



Trusted Assessor Scheme Review: Summary and Conclusions

Introduction & Summary

A Trusted Assessor (TA) is a person who carries out pre-admission assessments on behalf of social care services, enabling them to make informed and rapid decisions about potential new clients.

Where Trusted Assessor schemes are successful, they help reduce the number of unnecessary nights spent in hospital and of failed placements, which reduce costs and improves outcomes for patients. SESCA (South East care associations and strategic partners) commissioned this review of TA schemes in the region with a view to considering their impact and potentially expanding their use.

This review collected information from areas where Trusted Assessor schemes have been used, looking at how those schemes were set up and run, how well they worked, and to consider what lessons might be learned. Information was gathered from local Care Associations and individual providers, and from at least one Trusted Assessor.

We found that TA schemes can be valuable for both commissioners and providers, but there are aspects of their setup which make a significant difference to how easy it will be for them to succeed. Most importantly, the scheme must be set up in a way which gives providers confidence in the individual(s) who will be carrying out assessments, and in the assessments themselves. For this to happen, everyone involved needs to be able to offer and to hear honest feedback.

We hope that the information in this report may be helpful to areas presently without a TA scheme and offer them some guidance on how best to go about starting one.

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Conclusions

The success of several Trusted Assessor schemes around the country, including the scheme in Portsmouth, show that they can work extremely well for providers, hospitals and budget holders. However it is also clear that badly designed schemes may not work at all.

The most important factor is whether providers feel they can trust the Assessor, and that they are able to rely on the assessments they receive. It may be good for those considering starting a scheme to bear in mind that if providers felt confident in the information they are receiving from hospitals (including ward staff, social workers and discharge teams), then there would be no need for a Trusted Assessor. If that person is not trusted, then there is little point having them.

In some areas so-called Trusted Assessors are employed by Local Authorities or parts of the NHS, but we have found that providers consider these people to be part of 'the system', and that this arrangement handicaps those assessors, making it more difficult for them to build up the trust they need in providers.

Establishing those trusting relationships requires having the right person in place, and allowing them the time and resources they need. It appears to be an advantage if the TA is, or was, a Registered Nurse, and we consider it essential that he or she has worked in a senior managerial role in at least one Care Provider. In our view, the ideal person to establish a new service is an RGN who has worked in a number of homes, and has been a Registered Manager.

The Trusted Assessor must also have the personal characteristics needed to proactively engage with local managers, attending manager meetings and calling on individual homes to learn about each one and spend time with its manager. He or she will also need to build good working relationships in the acute setting and with discharge and social work teams, potentially including with people who do not welcome the introduction of the role. This requires a high level of integrity and personal credibility, excellent communication skills, and the abilities to be warm and empathic when dealing with patients and yet able to be clear and occasional firm with discharge teams. TAs must be willing and able to deliver opinions that people don't necessarily want to hear. Attracting and retaining such highly skilled people is difficult but recruiting the right person is critical to establishing a new scheme.

Allowing sufficient time is also critical. Providers will more willingly use a service if they are given the option to do so in their own time than if it is mandated to them. Allowing providers to attend assessments with the TA, or to carry out their own assessment afterwards, may seem counter to the point of having the scheme, but does allow them the opportunity to see for themselves how the Assessor works and feel confident in the quality of their assessments. A number of TAs have found that monitoring and reporting daily the condition of a client who has been admitted to hospital enables the provider to better manage their services and demonstrates how a TA can support their service. It is difficult to judge a scheme to have succeeded or failed after it has only been up and running for a short time.

Once a scheme is established, it is important that sufficient commitment is made to continue it for both the people working in it and for local providers to have confidence in its medium- to long-term future. Retaining staff is much more difficult if they only ever have security of employment for 12 months, especially when they can see the ongoing cost savings that they are delivering. If an established TA leaves his or her role, this will inevitably set back the scheme as their replacement will need to redo a lot of work building trust and relationships with providers.

