1. What is a trusted assessment?

A trusted assessment involves a trusted assessor – someone acting on behalf of and with the permission of multiple organisations¹ – carrying out an assessment of health and/or social care needs in a variety of health or social care settings.

The assessor is not directly employed by the organisation responsible for the assessment but is trusted by that organisation to do it on its behalf. The responsible organisation (that is, the organisation that will ultimately be the care provider) must agree to the assessor performing the assessment and acting on its recommendations within reasonable resource and time constraints.

Trusted assessments can take place in a variety of settings – for example, acute or community hospitals or a step-down facility.

2. What guidance has been published on trusted assessments?

NHS Improvement has published the following guidance:

- *Rapid improvement guide: Trusted assessors*
- *Developing trusted assessment schemes: ‘essential elements’*

The following resource from the Local Government Association gives examples of trusted assessment in practice: *High impact change model examples of emerging and developing practice* (pages 32 to 35).

¹ Trusted assessors may be acting on behalf of a group of independent and/or voluntary sector care providers and if so, they require permission from all relevant organisations involved; for example, the acute or community trust where assessments will be carried out, the clinical commissioning group (CCG) and local authority.
3. Why might a trusted assessment be needed?

The purpose is to speed up assessment processes so the person being assessed waits no longer than necessary before moving on to the next stage of their care (e.g., from an acute hospital to support at home via a home care provider). Trusted assessment is expected to be deployed only where there is a delay in the assessment process and this cannot be addressed through another means. There is no suggestion that the trusted assessment will necessarily be better than one carried out by the organisation responsible for the assessment, but it may reduce the time a person has to wait before an assessment is undertaken, or the number of assessments needed before they can leave hospital, which in turn may reduce delays to transfer of care from hospital to home.

4. Who pays for trusted assessment?

The Better Care Fund (BCF) is probably the most appropriate source of funding for trusted assessment as one of its main purposes is to implement integrated health and social care services, in line with the NHS Five Year Forward View.

To date, trusted assessors employed by care provider associations have been funded either by vanguards (East and North Hertfordshire² is a care home vanguard) or the BCF.

In other trusted assessment schemes, a variety of approaches have been taken, including using winter pressure funds. In Warwickshire, the pathways for discharge (which include trusted assessment) have been funded differently each year by acute trusts and NHS and local authority commissioners.

5. Who employs a trusted assessor?

The organisation funding the trusted assessment may not necessarily be the organisation employing the trusted assessor. Different models can be used to employ trusted assessors; for example:

- **A group of providers act through their local provider association**: Lincolnshire and Hertfordshire operate such schemes for both new and returning placements into the care sector.

- **Acute NHS trust**: Hampshire Hospitals NHS Foundation Trust employs band 5 nurses who have completed adult health and care services competencies. This enables it (on behalf of social care) to restart care packages at the same level as when they were stopped and to arrange for people to return to the same residential/nursing placements (where their care needs have not changed). This scheme does not currently operate for new placements in the care sector.

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² East and North Hertfordshire: Care home improvement vanguard

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> Trusted assessment: frequently asked questions
6. Is it mandatory to provide a trusted assessment service?

No. Trusted assessment can be a solution to delays in the discharge process. It requires the different partners involved to agree how such a scheme will operate.

If there are no delays in assessment, there is no need to develop a scheme, though local systems are advised to speak to all relevant partners to confirm there are no hidden assessment delays in other patient pathways.

7. Can an independent care provider refuse to accept a trusted assessment?

Yes. The underpinning principle to such schemes is ‘trust’. The provider must have reason to trust the assessment; if it does not it can and should refuse it. All providers accepting trusted assessments should have agreed (either directly or indirectly via an umbrella organisation) to accept trusted assessments.

8. Can a care provider perform its own assessments?

Yes. The purpose of the trusted assessment is to reduce the time a person spends waiting to be assessed. If a care provider has the capacity and inclination to do its own assessment, then it can decline an assessment by the trusted assessor.

