Carolyn Wallace *and* Michelle Davies

Sharing Assessment
in Health & Social Care

A Practical Handbook *for* Interprofessional Working

Sharing Assessment in Health and Social Care

Sharing Assessment in Health and Social Care

A Practical Handbook for Interprofessional Working

Carolyn Wallace and Michelle Davies

⑤SAGE

CONTENTS

ACKNOWLEDGEMENTS

INTRODUCTION

In 2007 Carolyn Wallace won a prestigious Florence Nightingale Travel Scholarship (Welsh Assembly Government sponsorship) to explore standardised assessment frameworks, visiting sites in mainland UK and Europe. The knowledge gained from this study informed the case study approach the authors had developed for educational purposes, while working with practitioners in the early development of the Unified Assessment Process in Wales. Although the original policy focus was in Wales, this has been expanded to acknowledge the diversity that exists through devolved health and social care across mainland UK. By taking this approach the authors have been able to share their experiences with a wider audience.

WHAT'S THE AIM OF THIS BOOK?

The aim is to introduce the student or practitioner to the concept of standardised shared assessment frameworks, such as the Single Shared Assessment, the Single Assessment Process and the Unified Assessment Process. This is achieved through giving a step-by-step guide to the process of shared assessment. The introduction of this process can sometimes be greeted with reluctance and trepidation. It is the intention of this handbook to overcome some of the anxieties associated with change and provide realistic guidance on the implementation process and the change process. It also gives the student or practitioner a chance to reflect on his or her knowledge of sharing assessment information and the standardised frameworks. The Knowledge Barometer is introduced as a tool for reflecting on your own knowledge and practice (National Leadership and Innovation Agency for Healthcare (NLIAH), 2008).

As a result, it gives students and practitioners an opportunity to discuss the practical sharing of health and social care assessment information relevant to the service user, carer and practitioner within the assessment process as implemented across the UK. Fundamental to this is an understanding of an individual's experience and the roles of staff within the process.

What is your knowledge and understanding of sharing assessment information?

Place yourself on the Knowledge Barometer overleaf to help you become aware of your knowledge and practical application of sharing assessment information. Later, you will be asked to refer back to this to reflect on your learning.

Activity
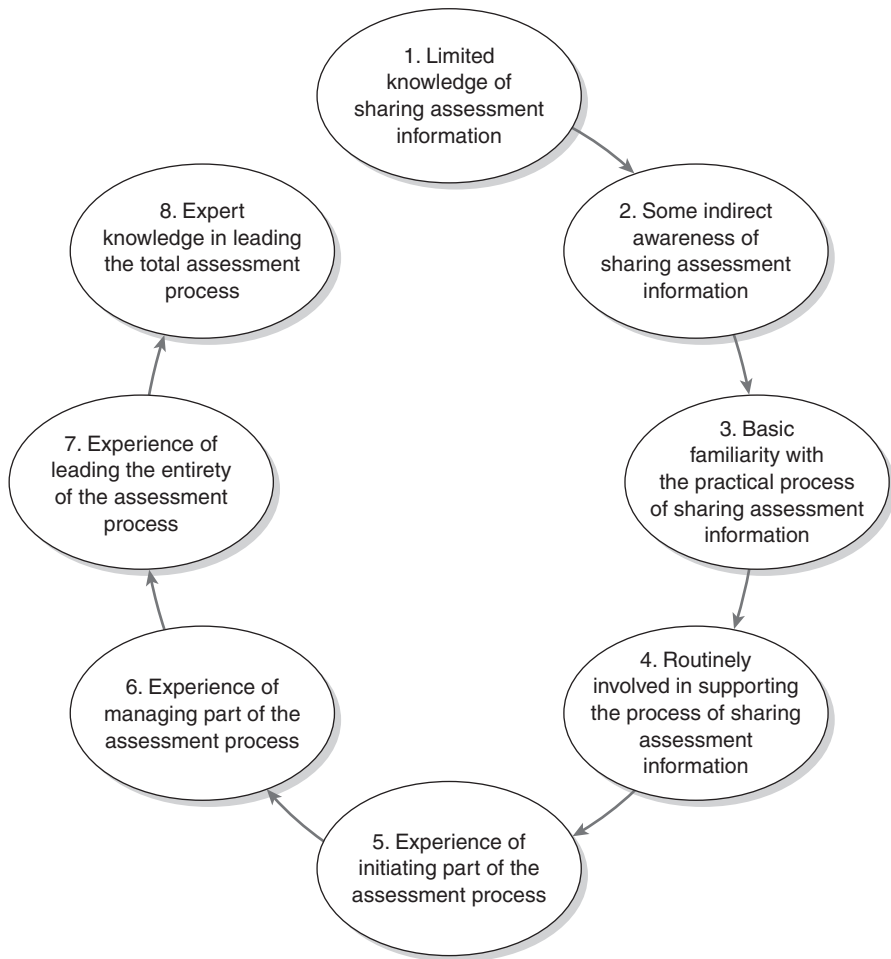
Figure 1.1 Knowledge Barometer, adapted from National Leadership and Innovation Agency for Healthcare (2008). *Passing the Baton: A Practical Guide to Effective Discharge Planning.* LLanharan.

