

**CONTRIBUTING TO SINGLE SHARED ASSESSMENT
PRACTICE GUIDE**

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CONTRIBUTING TO SINGLE SHARED ASSESSMENT

Aim of Practice Guide

This practice guide explains the contribution various groups of staff in health, housing and social care may make to single shared assessment. This can be as a lead assessor, a specialist contributor, or an informed contributor such as a service provider.

1. INTRODUCTION

Single shared assessment applies to social work, health and housing services and should be fully implemented for all community care groups by April 2003. The single shared assessment process and the framework for local implementation are outlined in the **Guidance on Single Shared Assessment of Community Care Needs** (Circular No. CCD 8/2001, 29 November 2001).

The aims of single shared assessment

Single shared assessment aims to raise assessment to new levels. It builds on best practice to provide a more efficient, holistic, user-friendly approach to assessing needs. It will reduce the burden on people being assessed and bring greater professionalism and structure to the way assessments are carried out. Single shared assessment will ensure that:

- agencies do not duplicate each other's assessments;
- access to appropriate services will be easier and quicker; and
- results for people who use services and their carers will be better.

Assessment is not an end in itself. It is a necessary means of accessing support and services. Single shared assessment recognises that many people have health, social care and housing needs and that agencies must work together so that assessment and subsequent care planning are person-centred, needs-led, co-ordinated and effective.

Key principles in single shared assessment

- People who use services and their carers should be actively involved and enabled to participate.
- The type(s) of assessment should be appropriate to the person's indicated needs.
- Assessment should be undertaken by the most appropriate 'lead professional'.¹
- The assessor should be appropriately skilled and qualified to deal with the type and level of assessment.
- Appropriate information should be shared by informed consent of the person or the person's representative.
- Single shared assessment must facilitate access to all community care services.
- Other professionals and agencies must accept the results.
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¹ 'Lead professional' refers to the person who will be responsible for undertaking the assessment, co-ordinating any other inputs, and arranging the services to meet assessed needs. Lead professionals may be staff with relevant professional or vocational qualifications or staff who have received training in assessment and have the necessary skills and experience, as appropriate to the level of assessment.

The assessment process

The Guidance describes four types and levels of assessment:

- **Simple assessment** applies where indicated needs or requests for services are straightforward and can be dealt with by a low level response. As it may involve one or more than one agency some co-ordination of contributions to the assessment may be needed.
- **Comprehensive assessment** applies where a wider range and complexity of needs are indicated. It is likely to involve more than one agency in contributing to a holistic assessment of needs. Specialist input may be necessary to give depth to assessment of specific areas of need. In comprehensive assessment effort needs to focus on co-ordination of contributions to the assessment. People who are at risk of admission to care homes should receive a comprehensive assessment with specialist input, if necessary, and care management to explore fully the options for rehabilitation and care at home.
- **Specialist assessment** may apply to simple needs of a specific nature, or particular complex needs requiring more in-depth investigation by a professional with recognised expertise.
- **Self-assessment** is where people identify their own needs and propose solutions to meet these, as the sole assessment or in conjunction with other assessments. They may receive professional advice or the support of an advocate

This practice guidance recognises the different roles individuals can play in single shared assessment. A wide range of staff may be involved, including staff in the statutory agencies and in independent agencies (for example, societies for people with hearing and vision impairment who undertake specialist assessments on behalf of local authorities). The contribution people make to single shared assessment should be commensurate with their level of knowledge, skill and expertise in needs assessment or in their professional field. As well as understanding the local process and use of the assessment tool, all staff involved in single shared assessment should be prepared to bring their knowledge, skills and competencies in assessment up to date

Sharing Information

The expected outcomes of single shared assessment can be met only if information relating to the assessment of an individuals' needs and the planning of their care is shared effectively between the person and their carers, and the professionals and agencies involved. There is a great deal of productive information exchange at present. However, there are occasions when problems occur in relation to duplication of information gathering and in the sharing of information. The former wastes time and the latter may result in decisions being made without all of the relevant information being considered. Single shared assessment is an opportunity to consolidate good practice in sharing information.

