

## **FREQUENTLY ASKED QUESTIONS**

### **Q. Do client/carers always get a copy of the SSA?**

A. People who use services and their carers should be encouraged to participate fully in their SSA. It is accepted good practice that people who use services and carers receive a copy of their assessment of need and their care plan, both of which they will have agreed with their lead assessor in SSA. There should be good reason for this not happening in individual situations.

### **Q. What happens if service users do not give consent to share information?**

A. SSA is based on the principle of **informed consent** to information sharing. Information sharing is necessary to avoid duplication of effort and for speedier delivery of services. Where people are unwilling to give consent, agencies will need to act independently to assess needs, plan for and provide appropriate care. In seeking consent to share information assessors should be able to explain the alternative to SSA and, where it is the case, that this may entail a longer assessment process. Where an individual is unable to give consent, the locally agreed procedure under the Adults with Incapacity (Scotland) Act 2000 should be followed. Refusing consent to SSA does not mean that the person loses eligibility for services. (See Guidance on SSA, Part 1, s10-17, pp11-12)

### **Q. What assessment tool will be completed when practitioners work cross authorities/boundaries?**

A. This question arises mainly for health care staff and has been raised particularly in relation to the acute sector. There is no national tool that can be used in these circumstances and several approaches are being taken to deal with the problem. Some partnerships have been formed across local authority areas to deal with the cross border issues that SSA raises for health eg. Edinburgh and the 3 Lothian authorities with the Lothian Health Board area; 3 Ayrshire authorities with the Ayrshire and Arran Board area; and Moray, Aberdeenshire and Aberdeen City for Grampian. In these areas a common SSA tool will be in use so that information may be shared more easily and staff do not have to be familiar with a range of tools and processes. Where there is the need for cross border working and no common assessment tool or other arrangement in place the tool for the local authority area which would be responsible for assessing the individual's needs would be the likely one to use.

### **Q. Will different authorities accept another assessment tool?**

A. There will be occasions when people require an assessment of need while being in an area other than their home area, and when services need to be provided on the basis of an assessment carried out by another authority. One of the key principles of SSA is to avoid duplication of assessment for the individual and duplication of work for staff and since SSA tools will be based on national core data sets, it is desirable and should be possible for different authorities to accept another agency's assessments. This happens at present so is not just an issue with SSA. The answer may be found in current practice of co-operation between authorities.

**Q. Who will monitor the use of SSA?**

A. Local partnerships for SSA will want to set their own targets with output and outcome measures and quality standards. The Scottish Executive has been monitoring and evaluating progress with implementation of SSA across Scotland through a variety of means since 2001. From April 1 2003 onwards this will be done also through Performance Indicators which will give information on progress with implementation and on achievement of better outcomes for people. These are set out in the Joint Performance Information and Assessment Framework (JPIAF) which has been developed in consultation with agencies. The JPIAF includes a self assessment framework for agencies. Further outcome measures will be added as SSA is developed. The JPIAF can be found on the Joint Future Unit website at <http://www.scotland.gov.uk/about/HD/CCD2/00017673/Home.aspx> - click on Joint Performance and Assessment Information Circular.

**Q. Plans for future technology?**

A. SSA is founded on the principle of sharing appropriate information in secure ways between the local authority and the health service. This will be most efficient and effective when electronic systems are in place. Partner agencies will have to agree and put in place the ICT systems to allow information sharing and agree protocols to support this. (See Guidance on SSA, Part 2, S6, pp26-27). Agencies will benefit from developments in ICT through the Modernising Government Fund e-Care Programme now in the second phase, MGF2. Further information on information sharing can be found on the websites: <http://www.scotland.gov.uk/about/HD/CCD2/00017673/Home.aspx> - click on "Information Sharing"; <http://www.show.scot.nhs.uk/ecare>

***The following 19 questions were circulated to SSA leads contacts across Scotland for consideration. Noted below are a sample of the answers they provided.***

**Q. Will a SSA always be completed?**

There are exceptions when SSA is not completed eg District Nurse providing minor intervention (taking a sample of blood, flu jab), or supplying a single piece of simple equipment with no other services involved or Housing Officer dealing with property issue with no other services involved.

SSA is offered to all adults over the age of 16 where there is to be more than one service provider.

SSA is completed where the eligibility criteria are met and where it is likely that care is required. Before a SSA is completed the system is interrogated to see if there is one already in existence - if so then the original will be used and updated as required.

Yes for new assessment.

As part of the shared assessment framework, a care system strategy or care pathway has been produced. This identifies the point at which a baseline assessment (CareNapE) would be carried out and moving on up the need system to, when further assessments specialist and comprehensive are required. The baseline tool does not need to apply to some service users e.g. those who require preventative services. For this stage only a core data set would be recorded, therefore effectively building into the system a level of self assessment and direct access.

