

**THE SINGLE ASSESSMENT PROCESS AND
CROSS BOUNDARY WORKING**

GOOD PRACTICE GUIDE

West Midlands Regional Single Assessment Process Group

Cross Boundary Working and the Single Assessment Process

Good Practice Guide

This Good Practice Guide has been produced on behalf of the West Midlands Single Assessment Process Regional Group. It is based on the findings of the Cross Boundary Project about how the Single Assessment Process is being implemented in the West Midlands and the implications for working across geographical boundaries in the region. The findings are set out in the report of the Project (SAP & Cross Boundary Working Project Findings, October 2004).

Introduction

The Single Assessment Process requires a high degree of trust and co-operation between organisations and professionals: trusting one another's information and professional judgement, not duplicating what someone else has done, sharing information and trusting that it will be treated with respect, and collecting information that may be needed by other professionals more than oneself. Health and social care organisations and professionals have been working hard to develop shared values and effective joint working arrangements within their localities. This can be more difficult to achieve outside their localities, but with the high degree of cross boundary activity in the West Midlands the need for effective joint working with neighbours is imperative.

This brief guide sets out what localities can reasonably do to enhance effective joint working through the Single Assessment Process, and makes practical suggestions for moving towards greater commonality and standardisation in the region. The principles can be applied beyond the West Midlands region.

1. Understanding cross boundary flows

Cross boundary mapping is important for localities to identify the existence and scale of any local problem and who are the key neighbouring agencies with whom they need to reach agreement on working practices. The most common issues in cross boundary working are where patients are registered with a GP located outside the local authority area in which they live, or where patients receive inpatient or outpatient care from a hospital located outside the local authority area in which they live.

The first task is to understand the detail of your own cross boundary flows. You need to be specific, and quantify, for instance:

- Where do residents of your area go for hospital treatment?
- How many residents go to hospitals outside your area?
- Which hospitals do they go to?

- What percentage of patients in your local hospital are from outside your local authority area?
- Which local authorities are they from?

And similarly:

- Are many of your residents registered with GPs outside your area?
- How many?
- Which GPs are they registered with?
- What percentage of patients registered with your GPs live outside your local authority area?
- Which areas are they from?

This information is held by Primary Care Trusts, who are responsible for commissioning health services, and can be obtained from PCTs' Information Units. This information will help you to identify where you may have particular issues and need to concentrate your efforts.

Example: Solihull found that 24% of their residents were registered with non-Solihull GPs. Until they undertook this exercise the lead officers for the Single Assessment Process had no idea the proportion was so great. They were also able to identify which GPs these were. Now they can include those cross border GPs in discussions about the implementation of SAP.

Example: The Alexandra Hospital in Redditch (Worcestershire) receives approximately 25% of their patients from Warwickshire. Hospital staff responsible for implementing SAP will now be talking to Warwickshire social work teams as well as Worcestershire's.

2. A forum for discussion with neighbouring areas

The Single Assessment Process is about good joint working. If you had poor or non-existent relationships with neighbouring authorities before, this will be reflected in difficulties you experience in introducing SAP. This is the opportunity to look beyond your boundaries at neighbouring areas with whom you need to work in the interests of service users.

- Do you have an existing forum in which you can discuss SAP with your counterparts in neighbouring areas?
- Do you need to set one up?
- Can the forum be used by practitioners and front line staff, for instance to discuss the impact of any local differences on service users?
- Is there someone identified in your organisation who will be responsible for resolving problems and disputes if they arise?
- Is it clear with whom they will need to liaise?
- Do they have sufficient authority to deal with issues which may arise?
- Will they have the power to get changes implemented?

Example: Shropshire has set up workshops to discuss the Single Assessment Process with neighbouring Welsh authorities, as Wales is introducing a different system.

3. Understanding differences

Once you have identified your main cross boundary patterns you can find out what those neighbouring areas are doing with regard to SAP and how this differs from what happens in your area. For instance:

- Which health and social care staff are involved with SAP so far?
- Are they using the Contact Assessment as a Referral/Registration form?
- Are other professionals, such as Housing Officers, undertaking assessments?
- Do their Overview Assessments contain similar information to yours?
- Is there any major information you require which is missing?
- Are they using paper forms or electronic records?
- Are they developing Person Held Records?
- Does your Consent to Information Sharing agreement cover the same organisations and areas as theirs?
- How easy would it be for you to accept each other's documentation as it stands?
- What problems might this cause?

Example: Solihull and Heartlands Hospital in Birmingham have compared their respective SAP documentation and identified any missing information.

Example: In one area, staff in an Intermediate Care unit were copying out onto their own forms patient information from Contact Assessments they received from an Acute Hospital outside their area, in order to refer on to community services on the "right" forms. **How can you make sure this doesn't happen in your area?**

4. Making local agreements

Once you know which areas to concentrate on and what the likely problems might be, try to work together with your counterparts in those areas to address any likely difficulties and ensure that service users are not affected.

For instance:

- Can you agree to accept one another's documentation?
- Will there be any difficulties with this, for example, do others areas include all the information you require?
- Can you agree that hospital staff will only use one set of documentation, regardless of where the patient lives?