Systems for sharing information are being developed at a local level, taking into consideration the requirements of the Data Protection Act and the need for informed consent. Much of the above can be facilitated by integrated information systems and the development of the national Information Management and Technology strategy will support the sharing of information in single shared assessment.

2.

CONTRIBUTION OF CARE MANAGERS

Care managers may be employed specifically to undertake care management or they may undertake this as task alongside their wider professional role. According to current practice, care managers are mainly social workers but may be occupational therapists or community nurses, also.

Care managers will understand the needs of people in the wider context of family, social, housing, financial and other circumstances. They will have experience in working with those who have health and social care difficulties and their carers. They will have expertise in needs' assessment and the planning and co-ordination of care where a number of agencies are involved. They may have responsibility for purchasing services. Care management will involve them in team and joint working with other disciplines. Care managers will understand the legislative framework within which community care services are provided.

Care managers will bring their skills to single shared assessment as the lead professional in many comprehensive assessments and will be responsible for co-ordinating assessments across agencies, and for planning, co-ordinating and reviewing the subsequent care. Care managers in generic and specialist posts will contribute specialist assessments as appropriate. Their skills will be put to best use with people who have the most complex or rapidly changing needs.

Care managers will need to be familiar with all aspects of the single shared assessment process and with the local tool and its use. They will need to understand the roles and responsibilities of other professionals who may be involved and be able to identify colleagues who should make a specialist contribution to single shared assessment. They will require a good knowledge of community care resources and how to access them, including any commissioning or contracting arrangements and special routes of referral. Care managers can contribute their expertise to clarifying eligibility criteria and the triggers that should suggest the need for care management.

3.

CONTRIBUTION OF SOCIAL WORKERS

Social workers will understand the needs of people in the wider context of family, social, housing, financial and other circumstances. They will have experience in working with those who have health and social care difficulties and their carers. They will have expertise in needs' assessment and the planning and co-ordination of care where a number of agencies are involved. Many will be involved in team and joint working with other disciplines. Social workers will understand the legislative framework within which social care services are provided.

Single shared assessment will build on these skills. Social workers may contribute to each type of assessment described in the guidance. In particular, they will take the lead role in many comprehensive assessments and will be responsible for co-ordinating assessments across agencies, and for planning, co-ordinating and reviewing the subsequent care. Social workers in generic and specialist posts will contribute specialist assessments as appropriate. Those who will be identified as responsible for care management will work with people who have the most complex or rapidly changing needs. Agencies should consider how to make best use of staff who will be involved in single shared assessment, in matching knowledge, skills and expertise to levels of assessment.

Social workers will need to be familiar with all aspects of the single shared assessment process and with the local tool and its use. They will need to understand the roles and responsibilities of other professionals who may be involved and be able to identify colleagues who should make a specialist contribution to single shared assessment. They will require a good knowledge of community care resources and how to access them, including any commissioning or contracting arrangements and special routes of referral.

4. CONTRIBUTION OF SOCIAL CARE STAFF

Social care staff will be providing services in a range of settings, in domiciliary care, day care, respite and residential care. They will have experience of meeting the needs of people with health and social care difficulties and some will act in a key worker role, with responsibility for the ongoing assessment, planning, co-ordinating and review of the care of individuals within their setting. Social care staff may have recognised professional or vocational qualifications relevant to social care services. Some staff will have no relevant, formal qualification but will have had job-specific training in aspects of social care.

Where social care staff contribute to assessment already, it is likely that they will continue to do so with single shared assessment. Many simple assessments will be undertaken by social care staff, particularly organisers or supervisors in home care, and where appropriate they will take the lead role in single shared assessment. Because of their frequent contact with people who use services, social care staff can play an important part in supporting people with self-assessment and acting as an advocate where appropriate

Social care staff will contribute, as necessary, to comprehensive assessments of people who use their services and should expect to make a continuing input in response to people's changing needs through monitoring and review arrangements. In some cases an experienced, skilled key worker, for example, in a day care setting for people with learning disabilities, may be the most appropriate person to lead and co-ordinate a comprehensive assessment of an individual who has trust in the worker.

