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Llywodraeth Cymru
Welsh Government

Russell George MS
Chair
Health and Social Care Committee
Welsh Parliament,
Cardiff Bay,
Cardiff,
CF99 1SN

15 June 2023

Dear Russell,

Thank you for your letter of 21 April regarding our updated hospital discharge guidance. We are pleased to provide the following updates on the status and publication of the guidance set out in your letter.

Hospital Discharge Guidance
Work is currently ongoing to develop updated guidance for hospital discharge that will replace the extant available guidance *COVID-19 Hospital Discharge Service Requirements (Wales).* The revised guidance is being developed jointly by health and social care teams to review and update the existing guidance, ensuring that we are strengthening links to other guidance being prepared in this area under the Six Goals of Urgent and Emergency Care programme of work. The updated guidance will heavily reflect the latest patient pathway processes such as Discharge to Recover then Assess (D2RA), SAFER and Red to Green.

Another key aspect of the guidance will be to ensure that the latest update reflects the current position in terms of Infection Prevention and Control (IP&C) practices. The health and social care environment has changed significantly in the wake of the covid pandemic and since the extant guidance was published. Therefore we want to ensure that the guidance now takes account of the latest available information and support of discharge practices in respect of covid, as well as other respiratory viruses. This will keep the discharge guidance in line with other IP&C guidance which are taking a similar approach that broadens their focus beyond just a covid response.

In addition to this we are also using this opportunity to explore potential to expand our guidance so that we have more relevant content relating to social services, to the patient, their families and unpaid carers. While the core audience for the updated discharge guidance will be for staff and

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professionals working in health and social care, there will likely be situations where an individual, who is moving towards discharge, may require social care support that they didn't previously receive, either on a permanent or temporary basis. The updated guidance will have information for staff that can either be directly provided to the individual/family/unpaid carers, or can signpost them towards supporting organisations. Work is being taken forward with organisations such as the Carers Trust, Care and Repair Cymru, the Older People's Commissioner's Office and British Red Cross to ensure we include relevant useful information, guidance and support that could be conveyed to support the patient.

The work to finalise this guidance is progressing and we expect to publish the bilingual guidance in August. We will, of course, provide a copy as soon as the guidance is available.

Trusted Assessor

Guidance to support the use of the Trusted Assessor function has been developed and shared with local authorities and health boards on 21 December 2022. A copy of this guidance has been attached as requested.

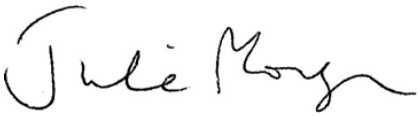
The Trusted Assessor guidance is also being supported with an online toolkit that will include information guidance modules, a competency matrix and some case examples to further support the sector in implemented trusted assessor roles or functions. The first two information modules of the online toolkit and the guidance are due to be uploaded to the 6 Goals of Urgent and Emergency Care website in the coming weeks. This activity is led by a small working group comprising representation from across social care and health, HEIW, Social Care Wales, NHS Delivery Unit and Welsh Government. This will ensure that partners are enabled to embed and extend existing arrangements to deliver trusted assessor roles.

Reluctant Discharge

Updated guidance on reluctant discharge has now been drafted and is in the process of being finalised ready for publication. The development of this guidance has been led by NHS Delivery Unit teams in collaboration with health and social care teams. The content has been considered by legal teams to ensure appropriate sign off and to ensure that it is aligned with appropriate practices. We will shortly be circulating the guidance to Health Boards and publishing so that it is fully available for teams and staff to access in the coming weeks. A copy of this guidance will be shared with you as soon as finalised.

We trust that this information has responded to your request and we will share both the reluctant discharge guidance and overarching hospital discharge guidance in due course.

Yours sincerely



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Trusted Assessor Role Guidance

1. Purpose

One of the priority actions for creating additional community capacity is to support efficiencies in the system. This includes the development of Guidance on a 'once for Wales' basis to assist in addressing issues that cause delays at key points in the pathway.

Where organisations "trust" in others to undertake assessment on their behalf and they are confident that assessors are sufficiently skilled, the Trusted Assessor role can be useful in a variety of situations to reduce duplication of effort and provide more timely access to assessment services.

One potential barrier to the timely transfer to a more appropriate care setting or to access alternative services is the time taken for referral to onward teams for assessment or services. This can add cumulative unnecessary days to an in-patient stay, causing potential harm to the person involved and also limiting the available capacity for those in need of acute care services.

There appears to be significant opportunity across Wales to consider the Trusted Assessor role to support a more efficient and timely service response. An information request across all HBs undertaken in June 2022 indicated only two health boards were actively progressing Trusted Assessor roles. This is despite a requirement by Welsh Government in the COVID-19 related Discharge Guidance that hospital discharge teams should:

> *Where Trusted Assessor relationships and arrangements are not already in place, rapidly work with the discharge team to implement these rules and processes*

This document sets out the key requirements of a trusted assessor role as identified in key national policy and practice guidance. Regional partners are encouraged to use this to support active consideration of the added value of a Trusted Assessor role; if Trusted Assessor roles are already in place, partners are asked to consider whether additional value can be added through any of the principles outlined in this document.

Examples of roles developed under the Trusted Assessor requirements are also included in order to ensure good practice can be widely shared and accessed.

2. National Policy and Practice Guidance

The term 'trusted assessor' is used in two national documents in Wales:

1. Trusted Assessor is referred to as one of the building blocks and one of the seven key principles in *Home First.*
2. The **WG COVID-19 Discharge Requirements**[1] also refers to the role of Trusted Assessor. This requirement is expected to be confirmed in the anticipated updated WG Discharge Requirements.

a) The *Home First* requirements and definition

[1] COVID-19 Hospital Discharge Service Requirements (Wales) Published April 2020

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

Trusted assessors can come from any agency and should have direct access to services and equipment. Use of the model has grown in Wales, but to varying degrees in different regions. The experience of the COVID-19 pandemic has expedited use of the trusted assessor model, with some areas reporting positive results.