9. Does the Care Quality Commission (CQC) support trusted assessment?

Yes. CQC is clear that trusted assessment is an acceptable way to decide if a person is able to move from a hospital setting to either residential or domiciliary care provided by a registered care provider. CQC stresses that a provider using trusted assessment must have good reason to trust the assessment, stating:

“While 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 other participants to properly fulfil the obligations involved.”

CQC expects to be able to access the records of agreements between the registered care provider and assessing body (eg NHS trust or local authority).

Participating in a well-designed, responsive trusted assessment agreement potentially provides CQC inspectors with good evidence to review when following CQC’s key lines of enquiry (KLOE) for adult social care:

- W5: How does the service work in partnership with other agencies?

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3 CQC. Guidance for CQC staff: Assessment requirements when people are discharged from hospital to adult social care services. Accepting hospital trust assessments – ‘trusted assessors’ [unpublished].

4 CQC. Key lines of enquiry for adult social care services.
• E1: Are people’s needs and choices assessed, and care, treatment and support delivered in line with current legislation, standards and evidence-based guidance to achieve effective outcomes?
• R1: How do people receive personalised care that is responsive to their needs?

10. How might a trusted assessment service be set up?

Guidance from NHS Improvement strongly supports co-design in developing and setting up a trusted assessment scheme; it is unlikely to be effective without this. Co-design means that the relevant NHS bodies (eg acute trust and CCG, the local authority, and the independent and voluntary sector care providers concerned) or their appointed representatives (eg from the relevant local care forum) work together to agree how the service will operate, including: what information needs to be gathered, what competencies the assessor needs, what training the assessor needs to undertake, what metrics will be collected to evaluate the service, who pays for what and what the complaints/appeal process will be.

11. What happens if a trusted assessment is considered unsafe or unreasonable (eg the registered provider does not believe it can care safely for the person concerned)?

The guidance is clear that a key component of an effective service is a feedback loop or hotline. It states:

“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.”

The following examples illustrate possible responses to this situation:

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5 NHS Improvement. Developing trusted assessment schemes: ‘essential elements’.

4 > Trusted assessment: frequently asked questions
• In Hertfordshire the trusted assessor calls the provider within 48 hours of the resident arriving to check their wellbeing and that the process has been smooth and problem free.

• Cambridgeshire has a care home team duty number for care homes to call if there is a problem with the placement.

• In Medway the discharge to assess scheme provides the care provider with temporary additional staff in the event it is struggling with a new client. Medway recognises that supporting the provider with domiciliary care for a short time will help it deal with immediate issues and sort out necessary referrals, so that the resident does not return to hospital unless absolutely necessary.

Each organisation’s existing complaints process can still be used if required and is not replaced by the above schemes.

If after the trusted assessment has been completed and before the patient is transferred a care provider feels it is unable to safely care for a patient, it can refuse to accept the patient: the care provider must agree to accept the patient before the patient is placed with it.

12. Should patient consent be sought before they undergo a trusted assessment?

Yes. Consent to care and treatment is a fundamental standard of the Health and Social Care Act 2008.\(^6\) Trusted assessors must gain the person’s consent to assessment, proposed care, treatment and placement. The trusted assessor is also required to have the knowledge and skills to follow Mental Capacity Act procedures when the person does not have the mental capacity to make decisions about their care, treatment and placement, or to invoke agreed arrangements for mental capacity assessments and best interest’s decisions.

13. How will the trusted assessor know what sort of care a provider is able and willing to provide, so that the trusted assessor can refer appropriate service users to them?

Trusted assessors act on behalf of providers. To build trust, the assessor must understand the needs of the care and support providers participating in a local trusted assessment scheme, including those from the voluntary and community sector.

A starting point for those setting up a trusted assessor scheme is to engage with the local provider sector and then for the trusted assessor(s) to visit individual providers (that want to use trusted assessor initiatives) to determine what they require from the scheme. This helps the trusted assessor develop an up-to-date working relationship with the local care and support sector, with an awareness of their service provision and operational models.

Trusted assessors also need to keep up to date about which providers in the scheme are likely to have capacity to accept referrals, and staff with the right skills and knowledge to provide the necessary support.

