

Guidance: Trusted Assessors

Requirements when people are discharged from hospital to adult social care services under 'Trusted Assessor' schemes

Summary	2
Guidance	2
1. What is the 'Trusted Assessor' approach?	2
2. Who are 'Trusted Assessors'?	2
3. What are 'Trusted Assessor' agreements?	3
4. Can the 'Trusted Assessor' approach be used in all adult social care services?	4
5. Does the person have to be known to the adult social care service?	4
6. What are the legal requirements for 'Trusted Assessor' assessments and plans?	5
7. Should Adult Social Care services be accepting discharges seven days a week Under 'Trusted Assessor' agreements?	5
8. Does the 'Trusted Assessor' approach mean adult social care services do not have to undertake their own assessment and risk assessments after a person has been discharged to their service?	
9. Can Adult Social Care services 'adopt' the discharge care plan drawn up by a 'Trusted Assessor'?	6
10. When should Adult Social Care services adopt the discharge care plan provided by the NHS 'Trusted Assessor'?	6
11. What should an adult social care service do if they lack or lose confidence in proposed or existing Trusted Assessor agreements?	6
Appendix 1: Further Guidance	8

Summary

'Trusted Assessor' schemes are a national initiative designed to reduce delays when people are ready for discharge from hospital. It is based on providers adopting assessments carried out by suitably qualified 'Trusted Assessors' working under a formal, written agreement.

Research has shown that delayed discharges can have a significant negative impact on people's well-being. There are also risks associated with premature or poorly planned discharges.

Assessments and care planning can be undertaken by Trusted Assessor schemes in a way that meets both people's needs and legal requirements on providers. Schemes must be set up robustly to achieve this; it is vital that participants have confidence in them.

We have produced guidance setting out how Trusted Assessor agreements can be set up to meet people's needs and legal requirements. It includes guidance on what should happen when adult social care services have concerns that inappropriate discharges are being made.

1. What is the 'Trusted Assessor' approach?	The 'Trusted Approach' approach is an initiative driven by the NHS to reduce the number of delayed discharges. The underlying principle of the approach is to promote safe and timely discharges from NHS Trusts to adult social care services.
	The new approach allows adult social care providers to adopt and use assessments carried out while people are still in hospital, as long as the assessment was made under a suitable 'Trusted Assessor Agreement.'
2. Who are 'Trusted Assessors'?	'Trusted assessors' must have the qualifications, skills, knowledge and experience needed to carry out health and social care assessments, and to formulate plans of care on behalf of adult social care providers.
	Providers must be confident that Trusted Assessors understand the needs their service can meet, and that the discharges to their service they arrange will be appropriate.
	Trusted Assessor accountability and employment arrangements vary. They can work for local provider

Guidance

	organisations, hospital trusts, or under collaborative arrangements. Specific employment and accountability arrangements must be set out in Trusted Assessor agreements.
3. What are 'Trusted Assessor' agreements?	'Trusted Assessor' agreements can take a variety of forms. For example, they can be a co-designed memorandum of understanding between NHS Trusts and adult social care providers. This memorandum of understanding will include agreed protocols on who carries out assessments, what competencies are required, and what review mechanisms are available. Protocols can include a co-designed assessment form that will be accepted by all participating adult social care services. Trusted assessor agreements can be reached with groups of care providers. In other cases they may involve commissioning bodies such as local authorities. However, there are underlying principles that must be adhered to in all agreements devised.
	While adult social care providers can enter into agreements in a variety of ways, they will always retain responsibility for meeting legal requirements in relation to assessments and care plans. This means that they will need to have complete confidence in the agreement and the ability of the other participants to properly fulfil the obligations involved.
	 All agreements must be in writing and available for CQC to inspect in the NHS Trust and participating adult social care services. Agreements must involve the NHS Trust that will be discharging people, and the adult social care service(s) that will be accepting them.
	 Agreements must identify the registered persons involved, and copies of the agreement and its specific terms must be available to staff involved in assessing and delivering care.
	 Agreements must be time limited and subject to review, so that all parties, including people using the services involved, can be confident that the arrangements enable care needs to be met effectively.
	 Agreements must set out that accepting adult social care service providers will formally adopt assessments of need prepared by Trusted Assessors. The process of adoption must be

	recorded in every individual care plan, and the agreement must refer to this step.
	 Agreements must specify whether discharges can occur outside of normal 'office' hours, including at weekends.
	 Agreements must include information on how and when the discharge care plan and assessment is provided to the adult social care provider. Information must be included on the actions adult social care providers can take if a person is discharged to their service without receipt of the discharge care plan and assessment.
	 Agreements must specifiy contact details for the NHS Trust and participating adult social care provider, so that following discharge, lines of communication are available for both parties to discuss any relevant issues and questions.
4. Can the 'Trusted Assessor' approach be used in all adult social care services?	Yes. The approach can be used by all adult social care services and settings to promote safe and timely discharges from hospital. This includes care homes, domiciliary care agencies, hospices, and providers of care to people living in extra care and supported living schemes.
5. Does the person have to be known to the adult social care service?	No. The person can be new to the service. For example, a person is unable to return home after treatment and needs to move to a nursing home. Under the 'Trusted Assessor' approach, the nursing home provider has authorised hospital trust ward staff to carry out a needs assessment and to create a care plan on their behalf. Nursing home staff do not need to complete their own medical assessment before discharge, although in some cases supplementary assessment may be necessary before a person can be admitted to a particular service. The adult social care provider will need to specify when supplementary information will be required. The approach can also be used for people who require short term respite care or rehabilitation.
	People being discharged under Trusted Assessor schemes can also be known to participating adult social care services. For example, they may have been admitted from a care home to an NHS Trust and be ready for discharge back.

