



Developing trusted assessment schemes: 'essential elements'

July 2017

Through the use of a trusted assessor, we can reduce the numbers and waiting times of people awaiting discharge from hospital and help them to move from hospital back home or to another setting speedily, effectively and safely. This guide describes how local systems could implement trusted assessment. It is for each local system, including all parties involved in a trusted assessor scheme, to agree how that scheme will operate and be funded and implemented.

Many people wait too long for discharge from hospital resulting in poor experience of the health and care system and poorer outcomes. In recognition of this, the 2017-19 *Integration and Better Care Fund policy framework*¹ requires, as a national condition of funding, that all local health and care systems implement the high impact change model for managing transfers of care between hospital and home – a self-assessment tool to support system-wide improvements in transfers of care. The high impact change model was developed by the Local Government Association, the Association of Directors of Adult Social Services, NHS England and NHS Improvement, and includes the implementation of trusted assessment schemes as one of its key changes to improve discharge delays.

Trusted assessment is a key element of best practice in reducing delays to transfers of care between hospital and home. It is also a key deliverable for local health and care systems as described in *Next steps on the NHS five year forward view*. There are several types of assessment that may be carried out by a trusted assessor and each brings its own challenges and concerns. This document describes the key principles that would apply to all models of trusted assessment. In Appendix 1 we list the different types of assessment which could be undertaken by a trusted assessor.

Trusted assessment schemes do not remove or replace statutory responsibilities. It is therefore essential that those who hold statutory responsibilities related to assessment – for example, assessments under the Care Act or preadmission assessments for registered providers – are involved in the design of schemes in their local area from the outset. This includes both commissioners and providers of adult social care and continuing healthcare and equipment and adaptations services, as well as representatives of the relevant services

¹ www.gov.uk/government/publications/integration-and-better-care-fund-policy-framework-2017-to-2019

and practitioners who will be involved. Where local schemes are agreed, funding arrangements and local confidence in the provider of trusted assessment are critical. It is essential that those who are placing their trust in others to undertake assessment on their behalf are confident that the risks, costs and local market are sufficiently understood, and that assessors are sufficiently skilled.

Assessment under trusted assessor schemes is likely to be distinct from the determination of eligibility for adult social care services, and from financial assessment to establish charges to be levied. Each local system will need to consider how its trusted assessment scheme interfaces with the determination of eligibility and financial assessment, in line with the care and support statutory guidance, as well as the establishment of ordinary residence (and, where relevant, the responsible commissioner under the NHS *Who pays?* guidance).

This guide refers to hospital discharge and the section of the care pathway after a patient is deemed medically fit for discharge, although it is acknowledged that in local areas, partners may agree to use trusted assessment in other situations.

It should always be remembered that the use of a trusted assessor does not negate any other guidance or good practice. It is especially important to ensure that patient choice and family/carer views are properly taken into account.

This guide sets out the core criteria that need to be in place for a trusted assessment scheme and a suggested checklist that local systems can consider when developing their local schemes.

Core criteria for trusted assessment

Trusted assessment models will vary from system to system depending on local characteristics. However, there are a set of core criteria which will underpin successful schemes:

- Trusted assessment is carried out by a trusted assessor who is authorised by the parties involved to carry out a trusted assessment on behalf of others.
- All organisations involved in the trusted assessment scheme (ie both organisations intending to carry out trusted assessments **and** those who will provide the care) should co-design and agree the process for the trusted assessor to follow. This should be a streamlined and simple assessment process.
- Some registered providers may not agree to use the trusted assessment scheme within their local area. This is a legitimate position for them to take regardless of what trusted assessor process is in place. Providers who decline to join a trusted assessment scheme should not be penalised for doing so.
- Patient experience and feedback should be used in the design of the trusted assessment process, and feedback from patients going through the process should be regularly collected to review and improve it.

- It is imperative that there is a clear and rapid route for challenge, escalation and resolution of problems or issues raised by any parties involved in the trusted assessment scheme. Failure to implement this is likely to result in a breakdown of trust. Any such disputes should be resolved as soon as possible and within a locally agreed timescale. For example, the Discharge to Assess service in Medway will provide additional staff to a residential home if it takes a patient as a result of a trusted assessment that proves to have underestimated the patient's needs. This kind of concrete support/action is what will be required here.
- A competency profile for the trusted assessor should be agreed by all participating organisations.
- There should be a clear projection of the number and types of assessments that might be suitable for a trusted assessment service, the impact this should have on reducing length of stay and delayed transfers of care (DTOCs), and an agreed ambition for the system. Metrics tracking the number of assessments being made by trusted assessors, the locations to which patients are transferred, the number of unsatisfactory transfers, reasons for these and what resolved them, should be collected on a monthly basis and the impact on length of stay and DTOCs regularly reviewed.
- All of this should be captured in a memorandum of understanding among all participating organisations which explains the agreed service against the criteria above. Organisations involved with developing and supporting a trusted assessment service are likely to include local authorities, clinical commissioning groups, NHS trusts and foundation trusts, and care home and home care providers.