In some cases, trusted assessors are used to support existing residents returning to a care setting after a period of hospitalisation. While the level of care the provider can offer will be known, it is nevertheless important to assess the level of care required by the returning resident in case this has changed significantly from that pre-hospitalisation.

**14. What if the trusted assessor only works with the services they know well or feel comfortable with and other providers are not selected/contacted?**

A good governance process with strong reporting and feedback mechanisms will ensure placements are based on need, the provider’s ability to meet that need and patient choice, rather than made with any bias, accidental or otherwise.

If there is significant variation in which providers are used, the governance process and ongoing evaluation determines why this is the case. The job of the trusted assessor is to understand potential blocks and challenges from both sides of the discharge process, supporting care providers to ensure placements are made in the best interest of the patients.

The trusted assessor can help commissioners understand where there is under and overcapacity in the local market and how it could be better used. Capacity problems may be because of cross-border issues, or may highlight that providers are struggling to recruit sufficient care workers. In both instances, care providers and commissioners need to engage to ensure challenges are jointly recognised. For example, by working with a number of providers, a trusted assessor may become aware of a skill shortage in relation to dealing with difficult behaviour and make the local provider forum aware of this. The provider may commission some training as a result. Likewise, a trusted assessor may be well placed to alert commissioners to an ongoing recruitment shortfall in the sector. The commissioners may want to co-ordinate a response to improve this situation, such as a combined advertising campaign.

**15. Who trains the trusted assessor and what does the training include?**

If, as recommended, a trusted assessment scheme is co-designed, then it is anticipated it will include the delivery of training.

The expectation is that at the design phase, the competencies necessary for someone to carry out the trusted assessment role are agreed. These could be based on qualification, experience or current role. A gap analysis can be undertaken to see what training the assessors will need.
16. Is the role of a trusted assessor a standalone job or could it be carried out as part of another role?

Increasingly organisations are planning to employ people specifically to do trusted assessments. But this is not the only model and the trusted assessor role can be added to another existing one. Some roles lend themselves to this more than others (eg a member of the discharge planning team, the manager of the intermediate care service or discharge to assess team) because they already involve carrying out much of the trusted assessor role, and the additional responsibilities will not be too onerous. Caution is needed to ensure this is the case or the worker will not be able to carry out the role.

When local authorities have to fund placements under the Care Act 2014 arrangements, trusted assessors need to understand how their work relates to care management requirements in their particular areas. In some local authorities, trusted assessors also act as care managers and need to be trusted by the local authority as well as the provider; in others, needs assessments remain separate.

17. If a trusted assessor is involved, who chooses the service to be approached?

The involvement of a trusted assessor does not change a person’s right to choose which provider may be selected for them. Existing guidance and legislation apply just as they would in a traditional assessment. This means that if the person who will receive care prefers a particular type of service or provider, or a direct payment, this must be taken into consideration. There will be occasions where a care provider is identified before the trusted assessor becomes involved; for example, as a result of patient choice or decisions made by other professionals. In these cases the pre-admission assessment is still needed to confirm the choice of provider is suitable.

18. Will different assessment forms be used by the trusted assessor for each provider?

During the co-design of local trusted assessor schemes, consideration can be given to whether a universal assessment form can be agreed by all parties. If this is not possible, the trusted assessor may need to ensure the correct template is used for each care provider. South Warwickshire’s assessment form\(^7\) enables direct referral to reablement without the involvement of the hospital social work team.

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7 > Trusted assessment: frequently asked questions
19. Does use of a trusted assessment affect any financial or statutory responsibilities?

No. The trusted assessor carries out an assessment on behalf of another organisation. To all intents and purposes, it is as if that organisation does the assessment itself. For example, if a trusted assessor employed by a health trust carries out an assessment of someone who is eligible for local authority funding, the funding responsibility remains with the local authority. In the same vein, if an independent care provider accepts someone with care needs, it has the same responsibility for meeting that need as it would if it had carried out the assessment itself.