WHY DO WE NEED THIS BOOK?

The need for this book has arisen as a result of the now standardised approach to assessment and the sharing of information and documentation within and between health and social care. Staff working within health and social care are responsible for undertaking assessment at different stages of the assessment process. This person-centred approach to assessment requires health and social care to work in partnership to ensure that assessment is holistic, proportional to needs and outcome focused, avoids the risk to independence, well coordinated

and so avoiding duplication. As standardised assessment processes prescribe a layered approach, staff are required to be competent in assessment and have the ability to think about how risks may impact upon a person's independent living (WAG, 2002). This demands partnership and teamwork which is multidisciplinary and multi-agency in nature and is consistent with the demands of current regional and UK policy and culture, i.e., that professionals and organisations working with people who have complex needs should not work autonomously but with a shared awareness and understanding that leads to better communication and enhanced patient/service user care (Department of Health, 2007; National Assembly for Wales, 2003; Martin and Rogers, 2004) but with shared awareness and understanding that leads to better communication and enhanced patient/ service user care.

The practical translation of national and regional guidance for health and social care professionals and agencies will be made through the use of case scenarios. With the introduction of real life scenario-based material to work through the stages of assessment and subsequent roles and responsibilities, the practitioner or student will gain an insight into the processes and the many influences along the service user journey. The scenarios help to draw out issues in regard to the opportunities and challenges allowing for interactive and problem-based learning. These are addressed in a question and answer format. Illustrating the assessment process with case scenarios allows for practical direction and understanding. As such the book is a support tool to assist learning for those in educational and training settings to understand the realities of the process; While for those professionals in practice it will aid them to apply principles and theory to their practice and current knowledge.

WHO IS THIS BOOK FOR?

This book is intended for students studying health and social care courses at undergraduate level. In addition it can be used as a foundation for training purposes within work settings across health and social care.

SYNOPSIS OF THE BOOK

The book is divided into three sections.

Part 1: Where it all Began

The two chapters within this section provide an insight into the UK policy context and theoretical basis for sharing assessment information. That is, the drivers for sharing assessment information and the development of standardised frameworks for assessment. UK policy refers to the Department of Health and devolved

health and social care policies of the Scottish Parliament and the National Assembly of Wales. These have tailored policies in order to meet the needs of differing populations and cultures. The theoretical basis for shared learning and assessment in this book differentiates between Unified Assessment in Wales, Single Assessment in England and Single Shared Assessment in Scotland. In addition to identifying key concepts and principles of all three approaches, the student and practitioner is prepared to apply these in practice through using scenarios within the book.

