



Standards for a Greater Manchester Trusted Assessment

Contents

1. Introduction	3
2. Definition of the Trusted Assessment Model	3
3. The Greater Manchester Approach to Trusted Assessment	5
4. Greater Manchester Standards for Trusted Assessment.....	5
5. Greater Manchester Performance Indicators for Trusted Assessment.....	6

1. Introduction

The *Trusted Assessment Model* is a key element of the Eight High Impact Changes developed by the Helping People Home Team¹ in order to support the timely transfer of patients to the most appropriate care setting and to effect a reduction in the number of delayed transfers of care. The model is being supported nationally by the Emergency Care Improvement Programme. It is also mandated in the Five Year Forward View.

Limited national guidance around the Trusted Assessment model was provided in March 2017 by the Emergency Care Improvement Programme and is referenced in this document; however there is no nationally agreed model for the Trusted Assessment which allows a high risk of variance across GM.

This document provides the GM standards against which set out how a Trusted Assessment Model should be delivered by partners across Greater Manchester. This will ensure that a high quality, consistent and standardised model is delivered and the identified benefits of the model are realised.

It is expected that all health and social care systems in Greater Manchester will adopt these Standards from September 2017. Robust plans to ensure that local arrangement meet or exceed these standards should be in place by September 2017 and monitoring of performance indicators identified in this document will commence at this stage.

2. Definition of the Trusted Assessment Model

In brief, a Trusted Assessment is an assessment that has been completed, through formal agreement by a member of staff with the required competency levels, who has been 'trusted to undertake assessments on behalf of other organisations.

Patients often receive multiple assessments in hospital, for example a patient may be assessed by different individuals for the following assessments:

- Social Care Assessment
- Nursing Care Assessment
- Therapy/Community Health Assessment
- Nursing/Residential Home Assessment
- Equipment Assessments

- Discharge/Transfer to Assess Assessments
- CHC/Funded Nursing Care Assessments

These assessments are usually undertaken by identified individuals working in these environments and a patient can be assessed a number of times by a number of different individuals.

The process is largely inefficient, as patients undergo a number of assessments which can waste resources that are already challenged. It can also be unsettling and disturbing for the patient to undergo a number of different assessments whilst recovering from an acute inpatient episode of care. Furthermore, there can be a significant lead in time for these assessments and this can lead to an unacceptable wait for care outside of the acute hospital setting and significant delays can occur whilst patients wait for multiple assessments. This is not in the best interests of the health care system or of the patient.

The Trusted Assessment model is the completion of a single holistic assessment which is accepted and undertaken by all care providers in the system using pooled budgets.

Examples of this model include:

- Acute-based therapy staff referring directly to local authority run enablement services, without the need for direct social work input.
- Social work staff assessing for and referring patients directly to NHS intermediate care beds.
- NHS practitioners undertaking assessments on behalf of privately run care home organisations.
- NHS or social work staff assessing need and referring for equipment requirements.

Four key types of Trusted Assessment have been identified across Greater Manchester, these are:

- a) Trusted Assessment between NHS organisations in the same locality e.g. Acute Trust to Intermediate Care or Discharge to Assess Services.
- b) Trusted Assessment between NHS and Local Authority Services
- c) Trusted Assessment between NHS and Local Authority Providers and private care organisations e.g. care and residential homes
 - i. Where a patient is already resident at the care or residential home and the assessment seeks to confirm that they remain suitable for the provision
 - ii. Where a patient is a new referral to the care or residential home and the assessment seeks to confirm that they are suitable for the provision
- d) Trusted Assessment between the NHS and Local Authority to all out of area services, including NHS, Local Authority and Private Care Organisations within Greater Manchester and across its boundaries.

3. The Greater Manchester Approach to Trusted Assessment

All systems in Greater Manchester are required to implement a Trusted Assessment model that effectively delivers the following key benefits:

- Holistic Assessments of needs are completed with patients, and accepted by partner organisations where there is the most need
- Duplication of assessments is minimised
- Response times for assessment are improved
- Safe and Timely discharge is supported
- The length of stay, reportable delayed transfers of care, and the percentage of stranded patients are all reduced.

The standards that need to be achieved in relation to the Trusted Assessment model are set out below:

4. Greater Manchester Standards for Trusted Assessment

4.1 Greater Manchester Urgent Care Delivery Boards are required to identify those organisations with which they should implement a Trusted Assessment model.

- The rationale for this decision should provide a balance between working with those organisations where the most benefits from the model can be achieved and those organisations where benefits could be achieved within short timescales.
- This may require local mapping of services to take place, to obtain where the most benefit could be achieved.
- Decisions should be in line with national prioritisation, i.e. local authority reablement services however should also consider the local picture.
- Decisions should be made jointly between health and social care organisations.

4.2 A formal signed agreement should be put in place between identified providers of care that outlines, as a minimum, the following elements:

- The professional that will undertake the assessment on behalf of the provider
- The competencies required to undertake the assessments
- The training requirements and methods for staff undertaking the assessments
- The process for assessment and referral to the identified services
- The method through which the process will be reviewed
- The process if the receiving service deems that the assessment is flawed and therefore does not accept it
- Information sharing arrangements and agreements, including IT access rights
- Access to and training on appropriate electronic assessment and referral systems

- Commissioning arrangements and payment models
- The responsibilities for the roll-out of the process

4.3 A Holistic Assessment Form must be designed and agreed

A key element of the Trusted Assessment model is the use of an agreed holistic assessment tool between providers; assessment documentation needs to be designed and formally agreed between organisations.

4.4 Assessment and Referral Pathways must be clearly documented

Assessment and referral pathways should be designed and agreed between organisations, clearly documented and communicated appropriately.

5. Greater Manchester Performance Indicators for Trusted Assessment

The following metrics should be used to understand the impact and success of the Trusted Assessment model:

- a) The number of services where there is a signed formal agreement relating to Trusted Assessment
- b) The number/percentage of assessments completed using a Trusted Assessment model
- c) The time from completion of the Trusted Assessment to the date of discharge
- d) The average time taken to complete a Trusted Assessment
- e) Compliments/complaints received around the assessment processes for services using the Trusted Assessment model.
- f) A reduction in the delays in discharge attributed to “waiting for assessment”

Systems will need to agree with GM Health & Social Care Partnership and locally how they will determine and achieve an improvement trajectory in respect of delays for assessment in both the acute and community environment.