The model must always:

- Be undertaken within professional competencies.
- Protect patient safety.
- Have clear boundaries.
- Be designed around achieving the best outcomes for the individual, not as a mechanism for filling service gaps.

b) The WG COVID-19 Discharge Guidance Requirements

This requires that hospital discharge teams should:

- Act as a key problem-solving contact between hospital and community teams.
- Where not already in place, train discharge staff (potentially those who no longer have to undertake CHC assessments) to operate 'Trusted Assessments' for patients in hospital from care homes, so they can return to their care home promptly, and support all care homes with these new discharge arrangements.
- Where Trusted Assessor relationships and arrangements are not already in place, rapidly work with the discharge team to implement these rules and processes.

(The WG COVID-19 Discharge Guidance Requirements are current at the time of drafting this paper. However updated WG Discharge Guidance is expected to follow which it is anticipated will maintain the requirement for the development of Trusted Assessor Roles)

3. The Trusted Assessor Role: Key Principles:

Both sets of guidance referred to above do not describe any single role as the Trusted Assessor. Instead, it refers to a **function** that could be undertaken on behalf of others where that has been identified and agreed and the requirements set out above regarding competencies, boundaries and outcomes are met.

The role could be **within** an organisation, for example between different departments or professional groups within a health board or operate **across** organisational and/or sectoral boundaries.

Trusted assessment schemes **do not remove or replace statutory responsibilities**. 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.

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. Any disputes should be resolved as soon as possible and within a locally agreed timescale.

There should be a clear projection of the number and types of assessments that might be suitable for a trusted assessment function, the impact this should have on improving flow throughout the system.

Taking the national policy and guidance requirements into account, the Trusted Assessor role would be expected to reflect the following key principles:

- Added value and person focused. Joined up / integrated working across health, social care and third sector to improve service users' experience and outcomes.
- Agreed, streamlined processes and pathways avoiding repeat assessments between professional groups & partners; focused on patient safety, preventing delays in handover to other teams / settings.
- Having clear boundaries and operating within professional competencies.[2]
- Explicit agreements between partners, with governance arrangements (Memorandum of Understanding or partnership agreement) in place e.g. for making financial commitments on behalf of one or more partners.
- Supported by Information governance agreements, with access to partner computer operating systems to support recording and other process.
- Autonomy and accountability for commissioning / providing equipment and other services on behalf of the partners to support the next stage of the persons care pathway.
- Be able on behalf of partners to support temporary increases to existing services pending a review.
- Identify and implement outcome measures that would capture the effectiveness of the Trusted Assessor role, designed around achieving the best outcomes for the individual, not as a mechanism for filling service gaps.

4. Examples of Trusted Assessor Roles

Simple examples of where a Trusted Assessor function may improve timeliness and efficiency that have been provided in Wales are:

- Occupational Therapists, Physiotherapists and Nurses carrying out initial proportionate assessment to commission short-term care at home. This example involves health board staff completing the local authority assessment for commencement of care and completion of the required documentation, populating the local authority computer system for recording of information in the persons record. The local authority then accepts this assessment, and the commissioning of services for the individual, and undertakes the review at an appropriate or agreed period of time, adding to the person's existing record.
- For individuals not known previously the trusted assessor "creates" and populates the persons individual new record.
- For individuals with existing services the trusted assessor would, based on their proportionate assessment, be able to temporarily increase previously commissioned services for a specified period of time pending a review.
- Following the proportionate assessment the trusted assessor could commission short term step down to recover opportunities either in identified beds in care homes or extra care or in a community bedded step down to recover facility.
- A similar approach is used to commence full Community Response Team interventions.
- Community Response Team nurses have undergone local authority training to undertake the Trusted Assessor role regarding medication assessments. This was initially implemented due to staff sickness / absence which was impacting upon timely discharge of patients requiring a medication assessment.

[2] A competency profile for the trusted assessor should be agreed by all participating organisations.

- Internal HB arrangements which allow Band 4 OT and Physiotherapy technician staff to carry out independent low-level interventions with Community Response Team patients, rather than the registered member of staff being involved first. This is overseen by a competency structure and regular staff supervision by the registered staff.

- Streamlining the process for accessing reablement support via an assessment undertaken by the referring setting.

- Third sector organisations such as Care and Repair assessing for and ordering equipment as part of a commissioned agreement with support for staff competency training.

The **benefits** of the Trusted Assessor role include:

- Reduced duplication of effort and of tasks (cost avoidance, increasing value).
- Smooth out the referral interface.
- Reduces inappropriate referrals.
- Provides a single assessment of person's needs.
- Is both criteria and competency based.

Appendix 1: Trusted assessment implementation checklist:

(adapted from NHS England, LGA & ADASS "Developing trusted assessment schemes: essential elements, July 2017)

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, including social value fora. 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 Inspectorate Wales (CIW).

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.

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, examples may include:

- ✓ Transfer back to an existing support package including home care or care in a care home.
- ✓ Transfer to an interim support package, e.g. reablement or D2RA.
- ✓ Establishing step down to recover placements.
- ✓ Assessments for (social) care & support [including support for unpaid carers to maintain caring role].
- ✓ Assessments for equipment, aids or adaptations e.g. OT TA model re: home adaptations.

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. For example assessments for equipment, aids and adaptations may be undertaken by housing / housing support providers and /or third sector service such as Care & Repair, British Red Cross.

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.

Build evaluation into the start of the process:

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.