Part 2: Applying Theory to Practice

This section provides an interactive problem-based learning opportunity that includes practitioner/student focused exercises. It highlights service user and carer need, goals and outcomes, in addition to suggested learning along with professional roles and responsibilities throughout the assessment process. Some exemplars of needs identification and information are provided to act as potential triggers for the assessment and eligibility criteria in forthcoming chapters. It provides a holistic approach to acquiring and sharing assessment information as applicable to individual members of the family and their eligibility for services.

It achieves all of this through introducing a potential real family, which includes a description of their family life context, including examples of their health and social circumstances, where assessment may be required. The whole scenario considers the needs of the individuals from person centred perspectives and addresses carer issues relating to the needs they encounter. This includes issues relevant to their personal circumstances, health and social care issues. Each member of the family is introduced in their scenario, which includes geographical as well as health and social care context. The student and practitioner's involvement in the acquiring and sharing of assessment information is illustrated through the case and interactive exercises. Exercises are provided and are followed by 'informing practice', which are linked to the relevant theory, studies and experience.

Part 3: Opportunities and Challenges for Individuals, Staff and Organisations

The third and final section considers the change of approach in gathering assessment information across the UK and consolidates the journey that you have taken while reading this book. The acknowledgement of many opportunities, accompanied by some challenges to all those concerned, are provided for consideration and discussion. A question and answer format to address many of the issues raised in managing this cultural change across health and social care is used in the first chapter. The final chapter draws together the main themes of the book, those of UK and regional policy with regard to sharing assessment information, person-centred care, interprofessional working and boundary spanning. These are addressed from both a student and practitioner perspectives.

HOW TO USE THIS BOOK?

This book is a practical guide aimed at those in health and social care service provision. Key concepts discussed throughout are:

- Sharing Assessment Information.
- Person Centredness.
- Assessment Frameworks.
- Avoiding duplication.

The use of case studies will allow you to apply such concepts to practice settings. Theory, policy and procedures are easy to read about, but it is the application that often proves difficult. It is thus the intention here to allow the reader the opportunity to test this out.

As you read through each chapter, you are following a journey through the assessment process. It has been very important to include policy background to enable rationale for such processes. We need to understand why certain processes are in place in order to confidently implement them.

This book encourages the interaction of the reader. The inclusion of case studies when exploring the key concepts will enable you to apply knowledge to practice. Hence, the case studies provide the reader the opportunity to explore theories, models, policies and processes to a greater degree. Some practical challenges and dilemmas will be explored and can be applied to your practice. Evidence-based practice is essential for effective intervention and there are 'Informing Practice' sections that highlight research evidence to enhance critical thinking.

Chapters can be accessed as a point of reference for the reader when exploring certain concepts or points in the assessment process. The book is presented in a linear style to allow an easy flow.

PART I
WHERE IT ALL BEGAN

1 THE UK POLICY CONTEXT

INTRODUCTION

The UK policy context has changed considerably over the years since the inception of the National Health Service and Social Services. In the last ten years devolution has influenced health and social care policy through devolved governments' need to provide tailor-made services that satisfy the needs of their citizens or customers. For example, in Wales the focus is on inequalities in health and the understanding that health is not just health service business but also the responsibility of individual lifestyle and economics. The Welsh Assembly Government (WAG) solutions to these problems are increasingly influenced by European welfare policy. Policy diversity across the UK is therefore inevitable and it's important that practitioners and students are aware of these differences in practice.

This chapter outlines the UK policy development and context for Sharing Assessment information within and across agencies throughout the UK. It also includes reference to the devolved health and social care policies of the Scottish Government and the National Assembly for Wales. These tailored policies – in addition to those published by the Department of Health (DoH) – serve to meet the needs of differing populations and cultures within the UK today.

Chapter Aims

The aims of this chapter are:

- To introduce the reader to the idea of sharing assessment information and its principles, for example person-centred care.
- To introduce the reader to the concept of assessment.
- To introduce the reader to the role of the carer within these standardised frameworks for assessment.
- To introduce the reader to drivers such as demography, legislation and evidenced policy. Diversity is acknowledged through reference to some of the many policy documents that are found within the devolved public services in Wales and Scotland.