**Q. Who will assess and care manage in each agency?**

All community staff who previously carried out assessments and who have attended training will continue to do so relative to their competence using the new framework.

Assessment is carried out by the most appropriate member of staff (sometimes referred to as the "key worker") taking account of knowledge base and capacity to complete the assessment.

Assessments are carried out in health settings by E Grade and G Grade staff, Senior O.T.'s and CPN staff. Within the Local Authority, Social Workers, Social Work Assistants and Housing Assistants are undertaking single shared assessment and case reviews. Rapid Response staff and other project staff are also involved in SSA. Care management is also undertaken by the group above although in most cases thus far after the initial phase most cases are being care managed and reviewed with the Social Work staff in Community Care. Through time it is anticipated that this may change.

Staff who have an assessment function within their current role, and who have attended SSA training, will assess. Staff include Social Workers, Occupational Therapists, Home Care Managers, District Nurses, Health Visitors, Housing Officers, Integrated Response Team, Allied Health Professionals, Acute Ward staff, Day Hospital staff.

**Q. What are roles and responsibilities of an Assessor and Care Manager?**

Assessor

The assessor (key worker) will carry out an assessment, determine needs, negotiate with service and user concerning services to be made available depending on priorities and criteria's for these various services. The assessor will commission specialist assessments if required, review and care manage or review and transfer to a more appropriate care manager if necessary.

The assessor is responsible for completing the baseline tool and recording consent. If specialist assessments or a comprehensive assessment is required they remain responsible for organising the referral. They retain responsibility for the user until a more appropriately qualified colleague accepts it.

Staff currently carrying out care management duties will continue to do so. Which other groups of staff e.g. supported discharge teams from the acute sector and workers in COPT teams, who may in the future take on this role, is currently subject of consultation.

To initiate, plan, coordinate, complete and review the process of SSA in conjunction with the patient/client.

Role of the Assessor:

- a) Undertake the assessment and completion of core data.
- b) Establish services if required with the budget holders.
- c) Refer for specialist assessment if required.
- d) Review and care manage or review and transfer to a more appropriate care manager if necessary.

Role of the Care Manager:

- a) To review the care and the service delivery as required.
- b) To make changes to the care plan if necessary.
- c) To transfer the care if it is judged that this requires to take place, depending on what happens as the case continues.  
The care manager will be judged as the most appropriate person to take the case (most times decided by the highest level of service provision). This can change as the case changes.

**Q. Who will undertake financial assessments and income maximisation?**

At the moment it is only care managers who undertake financial assessments but eventually it is hoped that whoever initiates a SSA will do this as a routine part of the SSA process.

Financial Assessments will be completed by core group of assessors/care managers from health and social care. Additional assistance can be provided via the Council's Welfare Rights Officer of which there is one per locality.

All community staff have had the opportunity to attend Income Maximisation awareness sessions run by the Dept of Work and Pensions locally. Only Social Care managers and Community Care Co-ordinators continue to carry out financial assessments.

Consistent with the care strategy/pathway, baseline financial information is gathered as part of the baseline assessment. Detailed financial assessment and income maximisation is carried out at specialist assessment levels

Financial assessments are carried out by the assessor. Where the assessor has limited knowledge or lacks confidence support will be provided in the short term by a social services worker.

**Q. Will the assessor always need to review the assessment/care plan?**

No. A review might be allocated to another worker eg if SSA is done in hospital the local area team would do the 6 week review.

No, as part of the shared assessment framework an assessment can be passed to a more appropriate professional. They will develop and review the care plan

Assessor is responsible for the initial review at 4 weeks. If a different Care Manager thereafter manages the case then the responsibility for future reviews at minimum 6 monthly intervals falls to them

**Q. What happens where there is disagreement of assessment/judgement across agencies?**

To date this has not happened but if there was a problem it would be referred to the appropriate locality manager for reassessment in conjunction with the staff involved.

There is no formal mechanism in place but it is usually discussed by staff and resolved by local managers. If need be the debate could be taken to the next managerial level.

There is space to record this on the SSA form. If assessor was unable to reach agreed action the Team Manager would seek to resolve it.

**Q. What if client/carers disagree about needs?**

The views of both the client and their carers are documented and any disagreement noted. In cases where the carer needs an assessment a second worker is brought in to facilitate this.

The assessor who has the initial responsibility to deal with the matter will advise clients/carers as to why the assessor has come to their conclusions. Thereafter the appropriate locality manager(s) would attempt to deal with the matter. If this fails, the matter would normally be processed as a formal complaint.

There is space to record this on the SSA form. If assessor was unable to reach agreed action the Team Manager would seek to resolve it. The views of carers are recorded separately on their own assessment and there is opportunity given to involve advocacy for either or both if need be.