Social care services will be provided on the basis of single shared assessment and it is important that managers of services understand the process and the use of the tool, the roles of different groups of staff and especially the implications for their own staff. Social care staff who will undertake or contribute to single shared assessment will need a good understanding of the process, the local assessment tool and its use. They will need to be aware of their role and responsibilities and in relation to other professionals who may be involved. They will require a good knowledge of community care resources and how to access them. There will be many social care staff who will contribute to single shared assessment and will need to be familiar with the process and the use of the tool.

5. CONTRIBUTION OF COMMUNITY NURSES

Nurses in community and primary care settings may be practice nurses, district nurses, health visitors, community psychiatric or learning disabilities nurses and all will have expertise and experience in working with people who are experiencing health and social care difficulties. They often have to understand these difficulties in the wider context of family, social, financial, housing and other circumstances. Nurses play an important role in assessment of need and planning and co-ordination of care. They will have experience of working as a member of a team and, increasingly, of joint working with professionals in other agencies.

Single shared assessment will enable community nurses to build on their skills and to extend their role in assessment, care planning and co-ordination of care for the benefit of their patients. They will contribute to each type of assessment described in the guidance. Where appropriate, they will be the lead professional in comprehensive assessment and will be responsible for co-ordinating assessments across agencies, and for planning, co-ordinating and reviewing care. Some nurses will undertake care management for people with the most complex or rapidly changing needs. For many people their contact with practice or community nurses will be long-term and important to them.

Community nurses will need to be familiar with all aspects of the single shared assessment process and with the local tool and its use. They will need to understand the roles and responsibilities of other professionals who may be involved and be able to identify colleagues who should carry out comprehensive assessment or make a specialist contribution to single shared assessment. They may be expected to gather information on people's financial circumstances and will need to become familiar with arrangements for financial assessment, as an integral part of single shared assessment. They will require a good knowledge of community care resources and how to access them.

6. CONTRIBUTION OF NURSES IN SECONDARY SETTINGS

Nurses in acute hospitals, day hospitals and continuing care settings will have experience in working with people who have a wide range of health needs and will often have to understand these in the context of family, social, financial, housing and other circumstances. They will have skills that are applicable to the assessment of health and social care needs and experience in planning and co-ordinating care across disciplines. Nurses will have experience of team and joint working with other professionals.

In acute hospitals nurses will often know patients over a few days only and sometimes in a crisis. They may identify ongoing health and social care needs and have responsibility for making discharge arrangements. Where people are not receiving community care services already, it is appropriate that nurses undertake simple, single shared assessments and access relevant resources as the lead professional. Where people are already known to community services or where a comprehensive assessment is indicated hospital nurses will play an important role in liaising with lead professionals in the community and contributing to assessment and care planning.

Nurses working in long stay settings, particularly where they have a key worker role will often know patients well and will have established relationships of trust with them. It is most likely that they will contribute to specialist and comprehensive assessments but where appropriate nurses may be the lead professional, co-ordinating the single shared assessment and planning care in conjunction with community based colleagues.

Nurses in hospitals will need to understand their role in relation to single shared assessment, the circumstances in which it applies and the roles of other key professionals or agencies. They should be familiar with the local assessment tool and process as it applies to their setting and how to access the relevant range of services.

7. CONTRIBUTION OF THERAPISTS IN COMMUNITY SETTINGS: LOCAL AUTHORITY

Occupational therapists provide a range of professional roles in more than one service and/or organisation. They are the only professional staff group traditionally employed by both the NHS and local authorities, where roles can be significantly different.

Occupational therapists were recruited into local authority social work departments in response to the Chronically Sick and Disabled Persons (Scotland) Act 1972. They have developed significant expertise in equipment and adaptation solutions and are increasingly involved in care management.

Occupational therapists will have an understanding of people's needs in the wider context of family and social circumstances and experience in working with those who have health and social care difficulties. They will have skills in assessment that will be applicable in general needs assessment as well as in their specialist field. They will be involved in team and joint working with other professionals.

Occupational therapists in the local authority may be involved in each type of assessment described in the guidance but should not be involved routinely in simple assessments. In the main they will contribute their specialist knowledge and expertise to comprehensive assessments. They may be the lead professional, co-ordinating as well as contributing to the single shared assessment, and planning and co-ordinating care. For people with complex care needs they may take on a care management role, where appropriate. Occupational therapists will be able to advise on triggers for referral for their specialist assessment. .