WHAT IS ASSESSMENT?

Before we can discuss sharing assessment information we need to clarify what we understand by assessment itself. Assessment is a set of complex tasks that requires us as either individual health or social care professionals to acquire, develop and maintain our needs for specific knowledge and skills throughout our professional careers. The knowledge and skills required are those which are both profession specific (e.g., models, theory, physical examination, measurement) and generic (e.g., communication skills, listening and observing). These are essential parts of the assessment experience, which are dictated by the service user's context and needs (Armstrong and Mitchell, 2008).

Activity

What is assessment? Think about the many times that you've been assessed in a health or social care context, when were they?

You may have thought of … The time when you've visited the GP, the midwife when you were born or having your own children, the health visitor when you were a baby or young child, the school nurse when having a vaccination, the occupational health team when you gained employment, etc. The truth is that we experience assessment many times throughout our lives and each one of those professional groups, in addition to others, such as the social worker, the physiotherapist and occupational therapist. They assess in different ways, gathering and using both subjective and objective information and guided by theories and models taught specifically within their undergraduate and postgraduate professional curricula and the speciality within which they practice.

Adams (2007: 283) states that the

aim of assessment is to make a judgement about a person's situation and needs.

Coulshed and Orme (1998: 21) some time ago defined assessment as

an ongoing process, in which the client participates, who's purpose is to understand people in relation to their environment; it is a basis for planning what needs to be done to maintain, improve or bring about change in the person, the environment, or both.

Grossman and Lange (2006: 77) more recently saw that

a decision for nursing care evolves from the nursing assessment, which includes not only what the nurse observes but also the nurse's ability to perceive what might be actually 'going on' in a person's life. If the nurse had more knowledge regarding the person's circumstances and potential challenges, he or she would be able to ask questions that would be most valuable in performing a holistic assessment.

For many of us assessment is a condition of our registration but what's the purpose of assessment? Think about those times that you were engaged in an assessment either as a service user or the assessor. Why did you participate in the act of assessment?

You may have thought of … To solve a problem (e.g., difficulty breathing or inability to prepare a meal), to meet a need (e.g., to breathe with ease or to ensure adequate nutritional intake), to ensure that a person received a service to meet a need or a number of needs, to avoid a risk(s) to independence, to manage risk(s), to gain a nursing or medical diagnosis, to gain a whole picture of an individual's behaviour.

The quality of the judgement made by the professional is dependent on the quality of the assessment and whether or not the information gained within it is reliable. Likewise the quality of the subsequent care plan and the ability of the care plan to meet the agreed service user outcomes are dependent upon the quality of the knowledge gained and whether the right questions are asked within the assessment. Hence the assessment, the 'How', 'Why', 'What' and 'When' type of questions professionals ask within it, are important aspects in ensuring that the right information is gained to build an accurate picture of need, an appropriate care plan, treatment or care package with achievable outcomes.

What sources of information do we use to build an accurate and reliable assessment?

You may have thought of ... The service user, the carer, other key people in the service user's life, current and previous records, assessments from other professionals past or present and, depending on where you work, information from other agencies such as the police, ambulance personnel and of course witnesses, e.g., of an accident or a fall.

Assessment involves key people such as a service user and/or a professional in the process of gathering reliable information in order to make judgements as to a person's needs, in respect of their health and wellbeing, situation or environment. These judgements then facilitate action that may make change possible or maintain the desired status quo.

SHARING ASSESSMENT INFORMATION

Sharing assessment information is a fundamental part of the UK modernisation strategy and will enable public services to deliver individual assessment in the twenty-first century.

Why do we need to share assessment information? Think about the times when you've participated in an assessment with a person.

You may have thought of … The service user has a lot of problems and a lot of needs, which require the skills from different professionals and at times different agencies. Therefore, working closer together may mean that we can solve more problems through utilising each other's knowledge and skills. This could mean shorter hospital stays, more timely treatment and care, and increased satisfaction for the service user and staff.