- Will there need to be any exceptions to this, perhaps to access some resources?
- Can the same be applied to GPs?
- Are there likely to be people who fall between the criteria for services in any area, for instance being ineligible for help from the local PCT because their GP is in another area?
- What arrangements can you make to ensure they receive the services they require, for instance getting the service provided by one organisation but paid for by another?
- Do you need to alert staff to local arrangements, for instance do home care staff know that the service user may be discharged from a neighbouring hospital with a different colour folder from the one they are used to?
- Do you need to inform service users of particular arrangements that might apply to their circumstances?
- Would it be helpful to produce local guidance for staff working across borders?
- Would a joint training programme with neighbouring areas be helpful?

Example: Staffordshire, Stoke, Shropshire and Telford and Wrekin have agreed within their Strategic Health Authority to accept one another's documentation.

5. Information sharing agreements

SAP is all about information sharing, and organisations are expected to have overarching information sharing protocols to conform with Caldicott Principles and the Data Protection Act. The Department of Health also recommends that beneath these there should be SAP specific information sharing protocols. Ideally these need to be agreed by all agencies involved in sharing information, not just those in your own local area.

- Has your organisation signed an Information Sharing Agreement with neighbouring organisations?
- Do you also have an Information Sharing Protocol specific to the Single Assessment Process?
- Do you need to agree this with organisations outside your immediate locality?
- Consider basing your ISP on the template produced by Solihull.

Example: Birmingham has included a section in their Information Sharing Protocol which covers sharing information with organisations which are not signatories to the Protocol.

6. Move towards greater standardisation with neighbouring organisations

The degree of variation across the region is very great, and it would be helpful for organisations to take steps to move closer together over time. This will become increasingly important with the implementation of the National Programme for IT and electronic patient records. We are not suggesting that local areas should change the systems and documentation they are already implementing, but as systems and forms come up for review this could be the opportunity for greater convergence.

As a minimum, the Current Summary Record needs to meet the Department of Health requirements set out in the guidance, as the Current Summary Record will be the principle vehicle for exchanging information. This includes Person Demographics, Others Involved, Older Person's Perspective of Current Needs, Clinical Background, Disease Prevention, Assessment of Individual Needs, Evaluation of Needs and Risks, Validated Tools and Scales Used, Summary of Current Care Plan, Additional Personal Information and Administrative Details (see Department of Health Guidance: Current Summary Record).

It is important for assessment forms and documentation to be capable of capturing all the information that might be required on an individual. Assessment forms should therefore include all the domains and subdomains specified by the Department of Health. This does NOT mean, however, that all questions have to be completed for each individual, only those relevant and appropriate to the particular assessment.

Set out below are some suggestions to consider when reviewing your documentation. They do not impose a particular format for SAP documentation in the region, but incorporating these suggestions as the opportunity arises will bring localities' systems closer together.

Contact Assessment

- The Contact Assessment should be the principal referral and registration document used by all agencies.
- It should replace, not add to, all other referral and registration forms in use.
- All the Person Demographic information specified by the Department of Health should be included.
- NHS number, date of birth and postcode information will be particularly important identifying information with the move to electronic records.
- Basic information on Others Involved, such as next of kin and GP, should be on the Contact not the Overview Assessment.
- Some information on presenting problem and reason for referral is essential.
- Although not specified by the Department of Health, information on services/help currently received would be useful as part of the basic information, (for instance, as included by EasyCare).
- Designing the Contact Assessment form as a simple template to be completed on screen or by hand, or used as a feeder form for inputting into an electronic system, enhances its compatibility with a range of different systems.

Overview Assessment

- The Overview Assessment should be a genuine joint record, bringing together health and social care needs information.
- It should allow space for factual and clinical information, such as diagnosis and blood pressure reading, as well as the person's own perspective on their situation.
- The Overview Assessment should contain sufficient information to replace non-specialist forms currently in use.
- There should be sufficient space for all relevant information to be recorded when necessary, without the expectation that assessors will complete all sections for every person assessed.
- A combination of tick boxes (or pick lists) and free text comments spaces should be used wherever possible, to collect both standardised and detailed information.
- Free text boxes without prompts should be avoided, otherwise essential information may be missed.
- Prompts for particular courses of action or referrals elsewhere are useful when incorporated into the assessment form.
- The assessment form should make clear who has completed or contributed to the form, and the date the information was provided.
- While paper systems are still in use, a simple update form (as included by some national tools) would allow the Overview Assessment to be updated without a new document having to be produced.

Care Plan

- A joint agency Summary Care Plan should be produced as part of an individual's Single Assessment Process documentation.
- The Care Plan should specify the objectives of the care or treatment being provided
- and how the support and services provided address current needs and risks.
- The Care Plan should list the support and services to be received, and name the service providers.
- It should include a timetable specifying when each service will be provided.
- There should be a review date specified
- and the name of the person responsible for reviewing the care plan.
- A copy of the Care Plan should always be given to the service user, whether or not Person Held Records are in use.
- Where a number of professionals are involved and the individual's needs are complex, one professional should be named as the care co-ordinator.
- The Department of Health recommends that organisations should agree local protocols on care co-ordination, including who should do it and the tasks involved.