Trusted assessment implementation checklist

Consider the strength and maturity of relationships and trust between local health and social care commissioners and providers, and agree any steps to be taken to support improved trust and relationships as part of plans to develop and implement a trusted assessment service

- Shared ownership of risk requires positive, trusting relationships across health and social care systems and between commissioner and provider organisations.
- In many areas there will be a provider forum of some sort. This is likely to be an excellent place to start discussions and involve independent sector providers in coming to a viable solution from the outset. Where there is no local provider forum, local systems may wish to seek out potential willing participants among care home and home care providers via local commissioners, national associations or the Care Quality Commission (CQC) website.

Bring all stakeholders together to begin the co-design process

- For the assessment and the assessor to be trusted, all stakeholders need to be involved in designing and developing the role and the agreed process/procedures.

Establish a set of common/shared objectives for the trusted assessment service

- This should include a description of the target population, and all participating organisations should commit to the objectives of the scheme, with shared responsibility for their achievement.

Ensure there is an end-to-end process for patient and carer involvement

- Trusted assessment is ultimately a tool to support better patient and carer experience and outcomes. Patients and carers should be involved in the design of the service and ongoing review.

Consider how others have developed the service as part of your discussions

- Looking at successful trusted assessment systems elsewhere will be useful and may provide guidance for your local service. See below for two examples:
- <https://improvement.nhs.uk/resources/lincolnshire-care-home-trusted-assessor-project/>
- www.nhs.uk/NHSEngland/keogh-review/Documents/quick-guides/background-docs/1-south-warwickshire-D2A-model.pdf

Agree what kinds of assessment will be included in the service

- The term 'assessment' is used for a variety of assessments, so to avoid confusion and help with compliance each local system should state exactly what assessments are included in the local scheme (see Appendix 1 for examples).

Co-design a streamlined process end to end

- Review the process from end to end to identify any delays and their causes. Scrutinise all paperwork and remove duplication. If possible, agree a generic assessment process for multiple services and purposes.
- Systems should also look at the whole patient journey rather than only one particular point of assessment.

Agree who can be a trusted assessor

- Consider if it is essential that the service requires a social worker, clinician or a therapist to carry out the assessment. It is likely that in the majority of cases this will not be the case and a wider staff group can be considered for the role. A clear competency framework will be essential.

Agree competencies and put in place training requirements

- You will need either to have an agreed competency framework that potential assessors can be measured against and/or a training programme to bring assessors up to the required competency, including an understanding of local care home and home care service provision. Encouraging assessors to work alongside, and familiarise themselves with, the home care and care home providers that are parties

to the scheme is likely to aid the development of the required trust. **Systems need to assure themselves that anyone acting in a trusted assessor role is occupationally competent.**

- Once competencies and knowledge requirements for a trusted assessor have been agreed, these can be checked against existing role profiles to identify gaps. This will inform any training plan.

Build clear frameworks and a feedback loop/hotline into the model

- A good service will take a person-centred approach and support each person to achieve the outcomes they wish. This may mean working in new and different ways, and may sometimes involve taking risks – for example, trying to get someone home from hospital even if they are very frail. The trusted assessor needs to be supported by a clear risk-taking framework, agreed by all the partners involved in the service. This will be done in discussion with the patient and their family, with clear contingency plans for any identified risks.
- If the service on whose behalf the trusted assessor is working believes an assessment is inaccurate, they must have a quick and easy route to discuss and resolve the concerns. This could involve, for example, a hotline to another more experienced colleague or manager with an agreement to find alternative or additional support when needed.
- Establish an open/transparent problem/dispute resolution process, agreed by all parties involved in the scheme.

Agree metrics to be used to monitor how the service is operating and its impact

Such as, what percentage of those going home would be expected to be assessed by a trusted assessment service? What proportion of these should have no ongoing support? When will this be hospital or service wide? What percentage of discharges or admissions will have a trusted assessment?

- What effect should this have on delayed transfers of care and length of stay? Is patient feedback positive? Is professional feedback positive?

Agree where the service can be put in place quickly

- Establishing trust between organisations and individuals can take time so start small with one ward or service and gradually roll out further, but do have a clear timeline for further rollout into other services or settings.

Appendix 1

Potential areas where trusted assessment may bring benefits

1. Transfer of patients back to an existing support package including home care or care in a care home

This is perhaps the easiest area to explore, and systems may well want to start here. This is because it is less likely that there will be eligibility or funding issues. Also, the provider already knows the person and as a result may see less risk in trusting a third party assessment. This is not to say that the work should not be carried out to an appropriate level. The provider will need enough information to assure itself that a return is appropriate.

As described in this guide providers will need to be involved in developing the service. It may be appropriate to start with providers who regularly take a significant percentage of people straight from hospital.