There are many good reasons for professionals to share assessment information but the most fundamental is the need for service users to feel that they are not repeatedly asked the same questions. The act of dovetailing the assessments to avoid repetition and duplication will in time lead to a seamless, effective, efficiently delivered, accurate and timely assessment. This should then lead to the planned treatment and care, which meet identified and agreed outcomes for an increasing number of people who have complex needs.

What do we mean by an increasing number of people who have complex needs? Think about your practice, whether in hospital or in the community. What is significant about the population of patients or service users you encounter on a day to day basis?

You may have thought of … The population is getting older, there are an increasing number of people who, dealing with one long term condition may as they get older, have several. In addition to that a person may experience frailty. This may lead to an individual requiring more than one need to be met at the same time – which can't be satisfied by the skills of one professional – and so it demands a different approach to care. For definitions of 'need' see Chapter 2.

DRIVERS FOR SHARING INFORMATION

The UK population is growing quickly at an annual growth of 0.7 per cent. It is projected to reach 71 million by 2031 due to more births than deaths and an inflow of immigrants. In addition, our population is growing older with those over the age of 65 years increasing to 22 per cent of the population by 2031 (Office of National Statistics (ONS), 2007). Children born in the UK in 2006 would expect (on average) to live to 76.9 years (boys) and 81.9 (girls) years. As a result, the chances of a child born in the UK in 2006 reaching 65 years is projected at 91 per cent for boys and 94 per cent for girls compared with 74 per cent for boys and 84 per cent for girls born in 1980–82.

However, while women live longer they can also expect to spend more years in poor health and with a disability. Chronic diseases such as diabetes, heart disease,

stroke and back problems are common in older age but arthritis and rheumatism are the most common. As we get older, we experience increasing numbers of chronic diseases which then impact on our ability to live our lives as we would wish (ONS, 2006).

So it's inevitable that in the future, individuals will need to access primary, acute and community care services (in proportion to need) in order to be as independent as possible. In accordance with the UK Census in 2001, the proportion of the population reporting a long term illness or disability increased with age, especially those over 90 years of age (ONS, 2001). Many (85 per cent), who reported their health as not so good also reported having a limiting long term illness or disability. Of those people consulting their GP in 2001–02, 40 per cent were over the age of 65 years (ONS, 2004).

Therefore, staff will need to engage with one another within and across agencies to fulfil the needs of those most vulnerable people. Unfortunately, staff working across health and social care services often feel confused about the policy, law and guidance available that should enable them to comfortably share information with colleagues when working in the service user's best interests.

Can you think of the policies, law and guidance which influence your everyday practice when sharing assessment information?

You may have thought of … The National Service Frameworks, NHS and Social Service strategy documents, the Data Protection Act 1998. At this stage you may also wish to consider your own professional code of practice or conduct. What does it say in relation to sharing assessment information? See 'Further Reading' at the end of this chapter.

Activity

PERSON-CENTRED CARE

In 2001, the Department of Health (DoH) published the *National Service Framework for Older People*. It is a ten year strategy which was linked to the *NHS Plan* (DoH, 2000) and *Modernising Social Services* (DoH, 1998). Their principles of universal care based on individual need are delivered within the National Service Framework for Older People (DoH, 2001a). Its eight standards within chapter two form an expectation that we as practitioners will link assessed individual need to services which promote health and independence, fairness, dignity and respect. It is acknowledged that as we age we may have more complex needs and require the assessment and intervention of more than one professional and agency. Therefore, in order to avoid duplication and wasted effort we need to work together to provide 'seamless care' for service users. Standard Two 'Person-Centred Care' (DoH, 2001a: 23) requires that the

NHS and social care services treat older people as individuals and enable them to make choices about their own care. This is achieved through the Single Assessment Process, integrated commissioning arrangements and integrated provision of services, including community equipment and continence services.