Occasionally this does occur and therefore the assessor has to discuss the difference with both and try to resolve this. The assessor will use all available information and observations to explain about needs.

**Q. What if client/carer disagree with the practitioner?**

Where a disagreement cannot be resolved between the assessor and the service user/carer the assessor's manager would normally intervene in the first instance to seek resolution. Ultimately the complaints system operated by the agency completing the assessment would be invoked if a resolution could not be achieved.

The views of both the client and their carers are documented and any disagreement noted. In cases where the carer needs an assessment a second worker is brought in to facilitate this. If there is a deep disagreement then a second opinion might be sought and the support of a senior will be provided.

**Q. How will unmet need be dealt with?**

The assessor should construct a package of support, which as far as possible minimises unmet need. Resources will not always be available to meet all needs however the assessor should make every effort to ensure that risk is minimised.

Identified unmet need is recorded and raised with line managers

Unmet need is identified and fed up through the planning section and attempts are made to aggregate unmet need via waiting lists etc.

On an individual basis through the care plan. In more general terms the new assessment tools now promote the collection of more robust aggregate data on unmet need. Once IT systems are in place to support the tool and this data has been analysed, the case for resources becomes more robust and refined.

**Q. How will complaints be dealt with and by whom?**

Complaints will be dealt with using the normal procedures depending on whether the complaint related to a local authority service provision or a health service provision.

**Q. Will there be additional resources to cover the completion of paperwork, access information and pass information between practitioners/agencies?**

There have been no additional resources identified to deal with this matter. It is clearly an issue, particularly in the health side where this has been very limited historical investment in clerical staff and equipment. This will be a matter dealt with within the joint core management group once a clearer assessment of what is required has been completed

The SSA will replace current documentation already being completed by staff. Funding to establish SSA Call Centre (system to share SSA information) has been made available by Social Work.

Some of the Joint Futures money will be used to employ some admin posts (3) for health settings to improve the admin infrastructure.

Not at the moment.

Additional admin staff have been appointed to record the SSA and to facilitate information sharing.

MGF funds have been secured which will ultimately facilitate the passing of information by *electronic systems*

**Q. Will there be a central point/contact to co-ordinate and access services/information?**

Team co-ordinators will be the point of contact for the Integrated Teams, or a person nominated in their absence. Individual workers will have responsibility for accessing services on behalf of their clients.

Each of the Health and Community Care Teams has administrative support and this person acts as a point of contact for information on whether a single shared assessment has been completed. Accessing services will still be done through individual team members

SSA Call Centre has been set up to co-ordinate the SSA activity. Practitioners will be able to access information through this Call Centre. They will not be able to access services - this remains within the individual services.

**Q. Who be able to access what services?**

At the moment access to services is done through the appropriate team member. Teams are discussing the kinds of services where access can be agreed for all team members. It is likely that the Meals on Wheels Service and perhaps some OT equipment could be accessed by all team members

At this time all individuals can access Social Work services via SSA. It is hoped that they will also be able to access health services like day hospitals or domiciliary physio via [SSA](#) in the future but there are no formal agreements in place regarding any of the service areas thus far.

Anyone can request an assessment; some services can be accessed via self assessment, if they meet criteria. Services which require a comprehensive assessment e.g. Care Home placement are still done by LA staff until Care management Training rolled out.

Care home admission can only be accessed by an assessor completing a comprehensive assessment. Certain staff in certain agencies will not be undertaking comprehensive assessments and therefore will be unable to arrange care home admission. Otherwise there is no restriction on accessing services provided the priorities and criteria for these services are met. The foregoing is all subject to the assessor having competence in the particular areas being addressed.

**Q. If the assessment identified a service is needed what authority does the assessor have to put that service in ie district nurse agreeing home care three days per week?**

Where this has been agreed as part of the service access system. Direct ordering of home care services is currently in place across a number of service sectors e.g. hospitals.

A group has been established to look at access to services via the SSA process that will include delegated authority, clear audit trails, line of responsibility etc. This will also include current eligibility criteria.

No assessor or care manager has authority to put in services without getting permission from the budget holders to that service. As we live in a world with finite resources this will always be the case. However, we try as much as possible to keep the budget holders at as low a level as we can and as locally as we can within the organisation.

Difficulties that we encounter are not centred on putting in the service but upon accessing the funding for that service. Most professionals who are not Care Officers have not grasped the process of requesting funding resources from the Council.

Accepted that assessment completed will be accepted and implemented without question by Social Work. However, the 4 weekly reviews must take place and it is this process rather than duplicating visits etc that is the preferred model. More often the issue will be the lack of available resources to implement the proposed care plan eg. budget fully committed whether it be home care, day services or residential/nursing care. Assessments completed by NHS staff can access home care, social day care, and social respite without having their assessment duplicated.