Independent care sector providers are not obliged to accept a trusted assessor's view and can always opt to carry out an assessment themselves. This is still the case even if they have been involved in the co-design of the process, although obviously this is less likely. If this starts to happen on a regular basis, parties to the scheme may wish to monitor the reasons for this.

2. Transfer of patients to an interim support package, eg reablement or intermediate care

Again, this may be a good place to start as new long-term funding is not being committed. The model will be slightly different depending on the make-up of the interim provision.

Trusted assessment should be part of a good discharge to assess approach because it facilitates timely and proportionate assessment. Consistent and reliable access to flexible and appropriate support for people returning home enables trusted assessment to work.

3. New admissions to a care home and new packages of home care

NB: permanent admissions to a care home direct from an acute setting will be inappropriate for most patients. This will be especially so if a discharge to assess service is available.

“In this scenario it would be essential for the assessor to have knowledge of the person concerned and of the care home or home care service available and the trusted assessment would only take place after a needs assessment to inform eligibility by the council and funding decisions have been made, the person has had full information and advice, is able to make informed decisions and the Mental Capacity Act is complied with if they lack capacity to make those decisions.” Lincolnshire health and social care system came up with a co-designed solution that satisfies CQC requirements and avoids the delays associated with waiting for individual care homes to assess. The local care association employs two people to carry out assessments on behalf of the care homes it represents. For more details see the

case study in NHS Improvement resources. East and North Hertfordshire care home vanguard is piloting a similar model.

This may be the preferred option for many independent care providers but it is not the only option. It is possible for assessors, not directly employed by the provider, to carry out a trusted assessment on their behalf.

The CQC staff guidance supports this approach as long as it meets the requirements as outlined in Regulation 9. In essence, this says the receiving independent care sector provider must have good reason to believe the assessment is accurate. If the assessor is employed and trained by them, that condition is highly likely to be met. It can also be true where an assessor is employed by another organisation, eg the acute trust or local authority. This will only be so if the provider concerned has reason to trust the assessment, and being involved in the design and development of the service will go a long way towards achieving this goal.

www.cqc.org.uk/guidance-providers/regulations-enforcement/regulation-9-person-centred-care

4. Assessments under the Care Act

In most cases this will not be necessary as, whenever possible, we do not want to undertake these assessments in an acute setting and the patient's condition is usually not stable or they have not yet reached their peak level of independence. However, if the system is experiencing delays in getting such assessments completed, a trusted assessor service might be appropriate. The Care Act is clear as to who can carry out an assessment and this guidance should obviously be followed. The competence of the trusted assessor will need to be considered.

The trusted assessor may collect the necessary information and make a recommendation, but it is highly likely that someone within the local authority will have to formally sign off the assessment. It is recognised that both an eligibility determination and a financial assessment will also need to be carried out, and this will need to be considered when developing such a service.

5. Assessments for occupational therapy equipment

The Royal College of Occupational Therapists provides clear guidance on how to and who can do this. This is also restricted to certain items of equipment. See below:

www.cot.co.uk/sites/default/files/public/Competence-framework.pdf

Myth busting – trusted assessment is:

- **Not about forcing trusted assessment on systems** If your system does not have delays in discharge caused by delays in assessment you may not need to develop a trusted assessor approach.
 - **Not about forcing trusted assessment on providers** A provider cannot be forced to take a trusted assessment and in any event, they should be part of its development or it will not work.
 - **Not about costing more** In fact, trusted assessment could be free if you use existing resources, or relatively inexpensive if you share the costs between several organisations.
 - **Not about moving costs from health to social care or vice versa** Trusted assessment is not meant to change the outcome, just to speed it up.
 - **Not about denying people a full assessment** The assessment should be as detailed as is necessary to reach the next stage.
 - **Not about slowing up the process** Trusted assessment is meant to speed up the process. If it does not, it is being done wrong.
 - **Not about moving people home from hospital without the right support and without their consent or a best interest's decision** The laws and guidance still apply as they did before.
 - **Not about transfer of responsibility** If a trusted assessment is carried out on an organisation's behalf, that organisation is still responsible for both the assessment and the outcome.
 - **Not about discharging people from hospital before they are clinically ready** A trusted assessment comes in when the system needs speeding up, but not sooner than is appropriate.
-

Other supporting material

- NHS Improvement: Rapid Improvement Guide on Trusted Assessment: <https://improvement.nhs.uk/resources/rapid-improvement-guide-trusted-assessors/>
- NHS England quick guide: Discharge to Assess. www.nhs.uk/NHSEngland/keoghreview/Pages/quick-guides.aspx
- NHS England quick guide: Improving hospital discharge into the care sector.
- Lincolnshire model. <https://improvement.nhs.uk/resources/lincolnshire-care-home-trustedassessor-project/>
- Sheffield Teaching Hospitals NHS Foundation Trust and Sheffield Hallam University [two-day generic assessor course](#)
- Care Act guidance
- CHC, discharge guidance, etc.
- www.local.gov.uk/our-support/our-improvement-offer/care-and-healthimprovement/systems-resilience/high-impact-change-model