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Guidance Module 2

Trusted Assessor for Hospital Discharge For Adults



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1. Trusted Assessor roles/function

This guidance module provides information to support the development of trusted assessor roles and functions to support hospital discharge. The trusted assessor role/function for this guidance module is to undertake a “proportionate” assessment, with the person, and/or their families and unpaid carers to enable the person to be discharged from hospital to the next stage of their care journey. This guidance should be used in conjunction with Guidance Module 1. Organisational Agreements which details the organisation governance arrangements required to be in place to support good practice.

For the purposes of this document:

A Trusted Assessor role is defined as:

A specific role, with the associated skills and competence, to undertake a proportionate assessment on behalf of another organisation to support a discharge from hospital to the persons next stage in their care journey.

A Trusted Assessor function is defined as:

A professional trained, with the associated skills and competence, to undertake a proportionate assessment on behalf of another organisation to support a discharge from hospital to the persons next stage in their care journey as part of their current role.

A Proportionate Assessment is defined as:

An assessment which is proportionate to the request and/or the presenting need, recognising that the location it is undertaken may not be the best place to fully understand the person’s needs and support networks.

The proportionate assessment undertaken in a hospital/ inpatient location should focus on all the needs to enable the person to return home or next stage of care. More comprehensive, or specialist assessments should be undertaken in the person’s own environment. This is in alignment with both the Social Services and Well-being (Wales) Act 2014¹ and the Discharge to Recover then Assess (D2RA) Pathways² relaunched in Wales on 6 December 2022.

This guidance requires any hospital-based health or care professional to tailor their assessment to be proportionate and necessary in order to facilitate the next stage of care. Further, more comprehensive assessments will be more effective if undertaken once the person is in their own home.

When acting in a Trusted Assessor role on behalf of the local authority. The assessment will be undertaken as part of the Social Services and Well-being (Wales) Act 2014 requirement to assess a person's need for care and/or support.

The accompanying Part 3 Code of Practice (Assessing the Needs of Individuals) confirms people's right to an assessment and that:-

“The assessment undertaken should be proportionate to the request and/or the presenting need. Therefore, a local authority must enable practitioners to provide an assessment process that reflects the extent of the care and support needs being presented, such that the depth and detail of the assessment and care and support planning process is appropriate to the individual's needs.”

An assessment can be undertaken proportionately or require a more comprehensive approach. This guidance focuses on the initial stage, a proportionate assessment.

The principles for this approach are provided in the WG Trusted Assessor Role Guidance released on 21 December 2022.³ Principles applied must include the gathering of information as part of the person's hospital inpatient stay, relating to the next stage of care, required for effective safe and timely discharge. This should be undertaken using the approach of proportionality, positive risk taking, and a strengths-based approach taken in partnership with the person.

Discharges using this approach will be supported by short-term enabling services, such as Reablement, and will be subject to review, within a maximum of 4 – 6 weeks, to ensure any other actions required are undertaken. Where, following a review, a more comprehensive assessment is required it is undertaken when the person has been supported to recover.

The Trusted Assessor role/function aligns with the Discharge to Recover then Assess (D2RA) Pathways relaunched in Wales on 6 December 2022, promoting discharge with an enabling approach, such as Reablement, prior to any assessment for longer term care and support following a period of recovery.

2. Why develop Trusted Assessor roles/function?

The main benefits of developing the Trusted Assessor role/function are to achieve better outcomes for people by discharging them, with a proportionate assessment, to short-term enabling services and reducing delays in hospital transfers of care.

Evidence shows intermediate care and reablement models of care do support people to achieve better quality of life outcomes. This evidence underpins the NICE guidance for Reablement and Intermediate Care.⁴ Most people require less ongoing care after intermediate care, including reablement, and live independently for longer in their own homes.

Professor John Bolton,⁵ reports delayed transfers of care for older people from acute hospitals can be reduced when there is less focus on assessment (for longer term care) at the point of discharge and more on recovery.

The report goes on to note that there are several key considerations when planning and designing services for discharge:

- Having a good understanding of the patterns of demand so that, at the point of discharge, a range and sufficient supply of the required services is readily available, including some residential intermediate care beds as well as support in the community.
- Many delays are caused by individuals waiting for an “assessment”. Those planning discharges should always consider whether an assessment in hospital is the best place and whether many of the important aspects of an assessment could more effectively take place in a setting outside hospital – preferably at the person’s own home.
- As the needs of some people are frequently overestimated by some professionals at the point of discharge, a more timely and systematic mechanism is needed that identifies people who, when in the community, require less or no further support.
- The services that should be available at the point of discharge should in most cases offer short-term help that focuses on supporting recovery and recuperation. These services must involve therapists, nurses and care workers, all of whom share the outcomes focus.