TAs can produce better quality assessments if they have as much information as possible about the individual, so it is worth ensuring that they are able to access all of the relevant IT systems before they take up their post. Ironing out problems with practical issues such as location, parking, desks, internet access and printing early is important too. Ideally all of these things should be put in place before the scheme starts, and a clear route identified to raise and resolve any issues that arise as it gets underway

Another helpful thing commissioners can do before a scheme launches is to explain it to everyone else involved in the discharge process. Clearly setting out what the TA's role is and how it will work allows any questions or concerns to be raised and addressed early, and sets clear expectations about how that role fits into the wider process, and how others are expected to work with the Assessor(s). Explaining what a TA will not do may also be helpful - for example, that they will not play a role in determining which provider will be asked to take a client, or in any financial discussions that need to happen, and that they can not be expected to persuade (or instruct) a provider to take on an individual.

There are different routes in which the TA can become involved in an individual's case, including by request from discharge teams, ward staff, patients, family and friends and care providers. Local commissioners should consider what other forums and processes they have which could identify cases where an assessment would potentially be helpful, and how they can bring a TA into that process. For example, they may have a list of all patients in the acute setting who have been designated as Medically Fit For Discharge (MFFD) which it would be simple to share with the TA scheme.

It is important that there is a clear route to raise any problems that arise with individuals or the wider discharge process which inhibits a scheme's ability to work effectively. Commissioners should commit to a regular forum where these issues can be shared and discussed, and to promptly tackling them, not least so they can see the best possible return on their own investment into the scheme. If they have an open minded approach, this forum is likely to offer them a new perspective on their discharge process, and potentially opportunities to improve it. Trusted Assessors are often more able to be honest about how Care Homes see the local system than the homes themselves feel they can be.

However, it is important for everyone involved to be realistic about what a Trusted Assessor in place can achieve, and acknowledge that bringing in a TA scheme will not mean patients are always discharged on the day they are deemed fit to leave hospital. Firstly, in the experience of the people we spoke to, there are often patients on the Medical Fit For Discharge list who are not yet able to leave; we heard of cases of people deemed MFFD who were still receiving IV antibiotics. Secondly, a good assessment is only one of the things that

needs to happen before a care service can take on a new client, with financial arrangements, family agreement and the consent of the client all important. Medication, oxygen, equipment and community services may also need to be put in place, and if the systems that are supposed to make these arrangements are slow then a Trusted Assessor won't change that. Many of these things are particularly different at weekends, when care homes are often running with lower levels of staffing. Trusted Assessors are sometimes seen as a route to make hospital discharges happen at the weekend, but only an honest conversation with providers will reveal whether that is likely to happen.

A well designed scheme is more likely to be achieved if the local care sector can be involved in its design. The principal motivation to start a scheme is usually to reduce the number of stranded hospital patients, but if the acute team, CCG and Local Authority decide between them what is needed and how it should work it without involving providers in some way, they risk ending up with something which is not as workable or as trusted as they hope. If providers are allowed to lead the project they will have a greater sense of ownership and be more likely to use the scheme when it starts. This principle is recognised in the other reviews that have been published, and is put well in one written by ADASS¹:

"It is therefore essential that those who hold statutory responsibilities related to assessment – for example, assessments under the Care Act or pre admission assessments for registered providers – are involved in the design of schemes in their local area from the outset"

With the effects of the pandemic still being felt and major reforms due to be implemented over the coming year, the sector is under a good deal of stress and dealing with significant financial pressures. This impacts those working in Local Authorities, whose budgets are very constrained, and who may need to cooperate with colleagues in Health whose boundaries are not aligned with their own.

These challenges may make new initiatives, such as starting up a TA scheme, more difficult, but perhaps they also make the potential improvements it would offer more important.

Summary of Recommendations for New Trusted Assessor Schemes

Based on our discussions with people involved in current and previous schemes, we make the following recommendations to anyone setting up a new TA scheme.

- Care Providers should be actively involved in setting up a scheme; Care Associations provide a means for commissioners to engage and work with providers in their area.
- The Assessor(s) should, if possible, be employed by someone other than the Local Authority, CCG or NHS Trust, to establish full impartiality.
- It is important that the funding body understands the responsibilities that the organisation employing those involved in the project is taking on, for example the requirements for notice and statutory redundancy rules should the project be

¹ [Developing trusted assessment schemes: 'essential elements' | Adass](#)

discontinued, and the need for even the most self motivated individuals to have some degree of management support.

