is a member of the SMB. The SMB meet on a 4 monthly basis to review MAPP arrangements in Humberside. MAPPA SPOCs are identified across the Trust per division.
- 14.3 The Performance and Quality Assurance Sub-Group reports directly to the Strategic Management Board. The PQA comprises of members from the Responsible Authority and Duty to Co-operate agencies, including Mental Health Services. The sub-group is responsible for assessing the quality of MAPPA work within the Humberside area.
- 14.5 A gatekeeping process is in place to review all MAPPA A/B's submitted to the Humberside MAPPA Team. Gatekeeping SPOCs have been identified across the Trust to quality assure referrals to ensure they meet the required standards and identify any future training and development needs that may be required.
- 14.6 An Audit Form has been developed and implemented. Internal Audits take place on a regular basis as part of the trust audit cycle.
- 14.7 The Humberside MAPPA Team conduct Annual Audits of MAPPA Level 2 and 3 cases. MAPPA SPOCs within the trust will assist with this process.
- 14.6 Key Performance Indicators (KPIs) are reported to the Humberside Strategic Management Board and MAPPA Performance and Quality Assurance Sub-Group on a quarterly basis which includes attendance from agencies at MAPPA Level 2 and 3 meetings.
- 14.7 Where a MAPPA eligible patient is subject to serious incident process within the Trust and Learning will be fed through the PQA and other multi forums.

Appendix A - MAPPA Forms and Process Map

MAPPA Form	Purpose of the Form	Link to Trust website
MAPPA A/B	To make a referral for MAPPA Level 2 or 3 Management	MAPPA - Form A/B
MAPPA G	To be completed when a MAPPA patient is transferred to a different unit (out of area)	MAPPA - Form G
MAPPA I	To notify the MAPPA Co-ordinator of a MAPPA eligible patient on the unit. Early notification serves to support mental health service providers' awareness of MAPPA, the identification of MAPPA offenders as required by legislation, the sharing of information to inform risk assessments and the tracking of MAPPA patients.	MAPPA - Form I
MAPPA (i)	To enable the sharing of previous conviction information for MAPPA eligible patients in the Community or Acute Mental Health Inpatients.	MAPPA - Form i
MAPPA J	Notification of restrictions to Job Centre Plus	MAPPA - Form J
MAPPA Q	To use to screen cases in terms of the correct level of MAPPA Management	MAPPA - Form Q
MAPPA Lead Agency Update Report	To be completed in advance of attendance at MAPPA Level 2 / 3 meeting, where Mental Health are the lead agency	MAPPA - Lead Agency Update Report
MAPPA Level 1 Audit	To quality assure MAPPA Level 1 Cases	MAPPA - Level 1 Audit Guidance
MAPPA Disclosure Leaflet	To be signed by the third party receiving disclosure	MAPPA - Disclosure Leaflet
MAPPA Professionals Meeting	A standard agenda and minute dataset attached for hosting Professionals' meetings.	MAPPA - Professionals Meeting - Dataset
What to Expect When Attending MAPPA Meetings	What is expected of agencies attending MAPPA Meetings.	MAPPA - What to Expect When Attending MAPPA Meetings

Process Map

Identification of MAPPA Offenders Process Map (for the Form I / (i) process)	MAPPA - Identification of Offenders Process Map
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