- 6. What are the legal requirements for 'Trusted Assessor' assessments and plans? Trusted Assessor' are provider to meet the requirements of Regulations 9, 10, 11 and 12 of the Health and Social Care Act 2008 (Regulated Activities) 2014 (and all other relevant legal requirements). They must therefore meet the following specific requirements:
 - The discharge care plan must include an assessment of the person's health and social care needs.
 - Risks associated with the person's care needs must be assessed. Care plans must show how risks will be mitigated and managed by the accepting service.
 - Specific risks associated with the transition from the more intensive care available in a hospital to the chosen care home or care provider must be considered and addressed.
 - The Trusted Assessor must discuss the discharge care plan with the person themselves (or a 'relevant person' where they are under 16 and not legally competent to give consent). Valid consent to the planned care must be given and recorded.
 - Where a person over 16 lacks mental capacity to make decisions about their care, the Trusted Assessor, hospital managers and other relevant persons and organisations must follow the requirements of the Mental Capacity Act 2005 when making best interests decisions about the proposed discharge. This includes when they think that it is in the person's best interests to be deprived of their liberty so that they can get the care and treatment they need.
 - The person must be medically ready for discharge before any needs assessment can be adopted by an adult social care provider.
- 7. Should Adult Social Care services be accepting discharges seven days a week Under 'Trusted Assessor' agreements?

The purpose of the Trusted Assessor approach is to prevent unnecessary delays in hospital discharges. Providers can still undertake their own assessments when they are able to do so in a timely way. Trusted Assessor agreements need to specify the circumstances when they will be used, and whether discharges can occur outside of normal 'office' hours, including at weekends.

	Where agreements allow discharges 'out of hours' and at weekends, accepting social care providers must be completely confident that their service has the staff it needs to accept Trusted Assessor referrals, or has the means to call on additional or relevant specialist staff at short notice, as needed. On call arrangements must enable staff on duty to get rapid support if they need it.
8. Does the 'Trusted Assessor' approach mean adult social care services do not have to undertake their own assessment and risk assessments after a person has been discharged to their service?	No. Providers are required to meet the requirements of Regulation 9, 10, 11 and 12 of the Health and Social Care Act 2008 (Regulated Activities) 2014 (and other relevant legal requirements) at all times. Assessments of need and plans of care are not static, unchanging instruments. They must be reviewed and adapted in response to changing needs and preferences on a continuous basis. This includes keeping assessments of risks to the health and safety of people, and what must be done to mitigate any risks, continuously up to date. Where services are able to undertake their own timely assessments before a person is discharged from hospital they can of course do so outside of Trusted Assessor arrangements.
9. Can Adult Social Care services 'adopt' the discharge care plan drawn up by a 'Trusted Assessor'?	Yes. Trusted Assessors undertake assessments and planning on behalf of the adult social care provider, and have been authorised to do so under a written Trusted Assessor agreement.
10. When should Adult Social Care services adopt the discharge care plan provided by the a 'Trusted Assessor'?	Immediately. They then keep the assessment and plan under continuous review, updating assessments and care plans as needed, in the normal way.
11. What should an adult social care service do if they lack or lose confidence in proposed or existing Trusted Assessor agreements?	The requirements of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014 in relation to assessments, care plans and consent must be met at all times. If providers are not confident that a proposed Trusted Assessor agreement will enable them to meet these requirements they should not enter into it. Where providers lose confidence that an existing Trusted

Assessor agreement is enabling them to meet legal requirements they should discuss this with the other partners to the agreement urgently, with a view to resolving the problems being experienced. If this cannot be achieved they should withdraw from the agreement.

Registered providers remain responsible for ensuring that assessment, care planning and consent requirements are met at all times. Agreements must never require or lead to services to providing care to people who have needs they cannot meet.

Agreements must say:

- What will happen when a provider is concerned about not being able to meet a person's needs after a discharge, and enable a rapid and appropriate response, for example through readmission to the hospital or transfer to another setting able to meet their needs.
- How a provider will raise concerns about how an agreement is operating. Agreements must also include time limits and agreed response times to any concerns.
- How a provider can withdraw from an agreement they have lost confidence in.

Providers should only enter into Trusted Assessor agreements if they are confident that referrals will be appropriate and based on sound knowledge of their service and the needs it can meet. They must also be confident that the participating NHS Trust will respond to any concerns promptly, including through making appropriate arrangements for the discharged person when needed.

Inappropriare referrals should not occur under Trusted Assessor arrangements, hence their title. Trust and confidence between all of the participants involved in agreements is a crucial element. Some Trusted Assessor arrangements have successfully included 'hotline' arrangements for use by providers with concerns about discharges that they know will always be responded to.

CQC can and will look at concerns about Trust performance under Trusted Assessor arrangements.

Appendix 1: Further Guidance

NHSI web page including TA guidance and FAQs: <u>https://improvement.nhs.uk/resources/developing-trusted-assessment-schemes-essential-elements/</u>

NHS England quick Guide on improving hospital discharges to care homes: <u>http://www.nhs.uk/NHSEngland/keogh-review/Documents/quick-guides/Quick-Guide-Improving-hospital-discharge-into-the-care-sector.pdf</u>

A report of investigations into unsafe discharge from hospital (May 2016): <u>http://www.ombudsman.org.uk/reports-and-consultations/reports/health/a-report-of-investigations-into-unsafe-discharge-from-hospital</u>

NHS England. Delayed Transfers of Care Data 2016-17: https://www.england.nhs.uk/statistics/statistical-work-areas/delayed-transfers-ofcare/2016-17-data/