Report title: To discuss Trusted Assessor Guidance and the potential for a single trusted assessor regime in Essex	
Report to: Health and Wellbeing Board	
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County Divisions affected: All Essex	

1. Purpose of Report

1.1. To set out the national guidance on trusted assessors and questions for the board to consider.

2. Summary of issue

2.1. Last year nationally there were 2.25 million delayed discharges, up 24.5% from 1.81 million in the previous year. The Government have an ambition to reduce DTOCs across the country. The NHS England Mandate for 2017-18 sets a target for reducing Delayed Transfers of Care (DToC) nationally to 3.5% of occupied bed days by September 2017. This equates to the NHS and Local Government working together so that, at a national level, delayed transfers of care are no more than 9.4 in every 100,000 adults (i.e. equivalent to a DToC rate of 3.5%).

2.2. Further to this there are requirements in the BCF guidance for local authorities and CCGs to improve DTOCs and the BCF Plan must cover the approach to implementation of the High Impact Change Model. All partners, including relevant A&E Delivery Boards must be involved in agreeing a comprehensive approach to managing DToCs and meeting their obligations on DToC reductions. The Narrative Plan must include:

I. A rationale for any departure from the model or decision not to implement one of the changes
II. The target date for implementation for any changes in the process of implementation.
III. Details if one or more changes is funded from budgets outside the BCF

2.3. Trusted Assessors are seen as one of the high impact changes that can help address delayed transfers of care and are among the proposals for use of the improved Better Care Fund (IBCF).

2.4. Trusted assessors are authorised to carry out the assessment on behalf of the provider. Trusted assessors can come from a variety of professions and roles. It can be a specialist role or an extra role carried out by a variety of staff. The argument for the model is that it is more personal, more timely and more appropriate to the patient's care journey as the assessor is usually located on site and can respond quickly to the request for assessment. The other high impact changes are:

I. Early Discharge Planning. In elective care, planning should begin before admission. In emergency/unscheduled care, robust systems need to be in place to develop plans for management and discharge, and to allow an expected dates of discharge to be set within 48 hours.
II. Systems to Monitor Patient Flow. Robust Patient flow models for health and social care, including electronic patient flow systems, enable teams to identify and manage problems (for example, if capacity is not available to meet demand), and to plan services around the individual.
III. Multi-disciplinary/Multi-Agency Discharge Teams, including the Voluntary and Community Sector. Co-ordinated discharge planning based on joint assessment processes and protocols, and on shared and agreed responsibilities, promotes effective discharge and good outcomes for patients
IV. Home First/Discharge to Assess. Providing short-term care and reablement in people's homes or using 'stepdown' beds to bridge the gap between hospital and home means that people no longer need wait unnecessarily for assessments in hospital. In turn, this reduces delayed discharges and improves patient flow.
V. Seven-Day Service. Successful, joint 24/7 working improves the flow of people through the system and across the interface between health and social care, and means that services are more responsive to people's needs
VI. Focus on Choice. Early engagement with patients, families and carers is vital. A robust protocol, underpinned by a fair and transparent escalation process, is essential so that people can consider their options, the voluntary sector can be a real help to patients in considering their choices and reaching decisions about their future care.
VII. Enhancing Health in Care Homes. Offering people joined-up, co-ordinated health and care services, for example by aligning community nurse teams and GP practices with care homes, can help reduce unnecessary admissions to hospital as well as improve hospital discharge.

2.5. In July 2017 Jeremy Hunt set out a package of measures to support both the NHS and local government to reduce delays which included Joint NHS

England, NHS Improvement, Local Government Association and Association of Directors of Adult Social Services guidance on implementing trusted assessors.

2.6. The guidance provides a summary of the trusted assessor model and how it can be implemented as well as links to case studies and other resources. Some key messages from the guidance include:

I. The Care Act and other legislation and guidance positively support the model
II. It must be co-designed with stakeholders from across the system.
III. A model could begin in one part of the system and expand into others over time for example reablement and move onto residential care, or progress ward by ward.
IV. Keep it simple. For example, review all the different assessment forms being used and agree to replace with one short form.
V. Make sure there is a feedback loop. For example, if a domiciliary care agency accepts a patient based on a trusted assessor and then finds they cannot meet the person's needs, they need a hotline to someone who will help.
VI. It will achieve more if it is linked to a wider change such as those outlined in discharge to assess.
VII. Trusted assessors can come from any part of the system including ward staff, therapists, social workers, discharge co-ordinators, integrated care team staff, etc.
VIII. It is important to be clear about who and what is being assessed.

3. Questions for the Board to consider:

I. How are we progressing with implementing the high impact changes across Essex?
II. What are the areas of focus over the next 12 months?
III. Would a countywide approach to trusted assessors be more beneficial than varying local approaches?
IV. Do we have the relationships and trust between health and social care commissioners and providers needed to implement this model?
V. Do we have any concerns or issues?