Occupational therapists will need to be familiar with all aspects of the single shared assessment process and with the local tool and its use. They will need to understand the roles and responsibilities of other professionals who may be involved and be able to identify colleagues who should make a specialist contribution to single shared assessment. They will require a good knowledge of community care resources and how to access them, including any commissioning or contracting arrangements and special routes of referral.

Occupational therapy assistants or support staff will work with people with simple requirements for equipment and adaptation solutions to their needs, under the guidance of qualified occupational therapists. They will be involved in single shared assessment at the level of simple assessment and where appropriate they may take the lead role in assessing, planning and co-ordinating care. They will need to be familiar with the tool and process and knowledgeable about community care services. Occupational therapists will have an overview of their involvement and will provide supervision and support as necessary. In this way occupational therapists will make a contribution to large numbers of single shared assessments.

8. CONTRIBUTION OF THERAPISTS IN COMMUNITY SETTINGS: PRIMARY CARE

A range of therapy professions in primary care - occupational therapists, physiotherapists, speech and language therapist - may make a contribution to single shared assessment. All will have an understanding of people's needs in the wider context of family and social circumstances and experience in working with those who have health and social care difficulties. They will have skills in assessment that will be applicable in general needs assessment as well as in their specialist field. Many will be involved in team and joint working with other professionals.

Therapists may be involved in each type of assessment described in the guidance. In particular, they will contribute their specialist knowledge and expertise to comprehensive assessments. The crucial role they have to play in the assessment of people's potential for rehabilitation and independence and in planning therapeutic intervention should be recognised. In appropriate cases, they may be the lead professional, planning and co-ordinating care as well as contributing to the single shared assessment. Therapists will be able to advise on triggers for referral to their various disciplines for specialist assessment.

Therapists in primary care will need to be familiar with all aspects of the single shared assessment process and with the local tool and its use. They will need to understand the roles and responsibilities of other professionals who may be involved and be able to identify colleagues who should make a specialist contribution to single shared assessment. They will require a good knowledge of community care resources and how to access them.

9. CONTRIBUTION OF THERAPISTS IN SECONDARY SETTINGS

Like their community-based colleagues, therapists in secondary settings play a significant role in assessing community care needs. They will have an understanding of people's needs in the wider context of family and social circumstances and experience in working with those who have health and social care difficulties. They will have skills in assessment that will be applicable in general needs assessment as well as in their specialist field. Many will be involved in team and joint working with other professionals. They are likely to have well-established working links with their community-based colleagues.

Therapists based in hospital could be involved in each type of assessment described in the guidance. In particular, they will contribute their specialist knowledge and expertise to comprehensive assessments that are being co-ordinated by a lead professional in the community. The crucial role they have to play in discharge planning, in the assessment of people's potential for rehabilitation and independence, should be recognised. Therapists will be able to advise on triggers for referral to their various disciplines for specialist assessment. In appropriate cases, most likely in long stay care and where they have had a key worker role, they may be the lead professional, planning and co-ordinating care as well as ensuring the single shared assessment is completed.

Therapists in secondary settings will need to be familiar with all aspects of the single shared assessment process and with the local tool and its use. They will need to understand the roles and responsibilities of other professionals who may be involved and be able to identify colleagues who should make a specialist contribution to single shared assessment. They will require a good knowledge of community care resources and how to access them.

10. CONTRIBUTION OF GENERAL PRACTITIONERS

General Practitioners are frequently the first point of contact with services for people who have health and social care difficulties. They will know well many of their patients and their families. GPs and their practice teams are constantly assessing patients in order to decide on the appropriate care for them. This is done by drawing together the information currently held about patients, adding new information about the current situation and then assessing all of this to produce a care plan to deal with the problems. This often involves referring the patient to other health services or to social care and housing agencies. GPs and their practice staff have a central role to play in the implementation of single shared assessment.