The principles of person-centred care are individuality, choice and equity of access. The standard clearly makes the link between the act of individual assessment (the professional judgement about the knowledge gained from the service user) and the contracted provision of individually chosen services. Therefore the accuracy of individual assessment, the service user participation within the assessment process, and how we collect and use the information can have a direct impact on why and how we develop services now and in the future. This in return affects an individual's choice of services.

However, person-centred care requires both health and social care services to work in such a way that the exchange of information, the act of joint assessment and the provision of services are such that the service user with complex needs (and carer) feel that they are the centre of the act of care and treatment. The service user is an active participant within the assessment process that will improve a person's quality of life (Adams, 2007). Standard Two is directly linked to the original document 'Essence of Care' and its revised guidance and benchmarking tool (DoH, 2001c; 2003a). This takes a person-centred approach to promoting best practice across health and social care services.

Informing Practice

What does the NSF (DoH, 2001a) Standard Two say about the Single Assessment Process?

It says that the SAP is a standardised assessment process which crosses both health and social care agencies. It should raise standards of professional assessment practice through the identification of shared principles. It should also promote a more rounded assessment for older people which may occur at differing levels depending on individual need. The storing and sharing of information across agencies should be in a logical and systematic fashion while complying with the Data Protection Act 1998 and confidentiality.

Informing Practice

What if I work in another part of the UK, do I use the NSF (DoH, 2001a) to guide my practice?

The 'National Service Framework for Older People in Wales' was published by the Welsh Assembly in 2006. It followed and is driven by the publications of *Strategy for Older People in Wales* in 2003, *Designed for Life* (WAG, 2005) and *Fulfilled Lives, Supportive Communities* (WAG, 2007b). The ten standards within the *National Service Framework for Older People in Wales* also has a Standard Two called Person-Centred Care which requires that

Health and social care services treat people as individuals and enable them to make choices about their own care. This is achieved through the unified assessment process, integrated commissioning arrangements, the integrated provision of services and appropriate personal and professional behaviour of staff.

You would probably agree that it is very similar to the DoH Standard Two. However, the difference can be seen in the WAG Standard Two placing further emphasis on relationships between service user and professional in the context of a whole system of service delivery. This standard is also directly linked to the 12 'Fundamentals of Care' (WAG, 2003), which strengthens the significance of communication, information, dignity, respect, choice and promoting independence.

In Scotland, the Better Outcomes for Older People: Framework for Joint Services (The Scottish Government, 2005a) Part 1 Action 5 states that local partnerships should develop joint services that:

- support the person-centred approach;
- focus on improving outcomes for older people; and
- are based on the whole system approach.

These are seen as the key principles which underpin the design of joint services that deliver Single Shared Assessments in Scotland.

Informing Practice

Those policy documents were published a long time ago. Is there any evidence that this approach works and it's what people want?

Hardy et al. (1999) found in their study of 'Dimensions of Choice in the Assessment and Care Management System' that there was a big gap in the service user and carer desire for involvement and the reality of practice. They interviewed 28 service users, 20 informal carers and 72 care managers in four local authorities in England. More recently, in 2006 the Commission for Healthcare Audit and Inspection undertook a whole systems review of services for older people in England (40 NHS Trusts and 10 local authorities) with research of older people's views on the local services through methods such as focus groups and surveys. Two key aspects which need continued and further attention are:

- 'The full implementation of SAP and the need for older people to have a copy of their assessment and care plan' and
- 'A change in culture is required', moving away from services being service-led to being person centred, enabling older people to have a central role in designing their own individual care and in planning the range of services that are available to all older people. (p. 9)

Also, in 2006 Age Concern undertook nine focus groups to ask what did older people want from community health and social services. They discovered that older people have wanted 'a joined up health and social care service', to identify and meet the needs of carers, to make services personal and holistic. The policies and their standardised frameworks (discussed within this book) aim to promote the sharing of information in order to help meet what people with complex needs (whether young or old) want from their health and social care services. Nevertheless, there are key aspects of the law which we must consider before we explore and apply this information to practice.