On the Health side, Social Work staff continues to have problems in gaining direct access to NHS resources. Referrals to day hospital and some community nursing services are not accepted as direct referrals but are screened or re-assessed by lead nurses, GP's and Consultants

**Q. How would consent be dealt with in relation to AWI?**

If client is unable to provide consent either written or verbal. The first option is to seek consent from welfare attorney or welfare guardian. If neither exists the assessor will have to make a professional decision in terms of immediate health and safety and proceed with the assessment acknowledging that consent has not been provided. This should be recorded clearly in case records/nursing notes and countersigned by a colleague who has seen the client and agrees with the assessor's judgement that any delay could be negligent to the client's health and safety. Thereafter, if consent continues to be an issue consideration should be given to the AWI Act.

If a person has a Welfare guardian then that person would be the person who would sign the consent. If the person is incapax, has no welfare guardian and objects then consent cannot be given. However if a person does not object and the person's nearest relative and professional's involved all agree then information will be shared.

If consent is refused then information will not be shared and the implications for service explained. If a service user is unable to give consent and is deemed to be at risk, then the key principles of the AWI act will be followed i.e. it is in the best interests of the service user, least restrictive intervention

Still being considered but at the moment we access advice from a Consultant Neuro psychologist and treat this as a specialist assessment.

**Q. When will different assessment tools be used?**

The SSA is being revised - and shortened! It is likely it will be a 4 page tool which consists of core information and a short general assessment. This tool forms the basis for all other

assessments which become "add-ons" i.e. specialist assessments for Home Care, Care Management, Nursing, OT etc.

When a specialist assessment is necessary, i.e. the dementia housing tool assessment and various specialist health assessments.

Existing specialist assessment tools currently in use will continue to be utilised as specialist assessments contributing to the single shared assessment. No specific different tools are being identified as part of the SSA process.

Staff need to be clear when different levels of assessment requiring specific tools need to be used. The needs and service access systems are included in the protocols given to each practitioner at training. This provides guidance on which tools to use and which tools to use for assessment and how this relates to service triggers. The system is aimed to ensure both assessment and care response are appropriate to need.

**Q. What is the process for using different assessment tools ie simple > core >specialist or simple > specialist assessment?**

Staff need to be clear when different levels of assessment requiring specific tools need to be used. The needs and service access systems are included in the protocols given to each practitioner at training. This provides guidance on which tools to use and which tools to use for assessment and how this relates to service triggers. The system is aimed to ensure both assessment and care response are appropriate to need

The process is one of judgement. If after a general SSA is carried out and the assessor believes a specialist assessment is necessary then they refer/commission that assessment from the necessary professional.

We have the SSA as the "first contact" that will be the initial assessment that can lead to provision of services or a specialist assessment. Staff have process maps and flow charts to follow and SSA guidance notes. This is also covered within SSA training.

The initial assessor will decide what is appropriate and may involve the Integrated Team or any other professionals involved in this decision.

As our SSA is a very generic tool the Specialist assessment is currently the only place where another tool would be used but again this is an area that we are looking at with a view to having clear 'levels' of SSA.

**Q. Who will we be working for?**

Staff will remain employed within their current organisations.

No change to employment practices is contemplated to deliver the SSA.

Staff continue to be employed by parent partner. However, the core joint management group is keen to create a culture whereby a staff is both accountable to the partnership and their employing agency whether it be health or the council. Obviously the former is limited to practice and operational issues and cannot interfere with conditions of service etc.

Staff will remain with their present employers on their same terms and conditions.

**Q. What are the plans for joint training, review of SSA process and usage and who will do this?**

Joint training on the use of the SSA for older people has been completed and the SSA introduced. Ongoing training for new starts is being provided on an occasional basis. Review of the SSA process is carried out by the SSA Implementation group at periodic intervals. This group comprises representatives of all agencies.

Development of the SSA tool to address other care groups is under way and thereafter a programme of training and ongoing support will be put in place.

Our Joint Future Training and OD sub-Group has a joint Training plan, not only for teambuilding at the start of each Integrated Team, but for ongoing review of the needs of Teams and workers. It will certainly encompass further Training on the redesigned SSA and briefing about the proposed Workers' Handbook which will be developed as part of the redesign of SSA.

There is a joint training group and the joint training plan for the year has been agreed. Ongoing joint training needs have been identified from the evaluation of shared assessment training and these will be actioned either city wide e.g. carers awareness training or locally.

Joint Training currently underway for 1,500 staff. Over 400 staff within SW, Acute, Primary and Housing have already been trained and implementing SSA. Incremental approach by Local Management Units being taken.

Additional joint training modules available - Adults with Incapacity, Benefits Awareness and Supporting People.

Formal review of SSA implementation planned. Working group set up to review process involving staff, users and carers.