The trusted assessor role/function is to only undertake the level of assessment in a hospital setting proportionate to support the move to the next stage in the person care journey and supports the view that “many of the important aspects of assessment could take place in a setting outside of hospital, preferably at the persons own home.”

Good practice would result in many aspects of the assessment which are currently carried out in a hospital setting, being deferred until the person has had time to recover at home or in a short-term setting. This approach supports a “proportionate” level of assessment in a hospital setting undertaken by a suitably skilled and competent person, the Trusted Assessor.

While there are a small number of situations that do require a more comprehensive assessment in a hospital setting, such as when an older person may be being placed in or returned to an abusive situation or where a person’s health and or social care needs are very complex and require more specialist attention. These should be low in number. Trusted Assessor roles or professionals undertaking this function must have the knowledge and competence to identify any safeguarding⁶ concerns and take appropriate actions.

More detailed consideration must be given to the suitability of proportionate assessments where a person lacks or has fluctuating mental capacity. The Mental Capacity Act 2005 and accompanying Code of Practice,⁷ covering England and Wales, provides a statutory framework for people who lack capacity to make decisions for themselves. It sets out who can take decisions, in which situations, and how they should go about this.

Any proportionate assessments undertaken in respect of a Trusted Assessor agreements between organisations must comply with the requirements of the Mental Capacity Act, including deprivation of liberty guidance⁸. Organisational Agreements must set out the Trusted Assessor approach where arrangements will bring the person within the scope of Deprivation of Liberty Safeguards.

Proportionate assessment will use a strengths-based approach, enabling positive risk taking. Individual professional disciplines will have approaches suitable to support this approach such as the Royal College of Occupational Therapists, Embracing risk; enabling choice⁹

3. Minimum requirements for a proportionate trusted assessment

In the context of this document, proportionality goes to the question of how wide and deep the assessment ranges. To decide what is 'proportionate' would include the level of information required to support the person to achieve the next stage of care on their care journey. This must be done with the person, their families and unpaid carers via a "what matters to me conversation" or where individual circumstances require in line with the Mental Capacity Act.

Proportionate assessments must consider the five elements of the assessment.

As part of the conversation with the person, the practitioner should:

- assess and have regard to the person's circumstances.
- have regard to their personal outcomes.
- assess and have regard to any barriers to achieving those outcomes.
- assess and have regard to any risks to the person or to other persons if those outcomes are not achieved; and
- assess and have regard to the person's strengths and capabilities.

This should seek to identify and recognise any unpaid carer roles and responsibilities.

4. Outcomes

The Part 3 Code of Practice (Assessing the Needs of Individuals) sets out the requirements for results of an assessment. It states:-

"In all cases the record of the assessment must include an explanation of how the recommended action will help meet the identified outcome or otherwise meet needs identified by the assessment. This is the responsibility of the assessor, not the person being assessed. This applies to those needs which are to be met through the provision of care and support and those met through community based or preventative services, the provision of information, advice and assistance, or by any other means. A copy of this