- Finding the right individual to fill the role is very important, especially when setting up a new service and a lot of the activity will be proactive relationship building. It is essential that they have worked in social care in a senior role.
- Provision needs to be made for managing the scheme as well as carrying out the assessments. Some degree of management and administration time should be allowed for in the project funding, bearing in mind that these functions may be best provided by someone other than the individual(s) who carry out assessments.
- If practicalities can be arranged before individuals take up new roles then they will be able to be effective much more quickly; this means identifying where people will work and ensuring the things they will need are in place [including: a desk in a sensible location, facilities to print and to connect to local networks and the internet, parking permits, mobile phone and computer with access to NHS mail, System 1 and local social work records].
- At an early stage, identify what measures will be used to monitor progress, the assumptions used in costing calculations and the threshold for the scheme to be considered a success, and when these criteria will start to be applied allowing for a suitable period at the start while the scheme becomes established. Locating current and previous data now will help ensure information is being gathered in a consistent way and provide comparison points once the scheme has begun. It may also be helpful to agree upfront who is going to be responsible for gathering and analysing the data.
- Be clear which individuals will be eligible for assessment by the TA, and who should be prioritised at busy times.
- Establish how, when and by who referrals could be made to the TA and agree how this will be reviewed. If they are to review all patients in particular categories, is it clear how they will access a list of those patients.
- Determine how the TA will fit in with existing processes, including brokerage, and any external contractors offering discharge support, whether they are publicly funded or are charging homes or individuals for that service.
- Consider how the TA can support any Discharge to Assess (D2A) schemes running locally. This could include assessments prior to transfer into block D2A beds, to help those settings prepare for new admissions, and assessments before onward transfer after a D2A placement.
- Before the TA is in place, explain to all affected staff teams the purpose of the scheme and how the TA will fit into the current processes, including how they will need to support the scheme and what the TA will be able to do to help them. Setting clear expectations at the start may help to avoid conflict later on.

- Identify and document the ways in which commissioners work and communicate with providers and any regular local meetings, seminars and training courses, as these will all offer the TA opportunities to introduce themselves and the service.
- Agree beforehand a clear process for supervising and monitoring the scheme and those people working in it. This should provide for the need to identify, share and address any issues that arise both in relation to the scheme and to the wider discharge process.
- It may also be beneficial for everyone involved to recognise the limitations of a Trusted Assessor, who will be unlikely to be able to resolve problems such as lack of pharmacy services at the weekends.
- As building trust and relationships with providers takes time, it is unlikely significant savings will be delivered quickly. If key stakeholders have an appreciation of this, frustration at an apparent lack of progress in the first 6 months can be avoided. Pilot periods of a year may be too short to realistically establish whether a TA can work, especially if it takes several months to get practicalities in place. As noted above, an initial period before metrics are assessed against agreed criteria is important to allow for this set up effort, and we recommend at least six months.
- Provide funding and other support for the process of introducing the scheme to local providers, which may require travel, promotional materials and comms support.
- When working with Care Homes, Assessors have often found keeping homes updated on the condition of residents who have been admitted to hospital is an excellent way of introducing themselves and their service.
- Commissioners should recognise that if they do not make payment for the scheme's agreed costs on schedule, an organisation such as a Care Association may not have the necessary reserves to continue to cover staff wages.
- Once individuals become established in the TA role and have built relationships with providers it is in everybody's interests to retain them. The regular operational and strategic reviews of the scheme should include discussion of how to best support those working in it with a specific objective to keep them in post. Repeated short term contracts should not be used in an established scheme.

To work well, Trusted Assessor schemes rely on excellent cooperation and joint working between commissioners and providers. When successful they save time for providers and discharge teams, encourage the sharing of knowledge, reduce pressures in hospitals, deliver very significant cost savings and most importantly of all improve outcomes for patients by allowing them to move out of hospital into the right place for them as soon as they are able.

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