Person Held Record

- All localities should consider introducing Person Held Records, as a means of sharing information about a person and empowering that person as the keeper of their record.
- If introducing Person Held Records for the first time, consider choosing an easily recognisable folder similar to those in use in neighbouring localities.
- Inform the Ambulance Service of the format and purpose of the record.
- As a minimum, the Person Held Record should contain a copy of the Contact Assessment, the Overview Assessment and the Care Plan.
- There should be a recent signed Consent to Share Information.
- It would be helpful if the Person Held Record contained instructions to the service user on its purpose, how to use it, and who might need to see it.
- It would be helpful for an Emergency Action or Contingency Plan to be clearly located in the record.
- A table of contents and separate section dividers would also be helpful.
- It is recommended that there should also be sections for summaries of any specialist assessments, and sections for service providers' notes.
- For it to be a true Person Held Record the information contained should remain with the service user, even if the service is no longer being provided.
- A system will need to be agreed with the service user for updating the Person Held Record.
- It is recommended that the use of Person Held Records is formally evaluated with service users and professionals.

7. Adopt Agreement on Cross Boundary Working

We hope you will get your local organisations to adopt the regional agreement on cross-boundary working, as this is intended to help develop consistency and standardisation of approach across the region.

The agreement, which is set out at the end of this Guide, provides a framework for organisations and SAP communities in the West Midlands to adopt a common approach to the Single Assessment Process, and to clarify and agree with partner organisations how the Single Assessment Process will operate across boundaries.

8. Move beyond the documentation

Finally and most importantly, concentrate on the practice issues in your locality. The Single Assessment Process is not about the kind of forms you fill in, but about delivering person-centred care. The documentation is only the means of recording and sharing information, in order that people can get the help they need.

In implementing SAP in the region there needs to be much more emphasis on:

- processes rather than paperwork, looking at how people access help;
- on care pathways, how information on needs leads to the provision of the appropriate care service or treatment;
- on care coordination, ensuring that older people's ongoing needs continue to be met appropriately.

A strong commitment by everyone to good working practices through the Single Assessment Process, rather than any particular form of documentation, will go a long way to helping overcome any difficulties in working across boundaries.

**AGREEMENT ON CROSS-BOUNDARY WORKING AND INFORMATION
SHARING BETWEEN ORGANISATIONS IN THE WEST MIDLANDS
RESPONSIBLE FOR IMPLEMENTING THE SINGLE ASSESSMENT PROCESS**

This note sets out the agreement between organisations involved in implementing the Single Assessment Process for Older People in the West Midlands concerning joint working and information sharing across geographical boundaries.

It provides a framework for organisations and SAP communities in the West Midlands to adopt a common approach to the Single Assessment Process, and to clarify and agree with partner organisations how the Single Assessment Process will operate across boundaries.

This Agreement is between.....

A. To promote a common approach to the implementation of the Single Assessment Process in the West Midlands region, *[signatories to this Agreement]*:

1. Are committed to meeting the national requirements for the Single Assessment Process set out in the Department of Health guidance, and making person centred care a reality for those who use and deliver the service.
2. Aspire to implement the Single Assessment Process across all health and social care settings and for all services to older people within their responsibility.
3. Are committed to ensuring that all staff involved in the Single Assessment Process receive appropriate levels of training in assessment, joint working and information sharing.
4. Are committed to designing and implementing processes for the delivery of SAP that are understandable and appropriate for service users and not unduly onerous for staff.
5. Aim to ensure that their SAP processes involve older people meaningfully and promote the delivery of person centred care.
6. Will work towards the development of Person Held Records as a means of empowering older people and sharing information between professionals appropriately.
7. Will work together to influence the National Programme for IT and the local service provider in the development of the electronic care record and the incorporation of the Single Assessment Process within this.
8. In the meantime will work towards convergence of paper based systems and records over time by ensuring that when current documentation or processes

are due for review, any changes made will be consistent with Department of Health requirements and regional guidance on best practice.

9. Will support and implement the accompanying Good Practice Guide to Cross Boundary Working produced by the ADSS Older Persons Network Regional SAP Group.

B. To ensure effective implementation of the Single Assessment Process across borders, *[signatories to this Agreement]*:

1. Will take the necessary steps to map cross border flows of patients and service users and identify those likely to be affected by different systems.
2. Will gain an understanding of the systems in use in neighbouring areas and implement local joint working agreements where cross border flows are significant.
3. Will accept one another's Single Assessment Process documentation on the basis that it meets the national minimum domain requirements.
4. Will not require professionals to complete duplicate assessments or records to meet the needs of different Single Assessment Process systems.
5. Will ensure that no delays in assessment or in the provision of treatment or services result from differences in processes and documentation between areas.
6. Will implement a SAP specific Information Sharing Protocol beneath a general overarching protocol, as recommended by the Department of Health, and ensure that it is agreed with the main cross border organisations.
7. Will have named individuals within each SAP community responsible for liaising with colleagues in neighbouring authorities, implementing joint working agreements, resolving problems and utilising local disputes mechanisms.