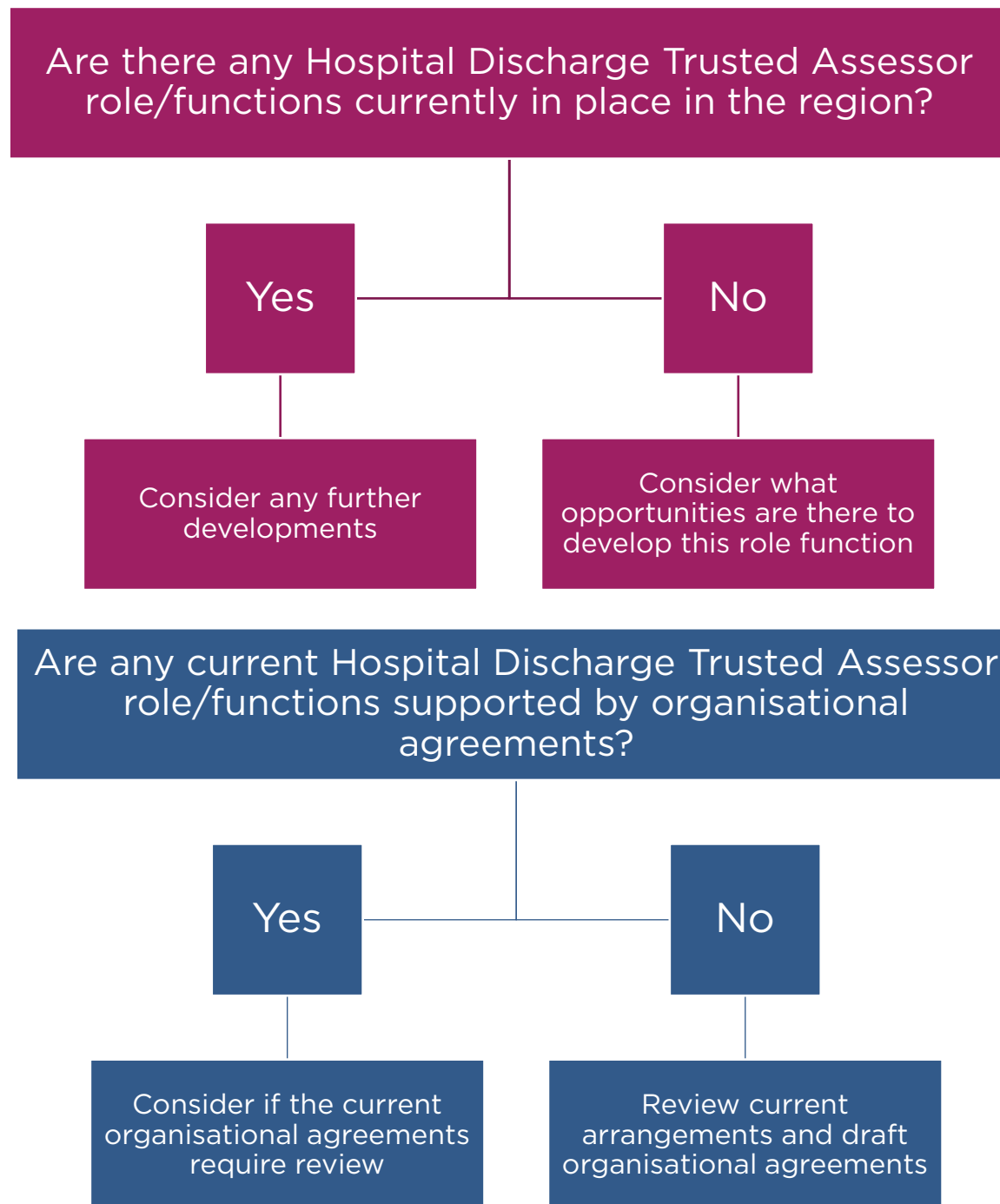
assessment must be offered to the person or family to whom the assessment relates, or to their representative. The recording of the assessment must be proportionate to the identified need and in the language of need, and in ‘easy read’ or other format as appropriate to the needs of the child or adult whose needs are being assessed.”

The copy of the assessment provides the critical mechanism to record and ensure people have a clear understanding about they can expect to happen next and when. The record must include the date before which people can expect the next stage to begin and contact details for people to escalate concerns if their circumstances change or the agreed timed actions are not completed. Trusted Assessors must ensure those identified to undertake the follow up actions also receive a copy of the assessment and the agreed timescales for actions.



5. Considerations

Areas for consideration when developing a Trusted Assessor Role/Function to support Hospital Discharge:



- Where there are no current Hospital Discharge Trusted Assessor role/functions in place ensure Guidance 1. Shared Organisational Agreements (Trusted Assessor Online

Toolkit) is used with partner organisations to support and agree the details of any developments.

- Identify the discharge system demand and capacity; ensuring a range of commissioned services with adequate capacity are in place to support a timely move from hospital to the next stage in a person care journey (Ensure there is a focus on short term preventative and rehabilitative services to support recovery predominately in a person's own home, some short term bedded facilities and consider the development of new models of care).
- Ensure the Hospital Discharge Trusted Assessor role/functions is focussed on individual rights/choice and better outcomes for the person
- Ensure the proportionate assessment includes details, co-produced with the individual regarding the outcomes to be achieved, and any review period to ensure the person has been fully engaged and has a clear understanding of what will happen next

6. Community Response Services

To develop trusted assessor roles/function organisations should ensure they understand and plan for the patterns and demands required to support timely discharges. Sufficient supply of services such as Reablement, need to be readily available. Service providers will need to be fully engaged in the development plans to ensure the proportionate assessment developed and associated actions are sufficient to enable the provider to respond to the request for service while ensuring they can meet their regulatory requirements

Suitability of the Service, Statutory Guidance For service providers and responsible individuals on meeting service standard regulations for:

- Care home services
- Domiciliary support services

This statutory guidance relates to Parts 3 to 20 of The Regulated Services (Service Providers and Responsible Individuals) (Wales) Regulations 2017, as amended¹⁰.