THE LAW

The Data Protection Act (1998) and the Human Rights Act (1998) provide the legal and ethical parameters within which we can share information across agencies and develop information-sharing protocols within which we can safely and comfortably work. An information-sharing protocol is a formal agreement between organisations that share personal information. It sets out the rules and standards for the safe and timely sharing of the information. It states what information can be shared and explains how it can be collected and shared between the organisations involved (Department for Constitutional Affairs, 2003; WAG, 2006d). In Wales, there are two parts to the Wales Accord on the Sharing of Personal Information (WASPI), the Accord (a regional document) and the Personal Information Sharing Protocol (PISP) (a local agreement). The Accord is the common set of principles and standards that organisations agree to operate within and the PISP is the agreement on the detail of the information to be shared, the 'who, why, where, what, when and how of information sharing'.

Informing Practice

What has the Human Rights Act (1998) got to do with information sharing?

Article 8 of the Human Rights Act is the right to respect for private and family life, home and correspondence.

This automatically creates a right to respect for privacy. This means that any interference must be in accordance with the law, national democracy or a 'legitimate' reason, e.g., while acting for the protection of an individual's health.

Therefore an individual has a right to have his or her personal information respected as private.

Informing Practice

So where does the Data Protection Act (1998) fit in?

The Data Protection Act (1998) provides the legal framework within which professionals can handle a service user's personal information. It has eight principles which state that all data must be:

1 Processed fairly and lawfully.
2 Obtained and used for a specified and lawful purpose.
3 Adequate, relevant and not excessive.
4 Accurate and kept up to date.
5 Kept for no longer than is necessary.
6 Kept secure.
7 Only transferred to other countries which have adequate data protection.
8 Processed in accordance with individual rights.

So, in order to share information from primary to acute services (for example in the form of a consultant referral) or referral from acute health care to social care services (for example when planning patient discharge), practitioners need to gain consent from the service user. This provides an opportunity to reduce duplication through not having to ask the service user repeated questions in relation to his or her needs and care.

Take a look at Appendix 5 and the example of the 'Consent to Share' in Booklet 1, which demonstrates the lawful practice within this context. This, in addition to the organisational arrangements for sharing information (DCA, 2003; WAG, 2006d), ensures that staff working within the organisations are doing so lawfully in the confines of the Human Rights Act (1998), the Data Protection Act (1998) and the common duty of confidence. Practitioners should ensure that they obtain consent after they have informed the service user of the reasons for obtaining the consent and sharing the information with other agencies. The law of Tort gives a service user an opportunity to seek damages should he or she have experienced a breach of confidentiality. Should the service user be unable or refuse to give consent then this should be honoured and documented with the service user's reasons for refusal (Data Protection Act, 1998). The Consent to Share Information document in Appendix 5 also asks the service user for consent to share information about the assessment, condition or treatment with relatives. This further demonstrates a service user approach to consent which reflects what's required by law and helps professionals gain clarity about the service user's relationships in practice.

CARERS AND STANDARDISED ASSESSMENT FRAMEWORKS

The law has changed considerably in recent years in respect of Carer's legal rights. This isn't surprising since illness has a considerable impact on individuals and their families or friends who care for them. The Census in 2001 stated that 11.7 per cent of the people of Wales and 9.9 per cent of people in England provided some unpaid care. Some 90,000 people in Wales (3.1 per cent of the population of Wales) said that they provided more than 50 hours per week of care to an individual. In Scotland the Scottish Household Survey (2006) demonstrated that between 12–14 per cent of all households in Scotland contains an adult who provides some form of unpaid care and over 1/3 of those carers are over 60 years of age.

Carers often balance work life, family life and caring. They require flexible working. For employees who have been working for their employer for 26 weeks or more, the Work and Families Act 2006 gives parents of children under six years and disabled children under 18 years the opportunity to change their terms and conditions.

What do we mean by a carer? Think about your own role within your family, do you undertake a caring role? What type of role is it? What tasks do you undertake? How would you describe yourself in that context?

Activity