The expected outcomes of single shared assessment can be met only if information relating to the assessment of individuals' needs and the planning of their care is shared between the agencies involved. While there is a great deal of productive information sharing at present, there are occasions when difficulties arise between primary care and secondary care, social care or deputising services. The implementation of single shared assessment is an opportunity to overcome these problems and build on good practice.

GPs can facilitate single shared assessment by:

- having an understanding of the key aims of single shared assessment:- person-centred care with involvement of patients and carers in decision making, and a focus on achieving agreed care/treatment objectives;
- participating in the assessment process – at the screening or simple assessment stage with referral on to the 'lead professional' or key worker who will be community nursing staff and social work staff in the main (in many parts of the country this means formalising/streamlining current practice);
- being familiar with the single shared assessment process and the local tool and its use in the assessment process;
- agreeing how the annual assessment for people over 75 years may be linked to single shared assessment;
- having knowledge of community care resources available and how these may be accessed;
- contributing to local decision-making about the development of systems for sharing information; and
- structuring the information on GP medical records systems so that it is easy to share information with other care professionals when necessary and appropriate.

GPs are in an excellent position to contribute valuable information to the assessment process. Relevant information, summarised in an agreed way, is of great help to other assessors and decision makers and can speed the delivery of the right community care services to people who need them.

11. CONTRIBUTION OF MEDICAL CONSULTANTS

Consultants in a number of disciplines, in particular geriatric medicine, old age psychiatry, learning disability and adult psychiatry, and members of their teams, will have an important part to play in single shared assessment. Some comprehensive assessments will need their specialist involvement along with social work and primary care services.

A key role will be to ensure that treatable and reversible conditions are not overlooked and that appropriate specialist medical care is provided. Medical consultants will use their own, existing assessment tools in providing the medical assessment, diagnosis and prognosis that will inform single shared assessment and care planning for individuals. In some circumstances it may be appropriate for consultants or a member of their team to be the lead professional in the single shared assessment process.

Consultants and their teams will need to understand the local process of single shared assessment and the use of the local assessment tool. In some cases the geographic area that they serve will cover several council areas with different tools and processes and they will need to be aware of these. It will be essential that triggers for specialist assessment, referral routes and ways of sharing information are agreed to ensure that the contribution of consultants and their teams is appropriate and timely.

Consultants can play an important part in the implementation of single shared assessment by

- identifying one of their number to take a special interest in the implementation of single shared assessment and act as a focal point for involvement of secondary medical services;
- working with health care managers to ensure secondary health services are able to support implementation;
- clarifying their specialist role to other disciplines who will be involved in single shared assessment;
- taking part in decision making about triggers for specialist assessment and routes of referral; and
- ensuring information and appropriate training is available for members of their team.

12. CONTRIBUTION OF COMMUNITY PHARMACISTS

Community pharmacists have not always been included as contributors to community care. Yet for many older people non-compliance with medication, inappropriate or ineffective drug therapy, interactions and side effects are causes of poor quality of life and of hospitalisation. Compliance aids are overused and inappropriately used and are not always the solution for people needing help with medication. For home care and community nursing services assisting with or administering medication makes significant demand on staff time. There is great scope for pharmacists to contribute more effectively to the support of people living at home who need help with medication and to the single shared assessment process.

In response to the problem of non-compliance, a National Compliance Scheme is being introduced to

- set up a comprehensive, national service available on the basis of need;
- establish formal assessment arrangements and the use of a national Compliance Assessment Tool which will be part of single shared assessment;
- focus on vulnerable patients in the community to aid compliance, primarily older people who have difficulty complying with medication instructions for whatever reason; and
- find solutions to problems and divert pressure from other services, particularly the secondary sector.

Pharmacy services should play a part in single shared assessment through

- NHS Trust Chief Pharmacists and other pharmacy bodies being involved in the implementation of single shared assessment to guarantee pharmacy input;
- identifying triggers for referral for compliance assessment by the pharmacist;
- agreeing the interface between the Compliance Assessment Tool and the local single shared assessment tool;
- making arrangements for compliance assessment as a specialist assessment;
- agreeing the role of pharmacists as the lead professional in single shared assessment in appropriate circumstances; and
- providing local, multi-disciplinary training in medication use and compliance.