7. What developing the Trusted Assessor roles/functions to support Hospital Discharge is NOT:

The following are examples of What the Trusted Assessor Model is NOT:

- Asking provider services to accept a proportionate assessment which does not allow them to meet their legislative requirements: providers should be part of any organisational agreements or there should be separate commissioning arrangements in place.
- Moving costs from health to social care or vice versa
- Denying people, a full assessment: rather this about proportionately assessing a person to enable them to reach the next stage in their care journey and supporting any full assessment once the person has had time to recover, preferably at home.
- Moving people home from hospital without the right support and without their consent or a best interest's decision: the laws and guidance apply to proportionate assessments.
- Transfer of responsibility for one organisation to another, where a proportionate trusted assessment is undertaken on an organisation's behalf, that organisation is still responsible for both the assessment and the outcome as detailed in the WG Trusted Assessment Role Guidance.
- Discharging people from hospital before they are clinically optimised or any unsafe practice



8. Key Principles of the Trusted Assessor roles/functions to support Hospital Discharge are:

To promote safe and timely discharges

Proportionate assessments must be undertaken in line with current guidance and legal requirements and in a timely manner to transfer to the next stage in a person's care journey.

Proportionate assessments are undertaken to support short term arrangements to the next stage of a person's care journey in line with the D2RA principles Home First - any full assessment is undertaken at home once a person has had time to recover.

Staff engaged to undertake the Trusted Assessor roles/function are suitably trained, skilled and competent.

Trusted Assessors or professionals with the delegated function, must also be able to determine any need for family, friends or other individuals to advocate on the individual's behalf.

Organisations should come together to codesign and agree on a model to support the trusted proportionate assessments being undertaken in a hospital setting and draft an Organisational agreement to support implementation (Guidance 1. Organisational Agreements Trusted Assessor Online Toolkit).

Resources and funding for the next stage of care should be detailed in the organisational agreements. Details must include the services and approach regarding any cost to the person in line with the code of practice on charging for social care services.¹¹

All proportionate assessments must be reviewed within 2 - 6 weeks at the next stage of the persons care journey to determine if a more comprehensive assessment of needs and ongoing services are required.

All proportionate short-term assessments must be reviewed by:

- Adult Social Care as part of duty to assess for ongoing needs
- Provider services in line with regulatory requirements

9. Suggested areas for consideration for the Proportionate Trusted Assessments to support Hospital Admission Avoidance and Hospital Discharge

Admission avoidance from an ED or SDEC - proportionately assess for:

- Short term support to return to the persons own home and avoid hospital admission
- Short term support in a community bedded facility where a return to the persons own home is not possible

Inpatient options include proportionate assessment for a person who is clinically optimised for discharge for:

- Short-term support at the person's own home
- Short-term support in a community bedded facility where a return to the persons own home is not possible
- Short term support in a nursing home to allow for a period of recovery prior to any assessment for ongoing care and support.

Where not already in place regions should review arrangements which support restarts, increase or decrease any current provision along with transfers of people back to an existing support package including home care or care in a care home.

It is essential that the assessor has knowledge of the person, and coproduces the proportionate assessment with them, agreeing and documenting the outcomes they wish to achieve and has knowledge of the receiving services.

All regions will be at different stages of development and this module is intended to support the implementation of trusted proportionate assessment as part of a good discharge to assess approach which facilitates timely and proportionate assessment.

10. Governance arrangements - Competencies and Training

Staff undertaking trusted assessments must have the knowledge, skills and experience required to undertake proportionate assessments, and to formulate any required plans of care to commission the next stage in a person care pathway. The governance arrangements including escalation processes and reporting hierarchies should be detailed in the shared organisational agreement and communicated to staff at all levels.

11. References

1 <https://www.gov.wales/sites/default/files/publications/2019-05/part-3-code-of-practice-assessing-the-needs-of-individuals.pdf>

2 <https://primarycareone.nhs.wales/tools/six-goals-for-urgent-and-emergency-care/six-goals-for-urgent-and-emergency-care-toolkit/six-goals-for-urgent-and-emergency-care-toolkit/d2ra-report-engpdf>

3 Trusted Assessor Role Guidance. <https://primarycareone.nhs.wales/tools/six-goals-for-urgent-and-emergency-care/>

4 Overview | Intermediate care including reablement | Guidance | NICE and Overview | Intermediate care including reablement | Quality standards | NICE

5 Reducing delays in hospital transfers of care for older people. Key Messages in Planning & Commissioning
https://ipc.brookes.ac.uk/files/publications/Some_key_messages_around_hospital_transfers_of_care.pdf

6 Wales Safeguarding Procedures <https://www.safeguarding.wales/en/>

7 The Mental Capacity Act <https://www.gov.uk/government/collections/mental-capacity-act-making-decisions>

8 The Mental Capacity Act Deprivation of Liberty

9 Embracing risk; enabling choice - Guidance for occupational therapists

10 Statutory Guidance For service providers and responsible individuals on meeting service standard regulations

11 <https://www.gov.wales/code-practice-charging-social-care-services>