Involvement of pharmacy services in single shared assessment, through Trust Chief Pharmacists in the first instance, is recommended as part of the plan for implementation, in recognition of the contribution pharmacists can make and in anticipation of the National Compliance Scheme.

13.

CONTRIBUTION OF HOUSING STAFF

Housing staff will have varying degrees of experience and expertise in working with people with community care needs. Housing Allocations Officers will be used to assessing people's needs with regard to the allocation of housing, which will involve taking a variety of wider factors into account, including seeking medical information where this is relevant. Housing services may have the skills of Tenant Workers, Homelessness and Resettlement Workers, Personal Housing Planners or other local initiatives with a strong community care focus. Such staff will have become familiar with balancing needs and preferences against available resources, as well as liaising with health and social work professionals and the independent sector.

The single shared assessment process should build on these strengths, allowing the development of designated housing staff to play a more inclusive part in a process traditionally located within social work services and health. Local arrangements should ensure single shared assessment involves the most appropriate people and services. Housing staff may be involved in:

- undertaking assessment and service reviews;
- referring for other specialist input;
- allocating resources; and
- planning and facilitating housing support.

Appropriately trained and/or qualified housing staff will be able to assess both for housing needs and for the need for housing support services which are part of the single shared assessment process now, and in April 2003 under 'Supporting People'. Such an opportunity will allow housing staff to set their work in a wider context, being able to allocate both an accommodation resource and, where it is needed to sustain a tenancy or independent living, housing support.

Some people will already be in accommodation when issues arise which indicate a need for housing support services. In such cases, referrals may be made from other agencies to housing for an assessment of need. Traditionally, specialist housing might have been thought to be appropriate, but housing support services may allow floating support to assist the person in their current accommodation, without the need to move.

Housing staff can be an important point of contact for people with other community care services. As well as contributing their specialist assessment, those housing staff who have relevant experience in needs assessment and are knowledgeable about people's care needs may take the lead role in simple assessment, where appropriate. Through additional training and through membership of integrated community care teams there is potential to widen the involvement of housing staff in single shared assessment.

Housing staff will need to be familiar with the Guidance on Single Shared Assessment, as well as the guidance for Supporting People, and with the local single shared assessment process, the local tool and its use. They will need to understand the roles and responsibilities of other professionals and be able to identify colleagues who should make a contribution to single shared assessment. They will require a good knowledge of community care resources and how to access them.

14. CONTRIBUTION OF THE INDEPENDENT SECTOR

The independent sector, voluntary, not-for-profit, and private organisations, makes a significant contribution to the provision of community care services for all community care groups and across many areas of service. Many agencies will have experience of working in collaboration with statutory services in social work, health and housing. Their staff will have a range of experience and skills. Some will have professional or vocational qualifications in the caring field and skills in assessing need and planning the delivery of care.

Independent agencies may be involved in single shared assessment at different levels of assessment and stages of the process, in a number of ways. In particular:

- Statutory agencies may commission independent agencies to undertake single shared assessment on their behalf and here they may have the lead role in assessment. This practice is well established between local authorities and the specialist voluntary agencies that provide services for people with visual and hearing impairment, for example.
- Independent agencies may be asked to contribute to single shared assessment with information about the needs of individuals to whom they are providing a service, at the assessment, care planning and review stages. For instance, where a resident in a care home is being re-assessed by a care manager because of changing needs that indicate a higher level of care is required, the resident's key worker would be expected to contribute to the assessment and subsequent planning of care.
- Agencies with recognised expertise, for example in the support or treatment of people who misuse drugs or alcohol, may be asked to undertake a specialist assessment as part of a comprehensive assessment being led by a professional in social work or health.
- Independent agencies will provide services on the basis of single shared assessment and will be involved in care planning and in arrangements for monitoring and review.

Independent agencies should be familiar with the key principles of single shared assessment and with the local tool and process. Where staff are contributing to single shared assessment they will need to have a good understanding of the local single shared assessment tool and process and a knowledge of community care services. In their joint training plans for single shared assessment partner agencies should consider the requirements of the independent sector, as service providers and contributors to the assessment process, and how independent sector staff might be included in joint training initiatives.